



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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

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: UNIVERSITY OF CHICAGO MEDICAL CENTER. Doing Business As. Number and street (or P O box if mail is not delivered to street address): 5841 SOUTH MARYLAND AVENUE MC 1086. Room/suite. City or town, state or country, and ZIP + 4: CHICAGO, IL 60637

D Employer identification number: 36-3488183. E Telephone number: (773) 702-1998. G Gross receipts \$ 1,281,432,595

F Name and address of principal officer: EVERETT E VOKES, 5841 S MARYLAND AVE MC 1086, CHICAGO, IL 60637

H(a) Is this a group return for affiliates? No. H(b) Are all affiliates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: http://www.uchospitals.edu/

K Form of organization: Corporation. L Year of formation: 1986. M State of legal domicile: IL

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2-7. Governance and activities; 8-12. Revenue; 13-19. Expenses; 20-22. Net Assets or Fund Balances.

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: EVERETT E VOKES INTERIM DEAN/INTERIM CFO. Date: 2011-05-13.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's identifying number, Firm's name: PricewaterhouseCoopers LLP, 1301 K STREET NW SUITE 800W, WASHINGTON, DC 20005. EIN, Phone no: (202) 414-1000.

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

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

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

**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 \$ 1,058,473,133 including grants of \$ 0 ) (Revenue \$ 1,171,285,132 )  
SEE SCHEDULE O FOR MORE INFORMATION ON PROGRAM SERVICE ACCOMPLISHMENTS FOR THE YEAR

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

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

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 1,058,473,133

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	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 <input checked="" type="checkbox"/>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II <input checked="" type="checkbox"/>	Yes	
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
<b>6</b>	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 <input checked="" type="checkbox"/>		No
<b>7</b>	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 <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
<b>9</b>	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 <input checked="" type="checkbox"/>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes	
<b>11</b>	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. <input checked="" type="checkbox"/>	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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.		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <input checked="" type="checkbox"/>	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . . <input checked="" type="checkbox"/>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	Yes	
<b>14b</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 . . . . . <input checked="" type="checkbox"/>	Yes	
<b>15</b>	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 . . . . . <input checked="" type="checkbox"/>		No
<b>16</b>	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 . . . . . <input checked="" type="checkbox"/>		No
<b>17</b>	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 <input checked="" type="checkbox"/>	Yes	
<b>18</b>	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 . . . . . <input checked="" type="checkbox"/>	Yes	
<b>19</b>	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 . . . . . <input checked="" type="checkbox"/>		No
<b>20</b>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . . <input checked="" type="checkbox"/>	Yes	

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	Yes	
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
<b>1a</b>	78		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>1c</b>			
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
<b>2a</b>	7,164		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	Yes	
<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>3a</b>			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>3b</b>			
<b>4a</b>	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)? . . . . .		No
<b>4a</b>			
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>5a</b>			
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>5b</b>			
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>5c</b>			
<b>6a</b>	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? . . . . .		No
<b>6a</b>			
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	Yes	
<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	Yes	
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
<b>7d</b>			
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

**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
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	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? . . . . .	Yes	
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	<b>a</b> The governing body? . . . . .	Yes	
<b>8b</b>	<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	<b>b</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? . . . . .		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . . . . .	Yes	
<b>12b</b>	<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	<b>b</b> Other officers or key employees of the organization . . . . . If "Yes" to line a or b, describe the process in Schedule O (See instructions )	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	Yes	
<b>16b</b>	<b>b</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? . . . . .		No

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>▶</b> _____
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>▶</b> RICHARD MILLER 8201 CASS AVENUE DARIEN, IL 60561 (773) 702-1998



<b>1b Total</b>	12,938,758	7,952,128	6,116,892
-----------------	------------	-----------	-----------

**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 **513**

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF CHICAGO 75 REMITTANCE DRIVE SUITE 1958 CHICAGO, IL 60675	PHYSICIAN SERVICES	165,948,750
SODEXHO MANAGEMENT INCORPORATED 4880 PAYSHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICES	4,972,162
COHEN LAW GROUP PC 500 N MICHIGAN AVENUE SUITE 850 CHICAGO, IL 60611	LEGAL SERVICES	3,865,000
RAFAEL VINOLY ARCHITECTS PC 50 VAN DAM STREET NEW YORK, NY 10013	ARCHITECT	3,277,897
MED-CALL HEALTH CARE INC NURSING 311 W SUPERIOR ST SUITE 514 CHICAGO, IL 60654	TEMP AGENCY	2,189,533

**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 **50**

**Part VIII Statement of Revenue**

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	273,288				
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) . . . . . <b>1e</b>	492,213				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	7,031,798				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	7,797,299				
<b>Program Service Revenue</b>	<b>2a</b>	NET PATIENT REVENUE	624,100	1,112,191,693	1,112,191,693		
	<b>b</b>	CAPITATION REVENUE	900,099	36,292,192	36,292,192		
	<b>c</b>	PHARMACY	900,099	5,971,037	5,971,037		
	<b>d</b>	LAB SERVICES	621,500	2,719,319	1,298,011	1,421,308	
	<b>e</b>	MEDICAL CENTER PARKING	812,930	6,721,155	6,721,155		
	<b>f</b>	All other program service revenue		8,890,457	8,890,457		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		1,172,785,853			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . .		7,204,139		25,241	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
	<b>6a</b>	<b>Gross Rents</b>	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)				
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . .					
	<b>7a</b>	<b>Gross amount from sales of assets other than inventory</b>	(i) Securities	87,559,333			
			(ii) Other		206,500		
			<b>b</b> Less cost or other basis and sales expenses	0		514,527	
			<b>c</b> Gain or (loss)	87,559,333		-308,027	
<b>d</b>	<b>Net gain or (loss)</b> . . . . .		87,251,306		87,251,306		
<b>8a</b>	Gross income from fundraising events (not including \$ 273,288 of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . . . .		-79,413	-79,413			
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . . . .		0				
	Miscellaneous Revenue	Business Code					
<b>11a</b>	HEDGE INEFFECTIVENESS	900,099	5,812,711		5,812,711		
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		5,812,711				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		1,280,771,895	1,171,285,132	1,446,549	100,242,915	

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	14,291,743	6,318,858	7,972,885	
<b>7</b>	Other salaries and wages	341,515,087	333,127,130	7,116,093	1,271,864
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	42,655,390	40,693,994	1,808,920	152,476
<b>9</b>	Other employee benefits . . . . .	58,992,525	53,370,239	5,422,314	199,972
<b>10</b>	Payroll taxes . . . . .	27,507,191	26,242,345	1,166,519	98,327
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	2,118,972	2,118,972		
<b>b</b>	Legal . . . . .	1,910,554	9,357	1,901,197	
<b>c</b>	Accounting . . . . .	405,895		405,895	
<b>d</b>	Lobbying . . . . .	504,250		504,250	
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	2,837,958		2,837,958	
<b>g</b>	Other . . . . .	223,492,385	213,937,997	8,876,787	677,601
<b>12</b>	Advertising and promotion . . . . .	363,604		363,604	
<b>13</b>	Office expenses . . . . .	40,018,988	38,078,351	1,910,340	30,297
<b>14</b>	Information technology . . . . .	10,025,294	10,025,294		
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	12,142,448	12,084,970	15,735	41,743
<b>17</b>	Travel . . . . .	712,334	607,062	98,260	7,012
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	0			
<b>20</b>	Interest . . . . .	9,694,951	9,694,951		
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	61,316,140	61,316,140		
<b>23</b>	Insurance . . . . .	27,290,909	27,290,909		
<b>24</b>	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 )				
<b>a</b>	MEDICAL SUPPLIES	144,974,524	144,974,524		
<b>b</b>	PROVISION FOR UNCOLLECTIBLES	35,461,669	35,461,669		
<b>c</b>	PLEDGE WRITEOFF	13,099,253	13,099,253		
<b>d</b>	IL MEDICAID PROVIDER TAX	26,691,059	26,691,059		
<b>e</b>	SECURITY	1,848,695	1,848,695		
<b>f</b>	All other expenses	1,481,364	1,481,364		
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	1,101,353,182	1,058,473,133	40,400,757	2,479,292
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,676	<b>1</b>	14,981
	<b>2</b> Savings and temporary cash investments . . . . .	96,609,895	<b>2</b>	107,498,450
	<b>3</b> Pledges and grants receivable, net . . . . .	19,344,928	<b>3</b>	9,914,001
	<b>4</b> Accounts receivable, net . . . . .	124,444,979	<b>4</b>	126,617,067
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .	377,422	<b>6</b>	356,983
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	5,535,372	<b>8</b>	6,081,366
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,962,858	<b>9</b>	5,337,471
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	1,320,971,778		
	<b>b</b> Less accumulated depreciation . . . . .	614,504,878	<b>10c</b>	706,466,900
	<b>11</b> Investments—publicly traded securities . . . . .	305,004,385	<b>11</b>	511,770,242
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	291,016,815	<b>12</b>	319,806,023
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	34,005,457	<b>15</b>	50,435,360
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,471,856,743	<b>16</b>	1,844,298,844	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	98,848,311	<b>17</b>	112,697,631
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	323,767	<b>19</b>	296,709
	<b>20</b> Tax-exempt bond liabilities . . . . .	377,004,386	<b>20</b>	590,807,089
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	172,935,707	<b>25</b>	199,905,679
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	649,112,171	<b>26</b>	903,707,108
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	713,531,229	<b>27</b>	857,112,796
	<b>28</b> Temporarily restricted net assets . . . . .	103,090,074	<b>28</b>	77,376,376
	<b>29</b> Permanently restricted net assets . . . . .	6,123,269	<b>29</b>	6,102,564
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	822,744,572	<b>33</b>	940,591,736	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,471,856,743	<b>34</b>	1,844,298,844	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	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 . . . .	Yes	
<b>2d</b>	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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? . . . . .		No
<b>3b</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 . . .		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number

36-3488183

**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?  
 (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?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**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

---

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number

36-3488183

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 function 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	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		
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													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		504,250
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			504,250
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**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".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 1. Also, complete this part for any additional information.

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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number 36-3488183

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 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?
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)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

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

Part IV 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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows include 1a-1g for various balance and expense categories.

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

- a Board designated or quasi-endowment 86.000%, b Permanent endowment 14.000%, c Term endowment 0%

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

Table for 3a(i) and 3a(ii) with Yes/No columns, and 3b Yes/No

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e for Land, Buildings, Leasehold improvements, Equipment, and Other.



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	1,280,771,895
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	1,101,353,182
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	179,418,713
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-61,571,549
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-61,571,549
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	117,847,164

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,268,506,469
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,268,506,469
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	12,265,426
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	12,265,426
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	1,280,771,895

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,088,400,102
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	146,173
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	146,173
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,088,253,929
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	13,099,253
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	13,099,253
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	1,101,353,182

**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
SCHEDULE D, PART V, LINE 4		UCMC'S ENDOWMENT CONSISTS OF INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED ENDOWMENT FUNDS FOR A VARIETY OF PURPOSES UCMC'S PERMANENT ENDOWMENT FUNDS ARE SET ASIDE TO SPECIFICALLY SUPPORT PEDIATRIC HEALTH CARE, ADULT HEALTH CARE, AND EDUCATIONAL AND SCIENTIFIC PROGRAMS PART XI, LINE 8 TRANSFER TO UNIVERSITY -23,000,000, TRANSFER TO QV -605,227, ADDITIONAL MINIMUM PENSION LIABILITIES -2,831,315, ACCUMULATED CHANGES IN VALUATION OF DERIVATIVE -35,219,362, OTHER, NET 84,355 PART XII, LINE 4B RESTRICTED INCOME USED FOR OPERATIONS -4,309,676, RESTRICTED GAINS ON INVESTMENTS 9,962,678, PERMANENTLY RESTRICTED CONTRIBUTIONS -20,705, TEMPORARILY RESTRICTED CONTRIBUTIONS 6,779,302, SPECIAL EVENT EXPENSE -146,173 PART XIII, LINE 2D SPECIAL EVENT EXPENSE 146,173 PART XIII, LINE 4B PLEDGE WRITEOFF 13,099,253

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number 36-3488183

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance...
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region, (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region. Includes rows for Europe, South America, Middle East and North Africa, and a Totals row.









**Part III 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	(b) Event #2	(c) Other Events	(d) Total Events
		<b>GOLF CLASSIC</b> (event type)	<b>FUN RUN</b> (event type)	<b>1</b> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	142,815	115,762	81,471	340,048
	<b>2</b> Less Charitable contributions . . . . .	75,567	115,762	81,959	273,288
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	67,248		-488	66,760
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Non-cash prizes . . . . .	0	0	0	0
	<b>6</b> Rent/facility costs . . . . .	26,496	0	0	26,496
	<b>7</b> Food and beverages . . . . .	23,971	0	0	23,971
	<b>8</b> Entertainment . . . . .	0	0	0	0
	<b>9</b> Other direct expenses . . . . .	18,464	63,242	14,000	95,706
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				146,173
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				-79,413	

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> 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? . . . . .	<b>12</b>	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>		
<b>b</b> An outside facility . . . . .	<b>13b</b>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</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 ▶ \$ _____			

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number 36-3488183

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 4 Does the organization's policy provide free or discounted care to the "medically indigent"?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: 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. Rows include Charity care at cost, Unreimbursed Medicaid, Unreimbursed costs, Total Charity Care, Other Benefits, and Total.

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development			61,608		61,608	0.010 %
<b>3</b> Community support			372,880		372,880	0.030 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			434,488		434,488	0.040 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b>	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		No
<b>2</b>	Enter the amount of the organization's bad debt expense (at cost)		
<b>3</b>	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy		
<b>4</b>	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**

<b>5</b>	Enter total revenue received from Medicare (including DSH and IME)	<b>5</b>	190,777,000
<b>6</b>	Enter Medicare allowable costs of care relating to payments on line 5	<b>6</b>	222,201,000
<b>7</b>	Subtract line 6 from line 5. This is the surplus or (shortfall)	<b>7</b>	-31,424,000
<b>8</b>	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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b>	Does the organization have a written debt collection policy?	Yes	
<b>9b</b>	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.	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				



**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 SCHEDULE O

- 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

UCMC HAS INFORMATION ON FINANCIAL ASSISTANCE AND CHARITY CARE IN VARIOUS VENUES AND FORMS WE HAVE SIGNS AND BROCHURES VISIBLE IN ALL PATIENT ACCESS AND SERVICE AREAS, FINANCIAL ASSISTANCE AND CHARITY CARE INFORMATION IS ON OUR WEBSITE, GUARANTOR BILLS/STATEMENTS, IN ALL OUR ADMISSION PACKETS MAILED TO PATIENTS, IN OUTPATIENT PACKAGES MAILED TO EACH NEW PATIENT, WE DISCUSS FINANCIAL ASSISTANCE AND CHARITY CARE AVAILABILITY WITH PATIENTS WHO CONTACT US OR WE CALL THEM VIA PHONES, AND WE ALSO EXPLAIN THESE OPTIONS FACE TO FACE THROUGH FINANCIAL COUNSELORS AND IN OUR MA-NG APPLICATION PROCESS

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

SEE SCHEDULE O

- 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 SCHEDULE O

- 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 SCHEDULE O

- 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 communities served

SEE SCHEDULE O

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

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
UNIVERSITY OF CHICAGO MEDICAL CENTER

**Employer identification number**  
36-3488183

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate 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.
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input checked="" type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 or provision of all the expenses described above? If "No," complete Part III to explain.

**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?

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?  
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?
- b** Any related organization?  
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?
- b** Any related organization?  
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.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued 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.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		



**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
SCHEDULE J, LINE 1A - GROSS UP PAYMENTS & DISCRETIONARY SPENDING ACCOUNT		GROSS UP PAYMENTS DURING 2009, TWO INDIVIDUALS RECEIVED GROSS UP PAYMENTS FOR TAXABLE EXPENDITURES RELATED TO RELOCATION DAVID S HEFNER - \$30,566 LARRY CALLAHAN - \$15,005 DISCRETIONARY SPENDING ACCOUNTS ARE AVAILABLE TO THE ORGANIZATION'S OFFICERS OFFICERS WHO MADE USE OF THE DISCRETIONARY SPENDING ACCOUNT RECEIVED BETWEEN \$595 AND \$7,500 DURING THE YEAR THESE BENEFITS ARE ALL CONSIDERED TAXABLE COMPENSATION SOME OFFICERS DID NOT USE THE DISCRETIONARY SPENDING ACCOUNT
SCHEDULE J, PART I, LINE 4A		SEVERANCE PAYMENTS WERE MADE AS FOLLOWS DURING THE YEAR ALLAN GRAY - \$277,710 DAVID HEFNER - \$428,133 MICHAEL KOETTING - \$206,056 JAMES L MADARA MD - \$2,531,143 VICTORIA HUMPHREY - \$235,248 KELLY SULLIVAN - \$257,045
SCHEDULE J, PART I, LINE 4B		THE FOLLOWING OFFICERS PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AS PART OF DEFERRED COMPENSATION LARRY CALLAHAN - \$14,600 JEFFREY FINESILVER - \$51,694 MAYUMI FUKUI - \$34,207 LAWRENCE FURNSTAHL - \$146,067 DAVID HICKS - \$22,125 DAVID HO - \$28,400 JAMIE O'MALLEY - \$78,854 JANE SCHUMAKER - \$13,400 KENNETH SHARIGIAN - \$146,771 MARK URQUHART - \$54,807 ERIC WHITAKER - \$47,744 CAROLYN WILSON - \$51,262 ERIC YABLONKA - \$83,931 IN ADDITION, CERTAIN INDIVIDUALS RECEIVED PAYMENTS FROM THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ALLAN GRAY - \$99,335 DAVID HEFNER - \$451,303 VICTORIA HUMPHREY - \$99,664 SUSAN SHER - \$313,069 KELLY SULLIVAN - \$35,002
SCHEDULE J, PART I, LINE 8		WHILE WE HAVE NOT IDENTIFIED ANY SITUATION IN WHICH WE ARE EXPRESSLY AVAILING OURSELVES OF THE INITIAL CONTRACT EXCEPTION, WE RESERVE THE RIGHT TO AVAIL OURSELVES OF THE EXCEPTION AS WE DEEM APPROPRIATE OR NECESSARY IN THE FUTURE
SCHEDULE J, PART II		THE FOLLOWING INDIVIDUALS LEFT THEIR POSITION, OR WERE HIRED BY THE UNIVERSITY OF CHICAGO MEDICAL CENTER DURING THE YEAR ALLAN GRAY LEFT UCMC IN CY 2009 DAVID HEFNER LEFT UCMC IN CY 2009 VICTORIA HUMPHREY LEFT UCMC IN CY 2009 SUSAN SHER LEFT UCMC IN CY 2009 KELLY SULLIVAN LEFT UCMC IN CY 2009

**Schedule K  
(Form 990)**

OMB No 1545-0047

**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.**

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number  
36-3488183

**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
<b>A</b>	ILLINOIS FINANCE AUTHORITY	52-1297563	45200MWS9	09-29-2005	29,000,000	CONSTRUCTION - PEDIATRIC ER/CLINIC		X		X
<b>B</b>	ILLINOIS FINANCE AUTHORITY	52-1297563	45200MC28	04-19-2007	10,000,000	CONSTRUCTION AND RENOVATION		X		X
<b>C</b>	ILLINOIS FINANCE AUTHORITY	52-1297563	45200MC36	04-19-2007	31,000,000	CONSTRUCTION AND RENOVATION		X		X
<b>D</b>	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FZR3	08-20-2009	35,000,000	CONSTRUCTION, EQUIP, INTEREST		X		X
<b>E</b>	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FZT9	08-20-2009	35,000,000	CONSTRUCTION, EQUIP, INTEREST		X		X

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>		
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
<b>1</b> Total proceeds of issue			27,726,000		9,724,956		30,147,364		35,000,000		35,000,000
<b>2</b> Gross proceeds in reserve funds			0		0		0		0		0
<b>3</b> Proceeds in refunding or defeasance escrows			0		0		0		0		0
<b>4</b> Other unspent proceeds			0		0		0		9,505,741		9,505,740
<b>5</b> Issuance costs from proceeds			185,780		61,585		190,915		327,441		327,441
<b>6</b> Working capital expenditures from proceeds			0		0		0		0		0
<b>7</b> Capital expenditures from proceeds			27,540,220		9,663,371		29,956,449		25,166,818		25,166,819
<b>8</b> Year of substantial completion	2006		2008		2008						
<b>9</b> Were the bonds issued as part of a current refunding issue?		X		X		X		X		X	
<b>10</b> Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X	
<b>11</b> Has the final allocation of proceeds been made?	X		X		X		X		X		X
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X		X

**Part III Private Business Use**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>	
	Yes	No								
<b>1</b> 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		X		X
<b>2</b> Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No								
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X			X		X
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
<b>3c</b> 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		X		X	
<b>4</b> 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		0 %		0 %		0 %		0 %		0 %
<b>5</b> 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 %		0 %		0 %		0 %		0 %
<b>6</b> Total of lines 4 and 5		0 %		0 %		0 %		0 %		0 %
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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		X
<b>2</b> Is the bond issue a variable rate issue?	X		X		X		X		X	
<b>3a</b> 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		X
<b>b</b> Name of provider	JPMORGAN CHASE BANK								JPMORGAN CHASE BANK	
<b>c</b> Term of hedge	32 4						32 4		32 4	
<b>4a</b> Were gross proceeds invested in a GIC?		X		X		X		X		X
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number

36-3488183

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (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.

Table with 5 main columns: (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?

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

**2009**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
UNIVERSITY OF CHICAGO MEDICAL CENTER

**Employer identification number**  
36-3488183

Identifier	Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART VI		<p>THE UNIVERSITY OF CHICAGO MEDICAL CENTER ("UCMC") IS A NATIONALLY RECOGNIZED LEADER IN PATIENT CARE, RESEARCH AND MEDICAL EDUCATION RENOWNED FOR TREATING SOME OF THE MOST COMPLEX MEDICAL CASES, UCMC BRINGS THE VERY LATEST MEDICAL TREATMENTS TO PATIENTS IN CHICAGO'S SOUTH SIDE COMMUNITY, AND THROUGHOUT THE WORLD IN THIS WAY, UCMC FURTHERS ITS COMMITMENT TO PATIENT CARE, CLINICAL PRACTICE AND COMMUNITY HEALTH UCMC PARTNERS WITH THE UNIVERSITY OF CHICAGO PHYSICIANS AND THE PRITZKER SCHOOL OF MEDICINE TO EDUCATE THE NEXT GENERATION OF PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS THE MEDICAL CENTER IS A LEADING PROVIDER OF COMPLEX CARE AND ROUTINELY RANKS AMONG THE TOP PROVIDERS OF MEDICAID SERVICES (BASED ON ADMISSIONS AND INPATIENT DAYS) IN THE STATE OF ILLINOIS UCMC IS CLOSELY AFFILIATED WITH THE UNIVERSITY OF CHICAGO, WHICH PROVIDES PHYSICIAN SERVICES (UCMC NOTES THAT THE PATIENT DISCOUNTS PROVIDED BY UC ARE NOT ACCOUNTED FOR IN THIS SCHEDULE H) COMMUNITY OVERVIEW, COMMUNITY SERVICE THE UCMC SERVICE AREA CONSISTS OF A LARGE, MEDICALLY UNDERSERVED, LOW INCOME POPULATION ON CHICAGO'S SOUTH SIDE, A COMMUNITY THAT IS AMONG ONE OF THE MOST ECONOMICALLY CHALLENGED COMMUNITIES IN THE STATE OF ILLINOIS AND THAT HAS A CRITICAL NEED FOR QUALITY HEALTHCARE THE POPULATION OF THE SOUTH SIDE IS APPROXIMATELY 87 PERCENT AFRICAN AMERICAN, 6 PERCENT WHITE AND 4 PERCENT HISPANIC THE SOUTH SIDE IS RELATIVELY POOR COMPARED TO THE CITY OF CHICAGO AS A WHOLE WITH 29 PERCENT OF COMMUNITY RESIDENTS REPORTING FAMILY INCOMES BELOW THE POVERTY LEVEL COMPARED WITH 20 PERCENT FOR THE CITY AS A WHOLE IN ADDITION, JUST UNDER HALF OF THE SOUTH SIDE COMMUNITY LIVES BELOW 200 PERCENT OF THE POVERTY LEVEL (SOURCE SERVING CHICAGO'S UNDERSERVED REGIONAL HEALTH SYSTEM PROFILES, CHICAGO DEPARTMENT OF PUBLIC HEALTH, CHICAGO HEALTH AND HEALTH SYSTEMS PROJECT (OCT 20, 2005) ) THE SOUTH SIDE COMMUNITY IS ONE OF THE UNHEALTHIEST IN COOK COUNTY, WITH HIGH RATES OF DIABETES, ASTHMA, HYPERTENSION AND OTHER CHRONIC CONDITIONS IN FACT, THE TARGET COMMUNITIES IN UCMC'S SERVICE AREA HAVE SOME OF THE HIGHEST CHRONIC DISEASE AND MORTALITY RATES IN CHICAGO UCMC IS ONE OF THE FEW HOSPITALS-AND THE ONLY ACADEMIC MEDICAL CENTER-LOCATED IN THE SOUTH SIDE OF CHICAGO AT THE SAME TIME, HOSPITALIZATION RATES IN UCMC'S SERVICE AREA ARE MUCH HIGHER THAN THE METROPOLITAN AVERAGE THE SOUTH SIDE OF CHICAGO HAS THE HIGHEST INCIDENCE IN CHICAGO OF ADMISSIONS THROUGH THE EMERGENCY ROOM THESE HIGH RATES OF ADMISSION THROUGH EMERGENCY DEPARTMENTS MAY BE ATTRIBUTED TO THE HIGH NUMBER OF UNINSURED, UNDERINSURED AND LOW INCOME RESIDENTS IN THE COMMUNITY WHICH LEADS TO A LACK OF ACCESS FOR THESE RESIDENTS TO PRIMARY CARE SERVICES UCMC IS THE LARGEST PROVIDER OF MEDICAID SERVICES (BY ADMISSIONS AND PATIENT DAYS) ON THE SOUTH SIDE OF CHICAGO AND ONE OF THE LARGEST IN THE STATE OF ILLINOIS BERNARD A MITCHELL HOSPITAL BUILT IN 1983, BERNARD A MITCHELL HOSPITAL IS UCMC'S PRIMARY ADULT INPATIENT FACILITY AND INCLUDES THE EMERGENCY DEPARTMENT AND THE ARTHUR RUBLOFF INTENSIVE CARE TOWER THE TOWER HOUSES THE UNIVERSITY OF CHICAGO MEDICAL CENTER BURN UNIT AND ELECTRICAL TRAUMA UNIT AND INTENSIVE CARE UNITS FOR TRANSPLANTATION, NEUROLOGY AND NEUROSURGERY, CARDIOTHORACIC CARE, GENERAL SURGERY, AND GENERAL MEDICINE PATIENTS UCMC HOUSES ONE OF ONLY TWO BURN UNITS IN CHICAGO, AT WHICH UCMC PROVIDES CARE TO CRITICALLY-INJURED ADULT AND PEDIATRIC PATIENTS, MANY OF WHOM SPEND MONTHS IN THIS INTENSIVE CARE FACILITY THE MEDICAL CENTER OFFERS WORLD-CLASS TRANSPLANTATION PROGRAMS IN SEVERAL AREAS, INCLUDING TRANSPLANTATION OF THE LIVER, KIDNEY, PANCREAS, LUNG, HEART, BONE MARROW AND OTHER TISSUES, MULTIPLE-ORGAN TRANSPLANTATION, AND RESEARCH IN TRANSPLANT IMMUNOLOGY UCMC PERFORMED 250 ORGAN TRANSPLANTS IN FY 2010 UCMC ADMITTED MORE THAN 17,700 ADULT PATIENTS IN FISCAL YEAR 2010 WITH MORE THAN 345,000 VISITS TO THE OUTPATIENT AMBULATORY CARE FACILITY IN ADDITION, UCMC'S MITCHELL HOSPITAL CONTAINS STATE-OF-THE-ART OBSTETRICAL AND GYNECOLOGICAL FACILITIES AND HAS A LEADING PROGRAM IN REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY THE FACILITIES INCLUDE EIGHT LABOR ROOMS, THREE DELIVERY ROOMS, AND TWO BIRTHING ROOMS, AS WELL AS A 17-BED GYNECOLOGY UNIT AND FOUR OBSTETRIC OPERATING ROOMS OVER 1,600 BABIES WERE DELIVERED AT UCMC DURING FY 2010, MANY TO WOMEN WITH HIGH-RISK PREGNANCIES UCMC'S EMERGENCY DEPARTMENT IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK AND IN FY 2010, UCMC PROVIDED MORE THAN 40,000 ADULT ED VISITS, MAKING IT THE BUSIEST EMERGENCY ROOM ON CHICAGO'S SOUTH SIDE IN ADDITION, UCMC SERVES AS A RESOURCE HOSPITAL FOR ONE OF THE EMERGENCY MEDICAL SYSTEM ("EMS") REGIONS IN ILLINOIS UCMC IS ONE OF THREE (3) RESOURCE HOSPITALS IN CHICAGO AND REPRESENTS CHICAGO SOUTH AS A RESOURCE HOSPITAL, UCMC HAS AUTHORITY AND RESPONSIBILITY OVER THE ENTIRE EMS REGIONAL SYSTEM, INCLUDING THE CLINICAL ASPECTS, OPERATIONS AND EDUCATIONAL PROGRAMS UCMC PROVIDES THE ENTIRE BUDGET FOR ITS PARTI</p>

Identifier	Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART VI		<p>CIPATION AS A RESOURCE HOSPITAL AND SPENDS OVER \$300,000 PER YEAR ON THIS SERVICE AS A RESOURCE HOSPITAL, UCMC ALSO IS RESPONSIBLE FOR REPLACING MEDICAL SUPPLIES AND PROVIDING FOR EQUIPMENT EXCHANGE IN PARTICIPATING EMS VEHICLES UCMC SPENDS APPROXIMATELY \$30,000 PER YEAR ON REPLACEMENT AND RESTOCKING CHICAGO COMER CHILDREN'S HOSPITAL AS A MAJOR TERTIARY REFERRAL CENTER, THE UNIVERSITY OF CHICAGO COMER CHILDREN'S HOSPITAL SEES CHILDREN WITH MEDICAL PROBLEMS THAT RANGE FROM SOME OF THE MOST COMMON TO SOME OF THE MOST COMPLEX IN ITS 155 BED, SEVEN-STORY FACILITY, WHICH OPENED IN FEBRUARY 2005 FAMILIES OF THESE PEDIATRIC PATIENTS CAN STAY AT THE 30,000 SQUARE-FOOT RONALD MCDONALD HOUSE ON CAMPUS, WHICH UCMC BUILT AND OPENED IN DECEMBER 2007, NEARLY DOUBLING THE SIZE OF THE PRIOR RONALD MCDONALD HOUSE MORE THAN 4,900 CHILDREN WERE ADMITTED AS PATIENTS TO COMER CHILDREN'S HOSPITAL IN FISCAL YEAR 2010 FROM THE CHICAGO AREA, THE MIDWEST, AND AROUND THE WORLD IN FY 2010, UCMC'S OUTPATIENT CLINICS ACCOMMODATED MORE THAN 39,000 GENERAL PEDIATRIC AND SPECIALTY VISITS IN ITS AMBULATORY CARE FACILITY AND MORE THAN 28,000 VISITS WERE MADE TO THE COMER PEDIATRIC EMERGENCY ROOM COMER CHILDREN'S HOSPITAL IS STAFFED BY MORE THAN 100 PHYSICIANS FROM THE DEPARTMENT OF PEDIATRICS AT THE UNIVERSITY, AS WELL AS SPECIALTY NURSES AND CARING SUPPORT STAFF THE TEAMS OF HEALTHCARE PROFESSIONALS-INCLUDING MEDICAL STUDENTS, RESIDENTS AND FELLOWS-WORK TOGETHER TO PROVIDE GENERAL AND SPECIALTY MEDICAL CARE FOR NEWBORNS TO YOUNG ADULTS AT COMER CHILDREN'S HOSPITAL AND THROUGH ITS OUTPATIENT CLINICS, CHILDREN AND TEENS RECEIVE ADVANCED THERAPIES IN VIRTUALLY ALL CLINICAL AREAS COMER CHILDREN'S HOSPITAL IS A PEDIATRIC LEVEL-I TRAUMA CENTER THAT TREATS CHILDREN WITH SEVERE INJURIES FOR EMERGENCY TRAUMA CARE UCMC ALSO CARES FOR CRITICALLY ILL AND INJURED CHILDREN IN ITS TECHNOLOGICALLY ADVANCED PEDIATRIC INTENSIVE CARE UNIT ("PICU") THE 30-BED PICU IS FULLY EQUIPPED TO TREAT CHILDREN WITH MULTIPLE TRAUMAS, COMPLEX MEDICAL PROBLEMS, AND CONDITIONS REQUIRING MAJOR SURGERY, INCLUDING CARDIAC, TRANSPLANT, AND NEUROSURGERY NEARLY HALF OF THE 1,200 CHILDREN CARED FOR LAST YEAR IN THE PICU CAME FROM NEIGHBORING SOUTH SIDE COMMUNITIES IN ADDITION, 47 DESIGNATED TERTIARY CARE (LEVEL III) BEDS IN THE NEONATAL INTENSIVE CARE UNIT AND 18 CONVALESCENT (LEVEL II) BEDS IN THE TRANSITIONAL CARE UNIT PROVIDE PREMATURE AND CRITICALLY ILL INFANTS WITH THE MOST ADVANCED MEDICAL CARE AND LIFE SUPPORT SYSTEMS MORE THAN 1,500 PREMATURE NEWBORNS ARE CARED FOR BY COMER CHILDREN'S HOSPITAL EACH YEAR, WITH ALMOST 1,000 OF THOSE FROM THE SOUTH SIDE</p>

Identifier	Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART VI CONTINUED		<p>AT THE COMER CHILDREN'S HOSPITAL, INFANTS WHO SPEND TIME IN THE NICU RECEIVE SPECIALIZED FOLLOW-UP CARE AFTER THEY ARE DISCHARGED AT ITS CENTER FOR HEALTHY FAMILIES ("CENTER") THE CENTER USES A MULTIDISCIPLINARY CARE APPROACH THAT INCLUDES GENERAL PEDIATRICIANS, NEONATOLOGISTS, NURSE EDUCATORS, PEDIATRIC SOCIAL WORKERS, REGISTERED DIETITIANS, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, SPEECH THERAPISTS AND HOME HEALTH NURSES THE CENTER ALSO DRAWS ON THE EXPERTISE OF OTHER PEDIATRIC SPECIALISTS AS NEEDED THE TEAM ADDRESSES A HOST OF CONCERNS, INCLUDING MEDICAL AND PHYSICAL NEEDS, DEVELOPMENT, MOTOR SKILLS, SPEECH, GROWTH, NUTRITION, AND THE HOME ENVIRONMENT TEAM MEMBERS ARE AVAILABLE BY PAGER 24 HOURS A DAY AND ALSO TEACH PARENTS HOW TO GIVE MEDICATIONS, MONITOR SYMPTOMS, AND TAKE OTHER STEPS TO MEET THEIR CHILD'S SPECIAL NEEDS SOMETIMES, TEAM MEMBERS EVEN VISIT THE CHILD'S HOME TO HELP PARENTS AND CAREGIVERS ADAPT TO THE PHYSICAL AND EMOTIONAL ENVIRONMENT TO SUPPORT THE CHILD'S NEEDS COMER CHILDREN'S HOSPITAL SERVES AS THE CENTER OF A REGIONAL PERINATAL NETWORK THAT IS RESPONSIBLE FOR THE ADMINISTRATION AND IMPLEMENTATION OF THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH'S ("IDPH") REGIONALIZED PERINATAL HEALTH CARE PROGRAM IN THIS ROLE, UCMC PROVIDES NINE AREA HOSPITALS WITH CONSULTATION AS WELL AS TRANSPORT SERVICES FOR APPROXIMATELY 16,000 BABIES BORN IN NETWORK HOSPITALS, MORE THAN ONE-THIRD OF THEM CONSIDERED HIGH-RISK THE NETWORK IS COMMITTED TO REDUCING FETAL AND INFANT MORTALITY THROUGHOUT THE SURROUNDING URBAN, SUBURBAN, AND RURAL COMMUNITIES UCMC ALSO PROVIDES LEADERSHIP IN THE DESIGN AND IMPLEMENTATION OF IDPH'S CONTINUOUS QUALITY IMPROVEMENT PROGRAM AND PARTICIPATES IN CONTINUING EDUCATION FOR OTHER HEALTH PROFESSIONALS MORE THAN 60% OF ALL CARE PROVIDED AT COMER CHILDREN'S HOSPITAL IS PROVIDED TO CHILDREN COVERED BY THE MEDICAID PROGRAM COMER CHILDREN'S HOSPITAL HAS A STRONG COMMITMENT TO ITS COMMUNITY AND SPONSORS A NUMBER OF PROGRAMS AND SERVICES THAT EXTEND BEYOND ITS WALLS FOR EXAMPLE, COMER CHILDREN'S HOSPITAL TAKES PRIMARY CARE TO CHILDREN IN ITS SURROUNDING NEIGHBORHOODS THROUGH THE PEDIATRIC MOBILE MEDICAL UNIT (THE "MOBILE UNIT"), WHICH FEATURES TWO FULLY EQUIPPED EXAM ROOMS AND A TEAM COMPRISED OF A PHYSICIAN, A NURSE PRACTITIONER AND A COMMUNITY HEALTH ADVOCATE THE 40-FOOT-LONG MOBILE UNIT PROVIDES A FULL ARRAY OF PEDIATRIC PRIMARY CARE SERVICES TO CHILDREN AGES 3 TO 19 WHO MAY NOT RECEIVE HEALTHCARE ON A REGULAR BASIS AND BRINGS MEDICAL RESOURCES TO THE CHILDREN'S SCHOOL SO PARENTS OR GUARDIANS DON'T HAVE TO WORK THROUGH OBSTACLES, SUCH AS TRANSPORTATION AT SCHOOLS THROUGHOUT THE COMMUNITY, THE MOBILE UNIT PROVIDES SUCH SERVICES AS IMMUNIZATIONS, PHYSICALS FOR SCHOOL AND SPORTS, SCREENINGS FOR VISION, HEARING, LEAD POISONING, AND ANEMIA, URINE TESTS, AND BLOOD DRAWS AT HIGH SCHOOLS, THE MOBILE UNIT OFFERS HEALTH EDUCATION AND TREATMENT FOR MINOR INJURIES WHEN APPROPRIATE, CHILDREN ARE REFERRED FOR FOLLOW UP CARE AND SPECIALTY SERVICES TO MANAGE CONDITIONS SUCH AS ASTHMA, DIABETES, OR MENTAL HEALTH PROBLEMS INNOVATIVE EFFORTS TO BENEFIT UCMC'S COMMUNITY UCMC'S SOUTH SIDE COMMUNITY LACKS NEEDED HEALTH CARE SERVICES CHICAGO'S SOUTH SIDE HAS LOST SEVEN HOSPITALS SINCE 1985 - INCLUDING MOST RECENTLY, THE CLOSURE OF MICHAEL REESE HOSPITAL IN 2009 - AND MORE THAN 2,000 BEDS IN THE PAST DECADE ALONE THIS HAS RESULTED IN A "SHORTAGE" OF CRITICAL MEDICAL SERVICES AND AN INCREASED DEMAND FOR PREVENTATIVE CARE ROOTED IN THE FIRM BELIEF THAT ALL PATIENTS SHOULD HAVE ACCESS TO THE HEALTH CARE SERVICES THEY NEED, UCMC HAS PARTNERED WITH OTHER HEALTHCARE PROVIDERS THAT SERVE THIS COMMUNITY TO COORDINATE RESOURCES UCMC IS COMMITTED TO BUILDING STRONG AND MEANINGFUL RELATIONSHIPS WITH THE SURROUNDING COMMUNITY AND RECOGNIZES THAT THESE RELATIONSHIPS WILL HELP IMPROVE HEALTH OUTCOMES ON THE SOUTH SIDE OF CHICAGO ONE OF UCMC'S INNOVATIVE APPROACHES TO ADDRESSING THE HEALTH CARE SHORTAGE IN ITS COMMUNITY IS A PROGRAM CALLED THE URBAN HEALTH INITIATIVE ("UHI") UNDER THE UHI, UCMC PURSUES MEANINGFUL PARTNERSHIPS WITH OTHER PROVIDERS IN THE COMMUNITY TO IMPROVE THE LONG-TERM HEALTH OF PATIENTS AND TO CONDUCT IMPORTANT COMMUNITY-BASED CLINICAL RESEARCH, INCLUDING RESEARCH ON THE DISEASES THAT HAVE THE GREATEST IMPACT IN THE SOUTH SIDE COMMUNITY (E.G., DIABETES, RENAL FAILURE, ASTHMA, ETC.) UNDER THE UHI, UCMC ESTABLISHED, AND CONTINUES TO EXPAND, A SERIES OF RELATIONSHIPS WITH OTHER HEALTH CARE PROVIDERS THROUGHOUT THE SOUTH SIDE TO HELP PATIENTS ESTABLISH A PERMANENT "MEDICAL HOME" AND TO ENSURE THAT MORE PATIENTS ARE GUIDED TO THE MOST SUITABLE PROVIDERS FOR THE CARE THEY NEED RESEARCH HAS SHOWN THAT WHEN PATIENTS HAVE A MEDICAL HOME IN THE COMMUNITY, THEY CAN MANAGE THEIR HEALTH ISSUES ON A MORE CONSISTENT BASIS AND GET MORE EFFECTIVE CARE FOR THE PREVENTION AND TREATMENT OF NON-URGENT CONDITIONS, ROUTINE CARE AND MANAGEMENT OF HEALTH ISSUES, AND REFERRALS TO SPECIALISTS OR HOSPITAL</p>

Identifier	Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART VI CONTINUED		<p>S FOR MORE COMPLEX CARE AS NEEDED ONE OF THE KEY COMPONENTS OF THE UHI IS THE SOUTH SIDE HEALTHCARE COLLABORATIVE (SSHCC) THE SSHCC WAS ESTABLISHED IN 2005, WITH ASSISTANCE FROM A TWO-YEAR HEALTHY COMMUNITIES ACCESS PROGRAM GRANT FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO HELP EMERGENCY ROOM PATIENTS WHO REPORT NOT HAVING A PRIMARY CARE PHYSICIAN FIND APPROPRIATE CARE AT A MEDICAL HOME WHERE THE PATIENT CAN ESTABLISH AN ONGOING RELATIONSHIP WITH A COMMUNITY CLINIC OR PHYSICIAN AFTER THE GOVERNMENT GRANT ENDED, UCMC UNDERTOOK THE CONTINUED FUNDING OF THE SSHCC OPERATIONS TO HELP PATIENTS CONNECT WITH COMMUNITY HEALTH RESOURCES, UCMC STAFFS ITS EMERGENCY DEPARTMENT WITH PATIENT ADVOCATES WHOSE GOAL IS TO MEET WITH PATIENTS WHO HAVE COME TO THE EMERGENCY DEPARTMENT AND DO NOT OTHERWISE HAVE A PRIMARY CARE PROVIDER IN ADDITION, THE PROGRAM PROVIDES COMPREHENSIVE SOCIAL SERVICE ASSESSMENTS AND REFERRALS THROUGH SOCIAL WORKERS IN THE EMERGENCY DEPARTMENT SINCE 2005, UCMC HAS GIVEN INFORMATION TO MORE THAN 27,000 PATIENTS ABOUT AVAILABLE SSHCC RESOURCES AND MORE THAN 16,000 OF THOSE PATIENTS HAVE BEEN CONNECTED TO COMMUNITY RESOURCES UNDER THE UHI, UCMC RECENTLY DEVELOPED AN ER COMMUNITY PORTAL, A WEB-BASED SITE THAT GIVES SSHCC PHYSICIANS THE ABILITY TO ACCESS THE MEDICAL RECORDS OF PATIENTS REFERRED FROM UCMC'S PEDIATRIC AND ADULT EMERGENCY ROOMS THE PORTAL IS AIMED AT HELPING TO LOWER MEDICAL COSTS BY REDUCING THE NEED TO RE-ORDER REDUNDANT TESTS, REDUCING MEDICAL ERRORS BY GIVING COMMUNITY PHYSICIANS A MORE COMPREHENSIVE VIEW OF PATIENTS' MEDICAL HISTORIES, AND IMPROVING OUTCOMES BY PROVIDING BETTER CONTINUITY OF CARE THE PORTAL IS JUST ONE OF THE MANY STEPS GEARED TOWARDS CREATING A SEAMLESS NETWORK OF INTERCONNECTED HEALTH CARE AND SOCIAL SERVICE AGENCIES ON THE SOUTH SIDE UCMC ALSO PROVIDES COMMUNITY RESIDENTS WITH SUB-SPECIALTY CARE THROUGH A NUMBER OF ADDITIONAL PROGRAMS FOR EXAMPLE, IN AN EFFORT TO EXPAND THE AVAILABILITY OF HIGH QUALITY MEDICAL CARE IN THE COMMUNITY, UNDER THE UHI, UCMC HAS PLACED SPECIALTY CARE PROVIDERS AT A FEDERALLY QUALIFIED HEALTH CENTER ("FQHC") IN THE SOUTH SIDE THIS CLINIC AIMS TO INCREASE SPECIALTY SERVICES AVAILABLE TO PATIENTS LIVING IN THE COMMUNITY, AS THE ABSENCE OF SPECIALTY CARE CAN LEAD TO GREATER MORBIDITY AND PERHAPS MORTALITY AMONG PATIENTS FROM THEIR UNDERLYING MEDICAL CONDITIONS UCMC HAS PARTNERED WITH THE PUBLIC HEALTH SYSTEM ON THE IRIS FOR KIDS PROGRAM, WHICH IS DESIGNED TO EXPAND ACCESS TO PEDIATRIC SPECIALTY CARE AND DIAGNOSTIC SERVICES THIS AUTOMATED, INTERNET-BASED SCHEDULING SYSTEM ALLOWS PARENTS TO BOOK SPECIALTY CARE APPOINTMENTS FOR CHILDREN AT THE PUBLIC HOSPITAL OFTEN THE WAIT FOR THESE APPOINTMENTS IS LENGTHY ON THE SOUTH SIDE AND THIS SYSTEM PROVIDES MUCH-NEEDED ADDITIONAL CAPACITY UCMC PROVIDES GRANTS TO COMMUNITY HEALTH CARE PROVIDERS UNDER THE UHI TO HELP THEM EXPAND THEIR CAPABILITIES TO SERVE MORE PATIENTS WITH MORE RESOURCES UCMC DEVELOPS PARTNERSHIPS WITH COMMUNITY HOSPITALS TO HELP MAKE THE BEST USE OF RESOURCES IN UNDERUTILIZED HOSPITALS IN ADDITION, UCMC PHYSICIANS OFTEN PROVIDE CARE AT THESE COMMUNITY PROVIDERS AND HOSPITALS AS PART OF THE UHI, UCMC HAS UNDERTAKEN RESEARCH INITIATIVES THAT ENGAGE SOUTH SIDE RESIDENTS IN FINDING INNOVATIVE, COMMUNITY-BASED SOLUTIONS TO ONGOING HEALTH CARE NEEDS FOR EXAMPLE, UHI HAS LAUNCHED A CENTER FOR COMMUNITY HEALTH AND VITALITY ("CCHV"), WHICH PROVIDES A COMMUNITY BASE FOR UHI TO OFFER UNIVERSITY DATA AND RESEARCH RESOURCES TO THE COMMUNITY AND TO FACILITATE RESEARCH AND DEMONSTRATIONS DONE BY UNIVERSITY INVESTIGATORS IN COLLABORATION WITH SOUTH SIDE RESIDENTS</p>

Identifier	Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART VI CONTINUED		<p>ONE OF THE MAJOR CCHV INITIATIVES IS THE SOUTH SIDE HEALTH AND VITALITY STUDIES (THE "STUD IES") THE STUDIES ARE GUIDED BY THE FUNDAMENTAL PREMISE THAT SCIENTIFIC INQUIRY IN SERVICE TO COMMUNITY PRIORITIES AND IN COLLABORATION WITH COMMUNITY PARTNERS IS NEEDED TO ELIMINATE THE MOST IMPENETRABLE BARRIERS TO HEALTH AND VITALITY THE SOUTH SIDE HEALTH AND VITALITY STUDIES FOCUS ON SOCIAL, ENVIRONMENTAL AND TECHNOLOGICAL DETERMINANTS OF HEALTH MORE SPECIFICALLY, THE STUDIES AIM TO TRACK SEVERAL THOUSAND SOUTH SIDE HOUSEHOLDS OVER A GENERATION TO DISCOVER WAYS TO ENSURE LONG-TERM HEALTH AND WELLNESS THESE DISCOVERIES WILL INFORM EFFECTIVE HEALTH POLICY AND ACTION THE FIRST OF THESE STUDIES IS A COMMUNITY ASSET MAPPING PROJECT THAT ENGAGES COMMUNITY MEMBERS IN KEEPING CURRENT INFORMATION ABOUT THE AVAILABILITY AND DISTRIBUTION OF COMMERCIAL, HEALTHCARE, SOCIAL AND CIVIC RESOURCES IN ALL THIRTY-FOUR (34) SOUTH SIDE COMMUNITIES THE GOAL OF THE COMMUNITY ASSET MAPPING PROJECT IS TO GIVE AREA RESIDENTS RELIABLE INFORMATION TO HELP THEM FIND QUALITY SERVICES, TO IDENTIFY GAPS IN SUCH SERVICES, AND TO INFORM NEW COMMUNITY INVESTMENTS RESIDENTS MAY VIEW AND GIVE FEEDBACK ON THE COMMUNITY ASSET MAPPING PROJECT AT <a href="http://SOUTHSIDEHEALTH.ORG">SOUTHSIDEHEALTH.ORG</a> THIS INTERACTIVE WEBSITE ALSO PROVIDES PROFESSIONALS WITH DETAILED INFORMATION ABOUT AVAILABLE RESOURCES FOR HEALTH AND HUMAN SERVICES IN CHICAGO'S SOUTH SIDE UCMC PROVIDES FINANCIAL INCENTIVES TO ENCOURAGE ALUMNI TO PRACTICE IN SURROUNDING, UNDERSERVED COMMUNITIES THROUGH UCMC'S FUNDING OF A PROGRAM CALLED REPAYMENT FOR EDUCATION TO ALUMNI IN COMMUNITY HEALTH, OR REACH REACH ENCOURAGES UP TO FIVE GRADUATES A YEAR FROM THE MEDICAL SCHOOL TO PRACTICE MEDICINE AT A FEDERALLY QUALIFIED HEALTH CLINIC OR COMMUNITY HOSPITAL ON THE SOUTH SIDE OF CHICAGO, ONCE THEY HAVE COMPLETED A RESIDENCY IN EXCHANGE, STUDENTS RECEIVE FINANCIAL HELP, WHICH CAN BE USED FOR EDUCATION LOAN REPAYMENT, OF \$40,000 A YEAR COMMUNITY OUTREACH AND EDUCATION AS A MEMBER OF A DIVERSE NEIGHBORHOOD, UCMC IS INVOLVED IN A VARIETY OF ACTIVITIES WITH COMMUNITY GROUPS, FAITH-BASED ORGANIZATIONS, COMMUNITY LEADERS AND RESIDENTS TO THIS END, UCMC HAS LAUNCHED A SERIES OF INITIATIVES TO BUILD PARTNERSHIPS WITH LOCAL COMMUNITIES AND ENGAGE DIRECTLY IN PROVIDING INFORMATION AND SOLUTIONS THAT ENHANCE HEALTHCARE IN THE NEIGHBORHOODS SURROUNDING UCMC UCMC ROUTINELY HOLDS COMMUNITY EVENTS ON SPECIFIC DISEASES AND DIAGNOSES AND INVITES COMMUNITY RESIDENTS TO PARTICIPATE THROUGH OUTREACH EFFORTS VIA CHURCHES AND OTHER COMMUNITY-BASED ORGANIZATIONS AT THESE COMMUNITY EVENTS, UCMC CLINICAL AND ADMINISTRATIVE PERSONNEL SPEAK DIRECTLY TO MEMBERS OF THE COMMUNITY ABOUT A VARIETY OF ISSUES, INCLUDING HOW TO MANAGE PARTICULAR MEDICAL ISSUES AND THE IMPORTANCE OF HAVING A MEDICAL HOME ON A BI-ANNUAL BASIS, UCMC HOLDS A UHI SUMMIT, WHICH BRINGS TOGETHER UCMC PHYSICIANS, ADMINISTRATORS AND STAFF, PUBLIC HEALTHCARE OFFICIALS, REPRESENTATIVES OF VARIOUS COMMUNITY ORGANIZATIONS, AND THE MEDIA TO DISCUSS WAYS TO ADVANCE HEALTH IN THE COMMUNITY IN ADDITION, UCMC AND THE UNIVERSITY OF CHICAGO'S COMPREHENSIVE CANCER CENTER ARE FOCUSED ON ADDRESSING THE GAP BETWEEN ADVANCES IN CANCER CARE AND PATIENT ACCESSIBILITY TO ACHIEVE THE DESIRED CANCER PREVENTION AND CONTROL OUTCOMES, THE COMPREHENSIVE CANCER CENTER'S PRIORITY IS TO IDENTIFY THE PARTS OF CHICAGO MOST AFFECTED BY CANCER AND PROVIDE RESOURCES THAT MAXIMIZE THE IMPACT OF ITS SERVICES THIS INCLUDES IMPROVING THE QUALITY OF LIFE FOR CANCER PATIENTS AND SURVIVORS, REDUCING RISK FACTORS, INCREASING ACCESS TO CARE, REDUCING TOBACCO USE AND INCREASING PARTICIPATION IN CANCER RESEARCH TO THIS END, UCMC AND THE UNIVERSITY OF CHICAGO INITIATED THE COMMUNITY ENGAGEMENT CENTERING ON SOLUTIONS ("CECOS") PROGRAM, WITH A GOAL OF ENHANCING PUBLIC AWARENESS OF CANCER PREVENTION, EARLY CANCER DETECTION AND CONTROL, AND THE ROLE OF GENETICS IN CANCER THE PROGRAM ALSO STRIVES TO PROVIDE SUSTAINED ENGAGEMENT WITH THE SOUTH SIDE COMMUNITY TO INCREASE LOCAL AWARENESS OF THE LATEST ADVANCES IN CANCER RESEARCH UCMC ALSO PROVIDES BEST OF THE BEST TOURS TO CHILDREN AND TEENS IN GRADES 6 THROUGH 12 THE BEST OF THE BEST TOURS PROVIDE A HANDS-ON LOOK AT WHAT GOES ON INSIDE THE MEDICAL CENTER AND A PERSONAL INTRODUCTION TO THE MANY JOB OPPORTUNITIES AVAILABLE AT UCMC, ONE OF THE SOUTH SIDE'S LARGEST EMPLOYERS STUDENTS VISIT AN ARRAY OF CRITICAL AREAS WHERE THEY LOOK AT HUMAN ORGANS TO LEARN ABOUT DISEASE, THEY LEARN ABOUT THE IMPACT OF EXERCISE ON THE BODY, AND THEY SEE HOW TECHNOLOGY IS USED IN ALL FACETS OF MEDICAL CARE - BOTH DIAGNOSTICALLY AND ADMINISTRATIVELY IT'S A DAY OF FUN AND INSPIRATION AS STUDENTS LEARN ABOUT CAREERS AS STERILE TECHNICIANS, PATHOLOGISTS, NURSES, PHLEBOTOMISTS, INFORMATION SYSTEMS ANALYSTS, HUMAN RESOURCES SPECIALISTS AND OTHER JOB ROLES SINCE 2003, THE MEDICAL CENTER HAS PROVIDED BETWEEN THREE AND TEN BEST OF THE BEST TOURS PER YEAR RESEARCH AND EDUCATION UCMC DEDICATES RESOURCES</p>

Identifier	Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART VI CONTINUED		<p>TO A VARIETY OF CLINICAL, RESEARCH AND EDUCATION INITIATIVES THAT ARE DESIGNED TO PROMOTE BETTER HEALTH RESULTS FOR THE COMMUNITIES IT SERVES UCMC WORKS WITH THE UNIVERSITY TO CONDUCT A WIDE ARRAY OF EXTERNALLY AND INTERNALLY FUNDED BIOLOGIC RESEARCH WITH THE AIM OF FINDING SOLUTIONS TO SOME OF THE COUNTRY'S MOST CRITICAL HEALTH PROBLEMS HUNDREDS OF CLINICAL RESEARCH PROJECTS ARE BEING CONDUCTED AT UCMC FACILITIES AT ANY ONE TIME AND ARE AVAILABLE TO NEARLY EVERY TYPE OF PATIENT UCMC TREATS AS A RESULT, UCMC PROVIDES THE ONLY COMPREHENSIVE SET OF CLINICAL TRIALS TO PATIENTS IN THE SOUTH SIDE OF CHICAGO FOR EXAMPLE, THE CENTER FOR INTERDISCIPLINARY HEALTH DISPARITIES RESEARCH FOCUSES ON ACHIEVING A TRANS-DISCIPLINARY APPROACH TO UNDERSTANDING POPULATION HEALTH AND HEALTH DISPARITIES AND THE ELIMINATION OF GROUP DIFFERENCES IN HEALTH CURRENTLY THE CENTER FOR INTERDISCIPLINARY HEALTH DISPARITIES RESEARCH IS FOCUSED ON UNDERSTANDING WHY AFRICAN AMERICAN WOMEN DEVELOP BREAST CANCER AT A YOUNGER AGE AND HAVE A HIGHER INCIDENCE OF MORTALITY FROM BREAST CANCER THAN DO WHITE WOMEN UCMC ALSO INVESTS IN RESEARCH CONDUCTED UNDER A CLINICAL AND TRANSLATIONAL SCIENCE AWARD (CTSA) - FUNDED BY FEDERAL GRANTS TO THE UNIVERSITY WITH ADDITIONAL INVESTMENT BY UCMC - TO PROVIDE MORE EFFECTIVE COMMUNITY HEALTH CARE BY HELPING TO TRANSLATE BASIC SCIENCE RESEARCH INTO PROGRAMS THAT BENEFIT THE COMMUNITY THE CTSA INITIATIVE IS LED BY THE NATIONAL CENTER FOR RESEARCH RESOURCES AT THE NATIONAL INSTITUTES OF HEALTH AND IS AIMED AT IMPROVING THE WAY BIOMEDICAL RESEARCH IS CONDUCTED ACROSS THE COUNTRY, REDUCING THE TIME IT TAKES FOR LABORATORY DISCOVERIES TO BECOME TREATMENTS FOR PATIENTS, ENGAGING COMMUNITIES IN CLINICAL RESEARCH EFFORTS, AND TRAINING THE NEXT GENERATION OF CLINICAL AND TRANSLATIONAL RESEARCHERS IN AN EFFORT TO MARSHAL AVAILABLE INTELLECTUAL RESOURCES, THIS RESEARCH INCLUDES THE INVOLVEMENT OF UNIVERSITY SOCIAL SCIENTISTS AND SOCIAL WORKERS TO HELP RESEARCHERS AND PRACTITIONERS BETTER UNDERSTAND HOW TO OVERCOME SOCIAL AND/OR CULTURAL BARRIERS AND IMPROVE COMMUNITY HEALTH UCMC IS DEEPLY COMMITTED TO PROVIDING HEALTH CARE SOLUTIONS AND SERVICES FOR PATIENTS, THE COMMUNITY AND THE REGION WITH A CONTINUED FOCUS ON ITS THREE CRITICAL MISSIONS - PATIENT CARE, RESEARCH AND EDUCATION - UCMC STRIVES BE A LEADER IN COMPLEX CARE AND TO HAVE A LASTING IMPACT ON THE HEALTH AND VITALITY OF CHICAGO'S SOUTH SIDE</p>

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

Identifier	Return Reference	Explanation
PART VI, LINE 2		TRUSTEE LAWRENCE FURNSTAHL HAS A BUSINESS RELATIONSHIP WITH TRUSTEE GOLDSTEIN TRUSTEE AND ERSON HAS BUSINESS RELATIONSHIPS WITH TRUSTEE FRANK, TRUSTEE MACLEAN, AND TRUSTEE GOLDBLAT T TRUSTEE CROWN'S FAMILY HAS A BUSINESS RELATIONSHIP WITH TRUSTEE GOLDSTEIN TRUSTEE WOLF F HAS A BUSINESS RELATIONSHIP WITH TRUSTEE REYNOLDS AND TRUSTEE EPSTEIN TRUSTEE COMER HAS A BUSINESS RELATIONSHIP WITH TRUSTEE O'BRIEN TRUSTEE TRYEE AND TRUSTEE CLARK ARE EACH BO ARD MEMBERS OF BIG SHOULDER FUND TRUSTEE WELSH IS AN OFFICER OF A BANK THAT HAS BUSINESS RELATIONSHIPS WITH MANY INDIVIDUALS, INCLUDING TRUSTEES AND OFFICERS TRUSTEE ALPER'S FAMIL Y HAS A BUSINESS RELATIONSHIP WITH TRUSTEE CROWN'S COMPANY

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

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

Identifier	Return Reference	Explanation
PART VI, LINE 11		AT ITS REGULARLY SCHEDULED MEETING, THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES WAS PROVIDED A DRAFT COPY OF THE FORM 990. AT ITS REGULARLY SCHEDULED MEETING, THE AUDIT COMMITTEE REVIEWED THE ENTIRE FORM. IN ADDITION, UCMC PROVIDED A COPY OF THE FORM 990 TO ALL UCMC BOARD MEMBERS THROUGH A SECURE WEBSITE.

Identifier	Return Reference	Explanation
PART VI, LINE 12C		<p>UCMC HAS HAD A ROBUST CONFLICTS OF INTEREST POLICY FOR EMPLOYEES, OFFICERS, AND TRUSTEES FOR MANY YEARS. THE POLICY CONTAINS CERTAIN PROHIBITIONS AS WELL AS DISCLOSURE REQUIREMENTS, AND ENCOURAGES QUESTIONS DIRECTED TO THE COMPLIANCE OFFICER AND LEGAL AFFAIRS. DURING THIS TAX YEAR, UCMC CONTINUED ITS PRACTICE OF SURVEYING TRUSTEES, OFFICERS, MANAGERIAL EMPLOYEES, AND INFLUENTIAL MEDICAL STAFF MEMBERS, SEEKING DISCLOSURES OF VARIOUS RELATIONSHIPS, INCLUDING RELATIONSHIPS DISCLOSED IN THIS FORM 990. IN ADDITION, CERTAIN CHAIRS OF COMMITTEES, SUCH AS THE PHARMACY AND THERAPEUTICS COMMITTEE OF THE MEDICAL STAFF, AT MONTHLY MEETINGS ASK FOR ORAL DISCLOSURES OF POTENTIAL CONFLICTS. UPON REQUEST, THE COMPLIANCE OFFICER AND THE OFFICE OF LEGAL AFFAIRS PROVIDE EDUCATIONAL SESSIONS. WE NOTE THAT RESEARCHER CONFLICTS ARE MANAGED BY THE UNIVERSITY OF CHICAGO.</p>

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

Identifier	Return Reference	Explanation
PART VI, LINE 16A & 16B		<p>DURING THE FISCAL YEAR, UCMC DID NOT ENTER INTO ANY JOINT VENTURES ITS ONLY JOINT VENTURE IS WITH VANGUARD HEALTH FINANCIAL COMPANY, INC , UCMC HOLDS A LESS THAN 20% INTEREST IN V HS ACQUISITION SUBSIDIARY NUMBER 3, INC , WHICH DOES BUSINESS AS LOUIS A WEISS MEMORIAL H OSPITAL WHILE UCMC DOES NOT HAVE A FORMAL WRITTEN POLICY THAT ADDRESSES JOINT VENTURES WITH TAXABLE ENTITIES, UCMC'S PROCEDURE WHEN ENTERING INTO A CORPORATE TRANSACTION IS TO INV OLVE LEGAL COUNSEL TO PROVIDE, AMONG OTHER THINGS, TAX ADVICE RELATED TO THE TRANSACTION AS A MATTER OF PRACTICE, ACTIVITIES WITH JOINT VENTURES WOULD BE REV IEWED FOR EVALUATION U NDER TAX LAWS AT THE TIME OF THIS FILING, LEADERSHIP IS REV IEWING A POLICY , WHICH INCLUDE S THE REQUIREMENT TO EVALUATE ALL JOINT VENTURE TRANSACTIONS FOR TAX COMPLIANCE</p>

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

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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

UNIVERSITY OF CHICAGO MEDICAL CENTER

**Employer identification number**

36-3488183

**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

**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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
QV COMPANIES INC 8201 S CASS AVENUE DARIEN, IL60561 36-4154455	HOLDING COMPANY	IL	QV INC	C CORP	0	0	100 000 %
CHICAGO PARTNERS 8201 S CASS AVENUE DARIEN, IL60651 36-2529261	EMP LEASING	IL	QV COMPANIES	C CORP	0	0	100 000 %
CHICAGO PHYSICIANS III 8201 S CASS AVENUE DARIEN, IL60651 36-4154453	PHYSICIAN SERVICE	IL	QV COMPANIES	C CORP	0	0	100 000 %

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

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	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

	(b) Transaction type(a-r)	(c) Amount involved
(a) Name of other organization		
<b>(1)</b> QV INC	B	605,227
<b>(1)</b> See Additional Data Table		
<b>(2)</b>		
<b>(3)</b>		
<b>(4)</b>		
<b>(5)</b>		
<b>(6)</b>		



**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990. See separate instructions.**

Name of the organization

UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number

36-3488183

**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
<b>A</b> ILLINOIS FINANCE SOUTH FIT.	36-104197	4520054	07/07/2004	10,000,000	CHICAGO TRUST II, EQUITY, INTEREST				
<b>B</b> ILLINOIS FINANCE SOUTH FIT.	36-104197	4520050	07/07/2004	10,000,000	CHICAGO TRUST II, EQUITY, INTEREST				
<b>C</b> ILLINOIS FINANCE SOUTH FIT.	36-104197	45200520	04/07/2010	75,061,048	FEDEERIAL EMPLOYEE UN (114111)				
<b>D</b> ILLINOIS FINANCE SOUTH FIT.	36-104197	45200540	04/07/2010	89,902,696	FEDEERIAL EMPLOYEE UN (114111)				
<b>E</b> ILLINOIS FINANCE SOUTH FIT.	36-104197	45200527	07/07/2004	82,956,304	CHICAGO TRUST II, EQUITY, INTEREST				

**Part II Proceeds**

	A		B		C		D		E	
	Yes	No								
<b>1</b> Total proceeds of issue . . . . .		60,000,000.		10,000,000.		75,061,048.		89,902,696.		82,956,304.
<b>2</b> Gross proceeds in reserve funds . . . . .		0.		0.		0.		0.		0.
<b>3</b> Proceeds in refunding or defeasance escrows . . . . .		0.		0.		0.		0.		0.
<b>4</b> Other unspent proceeds . . . . .		16,293,857.		2,715,643.		0.		0.		23,330,659.
<b>5</b> Issuance costs from proceeds . . . . .		561,328.		93,555.		913,666.		840,941.		1,190,838.
<b>6</b> Working capital expenditures from proceeds . . . . .		0.		0.		0.		0.		0.
<b>7</b> Capital expenditures from proceeds . . . . .		43,144,815.		7,190,802.		0.		0.		58,434,807.
<b>8</b> Year of substantial completion . . . . .						1996		1996		
<b>9</b> Were the bonds issued as part of a current refunding issue?		X		X	X		X			X
<b>10</b> Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
<b>11</b> Has the final allocation of proceeds been made?		X		X	X		X			X
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

**Part III Private Business Use**

	A		B		C		D		E	
	Yes	No								
<b>1</b> 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
<b>2</b> Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule K (Form 990) 2009

JSA

9E1295 2 000

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNIVERSITY OF CHICAGO MEDICAL CENTER

**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 on Schedule O (Form 990).**

▶ **Attach to Form 990. See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

**Employer identification number**

36-3488183

**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
<b>A</b>	IL HEALTH FACILITIES AUTHORITY	74-0111	450000000	01/01/2000	70,500,000	DEFERRED DEFERRED BOND (100)				
<b>B</b>										
<b>C</b>										
<b>D</b>										
<b>E</b>										

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>	
<b>1</b> Total proceeds of issue . . . . .	35,782,377.									
<b>2</b> Gross proceeds in reserve funds . . . . .	0.									
<b>3</b> Proceeds in refunding or defeasance escrows . . . . .	0.									
<b>4</b> Other unspent proceeds . . . . .	0.									
<b>5</b> Issuance costs from proceeds . . . . .	1,849,185.									
<b>6</b> Working capital expenditures from proceeds . . . . .	0.									
<b>7</b> Capital expenditures from proceeds . . . . .	0.									
<b>8</b> Year of substantial completion . . . . .										
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>9</b> Were the bonds issued as part of a current refunding issue?	X									
<b>10</b> Were the bonds issued as part of an advance refunding issue?		X								
<b>11</b> Has the final allocation of proceeds been made?	X									
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

**Part III Private Business Use**

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule K (Form 990) 2009

JSA

9E1295 2 000

TB0931 U473 5/16/2011 11:13:53 A V 09-8.7

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No								
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? . . . . .	X		X		X			X		X
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? . . . . .		X		X		X		X		X
<b>c</b> 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		X		X	
<b>4</b> 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 . . . . . ▶	0.0000%		0.0000%		0.0000%		0.0000%		0.0000%	
<b>5</b> 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 . . . . . ▶	0.0000%		0.0000%		0.0000%		0.0000%		0.0000%	
<b>6</b> Total of lines 4 and 5 . . . . .	0.0000%		0.0000%		0.0000%		0.0000%		0.0000%	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X		X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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		X
<b>2</b> Is the bond issue a variable rate issue? . . . . .	X		X		X		X		X	
<b>3a</b> 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		X	
<b>b</b> Name of provider . . . . .							32.400		32.400	
<b>c</b> Term of hedge . . . . .										
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		X		X		X		X		X
<b>b</b> Name of provider . . . . .										
<b>c</b> Term of GIC . . . . .										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .										
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .		X		X		X	X		X	

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						X
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use?		X		X						X
<b>c</b> 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	
<b>4</b> 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	0.0000%		0.0000%		%		%		0.0000 %	
<b>5</b> 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	0.0000%		0.0000%		%		%		0.0000 %	
<b>6</b> Total of lines 4 and 5	0.0000%		0.0000%		%		%		0.0000 %	
<b>7</b> 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
<b>1</b> 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		X
<b>2</b> Is the bond issue a variable rate issue?	X		X			X		X		X
<b>3a</b> 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		X
<b>b</b> Name of provider	TELL FUND - H&E E-III		TELL FUND - H&E E-III							
<b>c</b> Term of hedge	32.400		32.400							
<b>4a</b> Were gross proceeds invested in a GIC?		X		X		X		X		X
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate?	X		X			X		X	X	

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No								
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? . . . . .										
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? . . . . .										
<b>c</b> 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? . . . . .										
<b>4</b> 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 . . . . . ▶		%		%		%		%		%
<b>5</b> 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 . . . . . ▶		%		%		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		%		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .										

**Part IV Arbitrage**

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-3488183  
**Name:** UNIVERSITY OF CHICAGO 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			
KENNETH SHARIGIAN INTERIM PRESIDENT	40 0	X		X				641,724	0	176,286
EVERETT E VOKES MD INTERIM DEAN/INTERIM CEO	40 0	X		X				0	632,790	69,924
TRISHA ROONEY ALDEN TRUSTEE	1 0	X						0	0	0
ANDREW M ALPER TRUSTEE (EX OFFICIO)	1 0	X						0	0	0
JEFFREY S ARONIN TRUSTEE	1 0	X						0	0	0
DIANE P ATWOOD TRUSTEE	1 0	X						0	0	0
ROBERT H BERGMAN TRUSTEE	1 0	X						0	0	0
ELLEN BLOCK TRUSTEE	1 0	X						0	0	0
KEVIN J BROWN TRUSTEE	1 0	X						0	0	0
JOHN BUCKSBAUM TRUSTEE	1 0	X						0	0	0
BENJAMIN D CHERESKIN TRUSTEE	1 0	X						0	0	0
FRANK M CLARK TRUSTEE	1 0	X						0	0	0
STEPHANIE COMER TRUSTEE	1 0	X						0	0	0
JAMES S CROWN CHAIRMAN/TRUSTEE	1 0	X						0	0	0
CRAIG J DUCHOSSOIS TRUSTEE	1 0	X						0	0	0
JAMES S FRANK TRUSTEE	1 0	X						0	0	0
RODNEY L GOLDSTEIN TRUSTEE	1 0	X						0	0	0
STEPHANIE HARRIS TRUSTEE	1 0	X						0	0	0
WILLIAM J HUNCKLER III TRUSTEE	1 0	X						0	0	0
KENNETH LEHMAN TRUSTEE	1 0	X						0	0	0
CAROL LEVY TRUSTEE	1 0	X						0	0	0
CHERYL MAYBERRY-MCKISSACK TRUSTEE	1 0	X						0	0	0
DR DANE A MILLER TRUSTEE	1 0	X						0	0	0
RALPH G MOORE TRUSTEE	1 0	X						0	0	0
CHRISTOPHER J MURPHY III TRUSTEE	1 0	X						0	0	0

**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			
EMILY NICKLIN TRUSTEE	1 0	X						0	0	0
BRIEN M O'BRIEN TRUSTEE	1 0	X						0	0	0
TIMOTHY K OZARK TRUSTEE	1 0	X						0	0	0
NICHOLAS K PONTIKES TRUSTEE	1 0	X						0	0	0
JAMES REYNOLDS JR TRUSTEE	1 0	X						0	0	0
THOMAS A REYNOLDS III TRUSTEE	1 0	X						0	0	0
THOMAS F ROSENBAUM TRUSTEE (EX OFFICIO)	1 0	X						0	528,832	67,113
BENJAMIN SHAPIRO TRUSTEE	1 0	X						0	0	0
JEFFREY T SHEFFIELD TRUSTEE	1 0	X						0	0	0
JORGE A SOLIS TRUSTEE	1 0	X						0	0	0
MELODY SPANN-COOPER TRUSTEE	1 0	X						0	0	0
JOHN A SVOBODA TRUSTEE	1 0	X						0	0	0
MICHAEL TANG TRUSTEE	1 0	X						0	0	0
MARRGWEN TOWNSEND TRUSTEE	1 0	X						0	0	0
JAMES C TYREE TRUSTEE	1 0	X						0	0	0
TERRY L VAN DER AA TRUSTEE	1 0	X						0	0	0
SCOTT WALD TRUSTEE	1 0	X						0	0	0
STEPHEN G WEBER TRUSTEE (EX OFFICIO)	1 0	X						0	0	0
KELLY R WELSH TRUSTEE	1 0	X						0	0	0
BRUCE W WHITE TRUSTEE	1 0	X						0	0	0
PAULA WOLFF TRUSTEE	1 0	X						0	0	0
ROBERT J ZIMMER TRUSTEE (EX OFFICIO)	1 0	X						0	547,175	729,775
LARRY CALLAHAN VP/CHIEF HUMAN RESOURCES OFFCR	40 0			X				627,399	0	64,313
KRISTA CURELL VP RISK MGMT & COMPLIANCE	40 0			X				250,515	0	31,342
JEFFREY FINESILVER VP/DIRECTOR COMER CHILD HOSP	40 0			X				408,876	0	83,692

**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			
MAYUMI FUKUI VP MANAGED CARE PRGM DEVELOP	40 0			X				376,267	0	65,501
LAWRENCE FURNSTAHL CHIEF FIN & STRATEGY OFFICER	40 0			X				977,603	0	180,984
BENJAMIN GIBSON SECRETARY OF BOARD OF TRUSTEES	40 0			X				254,347	0	42,353
DAVID HICKS VP AND CHIEF PHARMACY OFFICER	40 0			X				297,198	0	56,854
DAVID HO VP FOR FINANCE	40 0			X				393,466	0	74,308
JAMIE O'MALLEY VP/CHIEF NURSING OFFICER	40 0			X				441,615	0	112,541
VIRGINIA ROBERTS VP SURGICAL SRVCS WOMENS HLTH	40 0			X				146,957	193,538	38,601
MICHELE SCHIELE VP/ASSOC DEAN FOR DEVELOPMENT	40 0			X				0	453,788	54,045
JANE SCHUMAKER VP/ASSOCIATE DEAN FOR ADMIN	40 0			X				460,407	0	51,241
MARK URQUHART VP FOR FACILITIES, DESIGN	40 0			X				419,173	0	98,305
ERIC WHITAKER VP FOR STRATEGIC AFFILIATIONS	40 0			X				561,413	0	109,420
CAROLYN WILSON COO & ASSOCIATE DEAN	40 0			X				775,586	0	74,828
ERIC YABLONKA VP/CHIEF INFORMATION OFFICER	40 0			X				529,823	0	126,614
JOHN SATALIC DEPUTY GENERAL COUNSEL	40 0				X			334,218	0	44,173
QUINSHAUNTA GOLDEN ASSOCIATE VP	40 0					X		269,361	0	42,046
CLEMENT LAM STAFF PHARMACIST	40 0					X		239,674	0	37,615
GARY MUNDINGER EXEC DIR NEW HOSPITAL PAVILION	40 0					X		229,384	0	31,727
WILLIAM HUFFMAN EXEC DIR, FACILITIES DESIGN	40 0					X		265,556	0	32,695
SAMRA ZVIZDIC STAFF PHARMACIST	40 0					X		236,344	0	26,211
JAMES L MADARA MD FRMR CEO/TRUSTEE	1 0						X	0	5,279,301	1,759,643
J RICHARD THISTLETHWAITE FRMR TRUSTEE	1 0						X	0	316,704	31,023
D ALLAN GRAY FMR VP PERIOPERATIVE SERVICES	40 0						X	407,297	0	38,430
DAVID S HEFNER FMR PRESIDENT	40 0						X	1,976,105	0	1,666,790
VICTORIA HUMPHREY FMR VP FOR SUPPORT SERVICES	40 0						X	358,726	0	35,518
MICHAEL KOETTING FMR VP POLICY PLANNING	40 0						X	237,583	0	27,323

**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			
SUSAN SHER FMR GENERAL COUNSEL/VP	40 0						X	510,170	0	7,276
KELLY SULLIVAN FMR VP COMM AND MARKETING	40 0						X	311,971	0	28,382

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

	<b>Business Code</b>	<b>(A) Total Revenue</b>	<b>(B) Related or Exempt Function Revenue</b>	<b>(C) Unrelated Business Revenue</b>	<b>(D) Revenue Excluded from Tax under IRC 512, 513, or 514</b>
NET PATIENT REVENUE	624,100	1,112,191,693	1,112,191,693		
CAPITATION REVENUE	900,099	36,292,192	36,292,192		
PHARMACY	900,099	5,971,037	5,971,037		
LAB SERVICES	621,500	2,719,319	1,298,011	1,421,308	
MEDICAL CENTER PARKING	812,930	6,721,155	6,721,155		

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
MEDICAL SUPPLIES	144,974,524	144,974,524		
PROVISION FOR UNCOLLECTIBLES	35,461,669	35,461,669		
PLEDGE WRITEOFF	13,099,253	13,099,253		
IL MEDICAID PROVIDER TAX	26,691,059	26,691,059		
SECURITY	1,848,695	1,848,695		

## Additional Data

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

### Form 990, Schedule D, Part X, - Other Liabilities

<sup>1</sup> (a) Description of Liability	(b) Amount
DUE TO 3RD PARTY	46,680,307
DUE TO UNIVERSITY OF CHICAGO	21,705,880
SELF-INSURANCE LIABILITY	7,362,121
CAPITAL LEASE OBLIGATION	1,659,323
MUTUAL FUND BENEFIT LIABILITY	1,723,402
OTHER LONG TERM LIABILITIES	14,153,337
PENSION LIABILITY	19,922,332
SWAP INTEREST LIABILITY	61,853,461
OTHER LIABILITIES	24,845,516

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-3488183

**Name:** UNIVERSITY OF CHICAGO MEDICAL CENTER

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

PART I, LINE 7 THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN PART I, LINE 7 IS THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2

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

PART I, LINE 7, COLUMN F BAD DEBT EXPENSE OF \$35,461,669 HAS BEEN EXCLUDED FROM THE DENOMINATOR IN THE CALCULATIONS FOR PART I AND II, COLUMN F

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

PART III, LINE 4 FOOTNOTE TO FINANCIAL STATEMENTS THE PROCESS FOR ESTIMATING THE ULTIMATE COLLECTABILITY OF RECEIVABLES INVOLVES SIGNIFICANT ASSUMPTIONS AND JUDGEMENT UCMC HAS IMPLEMENTED A STANDARDIZED APPROACH TO THIS ESTIMATION BASED ON THE PAYOR CLASSIFICATION AND AGE OF OUTSTANDING RECEIVABLES ACCOUNT BALANCES ARE WRITTEN OFF AGAINST THE ALLOWANCE WHEN MANAGEMENT FEELS IT IS PROBABLE THE RECEIVABLE WILL NOT BE RECOVERED THE USE OF HISTORICAL COLLECTION EXPERIENCE IS AN INTEGRAL PART OF ESTIMATION OF THE RESERVE FOR DOUBTFUL ACCOUNTS REVISIONS IN THE RESERVE FOR DOUBTFUL ACCOUNTS ARE RECORDED AS ADJUSTMENTS TO THE PROVISION FOR DOUBTFUL ACCOUNTS THE COST OF BAD DEBT IN PART III, LINE 2 IS BASED ON WORKSHEET 2 IN THE INSTRUCTIONS TO SCHEDULE H THE BASIS FOR THIS COSTING METHODOLOGY IS UCMC'S OPERATING EXPENSES (EXCLUDING BAD DEBT) ADJUSTED BY OTHER OPERATING REVENUE, THE MEDICAID PROVIDER TAX, COMMUNITY BENEFIT EXPENSE AND COMMUNITY BUILDING EXPENSE DIVIDED BY UCMC'S GROSS PATIENT CHARGES

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

PART III, LINE 8 PAYMENT RATES FOR MEDICARE GENERALLY ARE SET BY LAW, RATHER THAN THROUGH A NEGOTIATION PROCESS AS WITH PRIVATE INSURERS THESE PAYMENT RATES ARE CURRENTLY SET BELOW UCMC'S COSTS OF PROVIDING THE CARE, WHICH UCMC ACCEPTS AS A VOLUNTARY PARTICIPANT IN THE MEDICARE PROGRAM UCMC TAKES SERIOUSLY ITS COMMITMENT TO PROVIDE CRITICAL PROGRAMS AND SERVICES THAT INCREASE ACCESS TO HEALTHCARE, IMPROVE THE HEALTH OF ITS COMMUNITY, HELP RELIEVE THE BURDENS OF GOVERNMENT WITH RESPECT TO THE PROVISION AND PAYMENT OF HEALTHCARE, AND ATTEND TO ADULT AND PEDIATRIC DISABLED PATIENTS AS WELL AS THE ELDERLY MEDICARE POPULATION, OFTEN THE MORE VULNERABLE MEMBERS OF OUR COMMUNITY THIS SAME RATIONALE APPLIES TO MEDICAID RECIPIENTS, TOO POOR TO COVER THEIR OWN HEALTH CARE EXPENSES THE MEDICARE ALLOWABLE COSTS OF CARE ON PART III, LINE 6 ARE BASED ON THE INPATIENT, OUTPATIENT AND ORGAN ACQUISITION COSTS FROM THE FILED FY 10 MEDICARE COST REPORT PART III, SECTION B THE FOLLOWING AMOUNTS REPRESENT REVENUE AND EXPENSES FROM PROFESSIONAL FEES, LABS, AND OTHER MEDICARE CHARGES NOT INCLUDED IN UCMC'S MEDICARE COST REPORT FOR THE YEAR REVENUE RECEIVED FROM MEDICARE \$33,524,000 ALLOWABLE COSTS RELATING TO ABOVE PAYMENTS \$52,879,000 SHORTFALL (\$19,355,000)

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

PART III, LINE 9B UCMC PROVIDES DISCOUNTS FOR A PATIENT WHO QUALIFIES FOR TWELVE (12) MONTHS AFTER HE/SHE QUALIFIES IN ADDITION, UCMC COORDINATES ITS DISCOUNTS WITH UCPG FOR THE PHYSICIAN BILLING, WHICH IS THROUGH THE UNIVERSITY OF CHICAGO IN A 12 MONTH PERIOD FOR MEDICALLY NECESSARY HEALTH CARE SERVICES PROVIDED BY UCMC TO AN UNINSURED OR UNDERINSURED PATIENT, THE PATIENT IS NOT RESPONSIBLE TO PAY FOR MORE THAN THAT AMOUNT OF BILLED CHARGES IN EXCESS OF 20% OF THE PATIENT'S FAMILY INCOME THIS "MEDICAL INDIGENCY DISCOUNT" IS SUBJECT TO THE PATIENT'S CONTINUED ELIGIBILITY DURING THE APPLICABLE TIME PERIOD THE 12 MONTH PERIOD TO WHICH THE MAXIMUM AMOUNT APPLIES SHALL BEGIN ON THE FIRST DATE THE PATIENT RECEIVES MEDICALLY NECESSARY HEALTH CARE SERVICES THAT ARE DETERMINED TO BE ELIGIBLE FOR THE MEDICAL INDIGENCY DISCOUNT AT UCMC IN ORDER FOR UCMC TO DETERMINE THE 12 MONTH MAXIMUM AMOUNT THAT CAN BE COLLECTED FROM A PATIENT DEEMED ELIGIBLE UNDER THIS SECTION 4, THE PATIENT MUST INFORM UCMC IN SUBSEQUENT INPATIENT ADMISSIONS OR OUTPATIENT ENCOUNTERS THAT THE PATIENT HAS PREVIOUSLY DETERMINED TO BE ENTITLED TO THE MEDICAL INDIGENCY DISCOUNT SOME PATIENTS ARE NOT RESPONSIVE IN PROVIDING INFORMATION TO APPLY FOR CHARITY CARE, AT WHICH POINT UCMC MAY LEARN OF THEIR QUALIFICATION AFTER THE BILL IS SENT TO COLLECTIONS IF PATIENT/GUARANTOR HAS BEEN APPROVED BY UCMC FOR CHARITY CARE AND THE ACCOUNT HAS ALREADY BEEN SENT TO AN OUTSIDE COLLECTION AGENCY , UCMC WILL NOTIFY THE AGENCY OF THE APPROVAL IF THE APPROVAL WAS FOR 100% DISCOUNT, THE AGENCY WILL BE ADVISED TO CLOSE THE ACCOUNT AS CHARITY CARE AND UCMC STAFF WILL PROCESS AN AGENCY CODE CHANGE ON THE UCMC SYSTEM IF THE CHARITY CARE ADJUSTMENT IS NOT 100%, THE AGENCY IS NOTIFIED OF THE APPROVED DISCOUNT AND ADVISED TO ADJUST THE BALANCE SHOWN AS DUE BY THE APPROVED DISCOUNT AMOUNT UCMC STAFF WILL CONCURRENTLY AMEND THE BALANCES DUE IN THE BAD DEBT SYSTEM BY THE APPROVED DISCOUNT AMOUNT

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

PART I, LINE 5A WHILE UCMC PROJECTS AN ANTICIPATED AMOUNT OF DISCOUNTED CARE EACH FISCAL YEAR WHEN CREATING ITS ANNUAL BUDGET, NO SPECIFIC LINE ITEM OR LIMIT IS INCLUDED IN THE BUDGET THE ABSENCE OF A LINE ITEM IN NO WAY LIMITS THE AMOUNT OF DISCOUNTED CARE WE PROVIDE, PART VI, LINE 8 UCMC FILES A COMMUNITY BENEFIT REPORT WITH THE STATE OF ILLINOIS

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LARRY CALLAHAN	(i) 335,089 (ii) 0	232,473 0	59,837 0	32,975 0	31,338 0	691,712 0	0 0
KRISTA CURELL	(i) 197,218 (ii) 0	51,186 0	2,111 0	15,081 0	16,261 0	281,857 0	0 0
JEFFREY FINESILVER	(i) 285,422 (ii) 0	105,937 0	17,517 0	70,069 0	13,624 0	492,569 0	0 0
MAYUMI FUKUI	(i) 268,862 (ii) 0	100,699 0	6,706 0	52,582 0	12,919 0	441,768 0	0 0
LAWRENCE FURNSTAHL	(i) 682,183 (ii) 0	274,972 0	20,448 0	164,442 0	16,542 0	1,158,587 0	0 0
BENJAMIN GIBSON	(i) 219,568 (ii) 0	33,849 0	930 0	16,790 0	25,563 0	296,700 0	0 0
D ALLAN GRAY	(i) -5,465 (ii) 0	0 0	412,762 0	20,531 0	17,899 0	445,727 0	63,389 0
DAVID S HEFNER	(i) 590,122 (ii) 0	275,478 0	1,110,505 0	1,559,655 0	107,135 0	3,642,895 0	215,866 0
DAVID HICKS	(i) 206,145 (ii) 0	80,347 0	10,706 0	38,063 0	18,791 0	354,052 0	0 0
DAVID HO	(i) 243,727 (ii) 0	90,150 0	59,589 0	46,775 0	27,533 0	467,774 0	0 0
VICTORIA HUMPHREY	(i) -2,883 (ii) 0	0 0	361,609 0	20,202 0	15,316 0	394,244 0	60,297 0
MICHAEL KOETTING	(i) -3,502 (ii) 0	0 0	241,085 0	15,454 0	11,869 0	264,906 0	0 0
JAMES L MADARA MD	(i) 0 (ii) 1,271,966	0 223,015	0 3,784,320	0 1,707,028	0 52,615	0 7,038,944	0 820,275
JAMIE O'MALLEY	(i) 316,218 (ii) 0	110,518 0	14,879 0	97,229 0	15,312 0	554,156 0	0 0
VIRGINIA ROBERTS	(i) 140,129 (ii) 139,788	0 53,750	6,828 0	10,676 14,828	6,539 6,558	164,172 214,924	0 0
MICHELE SCHIELE	(i) 0 (ii) 338,610	0 115,178	0 0	0 19,600	0 34,445	0 507,833	0 0
JANE SCHUMAKER	(i) 327,971 (ii) 0	113,230 0	19,206 0	31,775 0	19,466 0	511,648 0	0 0
KENNETH SHARIGIAN	(i) 465,519 (ii) 0	153,926 0	22,279 0	165,146 0	11,140 0	818,010 0	0 0
SUSAN SHER	(i) 25,176 (ii) 0	121,918 0	363,076 0	5,611 0	1,665 0	517,446 0	131,475 0
KELLY SULLIVAN	(i) -1,517 (ii) 0	0 0	313,488 0	20,371 0	8,011 0	340,353 0	3,014 0
MARK URQUHART	(i) 298,987 (ii) 0	107,693 0	12,493 0	73,183 0	25,122 0	517,478 0	0 0
EVERETT E VOKES MD	(i) 0 (ii) 632,790	0 0	0 0	0 19,600	0 50,324	0 702,714	0 0
ERIC WHITAKER	(i) 385,553 (ii) 0	153,996 0	21,864 0	66,118 0	43,302 0	670,833 0	0 0
CAROLYN WILSON	(i) 533,008 (ii) 0	206,967 0	35,611 0	69,637 0	5,192 0	850,415 0	0 0
ERIC YABLONKA	(i) 371,170 (ii) 0	143,134 0	15,519 0	102,306 0	24,308 0	656,437 0	0 0
JOHN SATALIC	(i) 263,099 (ii) 0	70,000 0	1,119 0	18,375 0	25,798 0	378,391 0	0 0
QUINSHAUNTA GOLDEN	(i) 202,046 (ii) 0	30,781 0	36,534 0	15,525 0	26,521 0	311,407 0	0 0
CLEMENT LAM	(i) 207,895 (ii) 0	1,250 0	30,529 0	18,160 0	19,456 0	277,290 0	0 0
GARY MUNDINGER	(i) 196,012 (ii) 0	30,240 0	3,132 0	15,000 0	16,727 0	261,111 0	0 0
WILLIAM HUFFMAN	(i) 229,921 (ii) 0	33,998 0	1,637 0	17,441 0	15,255 0	298,252 0	0 0
SAMRA ZVIZDIC	(i) 212,057 (ii) 0	0 0	24,287 0	17,064 0	9,147 0	262,555 0	0 0
THOMAS F ROSENBAUM	(i) 0 (ii) 503,832	0 25,000	0 0	0 19,600	0 47,513	0 595,945	0 0
J RICHARD THISTLETHWAITE	(i) 0 (ii) 306,616	0 10,088	0 0	0 19,600	0 11,423	0 347,727	0 0
ROBERT J ZIMMER	(i) 0 (ii) 540,000	0 0	0 7,175	0 594,600	0 135,175	0 1,276,950	0 0

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
QV INC 8201 SOUTH CASS AVENUE DARIEN, IL60561 36-3519484	PHYSICIAN SRVC	IL	501(C)(3)	3	NA
UNIVERSITY OF CHICAGO 5801 S ELLIS AVENUE CHICAGO, IL60637 36-2177139	EDUCATION	IL	501(C)(3)	2	NA
UNIVERSITY OF CHICAGO PROPERTY HOLDING 5801 S ELLIS AVENUE CHICAGO, IL60637 36-6108743	PROP HOLDING	IL	501(C)(2)		NA
LAKE PARK ASSOCIATES 5801 S ELLIS AVENUE CHICAGO, IL60637 36-6111317	PROP HOLDING	IL	501(C)(2)		NA
ARCH DEVELOPMENT CORPORATION 5555 S WOODLAWN CHICAGO, IL60637 36-3485244	TECH TRNSFR	IL	501(C)(3)	11- TYPE II	NA
UNIVERSITY OF CHICAGO CHARTER SCHOOL 5801 S ELLIS AVENUE CHICAGO, IL60637 36-4225812	EDUCATION	IL	501(C)(3)	2	NA
COURT THEATRE FUND 5535 S ELLIS AVENUE CHICAGO, IL60637 36-3203660	ARTS SUPPORT	IL	501(C)(3)	11- TYPE I	NA
UNIVERSITY OF CHICAGO CANCER RSRCH FDN 5801 S ELLIS AVENUE CHICAGO, IL60637 36-6056201	SUPP RESRCH	IL	501(C)(3)	11- TYPE 1	NA
UNIVERSITY OF CHICAGO SELF TRUST 5801 S ELLIS AVENUE CHICAGO, IL60637 36-3020034	MALPRACTICE	IL	501(C)(3)	2	NA
UNIV OF CHICAGO RETIREE MEDICAL TRUST 5801 S ELLIS AVENUE CHICAGO, IL60637 36-3999692	MEDICAL	IL	501(C)(3)	2	NA
CHICAGO TUMOR INSTITUTE 5801 S ELLIS AVENUE CHICAGO, IL60637 23-7136019	SUPP RESRCH	IL	501(C)(3)	11- TYPE 1	NA
NATIONAL OPINION RESEARCH CENTER 55 E MONROE STREET 20TH FLOOR CHICAGO, IL60603 36-2167808	SURVEYS	IL	501(C)(3)	7	NA
THE QUADRANGLE CLUB 5801 S ELLIS AVENUE CHICAGO, IL60637 36-1655190	SOCIAL CLUB	IL	501(C)(7)		NA
FERMI RESEARCH ALLIANCE PO BOX 500 BATAVIA, IL60510 57-1239010	MANAGE LAB	IL	501(C)(3)	7	NA
UNIVERSITY OF CHICAGO CENTER IN PARIS 6 RUE THOMAS MANN PARIS 75013 FR	EDUCATION	FR	N/A		NA
U CHICAGO BOOTH SCHOOL OF BUSINESS LTD 25 BASINGHALL STREET LONDON EC2V5HA UK	EDUCATION	UK	N/A		NA
U CHICAGO BOOTH SCHOOL OF BUSINESS LTD 101 PENANG ROAD DHOBY GHAUT 238466 SN	EDUCATION	SN	N/A		NA
UNIVERSITY OF CHICAGO TRUST GB 10-12 REST HOUSE CRESCENT ROAD BANGALORE 560078 IN	FUNDRAISING	IN	N/A		NA
THE UNIV OF CHICAGO FDN IN HONG KONG LTD 16 HARCOURT ROAD ROOM 1005 ADMIRALITY HK	FUNDRAISING	HK	N/A		NA
UCHICAGO RESEARCH INTERNATIONAL LTD 5801 S ELLIS AVENUE CHICAGO, IL60637 26-2741573	RESEARCH	IL	501(C)(3)	11- TYPE I	NA
UCHICAGO RESEARCH BANGLADESH LTD HOUSE NO 388 ROAD 24 MOHAKHALI, DHAKA 1212 BG	RESEARCH	BG	N/A		NA
SOUTH EAST CHICAGO COMMISSION 1511 EAST 53RD STREET CHICAGO, IL60615 36-2226282	COMM SVCS	IL	501(C)(3)	7	NA
THE UNIVERSITY OF CHICAGO CLOISTERS CLUB C/O 5841 S MARYLAND AVENUE CHICAGO, IL60637	SOCIAL CLUB	IL	501(C)(7)		NA
PHOENIX OVERLAY FUND LTD C/O 401 N MICHIGAN AVENUE CHICAGO, IL60611	INVESTING	IL	N/A		NA