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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
UNIVERSITY OF CHICAGO MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5841 SOUTH MARYLAND AVENUE MC 1086

City or town, state or country, and ZIP + 4
CHICAGO, IL 60637

D Employer identification number
36-3488183

E Telephone number
(773) 702-1998

G Gross receipts $ 979,485,451

F Name and address of Principal Officer
EVERETT E VOKES
5841 S MARYLAND AVE MC 1086
CHICAGO, IL 60637

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: ▶ http //www uchospitals edu/

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

L Year of Formation 1986

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE PART III, LINE 1 AND STATEMENT 1

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	52
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	44
5	Total number of employees (Part V, line 2a)	5	7,240
6	Total number of volunteers (estimate if necessary)	6	856
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,446,476
b	Net unrelated business taxable income from Form 990-T, line 34	7b	394,761

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	7,706,186	2,912,418
9	Program service revenue (Part VIII, line 2g)	1,125,289,271	1,131,635,139
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100,884,653	-142,648,365
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-65,703	-13,665,399
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,233,814,407	978,233,793
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	459,436,561	480,288,430
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	8,000
b	(Total fundraising expenses, Part IX, column (D), line 25 2,669,946)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	579,877,934	590,698,068
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,039,314,495	1,070,994,498
19	Revenue less expenses Subtract line 18 from line 12	194,499,912	-92,760,705
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	1,598,329,922	1,471,856,743
21	Total liabilities (Part X, line 26)	644,123,073	649,112,171
22	Net assets or fund balances Subtract line 21 from line 20	954,206,849	822,744,572

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: 2010-05-13

▶ LAWRENCE FURNSTAHL 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 ▶ PricewaterhouseCoopers LLP 1301 K STREET NW SUITE 800W WASHINGTON, DC 20005			EIN ▶ Phone no ▶ (202) 414-1000

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

See Additional Data Table

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 $ 1,022,875,649 including grants of $ 0) (Revenue $ 1,130,174,927)

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

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 1,022,875,649 *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		No
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	Yes	
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	Yes	
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		No
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		No
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		No
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	Yes	
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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**		No
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	121		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	7,240		
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			No
b	If "Yes," enter the name of the foreign country _____ 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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, 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			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
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			
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			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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 52		
b	Enter the number of voting members that are independent . .	1b 44		
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
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		
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		No

Section C. Disclosure

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

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 MILLER
8201 CASS AVENUE
DARIEN, IL 60561
(773) 702-1998

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 ▶								13,319,801	3,398,046	3,378,012

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 486

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed 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
UNIVERSITY OF CHICAGO 75 REMITTANCE DRIVE SUITE 1958 CHICAGO, IL 60675	PHYSICIAN SERVICES	149,018,000
RAFAEL VINOLY ARCHITECTS PC 50 VAN DAM STREET NEW YORK, NY 10013	ARCHITECT	15,255,576
NAVIGANT CONSULTING INC 4511 PAYSPHERE CIRCLE CHICAGO, IL 60674	CONSULTING	5,220,403
SODEXHO MANAGEMENT INCORPORATED 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICES	4,698,160
AMN HEALTHCARE INC NURSING 2735 COLLECTION CENTER DRIVE CHICAGO, IL 60693	TEMP AGENCY	3,029,572

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 68

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 190,642 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 145,386				
	f	All other contributions, gifts, grants, and similar amounts not included above 2,576,390 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)**	2,912,418			
Program Service Revenue		Business Code				
	2a	NET PATIENT REVENUE 624,100	1,077,105,983	1,077,105,983		
	b	CAPITATION REVENUE 900,099	31,829,477	31,829,477		
	c	PHARMACY 900,099	5,246,700	5,246,700		
	d	LAB SERVICES 621,500	2,619,261	1,208,397	1,410,864	
	e	MEDICAL CENTER PARKING 812,930	7,033,115	7,033,115		
	f	All other program service revenue	7,800,603	7,800,603		
	g	**Total. Add lines 2a-2f** ▶ $ 1,131,635,139				
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	12,879,168		35,552	12,843,616
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: -154,492,152 / 83,913				
	b	Less cost or other basis and sales expenses: 0 / 1,119,294				
	c	Gain or (loss): -154,492,152 / -1,035,381				
	d	Net gain or (loss)	-155,527,533		60	-155,527,593
	8a	Gross income from fundraising events (not including $ 83,016 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 190,641				
	b	Less direct expenses b 132,364				
	c	Net income or (loss) from fundraising events	-49,348	-49,348		
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue / Business Code				
	11a	HEDGE INEFFECTIVENESS 900,099	-13,616,051			-13,616,051
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** $ -13,616,051				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	978,233,793	1,130,174,927	1,446,476	-156,300,028

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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
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	14,152,232	6,134,814	8,017,418	
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	365,652,885	346,721,322		1,510,354
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,670,546	18,274,827	1,317,496	78,223
9 Other employee benefits	52,658,222	48,360,564	4,090,657	207,001
10 Payroll taxes	28,154,545	26,156,846	1,885,738	111,961
11 Fees for services (non-employees)				
a Management	2,641,682	2,641,682		
b Legal	1,683,080	178,834	1,504,246	
c Accounting	593,891		593,891	
d Lobbying	407,994		407,994	
e Professional fundraising *See Part IV, line 17*	8,000			8,000
f Investment management fees	2,443,428		2,443,428	
g Other	199,048,214	195,636,693	2,746,416	665,105
12 Advertising and promotion	3,916,340		3,916,340	
13 Office expenses	39,773,038	38,767,604	977,919	27,515
14 Information technology	6,522,743	6,522,743		
15 Royalties	0			
16 Occupancy	13,206,324	13,166,607	19,978	19,739
17 Travel	521,719	412,445	67,226	42,048
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	267,814	228,867	38,947	
20 Interest	13,185,010	13,185,010		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	57,408,190	57,408,190		
23 Insurance	22,956,549	22,956,549		
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 MEDICAL SUPPLIES	144,553,281	144,553,281		
b PROVISION FOR UNCOLLECTIBLES	51,585,810	51,585,810		
c LAUNDRY	1,499,077	1,499,077		
d IL MEDICAID PROVIDER TAX	26,691,059	26,691,059		
e SECURITY	1,792,825	1,792,825		
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,070,994,498	1,022,875,649	45,448,903	2,669,946
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		12,365	1	11,676
	2	Savings and temporary cash investments		79,294,166	2	96,609,895
	3	Pledges and grants receivable, net		21,995,539	3	19,344,928
	4	Accounts receivable, net		111,025,068	4	124,444,979
	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*		397,008	6	377,422
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,390,278	8	5,535,372
	9	Prepaid expenses and deferred charges		7,063,705	9	6,962,858
	10a	Land, buildings, and equipment cost basis	10a 1,160,755,607			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 572,212,651	547,582,197	10c	588,542,956
	11	Investments—publicly traded securities		466,105,478	11	305,004,385
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		332,420,000	12	291,016,815
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		27,044,118	15	34,005,457
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		1,598,329,922	16	1,471,856,743
Liabilities	17	Accounts payable and accrued expenses		105,715,784	17	98,848,311
	18	Grants payable			18	
	19	Deferred revenue		476,602	19	323,767
	20	Tax-exempt bond liabilities		393,266,730	20	377,004,386
	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	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		144,663,957	25	172,935,707
	26	**Total liabilities.** *Add lines 17 through 25*		644,123,073	26	649,112,171
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		897,847,988	27	713,531,229
	28	Temporarily restricted net assets		50,277,402	28	103,090,074
	29	Permanently restricted net assets		6,081,459	29	6,123,269
		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		954,206,849	33	822,744,572
	34	Total liabilities and net assets/fund balances		1,598,329,922	34	1,471,856,743

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	Yes	
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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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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
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

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)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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: 36-3488183
Name: UNIVERSITY OF CHICAGO 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			
David S Hefner , PRESIDENT/TRUSTEE (EX-OFFICIO)	40 0	X		X				1,452,198	0	211,258
James L Madara MD , CEO/TRUSTEE (EX-OFFICIO)	40 0	X		X				0	1,334,613	447,322
Valerie B Jarrett , PAST CHAIRMAN/Trustee	1 0	X		X				0	0	0
Andrew M Alper , Trustee (Ex Officio)	1 0	X						0	0	0
Paul F Anderson , Trustee	1 0	X						0	0	0
Diane P Atwood , Trustee	1 0	X						0	0	0
Robert H Bergman , Trustee	1 0	X						0	0	0
Edward McC Blair Jr , Trustee	1 0	X						0	0	0
Ellen Block , Trustee	1 0	X						0	0	0
Debrorah A Bricker , Trustee	1 0	X						0	0	0
Kevin J Brown , Trustee	1 0	X						0	0	0
John Bucksbaum , Trustee	1 0	X						0	0	0
Benjamin D Chereskin , Trustee	1 0	X						0	0	0
Frank M Clark , Trustee	1 0	X						0	0	0
James S Crown , CHAIRMAN/Trustee	1 0	X		X				0	0	0
Craig J Duchossois , Trustee	1 0	X						0	0	0
James S Frank , Trustee	1 0	X						0	0	0
Stanford J Goldblatt , Trustee	1 0	X						0	0	0
Rodney L Goldstein , Trustee	1 0	X						0	0	0
Linda H Heagy , Trustee	1 0	X						0	0	0
William J Hunckler III , Trustee	1 0	X						0	0	0
Jeffery D Jacobs , Trustee	1 0	X						0	0	0
Kenneth Lehman , Trustee	1 0	X						0	0	0
Carol Levy , Trustee	1 0	X						0	0	0
Cheryl Mayberry-McKissack , Trustee	1 0	X						0	0	0
Dane A Miller , Trustee	1 0	X						0	0	0
Ralph G Moore , Trustee	1 0	X						0	0	0
Christopher J Murphy III , Trustee	1 0	X						0	0	0
Emily NIcklin , Trustee	1 0	X						0	0	0
Brien M O'Brien , 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			
Timothy K Ozark , Trustee	1 0	X						0	0	0
Nicholas K Pontikes , Trustee	1 0	X						0	0	0
James Reynolds Jr , Trustee	1 0	X						0	0	0
Thomas A Reynolds III , Trustee	1 0	X						0	0	0
Thomas F Rosenbaum , Trustee (Ex Officio)	1 0	X						0	477,293	44,348
Gordon Segal , Trustee	1 0	X						0	0	0
Benjamin Shapiro , Trustee	1 0	X						0	0	0
Jeffrey T Sheffield , Trustee	1 0	X						0	0	0
Jorge A Solis , Trustee	1 0	X						0	0	0
John A Svoboda , Trustee	1 0	X						0	0	0
Michael Tang , Trustee	1 0	X						0	0	0
Christina M Tchen , Trustee	1 0	X						0	0	0
J Richard Thistlethwaite MD , Trustee (Ex Officio)	1 0	X						0	306,525	28,596
MarrGwen Townsend , Trustee	1 0	X						0	0	0
James C Tyree , Trustee	1 0	X						0	0	0
Terry L Van Der Aa , Trustee	1 0	X						0	0	0
Scott Wald , Trustee	1 0	X						0	0	0
Kelly R Welsh , Trustee	1 0	X						0	0	0
Bruce W White , Trustee	1 0	X						0	0	0
Paula Wolff , Trustee	1 0	X						0	0	0
Robert J Zimmer , Trustee (Ex Officio)	1 0	X						0	508,098	654,115
TRISHA ROONEY ALDEN , TRUSTEE	1 0	X						0	0	0
STEPHANIE COMER , TRUSTEE	1 0	X						0	0	0
MELODY SPANN-COOPER , TRUSTEE	1 0	X						0	0	0
Larry Callahan , VP/CHIEF HUMAN RESOURCES OFFCR	40 0			X				128,211	0	16,293
Jeffrey Finesilver , VP/ DIRECTOR COMER CHILD HOSP	40 0			X				422,192	0	79,710
Mayumi Fukui , VP MANAGED CARE PRGM DEVELOP	40 0			X				392,812	0	64,672
Lawrence Furnstahl , CHIEF FIN & STRATEGY OFFICER	40 0			X				1,001,815	0	171,015
D Allan Gray , VP FOR PERIOPERATIVE SERVICES	40 0			X				393,548	0	77,131
David Hicks , VP and Chief Pharmacy Officer	40 0			X				265,832	0	39,167

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			
David Ho , VP FOR FINANCE	40 0			X				380,953	0	72,937
Victoria Humphrey , VP FOR SUPPORT SERVICES	40 0			X				447,799	0	71,671
Jamie O'Malley , VP/CHIEF NURSING OFFICER	40 0			X				460,937	0	92,121
Jane Schumaker , VP/Associate Dean for Admin	40 0			X				215,527	0	12,849
Ann Schwind , ASSOCIATE DEAN OF ADMIN	40 0			X				620,597	0	82,260
Kenneth Sharigian , VP AND ASSOCIATE DEAN	40 0			X				601,610	0	81,430
Susan Sher , GENERAL COUNSEL/VP	40 0			X				711,364	0	129,644
Kelly Sullivan , VP Comm and MARKETING	40 0			X				339,571	0	34,413
Mark Urquhart , VP FOR FACILITIES, DESIGN	40 0			X				437,590	0	94,622
Eric Whitaker , VP FOR STRATEGIC AFFILIATIONS	40 0			X				448,568	0	69,017
Carolyn Wilson , CHIEF OPERATING OFFICER	40 0			X				511,367	0	72,876
Eric Yablonka , VP/CHIEF INFORMATION OFFICER	40 0			X				576,010	0	110,449
Benjamin Gibson , Secretary of Board of Trustees	40 0			X				251,424	0	39,374
Michael Koetting , VP Policy Planning	40 0			X				410,863	0	256,777
MICHELE SCHIELE , VP/ASSOC DEAN FOR DEVELOPMENT	40 0			X				0	615,344	45,969
KRISTA CURELL , VP RISK MGMT & COMPLIANCE	40 0			X				208,999	0	28,644
Virginia Roberts , VP SURGICAL SRVCS WOMENS HLTH	40 0			X				0	156,173	14,994
John Satalic , Deputy General Counsel	40 0				X			297,031	0	43,207
Clement Lam , Staff Pharmacist	40 0					X		293,464	0	41,466
Pairoj Vatanakorn , Staff Pharmacist	40 0					X		275,796	0	37,911
William Huffman , Exec Dir, Facilities Design	40 0					X		261,466	0	30,723
Kamlesh Goyal , Staff Pharmacist	40 0					X		246,250	0	33,364
Gary Mundinger , Exec Dir New Hospital Pavilion	40 0					X		240,731	0	31,226
Kenneth Kates , Former Interim President	40 0						X	429,842	0	11,645
Thomas McGrath , FRMR VP & DIR COMER CHILD HOSP	40 0						X	180,434	0	4,778
Michael Riordan , Former President	40 0						X	415,000	0	18

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 NET PATIENT REVENUE	624,100	1,077,105,983	1,077,105,983		
b CAPITATION REVENUE	900,099	31,829,477	31,829,477		
c PHARMACY	900,099	5,246,700	5,246,700		
d LAB SERVICES	621,500	2,619,261	1,208,397	1,410,864	
e MEDICAL CENTER PARKING	812,930	7,033,115	7,033,115		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

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

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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
UNIVERSITY OF CHICAGO MEDICAL CENTER	36-3488183

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		487,994
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			487,994
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
SCHEDULE C, PART II-B		THE UNIVERSITY OF CHICAGO MEDICAL CENTER (UCMC) EMPLOYS THE SERVICES OF CONTRACTUAL, REGISTERED LOBBYISTS AND SOME PORTION OF FULL-TIME UCMC PERSONNEL FOR THE PURPOSE OF EDUCATING LOCAL, STATE AND FEDERAL ELECTED OFFICIALS AND APPOINTED POLICY MAKERS ABOUT THE DELIVERY OF HEALTH CARE SERVICES IN AN ACADEMIC MEDICAL RESEARCH ENVIRONMENT ADVOCACY EFFORTS CONDUCTED BY CONTRACTUAL LOBBYISTS AND UCMC STAFF ARE RELATED TO SECURE SUFFICIENT RESOURCES TO REALIZE THE MEDICAL CENTER'S PROGRAMMATIC, CLINICAL, RESEARCH, FUTURE CONSTRUCTION AND RENOVATION OBJECTIVES LOBBYING ACTIVITIES ARE CONDUCTED IN ACCORDANCE WITH APPLICABLE LOCAL, STATE AND FEDERAL LAWS GOVERNING LOBBYING ACTIVITIES CERTAIN FEDERAL- RELATED MATTERS WERE CONDUCTED THROUGH UCMC'S MEMBERSHIP AND PARTICIPATION IN ITS NATIONAL TRADE ASSOCIATIONS, THE AMERICAN ASSOCIATION OF MEDICAL COLLEGES (AAMC) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA) OTHER FEDERAL LOBBYING EFFORTS WERE CONDUCTED BY UCMC PERSONNEL AND A CONTRACTUAL LOBBYIST

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
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

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 ▶ $

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	763,872,329				
b	Contributions	83,000				
c	Investment earnings or losses	-143,301,572				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	31,991,350				
f	Administrative expenses	2,443,428				
g	End of year balance	586,218,979				

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

- a Board designated or quasi-endowment ▶ 90 %
- b Permanent endowment ▶ 10 %
- c Term endowment ▶ 0 %

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 Yes

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	0	36,008,345		36,008,345
b Buildings		607,579,731	290,142,393	317,437,338
c Leasehold improvements				
d Equipment		401,180,160	282,070,258	119,109,902
e Other		115,987,371		115,987,371
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				588,542,956

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	87,165,769	F
Other REAL ASSETS	71,248,509	F
Other ABSOLUTE RETURN	132,602,537	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	291,016,815	

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
CSV INSURANCE	440,115
BOND ISSUE COSTS	5,483,129
WEISS LIQUIDATING TRUST	10,669,643
OTHER RECEIVABLES	15,305,545
SERP INVESTMENT	2,107,025
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	
DUE TO 3RD PARTY	57,352,237
DUE TO UNIVERSITY OF CHICAGO	25,927,367
SELF-INSURANCE LIABILITY	6,485,760
CAPITAL LEASE OBLIGATION	1,103,728
MUTUAL FUND BENEFIT LIABILITY	2,107,025
OTHER LONG TERM LIABILITIES	15,207,122
PENSION LIABILITY	18,963,785
SWAP INTEREST LIABILITY	32,446,811
OTHER LIABILITIES	13,341,872
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	172,935,707

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	978,233,793
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,070,994,498
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-92,760,705
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	-38,701,571
9	Total adjustments (net) Add lines 4 - 8	9	-38,701,571
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-131,462,276

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	974,982,914
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	-1,302,579		
e	Add lines **2a** through **2d**			2e	-1,302,579
3	Subtract line **2e** from line **1**			3	976,285,493
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	1,948,300		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	1,948,300
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	978,233,793

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

1	Total expenses and losses per audited financial statements			1	1,068,683,434
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	132,364		
e	Add lines **2a** through **2d**			2e	132,364
3	Subtract line **2e** from line **1**			3	1,068,551,070
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	2,443,428		
c	Add lines **4a** and **4b**			4c	2,443,428
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,070,994,498

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
SCHEDULE D, PART V, LINE 4		UCMC'S ENDOWMENT CONSISTS OF INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED ENDOWMENT FUNDS FOR A VARIETY OF PURPOSES UCMC'S PERMANENT ENDOWMENT FUNDS ARE SET ASIDE TO SPECIFICALLY SUPPORT PEDIATRIC HEALTH CARE, ADULT HEALTH CARE, AND EDUCATIONAL AND SCIENTIFIC PROGRAMS PART XI, LINE 8 TRANSFER TO UNIVERSITY (23,000,000), TRANSFER TO QV (1,241,833), ADDITIONAL MINIMUM PENSION LIABILITIES (12,911,114), ACCUMULATED CHANGES IN VALUATION OF DERIVATIVE (1,670,037), OTHER, NET 121,413 PART XII, LINE 2D RESTRICTED INCOME USED FOR OPERATIONS 1,140,849, RECLASS INVESTMENT MANAGEMENT FEES (2,443,428) PART XII, LINE 4A PERMANENTLY RESTRICTED CONTRIBUTIONS 41,810, TEMPORARILY RESTRICTED CONTRIBUTIONS 2,038,855, RECLASS SPECIAL EVENTS EXPENSE (132,364) PART XIII, LINE 2D RECLASS SPECIAL EVENTS EXPENSE 132,364 PART XIII, LINE 4B INVESTMENT MANAGEMENT FEES 2,443,428

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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
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of 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
Europe (Including Iceland and Greenland)	0	1	Program Services	MARKETING	3,540
South America	0	1	Program Services	MARKETING	10,296
Middle East and North Africa	0	1	Program Services	MARKETING	157,691
Totals . . . . . ▶	0	3			171,527

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
SCHEDULE F, SUPPLEMENTAL INFORMATION		UCMC'S ACTIVITIES ABROAD COMPRISE OF (1) MARKETING HEALTH CARE SERVICES, WHICH ARE PROVIDED AT THE MEDICAL CENTER IN CHICAGO, IL, AND (2) FACILITATING THE TRAVEL TO CHICAGO OF THOSE WHO CHOOSE TO RECEIVE CARE AT UCMC NO PATIENTS ARE TREATED OUTSIDE THE UNITED STATES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-3488183
Name: UNIVERSITY OF CHICAGO 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
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

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 GOLF CLASSIC (event type)	(b) Event #2 FUN RUN (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	187,425	80,858	5,374	273,657
	2 Less Charitable contributions	104,409	80,858	5,374	190,641
	3 Gross revenue (line 1 minus line 2)	83,016			83,016
Direct Expenses	4 Cash Prizes	5,000	0	0	5,000
	5 Non-cash Prizes	0	0	0	0
	6 Rent/Facility costs	26,496	0	0	26,496
	7 Other direct expenses	49,836	48,047	2,985	100,868
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				132,364
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-49,348

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
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 ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
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
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

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)
THE UNIVERSITY OF CHICAGO MEDICAL CENTER 5841 S MARYLAND AVENUE CHICAGO,IL 60637	X	X	X	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 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
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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
SCHEDULE J, LINE 1A - GROSS UP PAYMENTS & DISCRETIONARY SPENDING ACCOUNT		GROSS UP PAYMENTS DURING 2008, DAVID S HEFNER RECEIVED A GROSS UP PAYMENT OF $3,846 FOR TAXABLE EXPENDITURES RELATED TO HIS RELOCATION DISCRETIONARY SPENDING ACCOUNTS ARE AVAILABLE TO THE ORGANIZATION'S OFFICERS OFFICERS WHO MADE USE OF THE DISCRETIONARY SPENDING ACCOUNT RECEIVED BETWEEN $1,400 AND $7,500 DURING THE YEAR THESE BENEFITS ARE ALL CONSIDERED TAXABLE COMPENSATION SOME OFFICERS DID NOT USE THE DISCRETIONARY SPENDING ACCOUNT
SCHEDULE J, PART I, LINE 4A		SEVERANCE PAYMENTS WERE MADE AS FOLLOWS DURING THE YEAR MICHAEL RIORDAN - $415,000 KENNETH KATES - $218,440 MICHAEL KOETTING - $18,732 SCHEDULE J, PART I, LINE 4B THE FOLLOWING OFFICERS PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AS PART OF DEFERRED COMPENSATION Jeffrey Finesilver - $50,073 Mayumi Fukui - $45,904 Lawrence Furnstahl - $138,700 Allan Gray - $41,404 David Hefner - $172,080 David Hicks - $7,808 David Ho - $26,928 Victoria Humphrey - $38,148 Jamie O'Malley - $60,695 Ann Schwind - $53,602 Kenneth Sharigian - $53,936 Susan Sher - $88,475 Kelly Sullivan - $7,174 Mark Urquhart - $53,097 Eric Whitaker - $9,900 Carolyn Wilson - $37,796 Eric Yablonka - $66,915 Michael Koetting - $37,479 IN ADDITION, CERTAIN INDIVIDUALS RECEIVED PAYMENTS FROM THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ANN SCHWIND - $98,946 MICHAEL KOETTING - $59,127 SCHEDULE J, PART I, LINE 8 WHILE WE HAVE NOT IDENTIFIED ANY SITUATION IN WHICH WE ARE EXPRESSLY AVAILING OURSELVES OF THE INITIAL CONTRACT EXCEPTION, WE RESERVE THE RIGHT TO AVAIL OURSELVES OF THE EXCEPTION AS WE DEEM APPROPRIATE OR NECESSARY IN THE FUTURE
SCHEDULE J, PART II	THE FOLLOWING INDIVIDUALS LEFT THEIR POSITION, OR WERE HIRED BY THE	UNIVERSITY OF CHICAGO MEDICAL CENTER DURING THE YEAR ANN SCHWIND LEFT UCMC IN CY 2008 MICHAEL KOETTING LEFT UCMC IN CY 2008 LARRY CALLAHAN WAS HIRED IN CY 2008 JANE SCHUMAKER WAS HIRED IN CY 2008 VIRGINIA ROBERTS WAS HIRED IN CY 2008

Additional Data

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Software ID:
Software Version:
EIN: 36-3488183
Name: UNIVERSITY OF CHICAGO 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				
Jeffrey Finesilver	(I)	277,293	125,146	19,753	67,323	12,387	501,902	0
	(II)	0	0	0	0	0	0	0
Mayumi Fukui	(I)	262,380	122,579	7,853	63,154	1,518	457,484	0
	(II)	0	0	0	0	0	0	0
Lawrence Furnstahl	(I)	662,563	312,952	26,300	155,950	15,065	1,172,830	0
	(II)	0	0	0	0	0	0	0
D Allan Gray	(I)	265,454	109,706	18,388	58,654	18,477	470,679	0
	(II)	0	0	0	0	0	0	0
David S Hefner	(I)	987,085	428,960	36,153	189,330	21,928	1,663,456	0
	(II)	0	0	0	0	0	0	0
David Hicks	(I)	178,680	69,545	17,607	22,339	16,828	304,999	0
	(II)	0	0	0	0	0	0	0
David Ho	(I)	224,493	105,058	51,402	44,178	28,759	453,890	0
	(II)	0	0	0	0	0	0	0
Victoria Humphrey	(I)	225,947	212,404	9,448	55,398	16,273	519,470	0
	(II)	0	0	0	0	0	0	0
Kenneth Kates	(I)	118,815	99,999	211,028	0	11,645	441,487	196,892
	(II)	0	0	0	0	0	0	0
Thomas McGrath	(I)	0	0	180,434	0	4,778	185,212	180,434
	(II)	0	0	0	0	0	0	0
Jamie O'Malley	(I)	307,172	138,581	15,184	77,945	14,176	553,058	0
	(II)	0	0	0	0	0	0	0
Michael Riordan	(I)	0	0	415,000	0	18	415,018	415,000
	(II)	0	0	0	0	0	0	0
Jane Schumaker	(I)	110,165	100,000	5,362	8,375	4,474	228,376	0
	(II)	0	0	0	0	0	0	0
Ann Schwind	(I)	253,419	262,625	104,553	70,852	11,409	702,858	74,862
	(II)	0	0	0	0	0	0	0
Kenneth Sharigian	(I)	369,543	166,306	65,761	71,186	10,244	683,040	0
	(II)	0	0	0	0	0	0	0
Susan Sher	(I)	461,637	211,127	38,600	105,725	23,919	841,008	0
	(II)	0	0	0	0	0	0	0
Kelly Sullivan	(I)	248,343	84,219	7,009	24,424	9,989	373,984	0
	(II)	0	0	0	0	0	0	0
Mark Urquhart	(I)	288,980	127,886	20,724	70,347	24,275	532,212	0
	(II)	0	0	0	0	0	0	0
Eric Whitaker	(I)	328,078	111,912	8,578	27,150	41,867	517,585	0
	(II)	0	0	0	0	0	0	0
Carolyn Wilson	(I)	344,517	135,472	31,378	55,046	17,830	584,243	0
	(II)	0	0	0	0	0	0	0
Eric Yablonka	(I)	360,418	174,418	41,174	84,165	26,284	686,459	0
	(II)	0	0	0	0	0	0	0
Benjamin Gibson	(I)	212,842	35,990	2,592	16,391	22,984	290,799	0
	(II)	0	0	0	0	0	0	0
Michael Koetting	(I)	219,718	93,775	97,370	243,535	13,242	667,640	96,619
	(II)	0	0	0	0	0	0	0
MICHELE SCHIELE	(I)	0	0	0	0	0	0	0
	(II)	333,351	281,993	0	18,400	27,569	661,313	0
John Satalic	(I)	256,222	38,316	2,493	19,651	23,557	340,239	0
	(II)	0	0	0	0	0	0	0
Clement Lam	(I)	237,395	2,760	53,309	22,127	19,339	334,930	0
	(II)	0	0	0	0	0	0	0
Pairoj Vatanakorn	(I)	200,409	3,940	71,447	20,803	17,108	313,707	0
	(II)	0	0	0	0	0	0	0
William Huffman	(I)	224,177	34,390	2,899	17,105	13,618	292,189	0
	(II)	0	0	0	0	0	0	0
Kamlesh Goyal	(I)	175,036	1,600	69,614	18,620	14,744	279,614	0
	(II)	0	0	0	0	0	0	0
Gary Mundinger	(I)	195,605	34,760	10,366	15,562	15,664	271,957	0
	(II)	0	0	0	0	0	0	0
James L Madara MD	(I)	0	0	0	0	0	0	0
	(II)	1,287,892	9,072	37,649	420,787	26,525	1,781,925	0
Thomas F Rosenbaum	(I)	0	0	0	0	0	0	0
	(II)	476,526	767	0	18,400	25,948	521,641	0
J Richard Thistlethwaite MD	(I)	0	0	0	0	0	0	0
	(II)	302,308	4,217	0	18,400	10,196	335,121	0
Robert J Zimmer	(I)	0	0	0	0	0	0	0
	(II)	499,616	467	8,015	543,400	110,715	1,162,213	0
KRISTA CURELL	(I)	177,877	31,122	0	13,594	15,051	237,644	0
	(II)	0	0	0	0	0	0	0
Virginia Roberts	(I)	0	0	0	0	0	0	0
	(II)	106,173	50,000	0	9,068	5,926	171,167	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
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

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	IL HEALTH FACILITIES AUTHORITY	37-0988139	45200PWP8	08-07-2003	65,290,000	REDEEM EARLIER BONDS		X		X
B	IL EDUCATIONAL FACILITIES AUTHORITY	52-1297563	45200MWS9	09-29-2005	29,000,000	CONSTRUCTION- CHILDREN'S HOSPITAL		X		X
C	IL EDUCATIONAL FACILITIES AUTHORITY	52-1297563	45200MC28	04-19-2007	10,000,000	CONSTRUCTION AND RENOVATION		X		X
D	IL EDUCATIONAL FACILITIES AUTHORITY	52-1297563	45200MC36	04-19-2007	31,000,000	CONSTRUCTION AND RENOVATION		X		X
E	IL FINANCE AUTHORITY	86-1091967	45200FUA5	02-12-2009	37,500,000	REDEEM EARLIER BONDS		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
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

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
ERIC WHITAKER- TO PURCHASE RESIDENCE		X	400,000	377,422		No	Yes		Yes	
Total . . . . . ▶ $				377,422						

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 SCHEDULE O					No

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
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Identifier	Return Reference	Explanation
		THE UNIVERSITY OF CHICAGO MEDICAL CENTER ("UCMC") IS A NOT-FOR-PROFIT ACADEMIC MEDICAL CENTER THAT OPERATES IN AFFILIATION WITH ITS CORPORATE PARENT, THE UNIVERSITY OF CHICAGO (THE "UNIVERSITY") UCMC'S CORE MISSION IS TO PROVIDE SUPERIOR HEALTH CARE IN A COMPASSIONATE MANNER AND TO ENSURE THAT ALL PATIENTS HAVE ACCESS TO HIGH QUALITY HEALTHCARE REGARDLESS OF THEIR ABILITY TO PAY UCMC IS A NATIONALLY RECOGNIZED LEADER IN PATIENT CARE, RESEARCH AND MEDICAL EDUCATION UCMC OPERATES AN ADULT HOSPITAL, A CHILDREN'S HOSPITAL, AND A STATE-OF-THE ART AMBULATORY CARE FACILITY LOCATED ON THE MAIN CAMPUS OF THE UNIVERSITY, WHICH IS LOCATED ON THE SOUTH SIDE OF CHICAGO, A MEDICALLY UNDERSERVED, AT-RISK COMMUNITY UCMC ALSO HAS COOPERATIVE RELATIONSHIPS WITH A NUMBER OF COMMUNITY HEALTH CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS THAT SERVE OUR COMMUNITY UCMC PROVIDES A FULL RANGE OF SPECIALTY AND PRIMARY CARE SERVICES TO ADULTS AND CHILDREN IN OUR COMMUNITY IN ADDITION, UCMC REGULARLY RANKS AS ONE OF THE BEST HOSPITALS IN THE COUNTRY BY THE U S NEWS AND WORLD REPORT INCLUDING WITH RESPECT TO SOME OF OUR CLINICAL SPECIALTY PROGRAMS IN HONOR OF EXCELLENCE IN NURSING PRACTICE, UCMC WAS AWARDED MAGNET RECOGNITION IN 2007--THE HIGHEST LEVEL OF RECOGNITION FROM THE AMERICAN NURSES CREDENTIALING CENTER IN ADDITION, UCMC SERVES AS THE PRIMARY TEACHING HOSPITAL FOR THE UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE (THE "MEDICAL SCHOOL") AND THE MORE THAN 700 PHYSICIANS ON THE UCMC MEDICAL STAFF ALSO SERVE AS THE MEDICAL SCHOOL FACULTY THE MEDICAL SCHOOL RANKED 13TH IN THE LAST U S NEWS AND WORLD REPORT LIST OF THE BEST MEDICAL SCHOOLS THROUGH ITS RELATIONSHIP WITH THE UNIVERSITY, UCMC SPONSORS RESIDENCY AND FELLOWSHIP PROGRAMS IN ALMOST EVERY MEDICAL SPECIALTY TO EDUCATE THE NEXT GENERATION OF MEDICAL PROVIDERS UCMC ALSO WORKS WITH THE UNIVERSITY TO CONDUCT A WIDE ARRAY OF CLINICAL RESEARCH THAT DRIVES INNOVATIONS IN HEALTH CARE THAT LEAD TO IMPROVED MEDICAL TREATMENT AND SOLUTIONS TO SOME OF OUR MOST CRITICAL HEALTH PROBLEMS BOTH FOR PATIENTS IN OUR IMMEDIATE COMMUNITY AND THROUGHOUT THE WORLD COMMUNITY OVERVIEW, COMMUNITY SERVICE UCMC IS LOCATED IN THE SOUTH SIDE OF CHICAGO, A COMMUNITY THAT IS AMONG ONE OF THE MOST ECONOMICALLY CHALLENGED COMMUNITIES IN THE STATE OF ILLINOIS AND THAT HAS A CRITICAL NEED FOR QUALITY HEALTHCARE THE POPULATION OF THE SOUTH SIDE IS APPROXIMATELY 87 PERCENT AFRICAN AMERICAN, 6 PERCENT WHITE AND 4 PERCENT HISPANIC THE SOUTH SIDE IS RELATIVELY POOR COMPARED TO THE CITY OF CHICAGO AS A WHOLE WITH 29 PERCENT OF COMMUNITY RESIDENTS REPORTING FAMILY INCOMES BELOW THE POVERTY LEVEL COMPARED WITH 20 PERCENT FOR THE CITY AS A WHOLE IN ADDITION, JUST UNDER HALF OF THE SOUTH SIDE COMMUNITY LIVES BELOW 200 PERCENT OF THE POVERTY LEVEL (SOURCE SERVING CHICAGO'S UNDERSERVED REGIONAL HEALTH SYSTEM PROFILES, CHICAGO DEPARTMENT OF PUBLIC HEALTH, CHICAGO HEALTH AND HEALTH SYSTEMS PROJECT (OCT 20, 2005)) IN ADDITION, THE SOUTH SIDE COMMUNITY IS ONE OF THE UNHEALTHIEST IN COOK COUNTY, WITH HIGH RATES OF DIABETES, ASTHMA, HYPERTENSION AND OTHER CHRONIC CONDITIONS UCMC IS ONE OF THE FEW HOSPITALS-AND THE ONLY ACADEMIC MEDICAL CENTER-LOCATED IN THE SOUTH SIDE OF CHICAGO AT THE SAME TIME, HOSPITALIZATION RATES IN UCMC'S SERVICE AREA ARE MUCH HIGHER THAN THE METROPOLITAN AVERAGE, AND THE TARGET COMMUNITIES IN OUR SERVICE AREA HAVE SOME OF THE HIGHEST CHRONIC DISEASE AND MORTALITY RATES IN CHICAGO THE SOUTH SIDE OF CHICAGO HAS THE HIGHEST INCIDENCE IN CHICAGO OF ADMISSIONS THROUGH THE EMERGENCY ROOM THESE HIGH RATES OF ADMISSION THROUGH EMERGENCY DEPARTMENTS MAY BE ATTRIBUTED TO THE HIGH NUMBER OF UNINSURED, UNDERINSURED AND LOW INCOME RESIDENTS IN THE COMMUNITY UCMC IS THE LARGEST PROVIDER OF MEDICAID SERVICES (BY ADMISSIONS AND PATIENT DAYS) ON THE SOUTH SIDE OF CHICAGO AND ONE OF THE LARGEST IN THE STATE OF ILLINOIS UCMC PROVIDES A SUBSTANTIAL AMOUNT OF CARE FOR WHICH IT DOES NOT RECEIVE PAYMENT AS UCMC REPORTED IN ITS ANNUAL NON PROFIT HOSPITAL COMMUNITY BENEFITS PLAN REPORT TO THE ILLINOIS ATTORNEY GENERAL, UCMC PROVIDED $10,753,774 IN CARE FOR WHICH IT DID NOT EXPECT TO RECEIVE COMPENSATION, INCURRED LOSSES ON GOVERNMENT PROGRAMS OF $134,000,000 AND LOSSES ON EDUCATION OF $47,000,000, PROVIDED RESEARCH SUPPORT OF $23,000,000 AND $2,000,000 FOR OTHER PROGRAMS, AND INCURRED UNCOMPENSATED CHARGES-OR BAD DEBT-OF $51,000,000 BERNARD A MITCHELL HOSPITAL BUILT IN 1983, BERNARD A MITCHELL HOSPITAL IS UCMC'S PRIMARY ADULT INPATIENT FACILITY AND INCLUDES THE EMERGENCY DEPARTMENT AND THE ARTHUR RUBLOFF INTENSIVE CARE TOWER THE TOWER HOUSES THE UNIVERSITY OF CHICAGO MEDICAL CENTER BURN AND ELECTRICAL TRAUMA UNITS AND INTENSIVE CARE UNITS FOR TRANSPLANTATION, NEUROLOGY AND NEUROSURGERY, CARDIOTHORACIC CARE, GENERAL SURGERY, AND GENERAL MEDICINE PATIENTS THE MEDICAL CENTER OFFERS WORLD-CLASS TRANSPLANTATION PROGRAMS IN SEVERAL AREAS, INCLUDING TRANSPLANTATION OF THE LIVER, KIDNEY, PANCREAS, LUNG, HEART, BONE MARROW AND OTHER TISSUES, MULTIPLE-ORGAN TRANSPLANTATION, AND RESEARCH IN TRANSPLANT IMMUNOLOGY UCMC ADMITTED OVER 19,500 ADULT PATIENTS IN FISCAL YEAR 2009 WITH MORE THAN 350,000 VISITS TO OUR OUTPATIENT AMBULATORY CARE FACILITY UCMC'S EMERGENCY DEPARTMENT IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK AND IN FY 2009, UCMC PROVIDED OVER 43,000 ADULT ED VISITS IN ADDITION, UCMC'S MITCHELL HOSPITAL CONTAINS STATE-OF-THE-ART OBSTETRICAL AND GYNECOLOGICAL FACILITIES AND HAS A LEADING PROGRAM IN REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY THE FACILITIES INCLUDE EIGHT LABOR ROOMS, THREE DELIVERY ROOMS, AND TWO BIRTHING ROOMS, AS WELL AS A 17-BED GYNECOLOGY UNIT AND FOUR OBSTETRIC OPERATING ROOMS OVER 1,900 BABIES WERE DELIVERED AT UCMC DURING FY 2009, MANY TO WOMEN WITH HIGH-RISK PREGNANCIES CHICAGO COMER CHILDREN'S HOSPITAL AS A MAJOR TERTIARY REFERRAL CENTER, THE UNIVERSITY OF CHICAGO COMER CHILDREN'S HOSPITAL SEES CHILDREN WITH COMMON AS WELL AS THE MOST COMPLEX MEDICAL PROBLEMS IN ITS 155 BED, SEVEN STORY FACILITY, WHICH OPENED IN FEBRUARY 2005 FAMILIES OF THESE PEDIATRIC PATIENTS CAN STAY AT THE 30,000 SQUARE-FOOT RONALD MCDONALD HOUSE ON CAMPUS, WHICH UCMC BUILT AND OPENED IN DECEMBER 2007, NEARLY DOUBLING THE SIZE OF THE PRIOR RONALD MCDONALD HOUSE OVER 5,700 PATIENTS WERE ADMITTED TO COMER CHILDREN'S HOSPITAL IN FISCAL YEAR 2009 FROM THE CHICAGO AREA, THE MIDWEST, AND AROUND THE WORLD THIS YEAR OUR OUTPATIENT CLINICS ACCOMMODATED MORE THAN 32,000 GENERAL PEDIATRIC AND SPECIALTY VISITS IN OUR AMBULATORY CARE FACILITY MORE THAN 30,000 VISITS ARE MADE TO THE COMER PEDIATRIC EMERGENCY ROOM DURING THIS YEAR COMER CHILDREN'S HOSPITAL IS STAFFED BY MORE THAN 100 PHYSICIANS FROM THE DEPARTMENT OF PEDIATRICS AT THE UNIVERSITY, AS WELL AS SPECIALLY TRAINED NURSES AND CARING SUPPORT STAFF OUR TEAM OF HEALTHCARE PROFESSIONALS WORKS TOGETHER TO PROVIDE GENERAL AND SPECIALTY MEDICAL CARE FOR NEWBORNS TO YOUNG ADULTS AS A CENTER OF MEDICAL TRAINING, THE PEDIATRICIANS OF TOMORROW--MEDICAL STUDENTS, RESIDENTS, AND FELLOWS--PLAY AN IMPORTANT ROLE IN CARING FOR CHILDREN AT COMER CHILDREN'S HOSPITAL AND THROUGH ITS OUTPATIENT CLINICS, CHILDREN AND TEENS RECEIVE ADVANCED THERAPIES IN VIRTUALLY ALL CLINICAL AREAS COMER CHILDREN'S HOSPITAL IS A PEDIATRIC LEVEL-I TRAUMA CENTER THAT TREATS CHILDREN WITH SEVERE INJURIES FOR EMERGENCY TRAUMA CARE WE CARE FOR CRITICALLY ILL AND INJURED CHILDREN IN OUR TECHNOLOGICALLY ADVANCED PEDIATRIC INTENSIVE CARE UNIT THIS 30-BED FACILITY IS FULLY EQUIPPED TO TREAT CHILDREN WITH MULTIPLE TRAUMAS, COMPLEX MEDICAL PROBLEMS, AND CONDITIONS REQUIRING MAJOR SURGERY, INCLUDING CARDIAC, TRANSPLANT, AND NEUROSURGERY IN ADDITION, 47 DESIGNATED TERTIARY CARE (LEVEL III) BEDS IN OUR NEONATAL INTENSIVE CARE UNIT AND 18 CONVALESCENT (LEVEL II) BEDS IN OUR TRANSITIONAL CARE UNIT PROVIDE PREMATURE AND CRITICALLY ILL INFANTS WITH THE MOST ADVANCED MEDICAL CARE AND LIFE SUPPORT SYSTEMS THE HOSPITAL FORMS THE CENTER OF A REGIONAL PERINATAL NETWORK THAT PROVIDES NINE AREA HOSPITALS WITH CONSULTATION AS WELL AS TRANSPORT SERVICES FOR BABIES BORN IN NETWORK HOSPITALS, MORE THAN ONE-THIRD OF THEM CONSIDERED HIGH-RISK THE NETWORK IS COMMITTED TO REDUCING FETAL AND INFANT MORTALITY THROUGHOUT THE SURROUNDING URBAN, SUBURBAN, AND RURAL COMMUNITIES MORE THAN 60% OF ALL CARE PROVIDED AT COMER CHILDREN'S HOSPITAL IS PROVIDED TO CHILDREN COVERED BY THE MEDICAID PROGRAM COMER CHILDREN'S HOSPITAL HAS A STRONG COMMITMENT TO OUR COMMUNITY AND SPONSORS A NUMBER OF PROGRAMS AND SERVICES THAT EXTEND OUTSIDE OUR WALLS
SCHEDULE O	PART III, LINE 4A	

Identifier	Return Reference	Explanation
PART III, LINE 4A CONTINUED		AT THE COMER CHILDREN'S HOSPITAL, INFANTS WHO SPEND TIME IN THE NICU RECEIVE SPECIALIZED FOLLOW-UP CARE AFTER THEY ARE DISCHARGED AT OUR CENTER FOR HEALTHY FAMILIES ("CENTER") THE CENTER USES A MULTIDISCIPLINARY CARE APPROACH THAT INCLUDES GENERAL PEDIATRICIANS, NEONATOLOGISTS, NURSE EDUCATORS, PEDIATRIC SOCIAL WORKERS, REGISTERED DIETITIANS, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, SPEECH THERAPISTS AND HOME HEALTH NURSES THE CENTER ALSO DRAWS ON THE EXPERTISE OF OTHER PEDIATRIC SPECIALISTS AS NEEDED THE TEAM ADDRESSES A HOST OF CONCERNS, INCLUDING MEDICAL AND PHYSICAL NEEDS, DEVELOPMENT, MOTOR SKILLS, SPEECH, GROWTH, NUTRITION, AND THE HOME ENVIRONMENT TEAM MEMBERS ARE AVAILABLE BY PAGER 24 HOURS A DAY AND ALSO TEACH PARENTS HOW TO GIVE MEDICATIONS, MONITOR SYMPTOMS, AND TAKE OTHER STEPS TO MEET THEIR CHILD'S SPECIAL NEEDS SOMETIMES TEAM MEMBERS EVEN VISIT THE CHILD'S HOME TO HELP PARENTS AND CAREGIVERS ADAPT THE PHYSICAL AND EMOTIONAL ENVIRONMENT TO SUPPORT THE CHILD'S NEEDS COMER CHILDREN'S HOSPITAL ALSO TAKES PRIMARY CARE TO CHILDREN IN ITS SURROUNDING NEIGHBORHOODS THROUGH OUR PEDIATRIC MOBILE MEDICAL UNIT (THE "MOBILE UNIT"), FEATURING TWO FULLY EQUIPPED EXAM ROOMS AND A TEAM COMPRISED OF A PHYSICIAN, A NURSE PRACTITIONER AND A COMMUNITY HEALTH ADVOCATE THE 40-FOOT-LONG MOBILE UNIT PROVIDES A FULL ARRAY OF PEDIATRIC PRIMARY CARE SERVICES TO CHILDREN AGES 3 TO 19 WHO MAY NOT RECEIVE HEALTHCARE ON A REGULAR BASIS THE MOBILE UNIT BRINGS MEDICAL RESOURCES TO THE CHILDREN'S SCHOOL SO PARENTS OR GUARDIANS DON'T HAVE TO WORK THROUGH OBSTACLES, SUCH AS TRANSPORTATION AT SCHOOLS THROUGHOUT OUR COMMUNITY, THE MOBILE UNIT PROVIDES SUCH SERVICES AS IMMUNIZATIONS, PHYSICALS FOR SCHOOL AND SPORTS, SCREENINGS FOR VISION, HEARING, LEAD POISONING, AND ANEMIA, URINE TESTS, AND BLOOD DRAWS AT HIGH SCHOOLS, THE MOBILE UNIT OFFERS HEALTH EDUCATION AND TREATMENT FOR MINOR INJURIES WHEN APPROPRIATE, CHILDREN ARE REFERRED FOR FOLLOW UP CARE AND SPECIALTY SERVICES TO MANAGE CONDITIONS SUCH AS ASTHMA, DIABETES, OR MENTAL HEALTH PROBLEMS INNOVATIVE EFFORTS TO DELIVER CARE IN ADDITION TO THE HEALTHCARE SERVICES UCMC PROVIDES DIRECTLY TO THE COMMUNITY, GIVEN THE LACK OF AVAILABLE MEDICAL SERVICES IN THE SOUTH SIDE COMMUNITY, UCMC WORKS WITH OTHER HOSPITAL AND CLINIC PROVIDERS LOCATED IN THE COMMUNITY TO COORDINATE RESOURCES WITH THE GOAL THAT ALL PATIENTS SHOULD HAVE ACCESS TO THE HEALTHCARE SERVICES THEY NEED ONE OF THE INNOVATIVE APPROACHES WE HAVE TAKEN TO ADDRESS THESE PROBLEMS IS A PROGRAM WE CALL THE URBAN HEALTH INITIATIVE ("UHI"), UNDER WHICH WE PURSUE MEANINGFUL PARTNERSHIPS WITH OTHER PROVIDERS IN THE COMMUNITY TO IMPROVE THE LONG-TERM HEALTH OF MEMBERS OF THE SOUTH SIDE COMMUNITY AND ALSO CONDUCT IMPORTANT COMMUNITY-BASED CLINICAL RESEARCH, INCLUDING RESEARCH ON THE DISEASES THAT HAVE THE GREATEST IMPACT ON OUR COMMUNITY (E G , DIABETES, RENAL FAILURE, ASTHMA, ETC) UNDER THE UHI, UCMC ESTABLISHED, AND CONTINUES TO EXPAND, A SERIES OF RELATIONSHIPS WITH OTHER HEALTH CARE PROVIDERS THROUGHOUT THE SOUTH SIDE TO HELP PATIENTS ESTABLISH A PERMANENT "MEDICAL HOME" AND TO ENSURE THAT MORE PATIENTS ARE GUIDED TO THE MOST SUITABLE PROVIDERS FOR THE CARE THEY NEED RESEARCH HAS SHOWN THAT WHEN PATIENTS HAVE A MEDICAL HOME IN THE COMMUNITY, THEY CAN MANAGE THEIR HEALTH ISSUES ON A MORE CONSISTENT BASIS AND GET MORE EFFECTIVE CARE FOR THE PREVENTION AND TREATMENT OF NON-URGENT CONDITIONS, ROUTINE CARE AND MANAGEMENT OF HEALTH ISSUES, AND REFERRALS TO SPECIALISTS OR HOSPITALS FOR MORE COMPLEX CARE AS NEEDED ONE OF THE KEY COMPONENTS OF THE UHI IS THE SOUTH SIDE HEALTH CARE COLLABORATIVE (SSHCC) THE SSHCC WAS ESTABLISHED IN 2005, WITH ASSISTANCE FROM A TWO-YEAR HEALTHY COMMUNITIES ACCESS PROGRAM GRANT FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO HELP EMERGENCY ROOM PATIENTS WHO REPORT NOT HAVING A PRIMARY CARE PHYSICIAN FIND APPROPRIATE CARE AT A MEDICAL HOME WHERE THE PATIENT CAN ESTABLISH AN ONGOING RELATIONSHIP WITH A COMMUNITY CLINIC OR PHYSICIAN AFTER THE GOVERNMENT GRANT ENDED, UCMC UNDERTOOK THE CONTINUED FUNDING OF THE SSHCC OPERATIONS TO HELP PATIENTS CONNECT WITH COMMUNITY HEALTH RESOURCES, UCMC STAFFS ITS EMERGENCY DEPARTMENT WITH PATIENT ADVOCATES WHOSE GOAL IS TO MEET WITH PATIENTS WHO HAVE COME TO THE EMERGENCY DEPARTMENT WHO DO NOT OTHERWISE HAVE A PRIMARY CARE PROVIDER IN ADDITION, THE PROGRAM PROVIDES COMPREHENSIVE SOCIAL SERVICE ASSESSMENTS AND REFERRALS THROUGH SOCIAL WORKERS IN THE EMERGENCY DEPARTMENT IN ADDITION TO HELPING EMERGENCY ROOM PATIENTS FIND MORE EFFECTIVE SHORT-TERM AND LONG-TERM CARE THROUGH THE SSHCC, UCMC MAKES GRANTS TO COMMUNITY HEALTH CARE PROVIDERS UNDER THE UHI TO HELP THEM EXPAND THEIR CAPABILITIES TO SERVE MORE PATIENTS WITH MORE RESOURCES UCMC DEVELOPS PARTNERSHIPS WITH COMMUNITY HOSPITALS TO HELP MAKE THE BEST USE OF RESOURCES IN UNDERUTILIZED HOSPITALS IN ADDITION, UCMC PHYSICIANS OFTEN PROVIDE CARE AT THESE COMMUNITY PROVIDERS AND HOSPITALS AS PART OF THE UHI, UCMC HAS UNDERTAKEN RESEARCH INITIATIVES FOR THE BENEFIT OF THE COMMUNITY IN ADDITION TO ITS EFFORTS TO MORE DIRECTLY IMPACT PATIENT CARE AND ACCESS FOR EXAMPLE, UHI HAS LAUNCHED A CENTER FOR COMMUNITY HEALTH AND VITALITY ("CCHV"), WHICH PROVIDES A COMMUNITY BASE FOR UHI TO OFFER UNIVERSITY DATA AND RESEARCH RESOURCES TO THE COMMUNITY AND TO FACILITATE RESEARCH AND DEMONSTRATIONS DONE BY UNIVERSITY INVESTIGATORS IN COLLABORATION WITH SOUTH SIDE RESIDENTS ONE OF THE MAJOR CCHV INITIATIVES IS THE SOUTH SIDE HEALTH AND VITALITY STUDIES THE HEALTH AND VITALITY STUDIES AIM TO TRACK SEVERAL THOUSAND SOUTH SIDE HOUSEHOLDS OVER A GENERATION TO DISCOVER WAYS TO ENSURE LONG-TERM HEALTH AND WELLNESS THESE DISCOVERIES WILL INFORM EFFECTIVE HEALTH POLICY AND ACTION THE FIRST OF THESE STUDIES IS A COMMUNITY ASSET MAPPING PROJECT THAT SEEKS TO ENGAGE COMMUNITY MEMBERS IN KEEPING CURRENT INFORMATION ABOUT THE AVAILABILITY AND DISTRIBUTION OF COMMERCIAL, HEALTHCARE, SOCIAL AND CIVIC RESOURCES IN ALL THIRTY-FOUR (34) SOUTH SIDE COMMUNITIES THE GOAL OF THE COMMUNITY ASSET MAPPING PROJECT IS TO GIVE AREA RESIDENTS RELIABLE INFORMATION TO HELP THEM FIND QUALITY SERVICES, TO IDENTIFY GAPS IN SUCH SERVICES, AND TO INFORM NEW COMMUNITY INVESTMENTS RESIDENTS MAY VIEW AND GIVE FEEDBACK ON THE COMMUNITY ASSET MAPPING PROJECT AT SOUTHSIDEHEALTH ORG THIS INTERACTIVE WEBSITE ALSO PROVIDES PROFESSIONALS WITH DETAILED INFORMATION ABOUT AVAILABLE RESOURCES FOR HEALTH AND HUMAN SERVICES IN OUR COMMUNITY UCMC ENCOURAGES ALUMNI TO PRACTICE IN SURROUNDING, UNDERSERVED COMMUNITIES THROUGH UCMC'S FUNDING OF A PROGRAM CALLED REPAYMENT FOR EDUCATION TO ALUMNI IN COMMUNITY HEALTH, OR REACH REACH ENCOURAGES UP TO FIVE GRADUATES A YEAR FROM THE MEDICAL SCHOOL TO PRACTICE MEDICINE IN UNDERSERVED COMMUNITIES ON THE SOUTH SIDE OF CHICAGO, ONCE THEY HAVE COMPLETED A RESIDENCY IN EXCHANGE, STUDENTS RECEIVE FINANCIAL HELP, WHICH CAN BE USED FOR EDUCATION LOAN REPAYMENT, OF $40,000 A YEAR IN ADDITION TO THESE EFFORTS, UCMC ROUTINELY HOLDS COMMUNITY EVENTS ON SPECIFIC DISEASES AND DIAGNOSIS WHERE THE COMMUNITY IS INVITED TO PARTICIPATE THROUGH OUTREACH EFFORTS VIA CHURCHES AND OTHER COMMUNITY-BASED ORGANIZATIONS AT THESE COMMUNITY EVENTS, UCMC CLINICAL AND ADMINISTRATIVE PERSONNEL SPEAK DIRECTLY TO MEMBERS OF THE COMMUNITY ABOUT HOW TO MANAGE PARTICULAR MEDICAL ISSUES AND THE IMPORTANCE OF HAVING A MEDICAL HOME RESEARCH AND EDUCATION UCMC ALSO DEDICATES RESOURCES TO A VARIETY OF CLINICAL, RESEARCH AND EDUCATION INITIATIVES THAT ARE DESIGNED TO PROMOTE BETTER HEALTH RESULTS FOR THE COMMUNITIES WE SERVE UCMC WORKS WITH THE UNIVERSITY TO CONDUCT A WIDE ARRAY OF EXTERNALLY AND INTERNALLY FUNDED BIOLOGIC RESEARCH WITH THE AIM OF FINDING SOLUTIONS TO SOME OF THE COUNTRY'S MOST CRITICAL HEALTH PROBLEMS HUNDREDS OF CLINICAL RESEARCH PROJECTS ARE BEING CONDUCTED IN UCMC FACILITIES AT ANY TIME AND ARE AVAILABLE TO NEARLY EVERY TYPE OF PATIENT UCMC TREATS AS A RESULT, UCMC PROVIDES THE ONLY COMPREHENSIVE SET OF CLINICAL TRIALS TO PATIENTS IN THE SOUTH SIDE OF CHICAGO FOR EXAMPLE, THE CENTER FOR INTERDISCIPLINARY HEALTH DISPARITIES RESEARCH FOCUSES ON ACHIEVING A TRANS-DISCIPLINARY APPROACH TO UNDERSTANDING POPULATION HEALTH AND HEALTH DISPARITIES AND THE ELIMINATION OF GROUP DIFFERENCES IN HEALTH CURRENTLY THE CENTER FOR INTERDISCIPLINARY HEALTH DISPARITIES RESEARCH IS FOCUSED ON UNDERSTANDING WHY AFRICAN AMERICAN WOMEN DEVELOP BREAST CANCER AT A YOUNGER AGE AND HAVE A HIGHER INCIDENCE OF MORTALITY FROM BREAST CANCER THAN DO WHITE WOMEN CONTINUED ON FOLLOWING PAGE

Identifier	Return Reference	Explanation
PART III, LINE 4A CONTINUED		UCMC ALSO INVESTS IN RESEARCH CONDUCTED UNDER A CLINICAL AND TRANSLATIONAL SCIENCE AWARD (CTSA) - FUNDED BY FEDERAL GRANTS TO THE UNIVERSITY WITH ADDITIONAL INVESTMENT BY UCMC - TO PROVIDE MORE EFFECTIVE COMMUNITY HEALTH CARE BY HELPING TO TRANSLATE BASIC SCIENCE RESEARCH INTO PROGRAMS THAT BENEFIT THE COMMUNITY THE CTSA INITIATIVE IS LED BY THE NATIONAL CENTER FOR RESEARCH RESOURCES AT THE NATIONAL INSTITUTES OF HEALTH AND IS AIMED AT IMPROVING THE WAY BIOMEDICAL RESEARCH IS CONDUCTED ACROSS THE COUNTRY, REDUCING THE TIME IT TAKES FOR LABORATORY DISCOVERIES TO BECOME TREATMENTS FOR PATIENTS, ENGAGING COMMUNITIES IN CLINICAL RESEARCH EFFORTS, AND TRAINING THE NEXT GENERATION OF CLINICAL AND TRANSLATIONAL RESEARCHERS IN AN EFFORT TO MARSHAL AVAILABLE INTELLECTUAL RESOURCES, THIS RESEARCH ALSO INCLUDES THE INVOLVEMENT OF UNIVERSITY SOCIAL SCIENTISTS AND SOCIAL WORKERS TO HELP US BETTER UNDERSTAND HOW TO OVERCOME SOCIAL AND/OR CULTURAL HURDLES TO IMPROVE COMMUNITY HEALTH UCMC HAS BEEN AT THE FOREFRONT OF TRYING TO FIND SOLUTIONS TO THE PROBLEMS FACING THE HEALTHCARE SYSTEM IN OUR COMMUNITY GIVEN THE MYRIAD HEALTH NEEDS OF OUR COMMUNITY, WE CONTINUE TO FOCUS OUR EFFORTS ON HELPING TO ENSURE THAT ALL OF OUR COMMUNITY HAS ACCESS TO THE QUALITY HEALTH CARE IT NEEDS

Identifier	Return Reference	Explanation
PART IV, LINE 13		UCMC ALSO FUNCTIONS AS AN EDUCATIONAL ORGANIZATION

Identifier	Return Reference	Explanation
PART VI, LINE 2		TRUSTEE STEPHANIE COMER IS A LIMITED PARTNER IN AN INVESTMENT PARTNERSHIP, FOR WHICH ADVISORY RESEARCH SERVES AS A PORTFOLIO MANAGER TRUSTEE BRIEN O'BRIEN WAS THE CEO OF ADVISORY RESEARCH DURING THE FISCAL YEAR TRUSTEE STEPHANIE COMER IS CO-TRUSTEE OF SPINNAKER INVESTMENTS, INC 'S PARENT COMPANY, AND SPINNAKER RECEIVES INSURANCE BROKER SERVICES FROM MESIROW FINANCIALS, WHOSE CHAIRMAN AND CEO IS TRUSTEE JAMES TYREE TRUSTEE KELLY WELSH IS THE VICE PRESIDENT AND GENERAL COUNSEL OF NORTHERN TRUST, WHICH DOES BUSINESS WITH INDIVIDUAL TRUSTEES AND OFFICERS TRUSTEE MELODY SPANN-COOPER HOLDS 51% OF THE INTEREST IN MIDWAY BROADCASTING CORPORATION, WHICH PROVIDED MARKETING SERVICES TO COMMONWEALTH EDISON, THE PRESIDENT OF WHICH IS TRUSTEE FRANK CLARK TRUSTEES TIMOTHY OZARK AND DANE MILLER SERVE ON THE BOARD OF DIRECTORS OF 1ST SERVICE CORPORATION AND BANK, OF WHICH TRUSTEE CHRISTOPHER MURPHY SERVES AS CHAIRMAN AND CEO CHIEF FINANCIAL AND STRATEGY OFFICER LAWRENCE FURNSTAHL IS ON THE BOARD OF DIRECTORS OF CRESCENT HEALTHCARE, INC IN CALIFORNIA TRUSTEE RODNEY GOLDSTEIN IS THE CHAIRMAN OF FRONTENAC, AN INVESTOR IN CRESCENT HEALTHCARE

Identifier	Return Reference	Explanation
PART VI, LINE 6 AND 7A		THE SOLE MEMBER OF UCMC IS THE UNIVERSITY OF CHICAGO, A NOT-FOR-PROFIT ENTITY UCMC PROVIDES HEALTHCARE, RESEARCH, AND EDUCATION PRIMARILY ON THE UNIVERSITY CAMPUS, AND ITS MEDICAL STAFF MEMBERS ARE UNIVERSITY OF CHICAGO FACULTY PURSUANT TO UCMC BYLAWS, EX-OFFICIO MEMBERS OF THE UCMC BOARD OF TRUSTEES ARE THE PRESIDENT OF THE UNIVERSITY, THE CHAIR OF THE UNIVERSITY'S BOARD, THE PROVOST OF THE UNIVERSITY, THE CEO OF UCMC, THE PRESIDENT OF UCMC, AND THE PRESIDENT OF THE UCMC MEDICAL STAFF IN ADDITION, THE UNIVERSITY BOARD ELECTS THE UCMC TRUSTEES, BASED UPON RECOMMENDATIONS OF THE TRUSTEESHIP COMMITTEE, APPOINTS TRUSTEES TO FILL VACANCIES, AND APPOINTS SOME MEMBERS OF CERTAIN COMMITTEES, INCLUDING THE EXECUTIVE COMMITTEE THE PRESIDENT OF THE UNIVERSITY APPOINTS THE CEO OF UCMC, AND THE PRESIDENT OF UCMC IS APPROVED BY THE UNIVERSITY'S BOARD THE UNIVERSITY HAS THE POWER TO AMEND THE BYLAWS NO OTHER THIRD PARTY HAS AUTHORITY OVER UCMC

Identifier	Return Reference	Explanation
PART VI, LINE 7B		SOME DECISIONS OF THE UCMC BOARD OF TRUSTEES ARE SUBJECT TO APPROVAL BY THE UNIVERSITY OF CHICAGO AS THE SOLE MEMBER OF UCMC, AS DESCRIBED IN THE UCMC BYLAWS UCMC'S BUDGET IS PRESENTED FOR APPROVAL TO THE UNIVERSITY BOARD BY THE UNIVERSITY'S PRESIDENT THE UCMC CEO PROPOSES STRATEGIC PLANS TO THE UCMC BOARD, AND, UPON EXECUTIVE COMMITTEE APPROVAL, THE PLANS ARE SUBMITTED TO THE UNIVERSITY BOARD FOR CONFIRMATION THE AFFILIATION AGREEMENT BETWEEN UCMC AND THE UNIVERSITY SETS FORTH CERTAIN POWERS OF THE UNIVERSITY RELATED TO CLINICAL DEPARTMENTS

Identifier	Return Reference	Explanation
PART VI, LINE 10		AT ITS REGULARLY SCHEDULED MEETING, THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES WAS PROVIDED A DRAFT COPY OF THE FORM 990 AT ITS REGULARLY SCHEDULE MEETING, THE AUDIT COMMITTEE REVIEWED THE ENTIRE FORM IN ADDITION, UCMC PROVIDED A COPY OF THE FORM 990 TO ALL UCMC BOARD MEMBERS THROUGH A SECURE WEBSITE

Identifier	Return Reference	Explanation
PART VI, LINE 12		UCMC HAS HAD A ROBUST CONFLICTS OF INTEREST POLICY FOR EMPLOYEES, OFFICERS, AND TRUSTEES FOR MANY YEARS THE POLICY CONTAINS CERTAIN PROHIBITIONS AS WELL AS DISCLOSURE REQUIREMENTS, AND ENCOURAGES QUESTIONS DIRECTED TO THE COMPLIANCE OFFICER AND LEGAL AFFAIRS DURING THIS TAX YEAR, UCMC CONTINUED ITS PRACTICE OF SURVEYING TRUSTEES, OFFICERS, MANAGERIAL EMPLOYEES, AND INFLUENTIAL MEDICAL STAFF MEMBERS, SEEKING DISCLOSURES OF VARIOUS RELATIONSHIPS, INCLUDING RELATIONSHIPS DISCLOSED IN THIS FORM 990 IN ADDITION, CERTAIN COMMITTEES, SUCH AS THE PHARMACY & THERAPEUTICS COMMITTEE OF THE MEDICAL STAFF, ANNUALLY SEEK DISCLOSURES FROM ITS COMMITTEE MEMBERS, AND AT ITS MONTHLY MEETINGS ASKS FOR ORAL DISCLOSURES OF POTENTIAL CONFLICTS UPON REQUEST, THE COMPLIANCE OFFICER AND THE OFFICE OF LEGAL AFFAIRS PROVIDE EDUCATIONAL SESSIONS THIS YEAR, UCMC UNDERTOOK A MAJOR INITIATIVE TO MOVE THE DISCLOSURE PROCESS TO AN ELECTRONIC FORMAT WE WILL BEGIN TESTING THE SOFTWARE SHORTLY WE NOTE THAT RESEARCHER CONFLICTS ARE MANAGED BY THE UNIVERSITY OF CHICAGO

Identifier	Return Reference	Explanation
PART VI, LINE 14		VARIOUS DEPARTMENTS HAVE DOCUMENT RETENTION PROCEDURES AND REQUIREMENTS UCMC ALSO HAS A GENERAL MEDICAL RECORDS RETENTION POLICY AT THE TIME OF THIS FILING, LEADERSHIP IS REVIEWING A GLOBAL RECORD RETENTION POLICY FOR THE ENTIRE HOSPITAL

Identifier	Return Reference	Explanation
PART VI, LINE 15		THE UCMC COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (THE COMMITTEE) IS RESPONSIBLE FOR THE OVERSIGHT OF UCMC'S EXECUTIVE COMPENSATION DECISION-MAKING PROCESS ITS REVIEW PROCESS IS DESIGNED TO SATISFY THE PROCEDURAL CRITERIA NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS (UNDER INTERMEDIATE SANCTIONS REGULATIONS) WITH RESPECT TO THE TOTAL COMPENSATION AND BENEFITS PROVIDED THE COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES WHO ARE "DISINTERESTED" WITHIN THE MEANING OF INTERMEDIATE SANCTIONS REGULATIONS IT REVIEWS AND APPROVES COMPENSATION AND EMPLOYEE BENEFITS PROVIDED TO UCMC'S CEO, PRESIDENT, AND VICE PRESIDENT BY FOLLOWING ITS WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY STATEMENT AND WRITTEN COMPENSATION REVIEW PROCESS, WHICH INCLUDES SEEKING COUNSEL FROM OUTSIDE ADVISORS AND RELYING ON MARKET DATA PROVIDED BY AN INDEPENDENT THIRD PARTY CONSULTANT THE COMMITTEE REVIEWS AND APPROVES ALL NEW COMPENSATION RANGES AS WELL AS CURRENT PACKAGES AS NEEDED, BUT NO LESS THAN ANNUALLY IT PREPARES A TIMELY AND THOROUGH WRITTEN RECORD OF ITS DELIBERATIONS AND CONCLUSIONS THE COMPENSATION PACKAGE OF UCMC'S CEO IS ALSO REVIEWED AND APPROVED BY A UNIVERSITY OF CHICAGO BOARD OF TRUSTEES' COMPENSATION COMMITTEE

Identifier	Return Reference	Explanation
PART VI, LINE 16		DURING THE FISCAL YEAR, UCMC DID NOT ENTER INTO ANY JOINT VENTURES ITS ONLY JOINT VENTURE IS WITH VANGUARD HEALTH FINANCIAL COMPANY, INC , UCMC HOLDS A LESS THAN 20% INTEREST IN VHS ACQUISITION SUBSIDIARY NUMBER 3, INC , WHICH DOES BUSINESS AS LOUIS A WEISS MEMORIAL HOSPITAL AT THE TIME OF THIS FILING, LEADERSHIP IS REVIEWING A CORPORATE TRANSACTION POLICY, WHICH INCLUDES THE REQUIREMENT TO EVALUATE ALL TRANSACTIONS FOR TAX COMPLIANCE AS A MATTER OF PRACTICE, JOINT VENTURES WOULD BE REVIEWED FOR EVALUATION UNDER TAX LAWS

Identifier	Return Reference	Explanation
PART VI, LINE 19		UCMC'S BYLAWS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION, AUDITED FINANCIALS ARE AVAILABLE TO THE PUBLIC THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBSITE, AND THE FOLLOWING DOCUMENTS WERE, AS OF THE TIME OF COMPLETION OF THIS QUESTION (MARCH 1, 2010), ON UCMC'S WEBSITE BALANCE SHEET STATEMENT OF CHANGES IN NET ASSETS STATEMENT OF OPERATIONS UTILIZATION STATISTICS 2009 AUDITED FINANCIAL STATEMENTS 2009 C OFFICIAL STATEMENT 2009 D & E OFFICIAL STATEMENT

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, LINE A		FORM 8038 STATES THE ISSUE PRICE OF THE ILLINOIS HEALTH FACILITIES AUTHORITY BONDS AS $70,256,000 THE VARIANCE BETWEEN THE BOOK VALUE AND ISSUE PRICE IS THE BOND PREMIUM WHICH UCMC IS AMORTIZING OVER THE BOND PERIOD DESCRIPTION OF PURPOSE THE ILLINOIS HEALTH FACILITIES AUTHORITY BOND ISSUE WAS USED TO REDEEM REVENUE REFUNDING BONDS, SERIES 1993-A, 1993B-1, AND 1993B-2 THE ILLINOIS FINANCE AUTHORITY BOND ISSUES WERE USED TO REDEEM THE SERIES 1994 AND 1998 VARIABLE DEMAND BONDS THE ILLINOIS FINANCE AUTHORITY BOND ISSUES WERE USED TO REDEEM THE SERIES 1994 AND 1998 VARIABLE DEMAND BONDS

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV		LINE 1 (A) BIOMET (B) A MEMBER OF BIOMET'S BOARD OF DIRECTORS, DANE MILLER, IS A UCMC TRUSTEE (C) UCMC PAID $1,080,608 TO BIOMET AND ITS RELATED ENTITIES (D) UCMC PURCHASES MEDICAL DEVICES FROM BIOMET (E) NO LINE 2 (A) NORTHERN TRUST CORPORATION (B) AN OFFICER OR NORTHERN TRUST CORPORATION, KELLY WELSH, IS A UCMC TRUSTEE (C) UCMC PAID $437,506 TO NORTHERN TRUST CORPORATION (D) UCMC PURCHASED BANKING AND INVESTMENT SERVICES FROM NORTHERN TRUST CORPORATION, A BANK IN CHICAGO (E) NO LINE 3 (A) AMY LEHMAN (B) DR AMY LEHMAN IS THE DAUGHTER OF KENNETH LEHMAN, A UCMC TRUSTEE (C) UCMC PAID SALARY TO DR AMY LEHMAN OF $47,510 AND LIFE INSURANCE BENEFITS OF $19 (D) DR AMY LEHMAN IS A MEDICAL RESIDENT AT UCMC (E) NO LINE 4 (A) METROPOLITAN CHICAGO HEALTHCARE COUNCIL ("MCHC") (B) A MEMBER OF MCHC'S BOARD OF DIRECTORS, DAVID HEFNER, WAS UCMC'S PRESIDENT DURING THE YEAR ENDED JUNE 30, 2009 (C) UCMC PAID $945,491 TO MCHC (D) MCHC MANAGES AN EMPLOYEE HEALTH INSURANCE PLAN WHICH COVERS APPROXIMATELY HALF OF UCMC EMPLOYEES, IN ADDITION TO PROVIDING A VARIETY OF HUMAN RESOURCES AND REIMBURSEMENT SERVICES (E) NO

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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
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

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

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? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

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
QV COMPANIES INC 8201 S CASS AVENUE DARIEN, IL60561 36-4154455	HOLDING COMPANY	IL	QV INC	C CORP	321,846	461,761	100 %
CHICAGO PARTNERS 8201 S CASS AVENUE DARIEN, IL60651 36-2529261	EMP LEASING	IL	QV COMPANIES	C CORP	0	0	100 %
CHICAGO PHYSICIANS III 8201 S CASS AVENUE DARIEN, IL60651 36-4154453	PHYSICIAN SERVICE	IL	QV COMPANIES	C CORP	0	0	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		No
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		No
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		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
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	Yes	
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)	QV INC	B	1,241,778
(2)	QV INC	K	205,094
(3)	QV INC	N	82,501
(4)	QV INC	P	147,221
(5)	QV INC	O	83,076
(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: 36-3488183
Name: UNIVERSITY OF CHICAGO 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
QV INC 8201 SOUTH CASS AVENUE DARIEN, IL60561 36-3519484	PHYSCIAN SRVC	IL	501(C)(3)	3	UCMC
UNIVERSITY OF CHICAGO 5801 S ELLIS AVENUE CHICAGO, IL60637 36-2177139	EDUCATION	IL	501(C)(3)	2	NA
UNIVERSITY OF CHICAGO PROPERTY HOLDING 5801 S ELLIS AVENUE CHICAGO, IL60637 36-6108743	PROP HOLDING	IL	501(C)(2)		NA
LAKE PARK ASSOCIATES 5801 S ELLIS AVENUE CHICAGO, IL60637 36-6111317	PROP HOLDING	IL	501(C)(2)		NA
ARCH DEVELOPMENT CORPORATION 5555 S WOODLAWN CHICAGO, IL60637 36-3485244	TECH TRNSFR	IL	501(C)(3)	11- TYPE II	NA
UNIVERSITY OF CHICAGO CHARTER SCHOOL 5801 S ELLIS AVENUE CHICAGO, IL60637 36-4225812	EDUCATION	IL	501(C)(3)	2	NA
COURT THEATRE FUND 5535 S ELLIS AVENUE CHICAGO, IL60637 36-3203660	ARTS SUPPORT	IL	501(C)(3)	11- TYPE I	NA
UNIVERSITY OF CHICAGO CANCER RSRCH FDN 5801 S ELLIS AVENUE CHICAGO, IL60637 36-6056201	SUPP RESRCH	IL	501(C)(3)	11- TYPE 1	NA
UNIVERSITY OF CHICAGO SELF TRUST 5801 S ELLIS AVENUE CHICAGO, IL60637 36-3020034	MALPRACTICE	IL	501(C)(3)	2	NA
UNIV OF CHICAGO RETIREE MEDICAL TRUST 5801 S ELLIS AVENUE CHICAGO, IL60637 36-3999692	MEDICAL	IL	501(C)(3)	2	NA
CHICAGO TUMOR INSTITUTE 5801 S ELLIS AVENUE CHICAGO, IL60637 23-7136019	SUPP RESRCH	IL	501(C)(3)	11- TYPE 1	NA
NATIONAL OPINION RESEARCH CENTER 55 E MONROE STREET 20TH FLOOR CHICAGO, IL60603 36-2167808	SURVEYS	IL	501(C)(3)	7	NA
THE QUADRANGLE CLUB 5801 S ELLIS AVENUE CHICAGO, IL60637 36-1655190	SOCIAL CLUB	IL	501(C)(7)		NA
FERMI RESEARCH ALLIANCE PO BOX 500 BATAVIA, IL60510 57-1239010	MANAGE LAB	IL	501(C)(3)	7	NA
UNIVERSITY OF CHICAGO CENTER IN PARIS 6 RUE THOMAS MANN PARIS 75013 FR	EDUCATION	FR	N/A		NA
U CHICAGO BOOTH SCHOOL OF BUSINESS LTD 25 BASINGHALL STREET LONDON EC2V5HA UK	EDUCATION	UK	N/A		NA
U CHICAGO BOOTH SCHOOL OF BUSINESS LTD 101 PENANG ROAD DHOBY GHAUT 238466 SN	EDUCATION	SN	N/A		NA
UNIVERSITY OF CHICAGO TRUST GB 10-12 REST HOUSE CRESCENT ROAD BANGALORE 560078 IN	FUNDRAISING	IN	N/A		NA
THE UNIV OF CHICAGO FDN IN HONG KONG LTD 16 HARCOURT ROAD ROOM 1005 ADMIRALITY HK	FUNDRAISING	HK	N/A		NA
UCHICAGO RESEARCH INTERNATIONAL LTD 5801 S ELLIS AVENUE CHICAGO, IL60637	RESEARCH	IL	PENDING		NA
UCHICAGO RESEARCH BANGLADESH LTD HOUSE NO 388 ROAD 24 MOHAKHALI, DHAKA 1212 BG	RESEARCH	BG	N/A		NA
UCHICAGO TRADING C/O 401 N MICHIGAN AVENUE CHICAGO, IL60611	INVESTING	IL	N/A		NA
THE UNIVERSITY OF CHICAGO CLOISTERS CLUB C/O 5841 S MARYLAND AVENUE CHICAGO, IL60637	SOCIAL CLUB	IL	501(C)(7)		NA
PHOENIX OVERLAY FUND LTD C/O 401 N MICHIGAN AVENUE CHICAGO, IL60611	INVESTING	IL	N/A		NA

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Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

2008

Attachment Sequence No **27**

Name(s) shown on return
UNIVERSITY OF CHICAGO MEDICAL CENTER

Identifying number
36-3488183

1	Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	**1**	

Part I **Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

(a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 1231 GAIN FROM K1						336

3	Gain, if any, from Form 4684, line 45	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows	**7**	336
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)	**8**	6,669
9	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	**9**	

Part II **Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

11	Loss, if any, from line 7	**11**	( )
12	Gain, if any, from line 7, or amount from line 8, if applicable	**12**	336
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 37 and 44a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	336
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below		
a	If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14	**18b**	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired(mo , day, yr)	(c) Date sold (mo , day, yr)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing*) .	20				
21 Cost or other basis plus expense of sale . .	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis Subtract line 22 from line 21 .	23				
24 Total gain Subtract line 23 from line 20 . .	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions) . .	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions) . . .	26b				
c Subtract line 26a from line 24 If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976 . .	26d				
e Enter the **smaller** of line 26c or 26d . . .	26e				
f Sections 291 amount (corporations only) . .	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses . .	27a				
b Line 27a multiplied by applicable percentage (see instructions) .	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	31	
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 39 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . .	33		
34	Recomputed depreciation (see instructions)	34		
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report . .	35		