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Page 2

## 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

Schedule M (Form 990) 2009

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	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	allocat	rtionate ions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	ral or aging ner?
							Yes	No		Yes	No
Yorkville Physical Therapy & Sports Medicine Center LLC 2000 Ogden Avenue Aurora, IL60504 36-4236345	Physical Therapy & Sports Medicine	IL	N/A	N/A				No			No
							•		"		

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>(b)</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	<b>(h)</b> Percentage ownership
Rush Copley Medical Center NFP 2000 Ogden Avenue Aurora, IL60504 36-3235315	Physician Practices	IL	N/A	С			

chedule R (Form 990) 2009			Pag	e <b>3</b>
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 3	35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Y	es	No
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	3		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b	,		No
c Gift, grant, or capital contribution from other organization(s)	1c	: [		No
d Loans or loan guarantees to or for other organization(s)	1d	1		No
e Loans or loan guarantees by other organization(s)	1e			No
	1f	_		No
f Sale of assets to other organization(s)	11 1g	_		No
g Purchase of assets from other organization(s)	1h	_	'es	-140
h Exchange of assets	1i	_	<u> </u>	No
i Lease of facilities, equipment, or other assets to other organization(s)		+	-	140
j Lease of facilities, equipment, or other assets from other organization(s)	1j	i		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	<b>₹</b>		No
l Performance of services or membership or fundraising solicitations by other organization(s)	11			No
m Sharing of facilities, equipment, mailing lists, or other assets	1n	n		No
n Sharing of paid employees	1n	1		No
• Reimbursement paid to other organization for expenses	10	_	'es	
p Reimbursement paid by other organization for expenses	1p	<u> </u>		No
<b>q</b> Other transfer of cash or property to other organization(s)	19	+	+	No
r Other transfer of cash or property from other organization(s)	1r	_		No
- Sansa dansa. S. Sasar S. Property, nom other organization(S)				_
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 train	nsaction thresholds			
	b) saction Amour	(c) nt inv	volved	

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved
(1) Copley Memorial Hospital Inc	Н	103,468
(2) Copley Memorial Hospital Inc	0	574,409
(3) Copley Memorial Hospital Inc	В	677,877
(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

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