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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization
RUSH UNIVERSITY MEDICAL CENTER

Doing Business As

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

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

D Employer identification number
36-2174823

E Telephone number
(312) 942-8054

G Gross receipts $ 2,230,167,045

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www rush edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1863

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	91
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	63
5	Total number of employees (Part V, line 2a)	**5**	9,922
6	Total number of volunteers (estimate if necessary)	**6**	650
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,432,972
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	90,256,517	107,952,060
9	Program service revenue (Part VIII, line 2g)	1,206,292,931	1,240,640,015
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-17,444,142	40,643,049
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,507,452	9,356,297
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,289,612,758	1,398,591,421
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,155,595	6,824,409
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)	672,300,815	692,695,204
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶5,817,914		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	552,459,445	590,723,687
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,233,915,855	1,290,243,300
19	Revenue less expenses Subtract line 18 from line 12	55,696,903	108,348,121

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,131,617,007	2,498,792,160
21	Total liabilities (Part X, line 26)	1,192,992,739	1,507,653,150
22	Net assets or fund balances Subtract line 21 from line 20	938,624,268	991,139,010

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-11

JOHN P MORDACH SVP & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's identifying number (see instructions)

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

EIN ▶

Phone no ▶ (312) 486-1000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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 $ 997,739,252 including grants of $) (Revenue $ 1,067,412,744)

Healthcare-Rush University Medical Center (Rush) is an academic medical center that brings together excellence in clinical care & research to address major health problems Patient care was provided to over 35,000 inpatients & at over 498,000 outpatient visits Rush offers various financial assistance programs to over 16,000 patients In the 2010 U S News & World Report America's Best Hospitals issue, Rush programs ranked in 11 of 16 categories For the past four years, the University Health System Consortium (UHC) ranked Rush among the top five centers in the nation in quality & safety Rush received Nursing Magnet status in 2002, 2006 & was recertified in 2010

4b (Code) (Expenses $ 49,521,197 including grants of $ 4,147,096) (Revenue $ 47,271,470)

EDUCATION-RUSH UNIVERSITY PREPARES THE HEALTH CARE PROFESSIONALS OF THE FUTURE TO PROVIDE THE HIGHEST QUALITY HEALTH CARE BY USING A UNIQUE & MULTIDISCIPLINARY PRACTITIONER-TEACHER MODEL FOR HEALTH SCIENCES EDUCATION & RESEARCH, WHILE REFLECTING THE DIVERSITY OF OUR COMMUNITIES IN ITS PROGRAMS, FACULTY, STUDENTS & SERVICES RUSH HAS OVER 75 GRADUATE MEDICAL EDUCATION (GME) PROGRAMS & OVER 1,500 STUDENTS EACH OF THE FOUR COLLEGES - RUSH MEDICAL COLLEGE, THE COLLEGE OF NURSING, THE COLLEGE OF HEALTH SCIENCES & THE GRADUATE COLLEGE SUPPORTS THE RESEARCH & PATIENT CARE ENDEAVORS OF THE MEDICAL CENTER

4c (Code) (Expenses $ 126,413,623 including grants of $) (Revenue $ 105,341,881)

RESEARCH-AS AN ACADEMIC MEDICAL CENTER, RUSH IS COMMITTED TO ADVANCING MEDICAL KNOWLEDGE THROUGH RESEARCH INVESTIGATORS AT RUSH ARE INVOLVED IN MORE THAN 1,600 PROJECTS, INCLUDING CLINICAL STUDIES TO TEST THE EFFECTIVENESS & SAFETY OF NEW THERAPIES & MEDICAL DEVICES, AS WELL AS TO EXPAND SCIENTIFIC & MEDICAL KNOWLEDGE OUR RESEARCH ENDEAVORS ARE DEDICATED TO PROVIDING THE VERY BEST CARE FOR OUR PATIENTS & ENHANCING EXCELLENCE IN PATIENT CARE FOR THE DIVERSE COMMUNITIES OF THE CHICAGO AREA NOW & IN THE FUTURE

4d Other program services (Describe in Schedule O)

(Expenses $ 43,870,415 including grants of $ 4,939,918) (Revenue $ 20,458,314)

4e **Total program service expenses** ▶ $ 1,217,544,487

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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A Yes		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	1,612		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	7		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	9,922		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 91		
b	Enter the number of voting members that are independent . .	1b 63		
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	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

RICHARD CASEY
1700 W VAN BUREN STREET SUITE 153
CHICAGO, IL 60612
(312) 942-8054

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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 current or former 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-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	19,745,754	0	3,180,241

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶947

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
POWERJACOBS 259 E ERIE ST CHICAGO, IL 606123324	PROJECT MANAGEMENT	14,142,153
STORANDT PANN MARGOLIS 15 W HARRIS AVE LAGRANGE, IL 60525	MARKETING	3,482,669
AESCULAP INSTRUMENTS PO BOX 512451 PHILADELPHIA, PA 191752451	EQUIP STERILIZATION	2,933,362
CROTHALL HEALTHCARE 955 CHESTERBROOK BLVD WAYNE, PA 19087	CLEANING & MAINT	3,156,875
ANDERSON RASOR PARTNERS 55 E MONROE STREET CHICAGO, IL 60606	LEGAL SERVICES	2,589,665
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶164		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 1,881,734				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 63,968,435				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 42,101,891				
	g	Noncash contributions included in lines 1a-1f $ 6,193,275				
	h	**Total.** Add lines 1a-1f . . . . . ▶	107,952,060			
		Business Code				
Program Service Revenue	2a	HOSPITAL SERVICES 900,099	487,888,608	487,888,608		
	b	PHYSICIAN PRACTICES 900,099	186,158,487	186,158,487		
	c	RUSH UNIVERSITY TUITION 900,099	47,271,470	47,271,470		
	d	RESEARCH 900,099	105,341,881	105,341,881		
	e	MEDICARE/MEDICAID PAYMENTS 900,099	393,365,649	393,365,649		
	f	All other program service revenue	20,613,920	20,613,920		
	g	**Total.** Add lines 2a–2f . . . . . ▶	1,240,640,015			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	34,366,050			34,366,050
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 11,072,618				
	b	Less rental expenses 13,106,119				
	c	Rental income or (loss) -2,033,501				
	d	Net rental income or (loss) . . . . . ▶	-2,033,501		998,077	-3,031,578
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 800,394,000 / 1,971,947				
	b	Less cost or other basis and sales expenses 793,654,155 / 2,434,793				
	c	Gain or (loss) 6,739,845 / -462,846				
	d	Net gain or (loss) . . . . . ▶	6,276,999			6,276,999
Other Revenue	8a	Gross income from fundraising events (not including $ 1,881,734 of contributions reported on line 1c) See Part IV, line 18 . . . a 521,095				
	b	Less direct expenses . . . b 805,547				
	c	Net income or (loss) from fundraising events . . ▶	-284,452			-284,452
	9a	Gross income from gaming activities See Part IV, line 19 . . . a 25,990				
	b	Less direct expenses . . . b 8,700				
	c	Net income or (loss) from gaming activities . . . ▶	17,290			17,290
	10a	Gross sales of inventory, less returns and allowances . a 32,788,375				
	b	Less cost of goods sold . . b 21,566,310				
	c	Net income or (loss) from sales of inventory . . ▶	11,222,065			11,222,065
		Miscellaneous Revenue / Business Code				
	11a	REFERENCE LABS 621,500	96,936		96,936	
	b	PRINT SHOP 323,100	103,044		103,044	
	c	INVESTMENT PARTNERSHIPS 900,003	234,915		234,915	
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	434,895			
	12	**Total revenue.** See Instructions . . . ▶	1,398,591,421	1,240,640,015	1,432,972	48,566,374

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	161,633	161,633		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	6,662,776	6,662,776		
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	23,040,990	5,073,162	17,161,393	806,435
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	556,164,848	540,982,891	12,231,711	2,950,246
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	36,580,110	34,031,755	2,548,355	
9 Other employee benefits	59,892,718	54,724,768	4,172,429	995,521
10 Payroll taxes	17,016,538	15,831,080	1,185,458	
11 Fees for services (non-employees)				
a Management	0			
b Legal	3,157,951	838,011	2,319,940	
c Accounting	658,423	11,198	647,225	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	8,153,710		8,153,710	
g Other	0			
12 Advertising and promotion	4,121,682	3,288,809	832,873	
13 Office expenses	9,827,143	8,462,247	1,176,947	187,949
14 Information technology	11,036,239	9,792,148	1,234,519	9,572
15 Royalties	0			
16 Occupancy	25,575,845	21,885,581	3,312,055	378,209
17 Travel	3,291,381	2,692,529	524,920	73,932
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,361,601	1,199,646	135,509	26,446
20 Interest	17,299,884	17,299,884		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	65,064,087	64,192,922	871,165	
23 Insurance	30,529,002	28,654,012	1,874,990	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT EXPENSE	37,694,687	34,254,669	3,440,018	
b EQUIPMENT RENTAL	10,840,409	10,473,514	360,095	6,800
c MEDICAID PROVIDER TAX	26,306,496	26,306,496		
d COMMISSIONS	33,817,142	30,207,737	3,272,609	336,796
e SUPPLIES	196,826,710	196,545,394	280,272	1,044
f All other expenses	105,161,295	103,971,625	1,144,706	44,964
25 **Total functional expenses.** Add lines 1 through 24f	1,290,243,300	1,217,544,487	66,880,899	5,817,914
26 **Joint costs.** Check here ▶ ☐ 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		159,549,440	1	155,642,097
	2	Savings and temporary cash investments		95,844,344	2	116,596,208
	3	Pledges and grants receivable, net		53,726,098	3	55,396,064
	4	Accounts receivable, net		193,081,018	4	199,173,569
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		15,384,863	8	16,748,884
	9	Prepaid expenses and deferred charges		16,006,936	9	15,180,316
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,730,083,796			
	b	Less accumulated depreciation	10b 727,204,382	818,473,942	10c	1,002,879,414
	11	Investments—publicly traded securities		314,350,719	11	751,713,183
	12	Investments—other securities See Part IV, line 11		446,379,306	12	166,959,000
	13	Investments—program-related See Part IV, line 11		3,877,836	13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		14,942,505	15	18,503,425
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,131,617,007	16	2,498,792,160
Liabilities	17	Accounts payable and accrued expenses		347,538,623	17	367,948,570
	18	Grants payable		23,618,939	18	22,460,907
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		363,962,153	20	529,752,102
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables 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		375,083,058	23	473,774,279
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		82,789,966	25	113,717,292
	26	**Total liabilities.** Add lines 17 through 25		1,192,992,739	26	1,507,653,150
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		454,980,682	27	478,888,198
	28	Temporarily restricted net assets		278,559,594	28	297,969,188
	29	Permanently restricted net assets		205,083,992	29	214,281,624
		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		938,624,268	33	991,139,010
	34	Total liabilities and net assets/fund balances		2,131,617,007	34	2,498,792,160

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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 Complete if the organization is exempt under section 501(c)(3).

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 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 Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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 **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(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 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,212,352
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		
j	Total lines 1c through 1i			1,212,352
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i		The government relations department, along with professional lobbyists, engages in direct contact with legislators, their staffs, government officials, and legislative bodies to influence legislation pertaining to Medicare reform and other healthcare issues

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 ▶ $ 774,961

(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 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 the arrangement 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	350,852,000	415,553,000			
b Contributions	8,853,000	1,282,000			
c Investment earnings or losses	34,538,000	-45,493,000			
d Grants or scholarships	360,433	556,526			
e Other expenditures for facilities and programs	11,653,992	17,994,356			
f Administrative expenses	1,686,575	1,939,118			
g End of year balance	380,542,000	350,852,000			

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

- a Board designated or quasi-endowment ▶ **1.100 %**
- b Permanent endowment ▶ **88.500 %**
- c Term endowment ▶ **10.400 %**

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,190,156		17,190,156
b Buildings		1,349,016,356	516,449,322	832,567,034
c Leasehold improvements				
d Equipment		363,877,284	210,755,060	153,122,224
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,002,879,414

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
ALTERNATIVE INVESTMENTS	56,981,000	C
ACCRUED INTEREST AND OTHER	109,978,000	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	166,959,000	

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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
SWAP VALUATION	16,940,223
PENSION LIABILITIES	33,261,334
IMD LOAN	2,024,583
JOINT VENTURE LIABILITIES	3,063,250
SECURITIES LENDING LIABILITY	56,504,574
MOB LIABILITY	1,923,328
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	113,717,292

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

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

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

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Collections of Art, Historical Treasures, or Other Similar Assets	SCHEDULE D, PART III, LINE 4	Collection of rare medical books maintained as a source of research for those interested in 15th through 17th century medical writings and techniques The collection was sold during the reporting year
FIN 48	Schedule D, Part X	Audited financial statements did not include a FIN 48 footnote
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	The endowments are used to fund professorships (36%), research (11%), free care (8%), student financial aid (7%), education (8%), scholarships and fellowships (6%) and other programs (24%)

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Charitable health care	573,601
North America	0	0	Program Services	Charitable health care	426,741
Sub-Saharan Africa	0	0	Program Services	Charitable health care	16,336
East Asia and the Pacific	0	0	Program Services	Charitable health care	38,292
Europe (Including Iceland and Greenland)	0	0	Program Services	Charitable health care	707,352
Europe (Including Iceland and Greenland)			Investments		
Middle East and North Africa	0	0	Program Services	Charitable health care	262,687
South America	0	0	Program Services	Charitable health care	11,917
Central America and the Caribbean	0	0	Program Services	Self-insurance	5,090,000
Central America and the Caribbean			Investments		
Totals . . . . . ▶	0	0			7,126,926

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 (Form 990) 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 recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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 additional information.

Identifier	ReturnReference	Explanation

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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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail 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	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

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

		(a) Event #1 NEURO-BHVRL (event type)	(b) Event #2 FASHION SHOW (event type)	(c) Other Events 6 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,097,697	633,634	671,498	2,402,829
	2 Less Charitable contributions	1,063,037	412,389	406,308	1,881,734
	3 Gross income (line 1 minus line 2)	34,660	221,245	265,190	521,095
Direct Expenses	4 Cash prizes	1,023			1,023
	5 Non-cash prizes				
	6 Rent/facility costs	7,798	56,390	27,680	91,868
	7 Food and beverages	50,294	80,717	185,072	316,083
	8 Entertainment	3,289	1,800	39,448	44,537
	9 Other direct expenses	27,556	134,068	190,412	352,036
	10 Direct expense summary Add lines 4 through 9 in column (d)				805,547
	11 Net income summary Combine lines 3, column d, and line 10				-284,452

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			25,990	25,990
Direct Expenses	2 Cash prizes			5,000	5,000
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			3,700	3,700
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				8,700
	8 Net gaming income summary Combine lines 1, column d, and line 7				17,290

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

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**	100 000 %	

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

Name ▶ Susan Barrett

Address ▶ 2274 N Hazeltime Drive
Vernon Hills, IL 60061

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ Sarah Sliva

Gaming manager compensation ▶ $ _____

Description of services provided ▶ Recordkeeping and bank deposit

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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 300 %	3a	Yes	
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	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	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 Government 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)			17,302,050		17,302,050	1 380 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			202,720,562	164,026,827	38,693,735	3 090 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			220,022,612	164,026,827	55,995,785	4 470 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,255,922		1,255,922	0 100 %
f Health professions education (from Worksheet 5)			108,424,567	65,548,420	42,876,147	3 420 %
g Subsidized health services (from Worksheet 6)			112,100,059	92,347,209	19,752,850	1 580 %
h Research (from Worksheet 7)			114,025,411	27,159,315	86,866,096	6 940 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			161,633		161,633	0 010 %
j **Total** Other Benefits			335,967,592	185,054,944	150,912,648	12 050 %
k **Total.** Add lines 7d and 7j			555,990,204	349,081,771	206,908,433	16 520 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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

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	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	11,020,489		
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, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	221,709,175
6	Enter Medicare allowable costs of care relating to payments on line 5	6	211,188,944
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	10,520,231
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
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	Yes	

Part IV Management Companies and Joint Ventures

	(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	Rush Surgicenter	Healthcare	52 540 %		21 370 %
2	Rush Health	Healthcare	50 000 %		50 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

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

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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)

See additional data

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

Rush University Medical Center has an organizational structure that is unique All academic medical centers in the Chicago area are affiliated with a medical school, whereby the hospital and the medical school are separate corporate entities that support one another via formal operating agreements At Rush, however, all components of the enterprise constitute one corporate entity called Rush University Medical Center The hospital, all patient care activities, and Rush University fall under the leadership of Rush University Medical Center

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Access Living115 W Chicago Ave Chicago, IL 60610	363310774	501(c)(3)	13,000				General Support
Arthritis Foundation Illinois Chapter29 E Madison 500 Chicago, IL 60602	362246715	501(c)(3)	7,000				General Support
Bears Care1000 Football Drive Lake Forest, IL 60045	203902715	501(c)(3)	8,000				General Support
Chicago United Inc co PJH & Assoc205 W Wacker Dr 1400 Chicago, IL 60606	362770509	501(c)(3)	7,500				General Support
Snow City Arts Foundation 1653 W Congress Pkwy 763 Chicago, IL 60612	364240513	501(c)(3)	35,000				General Support
Community Health Clinic 2611 W Chicago Ave Chicago, IL 60622	363831793	501(c)(3)	8,400				General Support
Westside Association for Community Action3600 W Ogden Ave Chicago, IL 606232511	362882769	501(c)(3)	6,000				General Support

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 7

3 Enter total number of other organizations . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships to Rush University Medical Center	1063	6,662,776			
See Additional Data Table					

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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**	Yes	
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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)** Retirement and other 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 reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Part I, Line 1a		Housing allowance or residence for personal use - Rush owns the Sessions House, which is used by the President & CEO for Rush business activities Occasionally there is incidental personal use, the value of which is included in compensation Health or social club dues or initiation fees - Membership is maintained for the Senior Vice President of Philanthropy & Chief Development Officer at the University Club, the President & CEO at the Chicago Club, and the Vice President of Government Affairs at the Executive Club All memberships are used for Rush fundraising and/or business activities
Part I, Line 4b		Rush offers a Supplemental Employee Retirement Plan to all employees who participate in the executive benefits program and whose compensation exceeds the IRS allowable limit for a qualified pension plan The amount accrued in 2009 was included in income in Schedule J for the following individuals NAME SERP Avery S Miller $169,006 Bradley G Hinrichs $5,653 Brian T Smith $31,904 Bruce M Elegant $30,936 Catherine A Jacobson $98,513 Charles E Behl $29,522 David A Ansell, MD $53,558 David C Shelledy, PhD $13,753 Diane M McKeever $43,049 Jaime B Parent $16,834 James L Mulshine, MD $33,943 Joan E Kurtenbach $4,441 John Lowenberg $10,992 J Robert Clapp, Jr $79,317 Lac Van Tran $73,038 Larry J Goodman, MD $525,875 Lois K Halstead, PhD, RN $13,865 Max D Brown, JD $67,806 Melanie C Dreher, PhD, RN $0 Mick P Zdeblick $38,047 Paul M Carvey, PhD $77,855 Peter W Butler $227,817 Richard Davis $4,580 R Anthony Davis $18,576 Scott E Sonnenschein $16,596 Sheri L Marker $54,582 Terry Peterson $23,474 Thomas A Deutsch, MD $168,540
Part I, Line 7		Incentive payments are based upon a formula The amounts are calculated after certain performance and operating goals are achieved The plan provides limited discretionary parameters if needed

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Illinois Finance Authority	86-1091967	45200FYR4	07-29-2009	171,668,452	Series 2009C (See Sch O)		X		X
B	Illinois Finance Authority	86-1091967	45200FTX7	02-10-2009	171,147,519	Series 2009A (See Sch O)		X		X
C	Illinois Finance Authority	86-1091967	45200FSEO	12-09-2008	50,000,000	Series 2008A Variable (See Sch O)		X		X
D	Illinois Finance Authority	86-1091967	45200FHN2	05-28-2008	63,506,719	Series 2006B (See Sch O)		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	172,035,871	171,509,740	50,011,044	63,510,382	
2	Gross proceeds in reserve funds	17,512,772	17,906,292		4,991,813	
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	60,810,844				
5	Issuance costs from proceeds	2,547,812	2,370,004	1,014,547	777,914	
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	91,164,444	156,616,690	48,996,498	213,595	
8	Year of substantial completion	2012	2012	2012	2008	

		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?		X		X		X	X			
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		
11	Has the final allocation of proceeds been made?		X		X		X	X			
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

Part III Private Business Use

		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?		X		X		X				
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X	X			X				

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?	X		X		X					
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X	X			X				
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?	X		X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 710 %		1 710 %		0 330 %					
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 section 501(c)(3) organization, or a state or local government ▶	0 020 %		0 020 %							
6	Total of lines 4 and 5	1 730 %		1 730 %		0 330 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		
2	Is the bond issue a variable rate issue?		X		X	X			X		
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X	X			X		
b	Name of provider	MRGN STANLEY&CITIBNK				MRGN STANLEY&CITIBNK					
c	Term of hedge	27 3				27 3					
4a	Were gross proceeds invested in a GIC?		X		X		X		X		
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?		X		X		X		X		
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X			

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

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

Complete if the organization 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	(c) Corrected? 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.

Complete if the organization 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.

Complete if the organization 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	(e) No
See Additional Data Table					

Additional Data

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

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
3M	Farrell & Morrison on BOD	721,865	Sale of goods		No
Aon	Morrison, Rogers Jr ,	1,497,192	Insurance		No
Aon - continued	Santona, O'Brien and	1,497,192	Insurance		No
Aon - continued	O'Connor on BOD	1,497,192	Insurance		No
Commonwealth Edison	Ruiz & Thomas on BOD	2,924,355	Services		No
Exelon Corp	Gin & Rogers Jr on BOD	4,213,843	Services		No
Exelon Corp - continued	Crane is an officer	4,213,843	Services		No
Northern Trust	Crown, Lavin, Smith Jr &	868,415	Services		No
Northern Trust - continued	Tribbett III on BOD	868,415	Services		No
Northern Trust - continued	Potter is an officer	868,415	Services		No
WW Grainger	Hall & Smith Jr on BOD	313,394	Sale of goods		No
Navigant Consulting Inc	Goodyear on BOD	475,838	Services		No
Sonnenschein Nath Rosenthal	Lubin is a partner	211,985	Legal services		No
William Blair Company LLC	Coolidge III on BOD	330,840	Services		No
Abbott Laboratories	Farrell on BOD	2,438,665	Sale of goods		No
Amerisource Bergen Corporation	Gochnauer on BOD	29,240,388	Services		No
Baxter International	Davis is an officer	8,216,583	Sale of goods		No
Harris Financial Corp	Cafferty on BOD	153,778	Services		No
Stericycle	Hall on BOD	296,685	Services		No
University Anesthesiologists	Ivankovich is a partner	104,676	Services		No
VWR International	DeCresce on BOD	278,574	Services		No
Waste Management Inc	Cafferty on BOD	753,675	Services		No
Northern Trust Global Investments	Potter is an officer	114,674	Services		No
University Pathologists	DeCresce is an owner	876,782	Services		No
Pamela Moles Mulshine	Spouse of Mulshine	34,446	Employment		No
Christina Munoz-Dimitropoulos	Spouse of Dimitropoulos	85,572	Employment		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	88	6,167,386	Fair market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens	X	1	25,000	Opinion of Experts
24 Archeological artifacts				
25 Other ▶ (TV Projector)	X	1	889	Sale of Comparables
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 1

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

Part II

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

Identifier	Return Reference	Explanation
Organization hire or use third parties or related organizations	Schedule M, Part I, Line 32b	State Street Global Advisors manages our charitable gift annuities and our pooled income funds and, in so doing, may process or sell noncash contributions The organization uses the Northern Trust Company to accept into our account, and then process and sell noncash contributions

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION FOR FORM 990		Form 990, Part I, Line 1 Rush provides a full range of medical services to the community, including an emergency department that is never closed and is open to anyone regardless of their ability to pay In addition, Rush is committed, through Rush Medical College and College of Nursing, to provide programs to educate and train the health care workforce of the futrure Rush is also a thriving center for basic and clinical research Form 990, Part III, Line 4d Other program services - Rush provides various services for the benefit of its patients & visitors such as parking & food service Rush sponsors a number of programs in the community focused on improving health, expanding education in health-related careers, community-based research to reduce health disparities & initiatives to provide economic development & job creation Rush programs impacted tens of thousands of lives in FY '10 Form 990, Part VI, Section A, Line 1a The Executive Committee, between meetings of the Trustees, shall have and exercise all of the authority of the Voting Trustees in the management of the corporation except to the extent, if any, that such authority shall be limited by resolution of the Voting Trustees and except for (a) amending the Articles of Incorporation, (b) amending, altering or repealing the by-laws, (c) adopting a plan of merger or consolidation with another corporation, (d) authorizing the sale, lease, exchange or mortgage of all or substantially all of the property or assets of the Corporation, (e) authorizing the voluntary dissolution of the Corporation, (f) adopting a plan for the distribution of the assets of the Corporation, (g) electing, appointing or removing any Trustee or officer of the Corporation, or (h) amending, altering or repealing any resolution of the Voting Trustees which by its terms provides that it shall not be amended, altered or repealed by the Executive Committee The delegation of authority to the Executive Committee shall not operate to relieve the Voting Trustees or any single Voting Trustee of any responsibility imposed upon him or her by law The Executive Committee shall consist of not fewer than 22 and not more than 28 Voting Trustees, including the Chairman, the Vice Chairmen and the President The Voting members of the Executive Committee shall be elected at the annual meeting of the Voting Trustees, provided that any vacancy occurring or existing in the Executive Committee may be filled by an election held at any regular or special meeting of the Voting Trustees Members of the Executive Committee shall serve until their successors have been elected Form 990, Part VI, Section A, Line 2 - W James Farrell and Robert S Morrison served on a common board - Thomas A Donahoe, William K Hall and Michael Simpson served on a common board - Robert S Morrison, John W Rogers, Jr and Gloria Santona, Esq served on a common board of a company of which Michael F O'Brien is the Senior Vice President and Michael J O'Connor is the CEO - Jesse H Ruiz and Richard L Thomas served on a common board - Sue Ling Gin and John W Rogers, Jr served on a common board of a company of which Christopher M Crane is the CEO - Thomas J Wilson served on a board of a company of which Charles L Evans, PhD is the CEO - Susan Crown, Robert S Morrison and Harold Byron Smith, Jr served on a common board of a company of which David B Speer is the CEO - Pastora San Juan Cafferty and John W Higgins served on a common board of a company of which Charles A Schrock is the CEO - Sheila A Penrose and John W Rogers, Jr served on a common board of a company of which Gloria Santona, Esq is the Executive VP, General Counsel and Secretary - Fred A Krehbiel and Donald G Lubin, Esq served on a common board - Susan Crown, Sheldon Lavin, Harold Byron Smith, Jr and Charles A Tribbett III served on a common board of a company of which Stephen N Potter is President - William K Hall and Harold Byron Smith, Jr served on a common board - W James Farrell served on the board of a company of which Thomas J Wilson is the President - Christine A Edwards serves on a board of which William A Downe is President & CEO - Kirk Kirkpatrick, Thomas A Donahoe and Jay L Henderson had a business relationship - John L Brennen, E David Coolidge III and Fred A Krehbiel had a business relationship - Bruce W Duncan and John W Higgens had a business relationship - R Anthony Davis and Richard Davis had a family relationship Form 990, Part VI, Section A, Line 4 A change was made to clarify that there are explicit expectations for Life Trustee status ("supportive Relationship") and that election is at the discretion of the Voting Trustees Article V, Section 4 now reads, "At any quarterly meeting of the full board, the Voting Trustees may elect Life Trustees General or Annual Trustees may qualify for Life Trustee upon a) having reached the age of 70, or b) having served actively for at least 15 years

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION FOR FORM 990		Life Trustees are expected to maintain a supportive relationship with Rush and its philanthropic and governance activities Life Trustees shall be entitled to receive quarterly meeting notices and are encouraged to attend meetings of the Trustees but shall not be voting members of the Board of Trustees, except when serving as members of a standing or ad hoc committee " Form 990, Part VI, Section B, Line 11A The information is compiled and reviewed internally by corporate finance The return is reviewed by Deloitte Tax LLP before being submitted to the Audit Committee of the Board of Directors of Rush for review and approval The approved return is distributed to the Board of Directors before it is filed Form 990, Part VI, Section B, Line 12c Rush's board of trustees, corporate officers, employees , faculty, students and members of its medical, nursing, professional and technical staffs must use their best efforts and judgment to avoid any influences which could compromise their patient care, their research, their business transactions, their objectivity or their integrity The Comprehensive Policy Statement Regarding Conflicts of Interest is applicable to the Rush board of trustees, corporate officers, employees, faculty, students and members of Rush's medical, nursing, professional and technical staffs All employees are required to make a clear disclosure of any conflict of interest to their immediate supervisor at the earliest possible opportunity before an arrangement is entered into which would result in a conflict or as soon thereafter as the employee becomes aware that such a conflict exists Supervisors may take action to address a conflict of interest as is consistent with policies of Rush including, but not limited to, the policies of the Department of Human Resources Conflicts of interest are defined as circumstances that create a risk that professional judgments or actions regarding a primary interest will be unduly influenced by a secondary interest Conflicts can be more or less severe The severity of a conflict depends on 1) the likelihood that professional decisions made under the relevant circumstances would be unduly influenced by a secondary interest and 2) the seriousness of the harm or wrong that could result from such influence Under certain limited circumstances a conflict may be allowed to continue if such conflicts cannot otherwise be eliminated, the likelihood of undue influence is minimized and the relationship is appropriately managed to reduce the risk of possible harm Members of the Rush Board of Trustees and Rush corporate officers are required to disclose any conflicts to the Chairman or Vice Chairman or the Secretary of the Rush Board of Trustees An initial review will be undertaken by the Audit Committee of the Board, which shall make such recommendations as it deems appropriate to the Executive Committee of the Board If time does not permit a full review by the Audit Committee, such initial review may be undertaken by the Chairman of the Board and Chairman of the Audit Committee Thereafter, the Audit Committee shall submit the material facts of the conflict along with its recommendations to the Executive Committee which shall make a final determination on the matter Form 990, Part VI, Section B, Line 15a The Compensation and Human Resources Committee uses an independent review, comparability data and contemporaneous substantiation to establish compensation packages for officers All officer compensation packages are approved by the Compensation and Human Resources Committee Form 990, Part VI, Section C, Line 18 The Form 990 information is made available upon request through the Media Relations Office of the Public Relations department and/or Legal Affairs The Form 990 is also available on Guidestar

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION FOR FORM 990		Form 990, Part VI, Section C, Line 19 Rush does not make its governing documents or conflict of interest policy available to the public The financial statements are available thr ough the Illinois Attorney General's Office Form 990, Part VII, Section A, Line 1a Dr R obert Balk, past president of the medical staff, Dr Anthony Ivankovich, past president of the medical staff, Margaret Faut-Callahan, past president Nurses Alumni Association, and Robert DeCresce, current president of medical staff, are employees and also trustees becau se of the positions that they hold in the medical and nursing staff organizations Dr Lar ry Goodman is an officer, as w ell as a trustee They are compensated for their employment role They do not receive compensation for being a trustee Schedule K, Part I Rush Unive rsity Medical Center's ("RUMC") long-term debt is issued under a Master Trust Indenture w h ich established the Rush University Medical Center Obligated Group ("OG") w hich, as of 6/3 0/10, w as comprised of RUMC and Copley Memorial Hospital, Inc ("Copley") and its affiliat es The OG is jointly and severally liable for the obligations issued under the Master Tru st Indenture Each OG member is expected to pay its allocated share of the debt issued on its behalf The debt listed on lines A-C w as issued for RUMC The debt listed on line D is RUMC's portion of the debt issued on behalf of both RUMC and Copley The total amount of the issue listed on the Form 8038 for the Series 2006B Bonds w as $98,278,724 Of this amou nt, $63,506,719 is for RUMC Schedule K, Part I, Line A, Column f Proceeds of the 2009C b onds w ere used to finance healthcare and related facilities Schedule K, Part I, Line B, C olumn f Proceeds of the series 2009A bonds w ere used to finance and refinance healthcare and related facilities A portion of the proceeds w as used to refund a taxable loan used t o refund 2006A bonds Schedule K, Part I, Line C, Column f RUMC is using the proceeds of the Series 2008A Bonds to finance healthcare and related facilities Schedule K, Part I, L ine D, Column f The Series 2006B Fixed Rate Bonds currently refunded (as a reissuance) th e Series 2006B Auction Rate Bonds issued 8/17/2006, w hich w ere issued to refund pre-2003 b ond issues Schedule K, Part II, Line 5, Column C The amount consists of $874,123 of cost s of issuance, plus $140,424, w hich is not a cost of issuance but is a fee paid for a qual ified guarantee (letter of credit) under Treas Reg Section 1 148-4(f) Schedule K, Part III, Line 2, Column B, Line 3a, Columns A, B, and C, Line 3b, Column B These bond issues finance various projects, w hich are not all complete The lease arrangement, management co ntracts and research agreements pertain to projects that are completed and in service Sch edule K, Part IV, Line 3b, Column C The providers of the hedge concerning the bond issue are Morgan Stanley Capital Services, Inc and Citibank, NA Schedule K, Part IV, Line 3c, Column C The terms of the hedge are 27 3 years and 29 2 years Schedule R, Part V, Line 2 Related party transactions are recorded at fair market value

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Health Delivery Management LLC 1700 W Van Buren Street Chicago, IL 60612 36-4085751	Healthcare	IL	14,056,042	6,558,066	RUMC
Vyridian Revenue Management LLC 820 W Jackson Blvd Chicago, IL 60607 36-4208577	Billing Serv	IL	5,984,204	528,398	RUMC

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

(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
Circle Imaging Partners LP 1725 W Harrison Street Chicago, IL60612 36-3539382	Healthcare	IL	Circle Imaging	Related	4,316,577	2,356,901		No			No
Oak Park Imaging 610 S Maple Street Oak Park, IL60304 36-4437483	Healthcare	IL	NA	Related	787,627	377,157		No			No
Rush Surgicenter Off Bldg LP 1725 W Harrison Street Chicago, IL60612 36-3853026	Healthcare	IL	Rush University	Related	4,850,010	3,287,187		No		Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Room Five Hundred 1700 West Van Buren Street Chicago, IL60612 23-7139832	Dining Room	IL	RUMC	C CORP	1,807,591	150,155	100 000 %
Rush University Medical Center Insurance PO Box 1051 Grand Cayman, Cayman Islands CJ	Insurance	CJ	RUMC	C CORP	50,001	214,114	100 000 %
Rush Copley Medical Group (Copley Serv) 2000 Odgen Ave Aurora, IL60504 36-3235315	Healthcare	IL	Copley Memorial	C CORP			
Rush Health 1653 W Congress Pkwy Chicago, IL60612 36-3972171	Healthcare	IL	RUMC	C CORP	653,616	204,182	50 000 %
Rush Senior Care Inc 1653 W Congress Pkwy Chicago, IL60612 36-4348993	Healthcare	IL	RUMC	C CORP	100	100	100 000 %

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
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	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Copley Memorial Hospital Inc 2000 Ogden Ave Aurora, IL60504 36-2170840	Healthcare	IL	501(c)(3)	3	RCMC
Copley Ventures 2000 Ogden Ave Aurora, IL60504 36-3370216	Healthcare	IL	501(c)(3)	3	RCMC
Rush Copley Foundation 2000 Ogden Ave Aurora, IL60504 36-3093877	Healthcare	IL	501(c)(3)	7	RCMC
Rush Copley Health Care System Inc 2000 Ogden Ave Aurora, IL60504 36-3584043	Healthcare	IL	501(c)(3)	11A	RUMC
Rush Copley Medical Center Inc 2000 Ogden Ave Aurora, IL60504 36-3193787	Healthcare	IL	501(c)(3)	11a	RCHC System
Rush Oak Park Hospital 520 S Maple Ave Oak Park, IL60304 36-2183812	Healthcare	IL	501(c)(3)	3	Synergon
Rush System for Health 1653 W Congress Parkway 305 Kingst Chicago, IL60612 36-4046278	Healthcare	IL	501(c)(3)	11c	RUMC
Rush Self-Insurance Trust 1700 W Van Buren St Chicago, IL60612 36-6673233	Insurance	IL	501(c)(3)	11c	RUMC
Core Foundation 2020 W Harrison St Chicago, IL60612 36-3991833	Real Estate	IL	501(c)(3)	11a	NA
Synergon Health System Inc 520 S Maple Ave Oak Park, IL60304 36-3739067	Healthcare	IL	501(c)(3)	3	RUMC
RiversideRush Corp 350 N Wall St Kankakee, IL60901	Healthcare	IL	501(c)(3)		RUMC
RMLHP Corporation 5801 S County Line Road Hinsdale, IL60521 36-4160869	Healthcare	IL	501(c)(3)	11b	RUMC&LUMC
RML Health Providers LP 5801 S County Line Road Hinsdale, IL60521 36-4113692	Healthcare	IL	501(c)(3)	3	RMLHP Corp
Riverside Health System 350 N Wall St Kankakee, IL60901 36-3167726	Healthcare	IL	501(c)(3)	11c	Riverside
Oakside Corporation 350 N Wall St Kankakee, IL60901 36-3166804	Healthcare	IL	501(c)(3)	11b	Riverside
Riverside Medical Center 350 N Wall St Kankakee, IL60901 36-2414944	Healthcare	IL	501(c)(3)	3	Riverside
Riverside Senior Living Center 350 N Wall St Kankakee, IL60901 36-3670744	Healthcare	IL	501(c)(3)	9	Riverside
Riverside Medical Health Care Foundation 350 N Wall St Kankakee, IL60901 36-3166033	Healthcare	IL	501(c)(3)	11b	Riverside

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Circle Imaging Partners LP	c	2,857,143
(2)	Circle Imaging Partners LP	o	251,168
(3)	Circle Imaging Partners LP	r	331,809
(4)	Circle Imaging Partners LP	n	2,433,885
(5)	Circle Imaging Partners LP	i	416,082
(6)	Circle Imaging Partners LP	p	7,591
(7)	Oak Park Imaging	p	420
(8)	Oak Park Imaging	i	200,963
(9)	Oak Park Imaging	c	321,000
(10)	Copley Memorial Hospital	j	15,734
(11)	Copley Memorial Hospital	p	467,652
(12)	Copley Memorial Hospital	a	6,857,442
(13)	Rush Oak Park Hospital	n	588,334
(14)	Rush Oak Park Hospital	p	2,520,497
(15)	Rush Oak Park Hospital	j	800,211
(16)	Rush University Medical Center Insurance Co	q	5,090,000
(17)	Rush Health	o	4,067,915
(18)	Rush Health	l	1,007,362
(19)	Rush Health	c	74,454
(20)	RML Health Providers LP	o	16,982
(21)	RML Health Providers LP	c	696,371
(22)	Rush System for Health	l	160,614
(23)	Rush System for Health	o	193,586
(24)	Core Foundation	b	200,000
(25)	Core Foundation	n	430,706
(26)	Rush Surgicenter at the Prof Office Bldg LP	i	673,459
(27)	Rush Surgicenter at the Prof Office Bldg LP	c	1,450,000
(28)	Rush Surgicenter at the Prof Office Bldg LP	l	2,500
(29)	Rush Surgicenter at the Prof Office Bldg LP	o	7,500
(30)	Rush Surgicenter at the Prof Office Bldg LP	p	167,758
(31)	Rush Master Retirement Trust	q	35,037,357
(32)	Circle Imaging Management Inc	l	1,925,882
(33)	Riverside Medical Center	r	59,763
(34)	Riverside Medical Center	l	300
(35)	Riverside Medical Center	o	4,432

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HALL ADAMS JR TRUSTEE	1.0	X								
CONNIE BUSSE ASHLINE TRUSTEE	1.0	X								
ROBERT A BALK MD TRUSTEE	40.0	X						303,163		46,233
JOHN M BOLER TRUSTEE	1.0	X								
SUSAN R BOTTUM TRUSTEE	1.0	X								
JOHN L BRENNEN TRUSTEE	1.0	X								
MARCA L BRISTO TRUSTEE	1.0	X								
WILLIAM G BROWN TRUSTEE	1.0	X								
PETER CB BYNOE ESQ TRUSTEE	1.0	X								
PASTORA SAN JUAN CAFFERTY TRUSTEE	1.0	X								
WH CLARK TRUSTEE	1.0	X								
E DAVID COOLIDGE III TRUSTEE	1.0	X								
CHRISTOPHER M CRANE TRUSTEE	1.0	X								
SUSAN CROWN TRUSTEE	1.0	X								
ROBERT J DARNALL TRUSTEE	1.0	X								
ROBERT M DAVIS TRUSTEE	1.0	X								
HOWARD M DEAN TRUSTEE	1.0	X								
ROBERT P DECRESCE MD MBA MPH TRUSTEE	40.0	X						54,307		19,863
JAMES W DEYOUNG TRUSTEE	1.0	X								
JOHN H DICK TRUSTEE	1.0	X								
THOMAS A DONAHOE TRUSTEE	1.0	X								
BRUCE W DUNCAN TRUSTEE	1.0	X								
CHRISTINE A EDWARDS TRUSTEE	1.0	X								
CHARLES L EVANS PHD TRUSTEE	1.0	X								
W JAMES FARRELL TRUSTEE	1.0	X								

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET FAUT-CALLAHAN PHD CRNA TRUSTEE	33 0	X						23,532		3,946
LARRY FIELD TRUSTEE	1 0	X								
ROBERT F FINKE TRUSTEE	1 0	X								
CYRUS F FREIDHEIM JR TRUSTEE	1 0	X								
WILLIAM J FRIEND TRUSTEE	1 0	X								
J ERIK FYRWALD TRUSTEE	1 0	X								
JORGE O GALANTE MD DMSC TRUSTEE	1 0	X								
RONALD J GIDWITZ TRUSTEE	1 0	X								
SUE LING GIN TRUSTEE	1 0	X								
RICHARD W GOCHNAUER TRUSTEE	1 0	X								
LARRY J GOODMAN MD PRESIDENT & CEO	40 0	X		X				1,426,926		560,458
WILLIAM M GOODYEAR TRUSTEE	1 0	X								
CATHERINE B GROTELUESCHEN MD TRUSTEE	1 0	X								
SANDRA P GUTHMAN TRUSTEE	1 0	X								
WILLIAM J HAGENAH TRUSTEE	1 0	X								
JOAN M HALL TRUSTEE	1 0	X								
WILLIAM K HALL TRUSTEE	1 0	X								
CHRISTIE HEFNER TRUSTEE	1 0	X								
ROBERT L HEIDRICK TRUSTEE	1 0	X								
RONALD M HEM TRUSTEE	1 0	X								
MARCIE B HEMMELSTEIN TRUSTEE	1 0	X								
JAY L HENDERSON TRUSTEE	1 0	X								
MARVIN J HERB TRUSTEE	1 0	X								
JOHN W HIGGINS TRUSTEE	1 0	X								
JERALD W HOEKSTRA TRUSTEE	1 0	X								

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RON HUBERMAN TRUSTEE	1 0	X								
ANTHONY D IVANKOVICH MD TRUSTEE	20 0	X						64,583		7,287
RICHARD M JAFFEE TRUSTEE	1 0	X								
JOHN E JONES TRUSTEE	1 0	X								
SILAS KEEHN TRUSTEE	1 0	X								
JOHN P KELLER TRUSTEE	1 0	X								
KIP KIRKPATRICK TRUSTEE	1 0	X								
HERBERT B KNIGHT TRUSTEE	1 0	X								
FRED A KREHBIEL TRUSTEE	1 0	X								
SHELDON LAVIN TRUSTEE	1 0	X								
BISHOP JEFFREY D LEE TRUSTEE	1 0	X								
AYLWIN B LEWIS TRUSTEE	1 0	X								
DONALD G LUBIN ESQ TRUSTEE	1 0	X								
JOHN H MCEACHERN JR TRUSTEE	1 0	X								
ANDREW J MCKENNA JR TRUSTEE	1 0	X								
MARY S MEYER MSN APN TRUSTEE	1 0	X								
WAYNE L MOORE TRUSTEE	1 0	X								
ROBERT S MORRISON TRUSTEE	1 0	X								
MICHAEL F O'BRIEN TRUSTEE	1 0	X								
MICHAEL J O'CONNOR TRUSTEE	1 0	X								
ABBY MCCORMICK O'NEIL TRUSTEE	1 0	X								
WILLIAM H OSBORNE TRUSTEE	1 0	X								
AURIE A PENNICK TRUSTEE	1 0	X								
SHEILA A PENROSE TRUSTEE	1 0	X								
PERRY R PERO TRUSTEE	1 0	X								

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CONSUELO WILSON PIERREPONT TRUSTEE	1 0	X								
STEPHEN N POTTER TRUSTEE	1 0	X								
KAREN C REID TRUSTEE	1 0	X								
JOHN W ROGERS JR TRUSTEE	1 0	X								
SHELI Z ROSENBERG TRUSTEE	1 0	X								
JOHN J SABL TRUSTEE	1 0	X								
JOHN M SACHS DDS TRUSTEE	1 0	X								
JOHN F SANDNER TRUSTEE	1 0	X								
GLORIA SANTONA ESQ TRUSTEE	1 0	X								
CHARLES A SCHROCK TRUSTEE	1 0	X								
THE HONORABLE ANNE O SCOTT TRUSTEE	1 0	X								
CAROLE BROWE SEGAL TRUSTEE	1 0	X								
ALEJANDRO SILVA TRUSTEE	1 0	X								
MICHAEL SIMPSON TRUSTEE	1 0	X								
HAROLD BYRON SMITH JR TRUSTEE	1 0	X								
DAVID B SPEER TRUSTEE	1 0	X								
CARL W STERN TRUSTEE	1 0	X								
RICHARD L THOMAS TRUSTEE	1 0	X								
CHARLES A TRIBBETT III TRUSTEE	1 0	X								
KAREN B WEINSTEIN MD TRUSTEE	1 0	X								
JOHN R WILLIS TRUSTEE	1 0	X								
THOMAS J WILSON TRUSTEE	1 0	X								
JOHN A WING TRUSTEE	1 0	X								
ROBERT A WISLOW TRUSTEE	1 0	X								
BARBARA JIL WU PHD TRUSTEE	1 0	X								

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID A ANSELL MD VP & CHIEF MEDICAL OFFICER	40 0			X				546,090		71,427
CHARLES E BEHL VP REVENUE CYCLE	40 0			X				333,438		63,041
MAX D BROWN JD VP LEGAL AFFAIRS & GEN COUNSEL	40 0			X				501,113		95,011
PETER W BUTLER EXEC VP & COO	40 0			X				1,081,154		272,130
PAUL M CARVEY PHD DEAN, THE GRADUATE COLLEGE	40 0			X				373,651		120,788
J ROBERT CLAPP JR SVP HOSPITAL AFFAIRS	40 0			X				647,664		119,410
R ANTHONY DAVIS VP FINANCE	40 0			X				339,323		50,293
RICHARD DAVIS SVP MEDICAL AFFAIRS	40 0			X				279,647		49,938
THOMAS A DEUTSCH MD SVP & DEAN-RUSH MEDICL COLLEGE	40 0			X				792,413		211,460
MELANIE C DREHER PHD RN DEAN, COLLEGE OF NURSING	40 0			X				315,941		30,008
BRUCE M ELEGANT VP HOSPITAL OPERATIONS	40 0			X				379,453		73,135
BRENT ESTES VP MANAGD CARE PROGRAMS & SVCS	40 0			X				397,414		45,957
LOIS K HALSTEAD PHD RN VICE PROVOST, RUSH UNIVERSITY	40 0			X				229,352		34,820
BRADLEY G HINRICHS VP HOSPITAL OPERATIONS	40 0			X				318,651		26,606
CATHERINE A JACOBSON SVP STRATEGIC PLANNING & CFO	40 0			X				827,401		136,246
JOAN E KURTENBACH VP STRAT PLANNING & MARKETING	40 0			X				296,220		27,501
JANE G LLEWELLYN PHD RN CNAA VP CLINICAL NURSING & CNO	40 0			X				365,471		59,678
JOHN LOWENBERG VP CLINICAL NURSING SERVICES	40 0			X				251,102		19,061
SHERI L MARKER VP HUMAN RESOURCES	40 0			X				310,894		83,466
DIANE M MCKEEVER SVP PHILANTHROPY	40 0			X				370,771		80,805
AVERY S MILLER SVP CORP & EXTERNAL AFFAIRS	40 0			X				1,585,447		197,160
JAMES L MULSHINE MD VP RESEARCH	40 0			X				420,843		73,471
JAIME B PARENT VP INFORMATION TECHNOLOGY	40 0			X				337,763		47,179
TERRY PETERSON VP GOVERNMENT AFFAIRS	40 0			X				276,725		50,119
MARY ELLEN SCHOPP SVP HUMAN RESOURCES	40 0			X						

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID C SHELLEDY PHD DEAN, COLLEGE-HEALTH SCIENCES	40 0			X				245,238		44,190
BRIAN T SMITH VP MED AFFAIRS-CLINCL PRACTICE	40 0			X				416,448		69,364
SCOTT E SONNENSCHEIN VP HOSPITAL OPERATIONS	40 0			X				333,109	0	53,594
LAC VAN TRAN SVP INFORMATION SERVICES	40 0			X				505,294		100,843
MICK P ZDEBLICK VP CAMPUS TRANSFORMATION	40 0			X				457,928		73,355
CLARENCE BROWN MD PHYSICIAN	40 0					X		881,951		20,170
HAREL DEUTSCH MD PHYSICIAN	40 0					X		867,968		41,618
VASSILLIOS DIMITROPOULOS MD PHYSICIAN	40 0					X		801,381		24,426
LORENZO MUNOZ MD PHYSICIAN	40 0					X		845,399		36,673
JONATHAN SOMERS MD PHYSICIAN	40 0					X		940,586		39,511

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
HOSPITAL SERVICES	900,099	487,888,608	487,888,608		
PHYSICIAN PRACTICES	900,099	186,158,487	186,158,487		
RUSH UNIVERSITY TUITION	900,099	47,271,470	47,271,470		
RESEARCH	900,099	105,341,881	105,341,881		
MEDICARE/MEDICAID PAYMENTS	900,099	393,365,649	393,365,649		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	37,694,687	34,254,669	3,440,018	
EQUIPMENT RENTAL	10,840,409	10,473,514	360,095	6,800
MEDICAID PROVIDER TAX	26,306,496	26,306,496		
COMMISSIONS	33,817,142	30,207,737	3,272,609	336,796
SUPPLIES	196,826,710	196,545,394	280,272	1,044

Additional Data

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

In keeping with Rush University Medical Center's Mission to provide comprehensive, coordinated health care services to our patients, Rush offers several financial assistance programs to help patients with their hospital bill To assist the patient in deciding which is the right program for them, Rush offers the services of Financial Counselors and Billing Customer Service Representatives These individuals will assist patients in completion of financial application forms, obtaining an estimated cost of anticipated hospital services, providing an explanation and copy of their hospital bill, and notary services Rush University Medical Center offers the following programs - Self-Pay Discount - Illinois residents without health insurance automatically receive a 64% discount on their hospital bill Out-of-state residents without health insurance automatically receive a 50% discount that approximates Rush's average managed care discount During FY2010, Rush provided discounts to uninsured patients of $22,837,119 These discounts are not included in Schedule H - Charity Care / Full Write-Off - The hospital bill is discounted 100% if the patient's income is 300% of the Federal Poverty Guidelines (family size adjusted) or less - Income related discounts can be applied to the patient's balance after their insurance company has paid their portion - The patient's financial status is validated through Search America software - Rush employees are eligible for income-related discounts as described in the Financial Assistance Programs - Income related discounts apply only to hospital based services thus excluding professional bills - Limited Income Program - After the financial assessment of the patient's income has been completed, the hospital will provide services at cost if the patient's income level meets the appropriate criteria - For FY10, the Limited Income Discount criteria for family income are 400% of the Federal Poverty Guidelines - For FY10, the Limited Income Discount is 70% Rush currently does not test assets

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The Community Benefit Report for RUMC is a separate report prepared by Rush Rush prepares and files the Annual Non-Profit Community Benefit Plan Report with the Attorney General's Office of the State of Illinois which includes Rush University Medical Center and Rush Oak Park Hospital

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The calculation of the ratio of patient cost to charges was based on Rush's filed Medicare Cost Report and follows the format based on Worksheet 2 of the instructions to Schedule H

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Rush has included subsidized costs attributable to physician clinics totaling $64,618,007

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The number for bad debt expense included on Form 990, Part IX, line 25, column (A), but subtracted for purposes of calculating the percentage in this column, is 37,694,687

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The cost for the total bad debt provision of $37,694,178 was calculated using the cost to charge ratio described above Rush does not include discounts and payments in bad debt expense in the financial statements Any payments received after an account has been written off to bad debt is considered a recovery and classified as such Recoveries are classified as a decrease to bad debt expense There can be times when a patient is reluctant to complete a financial assessment to determine their ability to qualify for Charity Care It is possible that because of these circumstances, there could be a portion of Rush's bad debt expense that represents patients that do not have the financial ability to pay We are unable to determine an accurate estimate of this portion of the patient population Rush does not have a footnote in the financial statements that describes bad debt expense However, Rush provides a significant amount of uncompensated care to uninsured and underinsured patients, which is reported as provision for bad debts During FY10, Rush's reported provision for bad debts was a total of $37,694,178 The Rush provision combined with the Rush University Medical Group provision of $6,130,312 equates to $11,020,489 at cost based on an overall cost to charge ratio

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Medicare revenues and costs were extracted from the FY10 As-Filed Medicare Cost report

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

In keeping with Rush University Medical Center's Mission to provide comprehensive, coordinated health care services to our patients, Rush offers several financial assistance programs to help patients with their hospital bill If Rush is aware that a patient qualifies for financial assistance, these accounts will not be referred to a collection agency It is the policy of Rush to offer patients payment plan and/or charity assistance when it becomes known that a patient needs financial assistance Rush works with patients to help determine if there are any third party payers which may be available to help the patient meet their obligations Rush works with patients to determine if they qualify for one of a handful of state and federal programs such as the state's Medical Assistance Program or the Social Security Disability program and RUMC has specialists on site who assist patients with the application process

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

In order to ensure that its community benefits programs were truly reflective of the community needs, Rush performed a needs assessment and provided a comprehensive overview of its core service area Following the assessment process in FY2009, Rush developed a Community Benefits Plan focused on applying Rush's strengths and available resources to programs that improve and promote the physical, educational and economic health of its communities In FY2010, Rush committed to participating in the Metropolitan Chicago Healthcare Council's (MCHC) Community Needs Assessment Program This program will enable Rush to more thoroughly assess and understand the health and wellness needs of the communities it serves so that Rush can better align its outreach efforts and the immediate needs within its patient care areas

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Through utilization of a patient eligibility service, Rush is extremely proactive in enrolling patients, who present for service without insurance coverage, for coverage under various state and federal programs The maintenance of this service for our patients has a significant impact on decreasing the amount of charity care provided In addition to achieving appropriate, available coverage for our patients' medical services, this eligibility service also obtains eligibility for SSI or SSA benefits for applicable patients Guiding the patient through this often time-consuming and arduous process is extremely beneficial to the patient, as once SSI/SSA eligibility is approved, the patient will begin receiving a monthly assistance check which provides a benefit well beyond their health care at Rush To assist the patient in deciding which is the right program for them, Rush offers the services of Financial Counselors and Billing Customer Service Representatives These individuals will assist patients in completion of financial application forms, obtaining an estimated cost of anticipated hospital services, providing an explanation and copy of their hospital bill, and notary services During FY2010, Rush and ROPH provided $135 9 million in unreimbursed care to its patients Unreimbursed care consists of charity care provided to patients who lack the means to pay for services (at cost), bad debt (at expected payment, not charges), and unreimbursed costs for Medicaid and Medicare services Rush recognizes the need to simplify charity policies and to expand assistance to the growing population of uninsured and underinsured individuals To assist patients in their hospital bill, Rush offers the following financial assistance programs - Paid in Full Charity Care Patients qualify for the Rush Charity Care program if their income level is at or below 300% of the federal poverty level That means that individuals qualify if they earn less than $66,150 and are supporting a family of four These patients are eligible for a full write-off of their bill - Discounts for Limited Income Rush assists families with limited incomes, defined as annual income less than 400% of the federal poverty level (FPL), who are eligible for a write-off of up to 70% of the bill - Discounts for Self-Pay Patients Rush offers an automatic 64% discount for residents of Illinois who do not have a health insurance plan Non Illinois residents who do not have health insurance automatically qualify for a 50% discount For patients who cannot pay their portion of the bill at the time of service, financial counselors work closely with them to set up monthly installment payment plans with no interest at an amount with which the patient is comfortable - State and Federal Programs Financial counselors work with patients and alert them if they qualify for one of a handful of state and federal programs such as the state's Medical Assistance Non-Grant (MANG) program or the Social Security Disability program (SSDI) Because the paperwork required for these programs can be overwhelming, Rush has specialists on site who assist patients with the application process Through these efforts, we have qualified individuals for a social security disability who are not age 65, while at the same time ensuring payment for their hospital bill - Payment plans If requested, interest-free payment plans are available to patients Payments can be made over, at most, 24 months Rush does not assess interest on unpaid balances Additionally, Rush maintained a patient-eligibility service throughout FY2010 at a cost of $403,000 This service focuses on providing patients who arrive at Rush without insurance with the coverage they are entitled to under various federal and state programs In addition to achieving insurance coverage for these patients' medical bills, this service obtains eligibility for SSI or SSA benefits, which assist patients beyond their hospital stay

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Rush University Medical Center serves the city of Chicago and surrounding suburbs which covers an eight-county metropolitan area Building on a long tradition of commitment to its diverse communities and neighbors, Rush recognizes the immense needs of its core service areas With ongoing community service programs throughout Chicago, Rush's patient care, research, education and workforce development outreach efforts focus on three community areas - East Garfield Park, Near Westside and West Town This will be the starting point in an incremental approach to community benefits planning Over time, the focus will expand to the larger West Side of Chicago and to the broader Chicago Metropolitan Area These geographical areas encompass the location of the Medical Center in addition to the locations of clinics that are the sites for a significant number of community benefit projects Despite these boundaries, Rush does not plan to discontinue those activities currently undertaken outside the aforementioned community areas For example, the Science and Math Excellence (SAME) Network supports educational efforts in Chicago Public Schools across the City in more than 40 schools In addition, Rush's financial assistance policies apply to all Rush patients in the State of Illinois

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Many of the community benefits activities implemented by Rush University Medical Center address community building activities Rush provides a full range of medical services to the community including an emergency department that is never closed and is open to everyone regardless of their ability to pay Rush also continues to emphasize primary and preventive care for uninsured individuals and families This approach relies on the services provided within physician clinics at Rush as well as the community service projects operated by patient care staff and Rush University students In this way, Rush hopes to have an impact on the health of patients before they get to the point of visiting the emergency department In addition, Rush provides cutting-edge neurological services to the community through a new transfer system that facilitates neurological emergency transfers from community hospitals to Rush 24 hours a day, 7 days a week To ensure that Rush is delivering on its patient care mission to the diverse communities of Chicago, Rush maintains a staff of Spanish language, other-language and sign language interpreter services These financial commitments are critical to providing the best patient care to the diverse communities of the Chicago area Rush is committed to providing programs to educate and train the health care workforce of the future It is widely recognized that workforce demands in health care will rapidly escalate as the U S population ages Recent records indicate that nearly 35 percent of Rush Medical College graduates practice in the Chicago area, and over 75 percent of Rush College of Nursing graduates begin their careers in the Chicago area and continue to contribute to the community These statistics reflect the importance of Rush in the communities it serves Additionally, the Rush Community Service Initiatives Program (RCSIP) provides a forum for Rush Medical College students to become involved in meeting the social and health care needs of the Chicago population Rush's educational mission is the driving force behind our goal to provide students with unique exposure to the numerous public health disparities in Chicago while also offering distinctive opportunities for hands-on learning and experience The Office of Community and Global Health provides oversight for RCSIP and advances the institutional mission of high-quality patient care and provides a "home" for the numerous student volunteer activities, while allowing for further community outreach development Students have the opportunity to participate in any of the 27 (and growing) clinical and non-clinical community service programs, which are overseen by attending physicians at Rush RCSIP aspires to be a model for academic medical centers that wish to develop innovative ways to train future health care professionals in community health, social and behavioral medicine, and primary care Rush University Medical Center also collaborates with various other community partners to provide not only patient care, but also learning and community health opportunities for residents Some of those activities include partnerships with the John H Stroger, Jr Hospital of Cook County, the Chicago Public School system, Chicago Department of Family and Support Services, American Red Cross, United Way, Chicago Department of Public Health, Chicago Bulls, and Malcolm X College (one of the City Colleges of Chicago) The governing body of Rush is comprised of persons who reside in the eight-county metropolitan area that is served by Rush Rush works as a closed system regarding medical staff privileges Rush recruits all physicians and a physician must be a faculty member to be on the medical staff to have privileges As a not-for-profit academic medical center, any excess funds earned by Rush are used to support our mission of providing excellent patient care, medical education, research and community support as detailed below

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Within their community benefits report, Rush University Medical Center (Rush) and Rush Oak Park Hospital (ROPH) assign a financial value to various predefined community benefits categories as well as provide a sense of the breadth and scope of the various community benefits activities inherent in the Rush mission Rush's mission lends itself to a framework upon which the needs of the community can be considered in conjunction with necessary operational and strategic decisions The Community Benefits Report details a number of community benefits activities that fall into each of the four components of Rush's mission statement - To provide the very best patient care for the diverse communities of the Chicago area now and in the future - To provide education endeavors to enhance excellence in patient care for the diverse communities of the Chicago area now and in the future - To provide research endeavors to enhance excellence in patient care for the diverse communities of the Chicago area now and in the future - To provide community service programs and build relationships with other hospitals to enhance excellence in patient care for the diverse communities of the Chicago area now and in the future

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT A BALK MD	(I) (II)	298,163	5,000		22,050	24,183	349,396	
LARRY J GOODMAN MD	(I) (II)	870,291	487,503	69,132	539,975	20,483	1,987,384	84,333
DAVID A ANSELL MD	(I) (II)	412,924	105,183	27,983	70,708	719	617,517	
CHARLES E BEHL	(I) (II)	254,491	64,946	14,001	46,672	16,369	396,479	
MAX D BROWN JD	(I) (II)	364,163	89,660	47,290	81,906	13,105	596,124	
CLARENCE BROWN MD	(I) (II)	602,146	279,805		14,250	5,920	902,121	
PETER W BUTLER	(I) (II)	693,403	333,670	54,081	249,867	22,263	1,353,284	
PAUL M CARVEY PHD	(I) (II)	306,025	38,910	28,716	99,905	20,883	494,439	
J ROBERT CLAPP JR	(I) (II)	446,897	183,346	17,421	96,467	22,943	767,074	
R ANTHONY DAVIS	(I) (II)	257,525	66,138	15,660	38,176	12,117	389,616	
RICHARD DAVIS	(I) (II)	229,731	47,135	2,781	24,180	25,758	329,585	
HAREL DEUTSCH MD	(I) (II)	687,624	180,344		13,475	28,143	909,586	
THOMAS A DEUTSCH MD	(I) (II)	540,979	222,008	29,426	190,590	20,870	1,003,873	
VASSILLIOS DIMITROPOULOS MD	(I) (II)	239,000	562,381		13,475	10,951	825,807	
MELANIE C DREHER PHD RN	(I) (II)	245,398	60,028	10,515	19,600	10,408	345,949	
BRUCE M ELEGANT	(I) (II)	283,100	76,561	19,792	50,536	22,599	452,588	
BRENT ESTES	(I) (II)	294,042	97,741	5,631	24,882	21,075	443,371	
LOIS K HALSTEAD PHD RN	(I) (II)	171,834	39,346	18,172	26,767	8,053	264,172	
BRADLEY G HINRICHS	(I) (II)	230,480	53,144	35,027	19,753	6,853	345,257	
CATHERINE A JACOBSON	(I) (II)	589,505	225,687	12,209	115,663	20,583	963,647	
JOAN E KURTENBACH	(I) (II)	234,561	54,020	7,639	8,023	19,478	323,721	
JANE G LLEWELLYN PHD RN CNAA	(I) (II)	272,847	64,659	27,965	51,137	8,541	425,149	
JOHN LOWENBERG	(I) (II)	216,790	28,433	5,879	18,342	719	270,163	
SHERI L MARKER	(I) (II)	237,798	60,472	12,624	76,632	6,834	394,360	
DIANE M MCKEEVER	(I) (II)	273,152	86,942	10,677	65,099	15,706	451,576	
AVERY S MILLER	(I) (II)	497,294	213,837	874,316	183,106	14,054	1,782,607	804,007
JAMES L MULSHINE MD	(I) (II)	336,151	61,229	23,463	51,093	22,378	494,314	
LORENZO MUNOZ MD	(I) (II)	588,561	189,338	67,500	14,700	21,973	882,072	
JAIME B PARENT	(I) (II)	256,363	65,108	16,292	28,734	18,445	384,942	
TERRY PETERSON	(I) (II)	220,157	47,087	9,481	38,174	11,945	326,844	
JONATHAN SOMERS MD	(I) (II)	940,586			19,600	19,911	980,097	
MICK P ZDEBLICK	(I) (II)	329,287	119,433	9,208	52,747	20,608	531,283	
DAVID C SHELLEDY PHD	(I) (II)	183,996	41,538	19,704	30,044	14,146	289,428	
BRIAN T SMITH	(I) (II)	323,937	84,907	7,604	45,379	23,985	485,812	
SCOTT E SONNENSCHEIN	(I) (II)	264,728 0	61,425 0	6,956 0	33,746 0	19,848 0	386,703 0	
LAC VAN TRAN	(I) (II)	358,698	115,557	31,039	92,638	8,205	606,137	
MICK P ZDEBLICK	(I) (II)	329,287	119,433	9,208	52,747	20,608	531,283	