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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011**

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

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

Doing Business As

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

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

**D Employer identification number**
36-3488183

**E Telephone number**
(773) 702-1998

**G** Gross receipts $ 1,332,942,470

**F** Name and address of principal officer
JAMES WATSON
5841 S MARYLAND AVE MC 1086
CHICAGO, IL 60637

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

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

**H(c)** Group exemption number ▶

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

**J Website:** ▶ http //www uchospitals edu/

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1986 | **M** State of legal domicile IL

## Part I Summary

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

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

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 44 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 33 |
| **5** | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | **5** | 6,976 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 967 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 1,502,749 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 346,525 |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue | **8** Contributions and grants (Part VIII, line 1h) | 7,797,299 | 9,807,136 |
| | **9** Program service revenue (Part VIII, line 2g) | 1,172,785,853 | 1,220,686,479 |
| | **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 94,455,445 | 90,222,331 |
| | **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 5,733,298 | 7,569,051 |
| | **12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,280,771,895 | 1,328,284,997 |
| Expenses | **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 0 | 0 |
| | **14** Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | **15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 484,961,936 | 506,049,887 |
| | **16a** Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,369,254 | | |
| | **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 616,391,246 | 646,538,054 |
| | **18** Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,101,353,182 | 1,152,587,941 |
| | **19** Revenue less expenses Subtract line 18 from line 12 | 179,418,713 | 175,697,056 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances | **20** Total assets (Part X, line 16) | 1,844,298,844 | 2,301,309,199 |
| | **21** Total liabilities (Part X, line 26) | 903,707,108 | 1,136,334,376 |
| | **22** Net assets or fund balances Subtract line 21 from line 20 | 940,591,736 | 1,164,974,823 |

## Part II Signature Block

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

**Sign Here**

Signature of officer — Date: 2012-05-07

JAMES WATSON CHIEF FINANCIAL OFFICER
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed ▶☐ | PTIN |
|---|---|---|---|---|
| Firm's name ▶ PRICEWATERHOUSECOOPERS LLP | | | | Firm's EIN ▶ |
| Firm's address ▶ 1301 K STREET NW SUITE 800W WASHINGTON, DC 20005 | | | | 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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

**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 $ 1,091,339,542 including grants of $ 0 ) (Revenue $ 1,226,936,644 )

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** ▶ $ 1,091,339,542

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | 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.* | 11b | Yes | |
| c | 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.* | 11c | | No |
| d | 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.* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | Yes | |
| f | 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 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV* | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | Yes | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | Yes | |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | Yes | |

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

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | | No |
| **22** | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25* | **24a** | Yes | |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | No |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | No |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | No |
| **25a** | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | **26** | Yes | |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | Yes | |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | Yes | |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | Yes | |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | Yes | |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | **34** | Yes | |
| **35** | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | **35** | | No |
| **a** | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No | | | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 81 | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c Yes | |
| 2a | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return | 2a | 6,976 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | 3a Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | | 3b Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? | | | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | | 9a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | 14b | |

**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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . | 1a | 44 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 33 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | | | 2 Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . | | | 3 Yes | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | 4 Yes | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | | 5 | No |
| 6 | Does the organization have members or stockholders? . . . . . | | | 6 Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . | | | 7a Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . | | | 7b Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . . . | | | 8a Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | | 8b Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . | | | 9 | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . . | 10a | | No |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . . | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? . . . . . | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? . . . . . | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official . . . . . | 15a | Yes | |
| b | Other officers or key employees of the organization . . . . . | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions ) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | 16a | Yes | |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b | | No |

## Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

JUSTIN KATS
8201 CASS AVENUE
DARIEN, IL 60561
(773) 834-2065

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b** **Sub-Total** | | | | | | | | | | |
| **c** **Total from continuation sheets to Part VII, Section A** | | | | | | | | | | |
| **d** **Total (add lines 1b and 1c)** | | | | | | | | 14,119,089 | 4,370,172 | 2,678,999 |

**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 ▶ 550

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| UNIVERSITY OF CHICAGO<br>6054 S DREXEL SUITE 342<br>CHICAGO, IL 60637 | PHYSICIAN SERVICES | 166,984,000 |
| SODEXHO MANAGEMENT INCORPORATED<br>4880 PAYSPHERE CIRCLE<br>CHICAGO, IL 60674 | FOOD SERVICES | 6,051,888 |
| DELOITTE TOUCHE LLP<br>PO BOX 7247-6447<br>PHILADELPHIA, PA 19170 | EPIC CONSULTING | 3,454,355 |
| IMPACT ADVISORS LLC<br>931 W 75TH STREET STE 137-304<br>NAPERVILLE, IL 60565 | NHP TECH CONSULTING | 2,123,208 |
| RAFAEL VINOLY ARCHITECTS PC<br>50 VANDAM STREET<br>NEW YORK, NY 10013 | ARCHITECT | 2,621,995 |
| **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 ▶ 62 | | |

## Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 303,285 | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 9,503,851 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f | | 9,807,136 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | NET PATIENT REVENUE | 624100 | 1,162,365,953 | 1,162,365,953 | | |
| | b | CAPITATION REVENUE | 900099 | 35,283,686 | 35,283,686 | | |
| | c | PHARMACY | 900099 | 7,076,399 | 7,076,399 | | |
| | d | MEDICAL CENTER PARKING | 812930 | 6,798,342 | 6,798,342 | | |
| | e | FOOD SERVICES | 900099 | 5,937,860 | 5,937,860 | | |
| | f | All other program service revenue | | 3,224,239 | 1,671,065 | 1,553,174 | |
| | g | **Total.** Add lines 2a–2f | | 1,220,686,479 | | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) | | 15,123,657 | | -100,946 | 15,224,603 |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 | Royalties | | 0 | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross Rents | | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a | Gross amount from sales of assets other than inventory | 51,652,989 | 27,804,750 | | | |
| | b | Less cost or other basis and sales expenses | | 4,359,065 | | | |
| | c | Gain or (loss) | 51,652,989 | 23,445,685 | | | |
| | d | Net gain or (loss) | | | 75,098,674 | 50,521 | 75,048,153 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ 303,285 of contributions reported on line 1c) See Part IV, line 18 | a | 64,120 | | | |
| | b | Less direct expenses | b | 298,408 | | | |
| | c | Net income or (loss) from fundraising events | | | -234,288 | | -234,288 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities | | | 0 | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | | |
| | b | Less cost of goods sold | b | | | | |
| | c | Net income or (loss) from sales of inventory | | | 0 | | |
| | | Miscellaneous Revenue | | Business Code | | | |
| | 11a | HEDGE INEFFECTIVENESS | | 900099 | 7,803,339 | 7,803,339 | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a–11d | | | 7,803,339 | | |
| | 12 | **Total revenue.** See Instructions | | | 1,328,284,997 | 1,226,936,644 | 1,502,749 90,038,468 |

## Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 6,993,909 | | 6,993,909 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 362,609,816 | 346,944,608 | 15,404,461 | 260,747 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 54,786,827 | 51,582,925 | 3,203,902 | |
| 9 Other employee benefits | 53,475,384 | 50,778,334 | 2,697,050 | |
| 10 Payroll taxes | 28,183,951 | 26,523,642 | 1,660,309 | |
| a Fees for services (non-employees) Management | 3,788,014 | 3,788,014 | | |
| b Legal | 2,456,488 | 21,366 | 2,435,122 | |
| c Accounting | 712,276 | | 712,276 | |
| d Lobbying | 467,056 | | 467,056 | |
| e Professional fundraising services *See Part IV, line 17* | 0 | | | |
| f Investment management fees | 6,582,134 | | 6,582,134 | |
| g Other | 234,101,094 | 221,886,820 | 11,366,949 | 847,325 |
| 12 Advertising and promotion | 2,849,984 | | 2,849,984 | |
| 13 Office expenses | 18,827,769 | 14,875,013 | 3,738,134 | 214,622 |
| 14 Information technology | 8,828,978 | 8,641,768 | 187,210 | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 12,521,862 | 11,981,316 | 505,151 | 35,395 |
| 17 Travel | 915,123 | 743,848 | 161,373 | 9,902 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 10,757,192 | 10,757,192 | | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 67,203,801 | 67,203,801 | | |
| 23 Insurance | 22,003,385 | 22,003,385 | | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O ) | | | | |
| a MEDICAL SUPPLIES | 154,934,735 | 154,934,339 | 396 | |
| b PROVISION FOR UNCOLLECTIBLE | 45,299,534 | 45,299,534 | | |
| c IL MEDICAID PROVIDER TAX | 26,691,059 | 26,691,059 | | |
| d EQUIP RENTAL/MAINTENANCE | 22,289,421 | 21,556,259 | 731,899 | 1,263 |
| e SECURITY | 5,126,319 | 5,126,319 | | |
| f All other expenses | 181,830 | | 181,830 | |
| 25 **Total functional expenses.** Add lines 1 through 24f | 1,152,587,941 | 1,091,339,542 | 59,879,145 | 1,369,254 |
| 26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | 14,981 | 1 | 15,712 |
| | 2 | Savings and temporary cash investments | | 107,498,450 | 2 | 148,190,406 |
| | 3 | Pledges and grants receivable, net | | 9,914,001 | 3 | 14,024,826 |
| | 4 | Accounts receivable, net | | 126,617,067 | 4 | 138,266,017 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L | | 356,983 | 6 | 335,654 |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 6,081,366 | 8 | 8,308,474 |
| | 9 | Prepaid expenses and deferred charges | | 5,337,471 | 9 | 29,411,207 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 1,542,901,253 | | | |
| | b | Less accumulated depreciation | 10b 649,134,116 | 706,466,900 | 10c | 893,767,137 |
| | 11 | Investments—publicly traded securities | | 511,770,242 | 11 | 661,633,439 |
| | 12 | Investments—other securities See Part IV, line 11 | | 319,806,023 | 12 | 373,587,397 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 50,435,360 | 15 | 33,768,930 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 1,844,298,844 | 16 | 2,301,309,199 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 112,697,631 | 17 | 105,728,965 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 296,709 | 19 | 296,709 |
| | 20 | Tax-exempt bond liabilities | | 590,807,089 | 20 | 853,283,849 |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L* | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 199,905,679 | 25 | 177,024,853 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 903,707,108 | 26 | 1,136,334,376 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 857,112,796 | 27 | 1,064,924,097 |
| | 28 | Temporarily restricted net assets | | 77,376,376 | 28 | 93,938,962 |
| | 29 | Permanently restricted net assets | | 6,102,564 | 29 | 6,111,764 |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 940,591,736 | 33 | 1,164,974,823 |
| | 34 | Total liabilities and net assets/fund balances | | 1,844,298,844 | 34 | 2,301,309,199 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) . . . | 1 | 1,328,284,997 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 1,152,587,941 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | 175,697,056 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 940,591,736 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | 48,686,031 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | 6 | 1,164,974,823 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129015502

# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

**Employer identification number**
36-3488183

**Part I Reason for Public Charity Status** (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 described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

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

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

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

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

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

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

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

**h** Provide the following information about the supported organization(s)

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

**Part II** **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public Support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 11 **Total support** (Add lines 7 through 10) | | | | | | |

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

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

## Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public Support** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11 and 12 ) | | | | | | |

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 | Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 | Public support percentage from 2009 Schedule A, Part III, line 15 | 16 |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 | Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 | Investment income percentage from **2009** Schedule A, Part III, line 17 | 18 |

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
| --- |
| |
| |

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# SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then**

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

| Name of the organization | Employer identification number |
|---|---|
| UNIVERSITY OF CHICAGO MEDICAL CENTER | 36-3488183 |

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

### Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|---|---|---|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | |

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

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

## 4-Year Averaging Period Under Section 501(h)
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 467,056 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? If "Yes," describe in Part IV | | | |
| j | Total lines 1c through 1i | | | 467,056 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

## Part IV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| 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 |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

**Employer identification number**
36-3488183

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

| | | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|---|---|---|---|---|---|
| 1a | Beginning of year balance | 760,971,586 | 586,218,979 | 763,872,329 | | |
| b | Contributions | 25,011,000 | 117,021,000 | 83,000 | | |
| c | Investment earnings or losses | 140,209,315 | 95,006,714 | -143,301,572 | | |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | 39,643,801 | 34,437,149 | 31,991,350 | | |
| f | Administrative expenses | 2,434,828 | 2,837,958 | 2,443,428 | | |
| g | End of year balance | 884,113,272 | 760,971,586 | 586,218,979 | | |

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

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

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 36,008,345 | | 36,008,345 |
| b Buildings | | 645,335,524 | 323,949,372 | 321,386,152 |
| c Leasehold improvements | | | | |
| d Equipment | | 443,894,794 | 311,210,385 | 132,684,409 |
| e Other | | 417,662,590 | 13,974,359 | 403,688,231 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 893,767,137 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) CLOSELY HELD EQUITY INTEREST | 108,395,945 | F |
| (B) REAL ASSETS | 103,444,087 | F |
| (C) ABSOLUTE RETURN | 161,747,365 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | 373,587,397 | |

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

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

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

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

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

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | 0 |
| DUE TO 3RD PARTY | 36,000,595 |
| DUE TO UNIVERSITY OF CHICAGO | 12,935,277 |
| SELF-INSURANCE LIABILITY | 8,196,439 |
| CAPITAL LEASE OBLIGATION | 923,367 |
| MUTUAL FUND BENEFIT LIABILITY | 1,576,264 |
| FUTURE SETTLEMENTS | 14,076,548 |
| PENSION LIABILITY | 13,512,538 |
| SWAP INTEREST LIABILITY | 58,063,641 |
| OTHER LIABILITIES | 31,740,184 |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 177,024,853 |

**2.** Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 1,328,284,997 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1,152,587,941 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 175,697,056 |
| 4 | Net unrealized gains (losses) on investments | 4 | 72,264,065 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -23,578,034 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 48,686,031 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 224,383,087 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,384,275,684 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 72,264,065 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 72,264,065 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,312,011,619 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | 16,273,378 | | |
| c | Add lines **4a** and **4b** | | | 4c | 16,273,378 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 1,328,284,997 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,152,886,349 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 298,408 | | |
| e | Add lines **2a** through **2d** | | | 2e | 298,408 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,152,587,941 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 1,152,587,941 |

## 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 |
| SCHEDULE D, PART XI, LINE 8 | | TRANSFER TO UNIVERSITY -23,000,000, CHANGES IN VALUATION OF DERIVATIVE -4,013,519, ADDITIONAL MINIMUM PENSION LIABILITIES 3,380,723, CHANGE IN ACCOUNTING PRINCIPLE 54,762 |
| SCHEDULE D, PART XII, LINE 4B | | RESTRICTED INCOME USED FOR OPERATIONS -4,881,676, PERMANENTLY RESTRICTED CONTRIBUTIONS 9,200, TEMPORARILY RESTRICTED CONTRIBUTIONS 8,843,656, INVESTMENT GAINS ON TEMPORARILY RESTRICTED CONTRIBUTIONS 12,600,606, SPECIAL EVENT EXPENSES -298,408 |
| SCHEDULE D, PART XIII, LINE 2D | | SPECIAL EVENT EXPENSE 298,408 |

## Additional Data

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

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

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| DUE TO 3RD PARTY | 36,000,595 |
| DUE TO UNIVERSITY OF CHICAGO | 12,935,277 |
| SELF-INSURANCE LIABILITY | 8,196,439 |
| CAPITAL LEASE OBLIGATION | 923,367 |
| MUTUAL FUND BENEFIT LIABILITY | 1,576,264 |
| FUTURE SETTLEMENTS | 14,076,548 |
| PENSION LIABILITY | 13,512,538 |
| SWAP INTEREST LIABILITY | 58,063,641 |
| OTHER LIABILITIES | 31,740,184 |

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

**Employer identification number**
36-3488183

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

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

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

3 Activites per Region (Use Part V if additional space is needed )

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region or independent contractors | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region/investments in region |
|---|---|---|---|---|---|
| Europe (Including Iceland and Greenland) | 0 | 1 | Program Services | MARKETING | 11,925 |
| Middle East and North Africa | 0 | 1 | Program Services | MARKETING | 110,446 |
| South America | 0 | 1 | Program Services | MARKETING | 6,000 |
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| 3a Sub-total | 0 | 3 | | | 128,371 |
| b Total from continuation sheets to Part I | | | | | |
| c **Totals** (add lines 3a and 3b) | 0 | 3 | | | 128,371 |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

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

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

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

| | | | |
|---|---|---|---|
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* | ☑ Yes | ☐ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* | ☐ Yes | ☑ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* | ☐ Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* | ☑ Yes | ☐ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* | ☐ Yes | ☑ No |

**Part V Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

**Employer identification number**
36-3488183

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

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

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

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

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

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

IL

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

| | | (a) Event #1 GOLF (event type) | (b) Event #2 COMER KIDS (event type) | (c) Other Events 1 (total number) | (d) Total Events (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 176,734 | 156,416 | 34,255 | 367,405 |
| | 2 Less Charitable contributions | 112,614 | 156,416 | 34,255 | 303,285 |
| | 3 Gross income (line 1 minus line 2) | 64,120 | | | 64,120 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | 0 |
| | 5 Non-cash prizes | 0 | 0 | 0 | 0 |
| | 6 Rent/facility costs | 26,496 | 0 | 0 | 26,496 |
| | 7 Food and beverages | 33,027 | 0 | 0 | 33,027 |
| | 8 Entertainment | 0 | 0 | 0 | 0 |
| | 9 Other direct expenses | 73,310 | 107,076 | 58,499 | 238,885 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 298,408 |
| | 11 Net income summary Combine lines 3 and 10 in column (d) ▶ | | | | -234,288 |

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

**11** Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity operated in

| | | |
|---|---|---|
| **a** The organization's facility . . . . . | **13a** | |
| **b** An outside facility . . . . . | **13b** | |

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

Name ▶

Address ▶

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

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

**c** If "Yes," enter name and address

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

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

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

## Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|---|---|---|

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

# Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

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

**Employer identification number**
36-3488183

## Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," is it a written policy? | 1b | Yes | |
| 2 | If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year | | | |
| | ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals | | | |
| 3 | Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | | |
| a | Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care | 3a | Yes | |
| | ☐ 100% ☐ 150% ☑ 200% ☐ Other ____ % | | | |
| b | Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care | 3b | Yes | |
| | ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other **600. %** | | | |
| c | If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care | | | |
| 4 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | No |
| 6a | Does the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| 6b | If "Yes," did the organization make it available to the public? | 6b | Yes | |
| | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | | |

**7** Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| a Financial Assistance at cost (from Worksheets 1 and 2) | | | 17,142,000 | | 17,142,000 | 1 550 % |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | | 243,128,000 | 206,005,000 | 37,123,000 | 3 350 % |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 260,270,000 | 206,005,000 | 54,265,000 | 4 900 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from (Worksheet 4) | | | 962,104 | | 962,104 | 0 090 % |
| f Health professions education (from Worksheet 5) | | | 83,335,724 | 12,799,184 | 70,536,540 | 6 370 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | 23,113,853 | | 23,113,853 | 2 090 % |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | | | 95,866 | | 95,866 | 0 010 % |
| j **Total** Other Benefits | | | 107,507,547 | 12,799,184 | 94,708,363 | 8 550 % |
| k **Total.** Add lines 7d and 7j | | | 367,777,547 | 218,804,184 | 148,973,363 | 13 450 % |

**Part II** **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|---|
| 1 | Physical improvements and housing | | | | | | |
| 2 | Economic development | | | 15,000 | | 15,000 | |
| 3 | Community support | | | 83,175 | | 83,175 | 0 010 % |
| 4 | Environmental improvements | | | | | | |
| 5 | Leadership development and training for community members | | | 17,750 | | 17,750 | |
| 6 | Coalition building | | | 6,225 | | 6,225 | |
| 7 | Community health improvement advocacy | | | | | | |
| 8 | Workforce development | | | | | | |
| 9 | Other | | | | | | |
| 10 | **Total** | | | 122,150 | | 122,150 | 0 010 % |

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

**Section A. Bad Debt Expense**

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? | 1 | | | No |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | 2 | 12,564,731 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy | 3 | 0 | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit | | | | |

**Section B. Medicare**

| | | | | | |
|---|---|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 198,741,000 | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 238,448,000 | | |
| 7 | Subtract line 6 from line 5 This is the surplus or (shortfall) | 7 | -39,707,000 | | |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used | | | | |

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

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

**Part IV** **Management Companies and Joint Ventures**

| | (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership% | (e) Physicians' profit % or stock ownership % |
|---|---|---|---|---|---|
| 1 | | | | | |
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## Part V Facility Information

### Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

| | Name and address | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | THE UNIVERSITY OF CHICAGO MEDICAL CENTER<br>5841 S MARYLAND AVENUE<br>CHICAGO, IL 60637 | X | X | X | X | | X | X | | |
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| | | | | | | | | | | |

**Part V** **Facility Information** *(continued)*

**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

| | Name and address | Type of Facility (Describe) |
|---|---|---|
| 1 | | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

## Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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 )

6 **Affiliated health care system.** 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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Identifier | ReturnReference | Explanation |
|---|---|---|
| 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 UCMC PROVIDES |

| Identifier | ReturnReference | Explanation |
| --- | --- | --- |
| PART I, LINE 7, COLUMN F | | BAD DEBT EXPENSES OF $45,299,534 HAS BEEN EXCLUDED FROM THE DENOMINATOR IN THE CALCULATIONS FOR PART I AND II, COLUMN F |

| Identifier | ReturnReference | Explanation |
| --- | --- | --- |
| 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 |

| Identifier | ReturnReference | Explanation |
| --- | --- | --- |
| PART II | | SEE SCHEDULE O |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| PART III, LINE 4 | | FOOTNOTE TO FINANCIAL STATEMENTS THE PROCESS FOR ESTIMATING THE ULTIMATE COLLECTIBILITY 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 |

| Identifier | ReturnReference | Explanation |
| --- | --- | --- |
| 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 $39,553,000 ALLOWABLE COSTS RELATING TO ABOVE PAYMENTS $46,696,000 SHORTFALL ($7,143,000) REVENUE RECEIVED FROM MEDICARE INCLUDES ADJUSTMENTS OF FY 10 MEDICARE FILED ADJUSTMENT $3,131,000 AND FY 11 MEDICARE ADJUSTMENT NOT INCLUDED IN FINANCIAL STATEMENTS $10,689,000 |

| Identifier | ReturnReference | Explanation |
| --- | --- | --- |
| PART III, LINE 6 | | 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 11 MEDICARE COST REPORT |

| Identifier | ReturnReference | Explanation |
| --- | --- | --- |
| 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 |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| 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 QUALIFICATIONS 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 IN 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 |

| Identifier | ReturnReference | Explanation |
| --- | --- | --- |
| PART V | | LINE 11D INSURANCE STATUS AFFECTS THE AMOUNT THAT THE PATIENT OWES, WHICH AFFECTS THE DISCOUNT AND THEREFORE THE AMOUNT CHARGED THE PATIENT AFTER APPLICATION OF THE DISCOUNT LINE 11E UNINSURED DISCOUNTS ARE AVAILABLE TO ALL PATIENTS, NOT JUST LOW INCOME INDIVIDUALS LINE 11F MEDICAID/MEDICARE STATUS AFFECTS THAT AMOUNT THAT THE PATIENT OWES, WHICH AFFECTS THE DISCOUNT AND THEREFORE THE AMOUNT CHARGED THE PATIENT AFTER APPLICATION OF THE DISCOUNT LINE 11H UCMC RETAINED A THIRD PARTY CREDIT REVIEW SERVICE THAT, BASED UPON ITS DATA, DETERMINES A PATIENT'S ABILITY TO PAY AND RECOMMENDED DISCOUNT UNDER OUR POLICY IN ADDITION, UCMC CONSIDERS CASE-BY-CASE SITUATIONS REQUESTED BY PATIENTS OR THEIR REPRESENTATIVES, FOR EXAMPLE PATIENTS WHO ARE HOMELESS OR VICTIMS OF HOME FIRES OR SIMILAR SITUATIONS WHERE THEIR FINANCIAL DOCUMENTATION WOULD BE BURNED OR PERMANENTLY LOST, ACCEPTING ALTERNATIVE DOCUMENTATION WHERE POSSIBLE LINE 12 THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE IS LOCATED ON OUR PATIENT EDUCATIONAL MATERIALS, INCLUDING THE HOSPTIAL WEBSITE LINE 13 UCMC RESPONDS TO THESE QUESTSIONS BASED UPON ITS PUBLICATION OF THE FINANCIAL ASSISTANCE INFORMATION, NOT THE WRITTEN HOSPITAL ADMINISTRATIVE POLICY FOR EXAMPLE, UCMC'S BILL CONTAINS A STATEMENT THAT DIRECTS THE PATIENT TO CALL A TELEPHONE NUMBER TO SEEK ASSISTANCE LINE 13G IN ADDITION, UCMC MAILS BROCHURES TO NEW PATIENTS IF THEIR APPOINTMENT IS MADE FIVE OR MORE DAYS PRIOR TO THE APPOINTMENT DATE LINE 16E A COLLECTION AGENCY CONTACTS PATIENTS OR THE PATIENT GUARANTOR LINE 17E UCMC SENDS A BILL TO THE PATIENT GUARANTOR NORMALLY AT LEAST THREE TIMES, AND THEN MAY REFER THE ACCOUNT TO ITS COLLECTION AGENCY AFTER COMPLETING A CHECK WITH AN OUTSIDE CONTRACTED VENDOR THAT EVALUATES WHETHER OR NOT THE PATIENT FALLS WITHIN THE UCMC FINANCIAL ASSISTANCE LIMITS LINE 19D ALL UNINSURED PATIENTS RECEIVE A 25% DISCOUNT IF THEY ALSO QUALIFY FOR FINANCIAL ASSISTANCE, THEN THE PATIENT RECEIVES THE BETTER OF THE UNINSURED DISCOUNT OR THE FINANCIAL ASSISTANCE DISCOUNT THE FINANCIAL ASSISTANCE DISCOUNT INCLUDES A MEDICAL INDIGENCY DISCOUNT LINE 20 UCMC CHARGES CONSISTENTLY IF A PATIENT QUALIFIES UNDER THE FINANCIAL ASSISTANCE POLICY, THE DISCOUNT APPLIES TO THE AMOUNT BILLED LINE 21 UCMC CHARGES CONSISTENTLY UCMC CHARGES EVERYONE THE GROSS CHARGE, AND THEN APPLIES THE RELEVANT DISCOUNT, SUCH AS THE FINANCIAL ASSISTANCE (INCLUDING MEDICAL INDIGENCY) DISCOUNT OR THE UNINSURED DISCOUNT, WHICHEVER IS BETTER |

| Identifier | ReturnReference | Explanation |
| --- | --- | --- |
| PART VI, LINES 2, 4, & 5 | | SEE SCHEDULE O |

| Identifier | ReturnReference | Explanation |
| --- | --- | --- |
| PART VI, LINE 3 | | PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE 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 EACH NEW PATIENT, WE DISCUSS FINANCIAL ASSISTANCE AND CHARITY CARE AVAILABILITY WITH PATIENTS WHO CONTACT US OR WE CALL THEM VIA PHONE, AND WE ALSO EXPLAIN THESE OPTIONS FACE TO FACE THROUGH FINANCIAL COUNSELORS AND IN OUR "MEDICAL ASSISTANCE NO GRANT" (PUBLIC ASSISTANCE FOR MEDICAL COVERAGE) APPLICATION PROCESS |

| Identifier | ReturnReference | Explanation |
| --- | --- | --- |
| PART VI, LINE 6 | | N/A |

| Identifier | ReturnReference | Explanation |
| --- | --- | --- |
| PART VI, LINE 7 | | UCMC FILES A COMMUNITY BENEFIT REPORT WITH THE STATE OF ILLINOIS |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493129015502

**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

**Employer identification number**
36-3488183

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain | **1b** | Yes | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | **2** | Yes | |
| **3** | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply<br>☑ Compensation committee ☑ Written employment contract<br>☑ Independent compensation consultant ☑ Compensation survey or study<br>☐ Form 990 of other organizations ☑ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment from the organization or a related organization? | **4a** | Yes | |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **5** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | Yes | |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

| **(A)** Name | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|
| | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
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| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |

## 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, PART I, LINE 1A - DISCRETIONARY SPENDING ACCOUNT | | DISCRETIONARY SPENDING ACCOUNTS ARE AVAILABLE TO THE ORGANIZATION'S OFFICERS OFFICERS WHO MADE USE OF THE DISCRETIONARY SPENDING ACCOUNT RECEIVED BETWEEN $805 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 LARRY CALLAHAN - $60,083 DAVID HEFNER - $1,032,396 MARK URQUHART - $151,424 |
| 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 DAVID HICKS - $25,692 JANE SCHUMAKER - $47,411 MARK CHASTANG - $21,270 ERIC WHITAKER, MD - $62,175 CAROLYN WILSON - $93,609 VIRGINIA ROBERTS - $37,558 KRISTA CURELL - $25,707 RICHARD B MILLER - $7,950 IN ADDITION, CERTAIN INDIVIDUALS RECEIVED PAYMENTS FROM THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN LARRY CALLAHAN - $72,682 JEFFREY FINESILVER - $249,553 MAYUMI FUKUI - $184,060 LAWRENCE FURNSTAHL - $602,529 JAMIE O'MALLEY - $297,734 KENNETH SHARIGIAN - $434,275 MARK URQUHART - $200,797 ERIC YABLONKA - $325,229 |
| SCHEDULE J, PART I, LINE 7 | | THE OFFICERS OF THE CORPORATION HAVE DISCRETIONARY SPENDING FROM $805-$7,500 AVAILABLE FOR THEIR BENEFIT IN ADDITION, MOVING REIMBURSEMENT OF $1,105 (GROSS UP AMOUNT) IS AVAILABLE FOR RELOCATION |
| 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 LARRY CALLAHAN LEFT UCMC IN CY 2010 LAWRENCE FURNSTAHL LEFT UCMC IN CY 2011 DAVID HEFNER LEFT UCMC IN CY 2009 JAMIE O'MALLEY LEFT UCMC IN CY 2010 JANE SCHUMAKER LEFT UCMC IN CY 2011 MARK CHASTANG LEFT UCMC IN CY 2010 MARK URQUHART LEFT UCMC IN CY 2010 SHARON O'KEEFE WAS HIRED BY UCMC IN CY 2011 |
| SCHEDULE J, PART II | | TAXABLE INCOME REPORTED IN COLUMN (B) MAY INCLUDE PAYMENTS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN MOST CASES, THESE PAYMENTS WERE EARNED OVER MANY YEARS OF EMPLOYMENT AND THE AMOUNTS HAD PREVIOUSLY BEEN SUBJECT TO VESTING RULES SERP PAYMENT AMOUNTS EARNED IN PRIOR YEARS WERE PREVIOUSLY REPORTED ON THE FORM 990 AS DEFERRED COMPENSATION AND ARE REPORTED IN THIS 2010 FORM 990 ON SCHEDULE J, PART II, COLUMN (F) AN INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD ANNUALLY REVIEWS THESE BENEFITS IN COMPARISON TO MARKET DATA AND HAS CONCLUDED THAT THESE BENEFITS AND OTHER FORMS OF COMPENSATION PROVIDED TO THESE INDIVIDUALS ARE REASONABLE |

**Additional Data**

Return to Form

**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 | | | | |
| KENNETH SHARIGIAN | (I) | 716,098 | 273,847 | 449,333 | 18,375 | 11,669 | 1,469,322 | 222,062 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| P ALLEN KLOCK JR MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 368,478 | 65,200 | 0 | 19,600 | 5,695 | 458,973 | 0 |
| KENNETH S POLONSKY MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 323,745 | 0 | 0 | 19,600 | 3,771 | 347,116 | 0 |
| THOMAS F ROSENBAUM | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 521,437 | 10,000 | 0 | 19,600 | 62,273 | 613,310 | 0 |
| ROBERT J ZIMMER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 893,254 | 0 | 80,856 | 299,600 | 55,296 | 1,329,006 | 0 |
| LARRY CALLAHAN | (I) | 282,432 | 228,620 | 193,212 | 449,461 | 33,361 | 1,187,086 | 34,011 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARK CHASTANG | (I) | 177,868 | 0 | 5,646 | 284,211 | 8,706 | 476,431 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KRISTA CURELL | (I) | 215,334 | 85,105 | 3,873 | 42,166 | 17,714 | 364,192 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JEFFREY FINESILVER | (I) | 289,684 | 109,877 | 267,622 | 18,375 | 14,544 | 700,102 | 196,404 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MAYUMI FUKUI | (I) | 272,076 | 112,274 | 191,079 | 18,375 | 26,741 | 620,545 | 149,053 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LAWRENCE FURNSTAHL | (I) | 692,571 | 274,011 | 625,013 | 18,375 | 17,609 | 1,627,579 | 468,763 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BENJAMIN GIBSON | (I) | 222,469 | 32,394 | 1,007 | 17,042 | 28,014 | 300,926 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DAVID HICKS | (I) | 209,598 | 66,981 | 13,091 | 41,749 | 19,690 | 351,109 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WILLIAM HUFFMAN | (I) | 254,044 | 40,702 | 1,812 | 18,375 | 16,477 | 331,410 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RICHARD B MILLER | (I) | 201,290 | 26,276 | 4,008 | 23,235 | 12,522 | 267,331 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VIRGINIA ROBERTS | (I) | 284,955 | 114,222 | 13,812 | 55,933 | 14,022 | 482,944 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JOHN SATALIC | (I) | 287,757 | 112,661 | 1,216 | 18,375 | 7,510 | 427,519 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JANE SCHUMAKER | (I) | 333,937 | 137,419 | 20,593 | 65,816 | 19,690 | 577,455 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARK URQUHART | (I) | 148,902 | 94,398 | 409,781 | 177,632 | 17,669 | 848,382 | 200,797 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ERIC WHITAKER MD | (I) | 408,031 | 237,437 | 8,925 | 80,550 | 49,300 | 784,243 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CAROLYN WILSON | (I) | 573,587 | 371,184 | 28,415 | 111,984 | 4,977 | 1,090,147 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ERIC YABLONKA | (I) | 376,968 | 235,919 | 353,990 | 18,375 | 20,577 | 1,005,829 | 248,931 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ROBERT DABNER | (I) | 198,638 | 0 | 45,530 | 18,375 | 6,298 | 268,841 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| QUINSHAUNTA GOLDEN | (I) | 204,869 | 30,470 | 37,678 | 15,765 | 28,627 | 317,409 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CLEMENT LAM | (I) | 267,697 | 0 | 42,099 | 18,375 | 26,028 | 354,199 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| GREGORY TUCHOWSKI | (I) | 159,296 | 83,380 | 1,176 | 12,254 | 17,818 | 273,924 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SAMRA ZVIZDIC | (I) | 240,850 | 0 | 26,018 | 18,324 | 9,952 | 295,144 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DAVID HEFNER | (I) | 0 | 0 | 1,045,951 | 0 | 17,267 | 1,063,218 | 1,041,008 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMIE O'MALLEY | (I) | 158,902 | 68,920 | 359,305 | 9,362 | 6,754 | 603,243 | 297,734 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MICHELE M SCHIELE | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 419,789 | 343,910 | 0 | 19,600 | 36,968 | 820,267 | 0 |
| RICHARD THISTLEWAITE MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 306,400 | 5,775 | 0 | 19,600 | 12,275 | 344,050 | 0 |
| EVERETT E VOKES MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 931,328 | 100,000 | 0 | 19,600 | 52,401 | 1,103,329 | 0 |

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**Schedule K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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 | | (i) Pool financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | ILLINOIS HEALTH FACILITIES AUTHORITY | 37-0988139 | 45200PWP8 | 08-07-2003 | 70,256,338 | REDEEM EARLIER BONDs (1993) | | X | | X | | X |
| B | ILLINOIS FINANCE AUTHORITY | 52-1297563 | 45200MWS9 | 09-29-2005 | 29,000,000 | CONSTRUCTION - PEDIATRIC ER/CLINIC | | X | | X | | X |
| C | ILLINOIS FINANCE AUTHORITY | 52-1297563 | 45200MC28 | 04-19-2007 | 10,000,000 | CONSTRUCTION AND RENOVATION | | X | | X | | X |
| D | ILLINOIS FINANCE AUTHORITY | 52-1297563 | 45200MC36 | 04-19-2007 | 31,000,000 | CONSTRUCTION AND RENOVATION | | X | | X | | X |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 0 | 0 | 0 | 0 |
| 2 | Amount of bonds legally defeased | 0 | 0 | 0 | 0 |
| 3 | Total proceeds of issue | 70,256,338 | 29,000,000 | 10,000,000 | 31,000,000 |
| 4 | Gross proceeds in reserve funds | 0 | 0 | 0 | 0 |
| 5 | Capitalized interest from proceeds | 0 | 0 | 0 | 0 |
| 6 | Proceeds in refunding escrow | 0 | 0 | 0 | 0 |
| 7 | Issuance costs from proceeds | 729,409 | 162,000 | 46,068 | 142,812 |
| 8 | Credit enhancement from proceeds | 1,124,000 | 23,780 | 15,517 | 48,103 |
| 9 | Working capital expenditures from proceeds | 0 | 0 | 0 | 0 |
| 10 | Capital expenditures from proceeds | 0 | 28,814,220 | 9,938,415 | 30,809,085 |
| 11 | Other spent proceeds | 68,402,929 | 0 | 0 | 0 |
| 12 | Other unspent proceeds | 0 | 0 | 0 | 0 |
| 13 | Year of substantial completion | 2006 | 2006 | 2008 | 2008 |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | X | | X | | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

## Part III Private Business Use

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

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

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use? | X | | X | | X | | | X |
| b | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| c | 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 | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0 % | | 0 % | | 0 % | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | 0 % | | 0 % | | 0 % | | | |
| 6 | Total of lines 4 and 5 | 0 % | | 0 % | | 0 % | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | X | | X | | X | |

## Part IV Arbitrage

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | X | | X | | X | | X | |
| 2 | Is the bond issue a variable rate issue? | | X | X | | X | | X | |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue? | | X | | X | | X | | X |
| b | Name of provider | | | | | | | | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was a hedge terminated? | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | X | | X | | X | | X |
| b | Name of provider | | | | | | | | |
| c | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 6 | Did the bond issue qualify for an exception to rebate? | | X | | X | | X | | X |

## Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|
| | | |
| | | |
| | | |

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**Schedule L** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

**Employer identification number**
36-3488183

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

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

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

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

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

## Part II Loans to and/or From Interested Persons.

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

| (a) Name of interested person and purpose | (b) Loan to or from the organization? To | From | (c) Original principal amount | (d) Balance due | (e) In default? Yes | No | (f) Approved by board or committee? Yes | No | (g) Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) ERIC WHITAKER- TO PURCHASE RESIDENCE | | X | 400,000 | 335,654 | | No | Yes | | Yes | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total . . . . . ▶ $ | | | | 335,654 | | | | | | |

## Part III Grants or Assistance Benefitting Interested Persons.

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

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

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | Yes | No |
| (1) SEE SCHEDULE L PART V | | | | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|
| SCHEDULE L, PART IV | | UCMC TRUSTEE KELLY WELSH IS THE VICE PRESIDENT AND GENERAL COUNSEL OF NORTHERN TRUST CORPORATION, WHICH HAS A BUSINESS RELATIONSHIP WITH UCMC AND THE UNIVERSITY OF CHICAGO UCMC FEES PAID TO NORTHERN TRUST CORPORATION TOTAL $466,162 |

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|---|---|---|

**SCHEDULE O**
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| UNIVERSITY OF CHICAGO MEDICAL CENTER | 36-3488183 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART III, LINE 4A AND SCHEDULE H, PART II & PART VI | | THE UNIVERSITY OF CHICAGO MEDICAL CENTER ("UCMC") IS A NATIONALLY RECOGNIZED LEADER IN PAT IENT 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 SOU TH 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 O F COMPLEX CARE AND ROUTINELY RANKS AMONG THE TOP PROVIDERS OF MEDICAID SERVICES (BASED ON ADMISSIONS AND INPATIENT DAYS) IN THE STATE OF ILLINOIS COMMUNITY OVERVIEW, COMMUNITY SER VICE THE UCMC SERVICE AREA CONSISTS OF A LARGE, MEDICALLY UNDERSERVED, LOW INCOME POPULATI ON ON CHICAGO'S SOUTH SIDE, A COMMUNITY THAT IS AMONG ONE OF THE MOST ECONOMICALLY CHALLEN GED COMMUNITIES IN THE STATE OF ILLINOIS AND THAT HAS A CRITICAL NEED FOR QUALITY HEALTHCA RE THE POPULATION OF THE SOUTH SIDE IS APPROXIMATELY 87 PERCENT AFRICAN AMERICAN, 6 PERCE NT 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 UNDE R 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 PUBL IC HEALTH, CHICAGO HEALTH AND HEALTH SYSTEMS PROJECT (OCT 20, 2005) ) THE SOUTH SIDE COMM UNITY IS ONE OF THE UNHEALTHIEST IN COOK COUNTY, WITH HIGH RATES OF DIABETES, ASTHMA, HYPE RTENSION AND OTHER CHRONIC CONDITIONS IN FACT, THE TARGET COMMUNITIES IN UCMC'S SERVICE A REA HAVE SOME OF THE HIGHEST CHRONIC DISEASE AND MORTALITY RATES IN CHICAGO UCMC IS ONE O F 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 TH AN THE METROPOLITAN AVERAGE THE SOUTH SIDE OF CHICAGO HAS THE HIGHEST INCIDENCE IN CHICAG O OF ADMISSIONS THROUGH THE EMERGENCY ROOM THESE HIGH RATES OF ADMISSION THROUGH EMERGENC Y DEPARTMENTS MAY BE ATTRIBUTED TO THE HIGH NUMBER OF UNINSURED, UNDERINSURED AND LOW INCO ME RESIDENTS IN THE COMMUNITY WHICH LEADS TO A LACK OF ACCESS FOR THESE RESIDENTS TO PRIMA RY CARE SERVICES UCMC IS THE LARGEST PROVIDER OF MEDICAID SERVICES (BY ADMISSIONS AND PAT IENT DAYS) ON THE SOUTH SIDE OF CHICAGO AND ONE OF THE LARGEST IN THE STATE OF ILLINOIS U CMC PROVIDES A SUBSTANTIAL AMOUNT OF CARE FOR WHICH IT DOES NOT RECEIVE PAYMENT FOR FISCA L YEAR, 2011, UCMC PROVIDED $17,203,000 IN CARE FOR WHICH IT DID NOT EXPECT TO RECEIVE COM PENSATION, INCURRED LOSSES ON GOVERNMENT PROGRAMS OF $76,632,000 AND LOSSES ON EDUCATION O F $70,482,000, PROVIDED RESEARCH SUPPORT OF $23,000,000 AND [$1,207,605] FOR OTHER PROGRAM S, AND INCURRED UNCOMPENSATED CHARGES - OR BAD DEBT - OF $12,610,000 BERNARD A MITCHELL HOSPITAL BUILT IN 1983, BERNARD A MITCHELL HOSPITAL IS UCMC'S PRIMARY ADULT INPATIENT FAC ILITY AND INCLUDES THE EMERGENCY DEPARTMENT AND THE ARTHUR RUBLOFF INTENSIVE CARE TOWER T HE TOWER HOUSES THE UNIVERSITY OF CHICAGO MEDICAL CENTER BURN UNIT AND ELECTRICAL TRAUMA U NIT AND INTENSIVE CARE UNITS FOR TRANSPLANTATION, NEUROLOGY AND NEUROSURGERY, CARDIOTHORAC IC 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 PA TIENTS, MANY OF WHOM SPEND MONTHS IN THIS INTENSIVE CARE FACILITY THE MEDICAL CENTER OFFE RS WORLD-CLASS TRANSPLANTATION PROGRAMS IN SEVERAL AREAS, INCLUDING TRANSPLANTATION OF THE LIVER, KIDNEY, PANCREAS, LUNG, HEART, BONE MARROW AND OTHER TISSUES, MULTIPLE-ORGAN TRANS PLANTATION, AND RESEARCH IN TRANSPLANT IMMUNOLOGY UCMC PERFORMED 130 ORGAN TRANSPLANTS IN FY 2011 AND 150 BONE MARROW OR STEM CELL TRANSPLANT PROCEDURES FOR TREATMENT OF VARIOUS C ANCERS UCMC ADMITTED MORE THAN 18,100 ADULT PATIENTS IN FISCAL YEAR 2011 WITH MORE THAN 3 60,000 VISITS TO THE OUTPATIENT AMBULATORY CARE FACILITY IN ADDITION, UCMC'S MITCHELL HOS PITAL 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 201 1, MANY TO WOMEN WITH HIGH-RISK PREGNANCIES UCMC'S EMERGENCY DEPARTMENT IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK AND IN FY 2011, UCMC PROVIDED MORE THAN 45,000 ADULT ED VISITS, MAKIN G IT THE BUSIEST EMERGENCY ROOM ON CHICAGO'S SOUTH SIDE IN ADDITION, UCMC SERVES AS A RES OURCE HOSPITAL FOR ONE OF THE EMERGENCY MEDICAL SY |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART III, LINE 4A AND SCHEDULE H, PART II & PART VI | | STEM ("EMS") REGIONS IN ILLINOIS UCMC IS ONE OF THREE (3) RESOURCE HOSPITALS IN CHICAGO A ND REPRESENTS CHICAGO SOUTH AS A RESOURCE HOSPITAL, UCMC HAS AUTHORITY AND RESPONSIBILITY OVER THE ENTIRE EMS REGIONAL SYSTEM, INCLUDING THE CLINICAL ASPECTS, OPERATIONS AND EDUCA TIONAL PROGRAMS UCMC PROVIDES THE ENTIRE BUDGET FOR ITS PARTICIPATION AS A RESOURCE HOSPI TAL AND SPENDS OVER $300,000 PER YEAR ON THIS SERVICE AS A RESOURCE HOSPITAL, UCMC ALSO I S RESPONSIBLE FOR REPLACING MEDICAL SUPPLIES AND PROVIDING FOR EQUIPMENT EXCHANGE IN PARTI CIPATING EMS VEHICLES UCMC SPENDS APPROXIMATELY $30,000 PER YEAR ON REPLACEMENT AND RESTO CKING CHICAGO COMER CHILDREN'S HOSPITAL AS A MAJOR TERTIARY REFERRAL CENTER, THE UNIVERSI TY OF CHICAGO COMER CHILDREN'S HOSPITAL SEES CHILDREN WITH MEDICAL PROBLEMS THAT RANGE FRO M 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 30,0 00 SQUARE-FOOT RONALD MCDONALD HOUSE ON CAMPUS, WHICH UCMC BUILT AND OPENED IN DECEMBER 20 07, NEARLY DOUBLING THE SIZE OF THE PRIOR RONALD MCDONALD HOUSE MORE THAN 4,500 CHILDREN WERE ADMITTED AS PATIENTS TO COMER CHILDREN'S HOSPITAL IN FISCAL YEAR 2011 FROM THE CHICAG O AREA, THE MIDWEST, AND AROUND THE WORLD IN FY 2011, UCMC'S OUTPATIENT CLINICS ACCOMMODA TED MORE THAN 41,000 GENERAL PEDIATRIC AND SPECIALTY VISITS IN ITS AMBULATORY CARE FACILIT Y AND MORE THAN 28,000 VISITS WERE MADE TO THE COMER PEDIATRIC EMERGENCY ROOM COMER CHILD REN'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 HEALTH CARE 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 THERAP IES IN VIRTUALLY ALL CLINICAL AREAS COMER CHILDREN'S HOSPITAL IS A PEDIATRIC LEVEL-I TRAU MA CENTER THAT TREATS CHILDREN WITH SEVERE INJURIES FOR EMERGENCY TRAUMA CARE UCMC ALSO C ARES FOR CRITICALLY ILL AND INJURED CHILDREN IN ITS TECHNOLOGICALLY ADVANCED PEDIATRIC INT ENSIVE CARE UNIT ("PICU") THE 30-BED PICU IS FULLY EQUIPPED TO TREAT CHILDREN WITH MULTIP LE TRAUMAS, COMPLEX MEDICAL PROBLEMS, AND CONDITIONS REQUIRING MAJOR SURGERY, INCLUDING CA RDIAC, TRANSPLANT, AND NEUROSURGERY IN FISCAL YEAR 2011, OVER 1,000 CHILDREN WERE CARED F OR IN THE PICU 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 PROV IDE PREMATURE AND CRITICALLY ILL INFANTS WITH THE MOST ADVANCED MEDICAL CARE AND LIFE SUPP ORT SYSTEMS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART III, LINE 4A AND SCHEDULE H, PART II & PART VI CONTINUED | | AT THE COMER CHILDREN'S HOSPITAL, INFANTS WHO SPEND TIME IN THE NICU RECEIVE SPECIALIZED F OLLOW-UP CARE AFTER THEY ARE DISCHARGED AT ITS CENTER FOR HEALTHY FAMILIES ("CENTER") THE CENTER USES A MULTIDISCIPLINARY CARE APPROACH THAT INCLUDES GENERAL PEDIATRICIANS, NEONAT OLOGISTS, NURSE EDUCATORS, PEDIATRIC SOCIAL WORKERS, REGISTERED DIETITIANS, OCCUPATIONAL T HERAPISTS, 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, GRO WTH, NUTRITION, AND THE HOME ENVIRONMENT TEAM MEMBERS ARE AVAILABLE BY PAGER 24 HOURS A D AY 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 T O HELP PARENTS AND CAREGIVERS ADAPT TO THE PHYSICAL AND EMOTIONAL ENVIRONMENT TO SUPPORT T HE CHILD'S NEEDS COMER CHILDREN'S HOSPITAL SERVES AS THE CENTER OF A REGIONAL PERINATAL N ETWORK THAT IS RESPONSIBLE FOR THE ADMINISTRATION AND IMPLEMENTATION OF THE ILLINOIS DEPAR TMENT 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 AP PROXIMATELY 16,000 BABIES BORN IN NETWORK HOSPITALS, MORE THAN ONE-THIRD OF THEM CONSIDERE D HIGH-RISK THE NETWORK IS COMMITTED TO REDUCING FETAL AND INFANT MORTALITY THROUGHOUT TH E SURROUNDING URBAN, SUBURBAN, AND RURAL COMMUNITIES UCMC ALSO PROVIDES LEADERSHIP IN THE DESIGN AND IMPLEMENTATION OF IDPH'S CONTINUOUS QUALITY IMPROVEMENT PROGRAM AND PARTICIPAT ES IN CONTINUING EDUCATION FOR OTHER HEALTH PROFESSIONALS MORE THAN 60% OF ALL CARE PROVI DED 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 O F PROGRAMS AND SERVICES THAT EXTEND BEYOND ITS WALLS FOR EXAMPLE, COMER CHILDREN'S HOSPIT AL TAKES PRIMARY CARE TO CHILDREN IN ITS SURROUNDING NEIGHBORHOODS THROUGH THE PEDIATRIC M OBILE 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 CHILD REN AGES 3 TO 19 WHO MAY NOT RECEIVE HEALTHCARE ON A REGULAR BASIS AND BRINGS MEDICAL RESO URCES TO THE CHILDREN'S SCHOOL SO PARENTS OR GUARDIANS DON'T HAVE TO WORK THROUGH OBSTACLE S, SUCH AS TRANSPORTATION AT SCHOOLS THROUGHOUT THE COMMUNITY, THE MOBILE UNIT PROVIDES S UCH SERVICES AS IMMUNIZATIONS, PHYSICALS FOR SCHOOL AND SPORTS, SCREENINGS FOR VISION, HEA RING, LEAD POISONING, AND ANEMIA, URINE TESTS, AND BLOOD DRAWS AT HIGH SCHOOLS, THE MOBIL E UNIT OFFERS HEALTH EDUCATION AND TREATMENT FOR MINOR INJURIES WHEN APPROPRIATE, CHILDRE N ARE REFERRED FOR FOLLOW UP CARE AND SPECIALTY SERVICES TO MANAGE CONDITIONS SUCH AS ASTH MA, DIABETES, OR MENTAL HEALTH PROBLEMS INNOVATIVE EFFORTS TO BENEFIT UCMC'S COMMUNITY UC MC'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 HOSPIT AL IN 2009 - AND MORE THAN 2,000 BEDS IN THE PAST DECADE ALONE THIS HAS RESULTED IN A "SH ORTAGE" 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 COOR DINATE RESOURCES UCMC IS COMMITTED TO BUILDING STRONG AND MEANINGFUL RELATIONSHIPS WITH T HE 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 T HE 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 CO MMUNITY TO IMPROVE THE LONG-TERM HEALTH OF PATIENTS AND TO CONDUCT IMPORTANT COMMUNITY-BAS ED 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, UCM C ESTABLISHED, AND CONTINUES TO EXPAND, A SERIES OF RELATIONSHIPS WITH OTHER HEALTH CARE P ROVIDERS THROUGHOUT THE SOUTH SIDE TO HELP PATIENTS ESTABLISH A PERMANENT "MEDICAL HOME" A ND TO ENSURE THAT MORE PATIENTS ARE GUIDED TO THE MOST SUITABLE PROVIDERS FOR THE CARE THE Y NEED RESEARCH HAS SHOWN THAT WHEN PATIENTS HAVE A MEDICAL HOME IN THE COMMUNITY, THEY C AN MANAGE THEIR HEALTH ISSUES ON A MORE CONSISTENT BASIS AND GET MORE EFFECTIVE CARE FOR T HE PREVENTION AND TREATMENT OF NON-URGENT CONDITIONS, ROUTINE CARE AND MANAGEMENT OF HEALT H ISSUES, AND REFERRALS TO SPECIALISTS OR HOSPITAL |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART III, LINE 4A AND SCHEDULE H, PART II & PART VI CONTINUED | | S FOR MORE COMPLEX CARE AS NEEDED ONE OF THE KEY COMPONENTS OF THE UHI IS THE SOUTH SIDE HEALTHCARE COLLABORATIVE (SSHC) THE SSHC WAS ESTABLISHED IN 2005, WITH ASSISTANCE FROM A TWO-YEAR HEALTHY COMMUNITIES ACCESS PROGRAM GRANT FROM THE UNITED STATES DEPARTMENT OF HEA LTH AND HUMAN SERVICES, TO HELP EMERGENCY ROOM PATIENTS WHO REPORT NOT HAVING A PRIMARY CA RE PHYSICIAN FIND APPROPRIATE CARE AT A MEDICAL HOME WHERE THE PATIENT CAN ESTABLISH AN ON GOING 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 WI TH 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 SO CIAL 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 RESOURC ES UNDER THE UHI, UCMC RECENTLY DEVELOPED AN ER COMMUNITY PORTAL, A WEB-BASED SITE THAT G IVES SSHC PHYSICIANS THE ABILITY TO ACCESS THE MEDICAL RECORDS OF PATIENTS REFERRED FROM U CMC'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 IMPROV ING OUTCOMES BY PROVIDING BETTER CONTINUITY OF CARE THE PORTAL IS JUST ONE OF THE MANY ST EPS GEARED TOWARDS CREATING A SEAMLESS NETWORK OF INTERCONNECTED HEALTH CARE AND SOCIAL SE RVICE AGENCIES ON THE SOUTH SIDE UCMC ALSO PROVIDES COMMUNITY RESIDENTS WITH SUB-SPECIALT Y CARE THROUGH A NUMBER OF ADDITIONAL PROGRAMS FOR EXAMPLE, IN AN EFFORT TO EXPAND THE AV AILABILITY OF HIGH QUALITY MEDICAL CARE IN THE COMMUNITY, UNDER THE UHI, UCMC HAS PLACED S PECIALTY 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 COMMU NITY, AS THE ABSENCE OF SPECIALTY CARE CAN LEAD TO GREATER MORBIDITY AND PERHAPS MORTALITY AMONG PATIENTS FROM THEIR UNDERLY ING MEDICAL CONDITIONS UCMC HAS PARTNERED WITH THE PUBL IC HEALTH SYSTEM ON THE IRIS FOR KIDS PROGRAM, WHICH IS DESIGNED TO EXPAND ACCESS TO PEDIA TRIC SPECIALTY CARE AND DIAGNOSTIC SERVICES THIS AUTOMATED, INTERNET-BASED SCHEDULING SYS TEM 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 PROVI DES MUCH-NEEDED ADDITIONAL CAPACITY UCMC PROVIDES GRANTS TO COMMUNITY HEALTH CARE PROVIDE RS UNDER THE UHI TO HELP THEM EXPAND THEIR CAPABILITIES TO SERVE MORE PATIENTS WITH MORE R ESOURCES 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 SOLUTI ONS TO ONGOING HEALTH CARE NEEDS FOR EXAMPLE, UHI HAS LAUNCHED A CENTER FOR COMMUNITY HEA LTH AND VITALITY ("CCHV"), WHICH PROVIDES A COMMUNITY BASE FOR UHI TO OFFER UNIVERSITY DAT A AND RESEARCH RESOURCES TO THE COMMUNITY AND TO FACILITATE RESEARCH AND DEMONSTRATIONS DO NE BY UNIVERSITY INVESTIGATORS IN COLLABORATION WITH SOUTH SIDE RESIDENTS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART III, LINE 4A AND SCHEDULE H, PART II & PART VI CONTINUED | | 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 SERVIC E TO COMMUNITY PRIORITIES AND IN COLLABORATION WITH COMMUNITY PARTNERS IS NEEDED TO ELIMIN ATE THE MOST IMPENETRABLE BARRIERS TO HEALTH AND VITALITY THE SOUTH SIDE HEALTH AND VITAL ITY STUDIES FOCUS ON SOCIAL, ENVIRONMENTAL AND TECHNOLOGICAL DETERMINANTS OF HEALTH MORE SPECIFICALLY, THE STUDIES AIM TO TRACK SEVERAL THOUSAND SOUTH SIDE HOUSEHOLDS OVER A GENER ATION TO DISCOVER WAYS TO ENSURE LONG-TERM HEALTH AND WELLNESS THESE DISCOVERIES WILL INF ORM EFFECTIVE HEALTH POLICY AND ACTION THE FIRST OF THESE STUDIES IS A COMMUNITY ASSET MA PPING PROJECT THAT ENGAGES COMMUNITY MEMBERS IN KEEPING CURRENT INFORMATION ABOUT THE AVAI LABILITY AND DISTRIBUTION OF COMMERCIAL, HEALTHCARE, SOCIAL AND CIVIC RESOURCES IN ALL THI RTY-FOUR (34) SOUTH SIDE COMMUNITIES THE GOAL OF THE COMMUNITY ASSET MAPPING PROJECT IS T O 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 GI VE FEEDBACK ON THE COMMUNITY ASSET MAPPING PROJECT AT SOUTHSIDEHEALTH ORG THIS INTERACTIV E 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 FUN DING 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 EDUCA TION AS A MEMBER OF A DIVERSE NEIGHBORHOOD, UCMC IS INVOLVED IN A VARIETY OF ACTIVITIES WI TH COMMUNITY GROUPS, FAITH-BASED ORGANIZATIONS, COMMUNITY LEADERS AND RESIDENTS TO THIS E ND, 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 DISEASE S AND DIAGNOSES AND INVITES COMMUNITY RESIDENTS TO PARTICIPATE THROUGH OUTREACH EFFORTS VI A CHURCHES AND OTHER COMMUNITY-BASED ORGANIZATIONS AT THESE COMMUNITY EVENTS, UCMC CLINIC AL 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 VAR IOUS COMMUNITY ORGANIZATIONS, AND THE MEDIA TO DISCUSS WAYS TO ADVANCE HEALTH IN THE COMMU NITY IN ADDITION, UCMC AND THE UNIVERSITY OF CHICAGO'S COMPREHENSIVE CANCER CENTER ARE FO CUSED ON ADDRESSING THE GAP BETWEEN ADVANCES IN CANCER CARE AND PATIENT ACCESSIBILITY TO ACHIEVE THE DESIRED CANCER PREVENTION AND CONTROL OUTCOMES, THE COMPREHENSIVE CANCER CENTE R'S PRIORITY IS TO IDENTIFY THE PARTS OF CHICAGO MOST AFFECTED BY CANCER AND PROVIDE RESOU RCES 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, REDU CING TOBACCO USE AND INCREASING PARTICIPATION IN CANCER RESEARCH TO THIS END, UCMC AND TH E UNIVERSITY OF CHICAGO INITIATED THE COMMUNITY ENGAGEMENT CENTERING ON SOLUTIONS ("CECOS" ) PROGRAM, WITH A GOAL OF ENHANCING PUBLIC AWARENESS OF CANCER PREVENTION, EARLY CANCER DE TECTION AND CONTROL, AND THE ROLE OF GENETICS IN CANCER THE PROGRAM ALSO STRIVES TO PROVI DE SUSTAINED ENGAGEMENT WITH THE SOUTH SIDE COMMUNITY TO INCREASE LOCAL AWARENESS OF THE L ATEST ADVANCES IN CANCER RESEARCH UCMC ALSO PROVIDES BEST OF THE BEST TOURS TO CHILDREN A ND TEENS IN GRADES 6 THROUGH 12 THE BEST OF THE BEST TOURS PROVIDE A HANDS-ON LOOK AT WHA T GOES ON INSIDE THE MEDICAL CENTER AND A PERSONAL INTRODUCTION TO THE MANY JOB OPPORTUNIT IES 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, PHLEBOTOMIS TS, INFORMATION SYSTEMS ANALYSTS, HUMAN RESOURCES SPECIALISTS AND OTHER JOB ROLES SINCE 2 003, THE MEDICAL CENTER HAS PROVIDED BETWEEN THREE AND TEN BEST OF THE BEST TOURS PER YEAR RESEARCH AND EDUCATION UCMC DEDICATES RESOURCES |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART III, LINE 4A AND SCHEDULE H, PART II & PART VI CONTINUED | | 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 CON DUCT A WIDE ARRAY OF EXTERNALLY AND INTERNALLY FUNDED BIOLOGIC RESEARCH WITH THE AIM OF FI NDING SOLUTIONS TO SOME OF THE COUNTRY'S MOST CRITICAL HEALTH PROBLEMS HUNDREDS OF CLINIC AL RESEARCH PROJECTS ARE BEING CONDUCTED AT UCMC FACILITIES AT ANY ONE TIME AND ARE AVAILA BLE TO NEARLY EVERY TYPE OF PATIENT UCMC TREATS AS A RESULT, UCMC PROVIDES THE ONLY COMPR EHENSIVE 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-DIS CIPLINARY APPROACH TO UNDERSTANDING POPULATION HEALTH AND HEALTH DISPARITIES AND THE ELIMI NATION OF GROUP DIFFERENCES IN HEALTH CURRENTLY THE CENTER FOR INTERDISCIPLINARY HEALTH D ISPARITIES 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 D O 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 INVESTME NT 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 AIM ED 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 COMMU NITIES IN CLINICAL RESEARCH EFFORTS, AND TRAINING THE NEXT GENERATION OF CLINICAL AND TRAN SLATIONAL RESEARCHERS IN AN EFFORT TO MARSHAL AVAILABLE INTELLECTUAL RESOURCES, THIS RESE ARCH INCLUDES THE INVOLVEMENT OF UNIVERSITY SOCIAL SCIENTISTS AND SOCIAL WORKERS TO HELP R ESEARCHERS AND PRACTITIONERS BETTER UNDERSTAND HOW TO OVERCOME SOCIAL AND/OR CULTURAL HURD LES AND IMPROVE COMMUNITY HEALTH UCMC IS DEEPLY COMMITTED TO PROVIDING HEALTH CARE SOLUTI ONS 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 SOUT H SIDE |

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART VI, LINE 2 | | TRUSTEE RODNEY GOLDSTEIN HAD A BUSINESS RELATIONSHIP WITH LAWRENCE FURNSTAHL, FORMER UCMC CFO, DURING THE FISCAL YEAR TRUSTEE RODNEY GOLDSTEIN HAS A BUSINESS RELATIONSHIP WITH TRUSTEE JAMES CROWN TRUSTEE BRIEN O'BRIEN HAS BUSINESS RELATIONSHIPS WITH TRUSTEES ELLEN BLOCK, STEPHANIE COMER, JAMES REYNOLDS, JEFFREY SHEFFIELD, AND KELLY WELSH TRUSTEE JOHN SVOBODA HAS A BUSINESS RELATIONSHIP WITH TRUSTEE RODNEY GOLDSTEIN THE FOLLOWING UCMC TRUSTEES ARE ALSO TRUSTEES OF THE UNIVERSITY OF CHICAGO, A RELATED ORGANIZATION OF UCMC ANDREW ALPER JAMES CROWN JAMES FRANK RODNEY GOLDSTEIN EMILY NICKLIN THOMAS REYNOLDS III |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART VI, LINE 3 | | UCMC USED A CONSULTING FIRM TO PROVIDE A CONTRACTOR VICE PRESIDENT OF HUMAN RESOURCES IN ADDITION, UCMC OUTSOURCES ITS FOOD SERVICES AND CLEANING SERVICES TO A THIRD PARTY COMPANY THAT MANAGES UCMC EMPLOYEES |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART VI, LINE 4 | | THE BYLAWS WERE CHANGED AS FOLLOWS - MODIFICATION OF THE MAKE UP OF THE EXECUTIVE COMMITTEE - CHANGING THE OFFICERS TO THE FOLLOWING PRESIDENT, CHIEF FINANCIAL OFFICER, TREASURER, SECRETARY, AND THOSE ADDITIONAL OFFICERS SO DESIGNATED BY THE PRESIDENT, IN CONSULTATION WITH THE DEAN OF THE BIOLOGICAL SCIENCES DIVISION THE CHAIRMAN AND ANY VICE CHAIRMEN ARE NO LONGER OFFICERS OF UCMC - ELIMINATION OF THE CHIEF EXECUTIVE OFFICER, ESTABLISHING THE POWERS AND RIGHTS OF THE PRESIDENT, WHO IS THE "PRINCIPLE EXECUTIVE," AND ESTABLISHING THE RELATIONSHIP BETWEEN THE PRESIDENT AND THE DEAN OF THE BIOLOGICAL SCIENCES DIVISION ON VARIOUS MATTERS - CLARIFYING THE ROLE OF THE CHIEF FINANCIAL OFFICER - SUBMISSION OF THE BUDGET AND SIGNIFICANT EXPENDITURES TO THE ENTIRE BOARD - BOARD REVIEW OF THE BYLAWS EVERY 5 YEARS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART VI, LINE 6 | | 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART VI, LINE 7A & 7B | | 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 DEAN OF THE BIOLOGICAL SCIENCES DIVISION AND PRITZKER SCHOOL OF MEDICINE, WHO IS ALSO THE EXECUTIVE VICE PRESIDENT FOR MEDICAL AFFAIRS OF THE UNIVERSITY OF CHICAGO THE UNIVERSITY OF CHICAGO APPOINTS ALL TRUSTEES, APPOINTS ONE MEMBER OF THE AUDIT COMMITTEE, APPROVES THE UCMC BUDGET AND PROPOSALS FOR LARGE EXPENDITURES, AND APPROVES THE UCMC LONG-TERM STRATEGIC PLAN THE DEAN OF THE UNIVERSITY OF CHICAGO APPOINTS THE PRESIDENT, SUBJECT TO THE CONSENT OF THE BOARD'S EXECUTIVE COMMITTEE, AND, AFTER CONSULTATION WITH THE UCMC PRESIDENT, APPOINTS THE CHIEF FINANCIAL OFFICER THE COMPENSATION COMMITTEE INCLUDES THE DEAN, A TRUSTEE APPOINTED BY THE UNIVERSITY OF CHICAGO, AND THE CHAIRMAN OF THE UCMC BOARD, WHO IS ALSO A UNIVERSITY OF CHICAGO TRUSTEE THE UNIVERSITY OF CHICAGO MAY AMEND OR REPEAL THE UCMC BYLAWS, AND MUST APPROVE UCMC BOARD ACTION THE BOARD CHAIR IS ELECTED BY THE UNIVERSITY FROM AMONG THE TRUSTEES THAT ARE ALSO UNIVERSITY TRUSTEES THE UNIVERSITY SELECTS THE TRUSTEES TO REPLACE THOSE TRUSTEES WHOSE TERMS ARE EXPIRING THE UNIVERSITY PRESIDENT, UNIVERSITY BOARD CHAIR, AND UNIVERSITY PROVOST ARE EX-OFFICIO MEMBERS OF THE UCMC BOARD THE DEAN OF THE UNIVERSITY'S BIOLOGICAL SCIENCES DIVISION IS THE EXECUTIVE VICE PRESIDENT OF UCMC |

| Identifier | Return Reference | Explanation |
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| PART VI, LINE 11 | | AT ITS REGULARLY SCHEDULED MEETING, THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES WAS PROVIDED A DRAFT COPY OF PORTIONS 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 BEFORE THE FORM 990 WAS FILED THROUGH A SECURE WEBSITE, TO WHICH ALL BOARD MEMBERS HAVE ACCESS |

| Identifier | Return Reference | Explanation |
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| PART VI, LINE 12C | | 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART VI, LINE 15A & 15B | | 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 PROFESSIONAL ADVISORS AND RELYING IN ADVANCE ON APPROPRIATE COMPARABILITY DATA (FOR FUNCTIONALLY SIMILAR POSITIONS AT SIMILARLY SITUATED HEALTHCARE ORGANIZATIONS) PROVIDED BY AN INDEPENDENT THIRD-PARTY CONSULTANT THE COMMITTEE REVIEWS AND APPROVES ALL NEW COMPENSATION RANGES, AS WELL AS CURRENT PACKAGES FOR NEWLY HIRED EXECUTIVES AS NEEDED, BUT NO LESS FREQUENTLY THAN ANNUALLY IT PREPARES A TIMELY AND THOROUGH WRITTEN RECORD OF ITS DELIBERATIONS AND CONCLUSIONS THE COMPENSATION OF THE DEAN AND EXECUTIVE VICE PRESIDENT FOR MEDICAL AFFAIRS, WHO IS AN EMPLOYEE OF THE UNIVERSITY OF CHICAGO, IS REVIEWED AND APPROVED BY THE UNIVERSITY OF CHICAGO BOARD OF TRUSTEES' COMPENSATION COMMITTEE |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART VI, LINE 16A & 16B | | ITS JOINT VENTURE WITH A TAXABLE ENTITY IS WITH VANGUARD HEALTH FINANCIAL COMPANY, INC , UCMC HOLDS A LESS THAN 20% INTEREST IN VHS ACQUISITION SUBSIDIARY NUMBER 3, INC , WHICH DOES BUSINESS AS LOUIS A WEISS MEMORIAL HOSPITAL UCMC HAS A POLICY REQUIRING LEGAL REVIEW OF CONTRACTS, WHICH COVERS ALL TYPES OF CONTRACTS INCLUDING JOINT VENTURE AGREEMENTS WITH TAXABLE ENTITIES, RATHER THAN A NARROWER POLICY THAT SOLELY ADDRESSES JOINT VENTURES WITH TAXABLE ENTITIES IN ACCORDANCE WITH THE LEGAL REVIEW POLICY, UCMC'S PROCEDURE WHEN ENTERING INTO A CORPORATE TRANSACTION, INCLUDING A JOINT VENTURE WITH A TAXABLE ENTITY, IS TO INVOLVE LEGAL COUNSEL TO PROVIDE, AMONG OTHER THINGS, TAX ADVICE RELATED TO THE TRANSACTION (INCLUDING ADVICE WITH RESPECT TO MATTERS INVOLVING THE TAX-EXEMPT STATUS OF UCMC) IN ADDITION, PRIOR TO THE FILING OF THIS FORM 990, UCMC ADOPTED A FORMAL WRITTEN POLICY MEMORIALIZING THIS PROCEDURE AS WELL AS REQUIRING STEPS TO ENSURE THE PRESERVATION OF ITS TAX EXEMPT STATUS WITH REGARD TO ANY JOINT VENTURE ARRANGEMENTS WITH TAXABLE ENTITIES |

| 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 -UNAUDITED FINANCIAL INFORMATION -UTILIZATION STATISTICS -2011 AUDITED FINANCIAL STATEMENTS -2010 AUDITED FINANCIAL STATEMENTS -2009 C OFFICIAL STATEMENT -2009 D & E OFFICIAL STATEMENT |

| Identifier | Return Reference | Explanation |
|---|---|---|
| PART XI, LINE 5 | | TRANSFER TO UNIVERSITY -23,000,000, CHANGES IN VALUATION OF DERIVATIVE -4,013,519, ADDITIONAL MINIMUM PENSION LIABILITIES 3,380,723, CHANGE IN ACCOUNTING PRINCIPLE 54,762, NET UNREALIZED GAINS ON INVESTMENTS 72,264,065 |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME P ALLEN KLOCK, JR , MD TITLE TRUSTEE (EX OFFICIO) HOURS 39 |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME KENNETH S POLONSKY, MD TITLE TRUSTEE (EX OFFICIO), DEAN HOURS 20 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME THOMAS F ROSENBAUM TITLE TRUSTEE (EX OFFICIO) HOURS 40 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME ROBERT J ZIMMER TITLE TRUSTEE (EX OFFICIO) HOURS 40 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME EVERETT E VOKES, MD TITLE INTERIM DEAN/CEO HOURS 20 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME MICHELE M SCHIELE TITLE VP/ASSOC DEAN FOR DVLPMNT HOURS 20 |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME RICHARD THISTLEWAITE MD TITLE FMR TRUSTEE HOURS 40 |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**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 |
|---|---|---|---|---|---|
| (1) UCMC COMMUNITY PHYSICIANS LLC<br>5481 SOUTH MARYLAND AVE<br>CHICAGO, IL 60637 | PHYSCIAN SRVC | IL | 0 | 0 | NA |
| | | | | | |
| | | | | | |
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**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 | (g) Section 512(b)(13) controlled organization | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| See Additional Data Table | | | | | | | |
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**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) Disproprtionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
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**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 |
|---|---|---|---|---|---|---|---|
| **(1)** UCHICAGO (BEIJING) CONSULTING CO LTD | CONSULTING | CH | NA | C CORP | | | |
| | | | | | | | |
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## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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

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

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

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

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|

**Additional Data** Return to Form

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| UNIVERSITY OF CHICAGO<br>5801 S ELLIS AVENUE<br>CHICAGO, IL60637<br>36-2177139 | EDUCATION | IL | 501(C)(3) | 2 | NA | | |
| UNIVERSITY OF CHICAGO PROPERTY HOLDING<br>5801 S ELLIS AVENUE<br>CHICAGO, IL60637<br>36-6108743 | PROP HOLDING | IL | 501(C)(2) | | NA | | |
| LAKE PARK ASSOCIATES<br>5801 S ELLIS AVENUE<br>CHICAGO, IL60637<br>36-6111317 | PROP HOLDING | IL | 501(C)(2) | | NA | | |
| ARCH DEVELOPMENT CORPORATION<br>5555 S WOODLAWN<br>CHICAGO, IL60637<br>36-3485244 | TECH TRNSFR | IL | 501(C)(3) | 11- TYPE II | NA | | |
| UNIVERSITY OF CHICAGO CHARTER SCHOOL<br>5801 S ELLIS AVENUE<br>CHICAGO, IL60637<br>36-4225812 | EDUCATION | IL | 501(C)(3) | 2 | NA | | |
| COURT THEATRE FUND<br>5535 S ELLIS AVENUE<br>CHICAGO, IL60637<br>36-3203660 | ARTS SUPPORT | IL | 501(C)(3) | 11- TYPE I | NA | | |
| UNIVERSITY OF CHICAGO CANCER RSRCH FDN<br>5801 S ELLIS AVENUE<br>CHICAGO, IL60637<br>36-6056201 | SUPP RESRCH | IL | 501(C)(3) | 11- TYPE 1 | NA | | |
| UNIVERSITY OF CHICAGO SELF TRUST<br>5801 S ELLIS AVENUE<br>CHICAGO, IL60637<br>36-3020034 | MALPRACTICE | IL | 501(C)(3) | 2 | NA | | |
| UNIV OF CHICAGO RETIREE MEDICAL TRUST<br>5801 S ELLIS AVENUE<br>CHICAGO, IL60637<br>36-3999692 | MEDICAL | IL | 501(C)(3) | 2 | NA | | |
| CHICAGO TUMOR INSTITUTE<br>5801 S ELLIS AVENUE<br>CHICAGO, IL60637<br>23-7136019 | SUPP RESRCH | IL | 501(C)(3) | 11- TYPE 1 | NA | | |
| NATIONAL OPINION RESEARCH CENTER<br>55 E MONROE STREET 20TH FLOOR<br>CHICAGO, IL60603<br>36-2167808 | SURVEYS | IL | 501(C)(3) | 7 | NA | | |
| THE QUADRANGLE CLUB<br>5801 S ELLIS AVENUE<br>CHICAGO, IL60637<br>36-1655190 | SOCIAL CLUB | IL | 501(C)(7) | | NA | | |

**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 section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled organization | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| FERMI RESEARCH ALLIANCE<br><br>PO BOX 500<br>BATAVIA, IL60510<br>57-1239010 | MANAGE LAB | IL | 501(C)(3) | 7 | NA | | |
| UNIVERSITY OF CHICAGO CENTER IN PARIS<br><br>6 RUE THOMAS MANN<br>PARIS 75013<br>FR | EDUCATION | FR | N/A | | NA | | |
| U CHICAGO BOOTH SCHOOL OF BUSINESS LTD<br><br>25 BASINGHALL STREET<br>LONDON EC2V5HA<br>UK | EDUCATION | UK | N/A | | NA | | |
| U CHICAGO BOOTH SCHOOL OF BUSINESS LTD<br><br>101 PENANG ROAD<br>DHOBY GHAUT 238466<br>SN | EDUCATION | SN | N/A | | NA | | |
| UNIVERSITY OF CHICAGO TRUST<br><br>GB 10-12 REST HOUSE CRESCENT ROAD<br>BANGALORE 560078<br>IN | FUNDRAISING | IN | N/A | | NA | | |
| THE UNIV OF CHICAGO FDN IN HONG KONG LTD<br><br>16 HARCOURT ROAD ROOM 1005<br>ADMIRALITY<br>HK | FUNDRAISING | HK | N/A | | NA | | |
| UCHICAGO RESEARCH INTERNATIONAL LTD<br><br>5801 S ELLIS AVENUE<br>CHICAGO, IL60637<br>26-2741573 | RESEARCH | IL | 501(C)(3) | 11- TYPE I | NA | | |
| UCHICAGO RESEARCH BANGLADESH LTD<br><br>HOUSE NO 388 ROAD 24<br>MOHAKHALI, DHAKA 1212<br>BG | RESEARCH | BG | N/A | | NA | | |
| SOUTH EAST CHICAGO COMMISSION<br><br>1511 EAST 53RD STREET<br>CHICAGO, IL60615<br>36-2226282 | COMM SVCS | IL | 501(C)(3) | 7 | NA | | |
| THE UNIVERSITY OF CHICAGO CLOISTERS CLUB<br><br>C/O 5841 S MARYLAND AVENUE<br>CHICAGO, IL60637 | SOCIAL CLUB | IL | 501(C)(7) | | NA | | |
| PHOENIX OVERLAY FUND LTD<br><br>C/O 401 N MICHIGAN AVENUE<br>CHICAGO, IL60611 | INVESTING | CJ | N/A | | NA | | |

# The University of Chicago Medical Center

## Financial Statements
## June 30, 2011 and 2010

# The University of Chicago Medical Center
## Index
## June 30, 2011 and 2010

pwc

**Report of Independent Auditors**

To the Board of Trustees of
The University of Chicago Medical Center:

In our opinion, the accompanying balance sheets at June 30, 2011 and 2010 and the related statements of operations, changes in net assets and cash flows for the years then ended, present fairly, in all material respects, the financial position of The University of Chicago Medical Center at June 30, 2011 and 2010, and the results of its operations, its changes in net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of The University of Chicago Medical Center's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

PricewaterhouseCoopers LLP

Chicago, Illinois
October 5, 2011

# The University of Chicago Medical Center
## Balance Sheets
## June 30, 2011 and 2010
**(in thousands of dollars)**

| | 2011 | 2010 |
|---|---|---|
| **Assets** | | |
| Current assets | | |
| Cash and cash equivalents | $ 148,207 | $ 107,513 |
| Patient accounts receivable, less allowance for doubtful accounts for 2011 - $26,653 and 2010 - $29,564 | 138,601 | 126,974 |
| Current portion of investments limited to use | 151 | 666 |
| Current portion of pledges receivable | 5,765 | 3,902 |
| Other current assets | 44,357 | 37,858 |
| Total current assets | 337,081 | 276,913 |
| Investments limited to use, less current portion | 1,035,070 | 830,911 |
| Property, plant and equipment, net | 893,767 | 706,467 |
| Pledges receivable, less current portion | 8,260 | 6,012 |
| Other assets, net | 27,131 | 23,996 |
| Total assets | $ 2,301,309 | $ 1,844,299 |
| **Liabilities and Net Assets** | | |
| Current liabilities | | |
| Accounts payable and accrued expenses | $ 105,728 | $ 112,698 |
| Current portion of long-term debt | 9,340 | 75,109 |
| Current portion of other long-term liabilities | 923 | 1,804 |
| Current portion of estimated third-party payor settlements | 36,001 | 46,680 |
| Due to University of Chicago | 12,935 | 21,706 |
| Total current liabilities | 164,927 | 257,997 |
| Other liabilities | | |
| Self-insurance liabilities, less current portion | 8,196 | 7,362 |
| Long-term debt, less current portion | 843,944 | 515,698 |
| Interest rate swap liability | 58,064 | 61,853 |
| Other long-term liabilities, less current portion | 61,203 | 60,797 |
| Total liabilities | 1,136,334 | 903,707 |
| Net assets | | |
| Unrestricted | 1,064,924 | 857,113 |
| Temporarily restricted | 93,939 | 77,376 |
| Permanently restricted | 6,112 | 6,103 |
| Total net assets | 1,164,975 | 940,592 |
| Total liabilities and net assets | $ 2,301,309 | $ 1,844,299 |

The accompanying notes are an integral part of these financial statements

# The University of Chicago Medical Center
## Statements of Operations
## Years Ended June 30, 2011 and 2010
**(in thousands of dollars)**

| | 2011 | 2010 |
|---|---|---|
| **Operating revenues** | | |
| Net patient service revenue | $ 1,158,990 | $ 1,112,192 |
| Other operating revenues and net assets released from restrictions | 68,776 | 68,263 |
| Total operating revenues | 1,227,766 | 1,180,455 |
| **Operating expenses** | | |
| Salaries, wages and benefits | 526,045 | 500,341 |
| Supplies and other | 289,030 | 273,269 |
| Physician services from the University of Chicago | 166,984 | 155,422 |
| Insurance | 20,874 | 26,205 |
| Provision for doubtful accounts | 45,300 | 35,461 |
| Interest | 10,758 | 9,695 |
| Medicaid provider tax | 26,691 | 26,691 |
| Depreciation | 67,204 | 61,316 |
| Total operating expenses | 1,152,886 | 1,088,400 |
| Total operating income | 74,880 | 92,055 |
| **Nonoperating gains** | | |
| Investment income and unrestricted gifts, net | 125,173 | 82,238 |
| Derivative ineffectiveness gain | 7,803 | 5,813 |
| Gain on sale of dialysis units | 23,533 | - |
| Excess of revenues over expenses | 231,389 | 180,106 |
| **Other changes in net assets** | | |
| Transfers to University of Chicago | (23,000) | (23,000) |
| Net assets released for capital purchases | - | 25,047 |
| Liability for pension benefits | 3,381 | (2,831) |
| Changes in valuation of derivative | (4,014) | (35,219) |
| Other, net | 55 | (521) |
| Increase in unrestricted net assets | $ 207,811 | $ 143,582 |

The accompanying notes are an integral part of these financial statements

# The University of Chicago Medical Center
## Statements of Changes in Net Assets
## Years Ended June 30, 2011 and 2010
**(in thousands of dollars)**

| | 2011 | 2010 |
|---|---|---|
| **Unrestricted net assets** | | |
| Excess of revenues over expenses | $ 231,389 | $ 180,106 |
| Transfers to University of Chicago | (23,000) | (23,000) |
| Net assets released for capital purchases | - | 25,047 |
| Liability for pension benefits | 3,381 | (2,831) |
| Changes in valuation of derivative | (4,014) | (35,219) |
| Other, net | 55 | (521) |
| Increase in unrestricted net assets | 207,811 | 143,582 |
| **Temporarily restricted net assets** | | |
| Contributions | 8,844 | 6,779 |
| Net assets released from restrictions used for operating purposes | (4,882) | (4,309) |
| Investment Income | 12,601 | 9,962 |
| Net assets released for capital purchases | - | (25,047) |
| Other | - | (13,099) |
| Increase (decrease) in temporarily restricted net assets | 16,563 | (25,714) |
| **Permanently restricted net assets** | | |
| Contributions and other | 9 | (20) |
| Increase in net assets | 224,383 | 117,848 |
| Net assets at beginning of year | 940,592 | 822,744 |
| Net assets at end of year | $ 1,164,975 | $ 940,592 |

The accompanying notes are an integral part of these financial statements

# The University of Chicago Medical Center
## Statements of Cash Flows
## Years Ended June 30, 2011 and 2010
## (in thousands of dollars)

| | 2011 | 2010 |
|---|---|---|
| **Cash flows from operating activities** | | |
| Increase in net assets | $ 224,383 | $ 117,848 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities | | |
| Net change in unrealized gains on investments | (88,827) | (69,326) |
| Transfers to University of Chicago | 23,000 | 23,000 |
| Restricted contributions | (8,853) | (6,712) |
| Realized losses (gains) on investments | (33,706) | (12,108) |
| Net change in valuation of derivative | (3,789) | 29,406 |
| Other changes in unrestricted net assets | (3,436) | 2,747 |
| Loss on disposal of assets | 272 | 308 |
| Gain on sale of Dialysis Units | (23,533) | - |
| Depreciation and amortization | 66,685 | 61,229 |
| Increase (decrease) in cash resulting from a change in | | |
| Patient accounts receivable, net | (11,627) | (2,529) |
| Other assets | (9,484) | 7,811 |
| Accounts payable and accrued expenses | (7,984) | (6,096) |
| Due to the University of Chicago | (8,771) | (4,221) |
| Estimated settlements with third-party payors | (10,755) | (11,726) |
| Self-insurance liabilities | 834 | 876 |
| Other liabilities | (4,121) | (2,302) |
| Net cash provided from operating activities | 100,288 | 128,205 |
| **Cash flows from investing activities** | | |
| Purchases of property, plant and equipment | (244,876) | (158,685) |
| Deposits to construction/capitalized interest funds | (271,075) | (220,392) |
| Uses of construction and capitalized interest funds | 192,058 | 159,038 |
| Proceeds on sale of Dialysis Units | 27,589 | - |
| Purchases of investments | (137,678) | (265,108) |
| Sales of investments | 131,013 | 172,161 |
| Net cash used in investing activities | (302,969) | (312,986) |
| **Cash flows from financing activities** | | |
| Proceeds from issuance of long-term debt | 275,839 | 388,053 |
| Payments on long-term obligations | (14,206) | (172,424) |
| Transfers paid to the University of Chicago, net | (23,000) | (23,000) |
| Restricted contributions | 4,742 | 3,044 |
| Net cash provided (used) in financing activities | 243,375 | 195,673 |
| Net increase (decrease) in cash and cash equivalents | 40,694 | 10,892 |
| **Cash and cash equivalents** | | |
| Beginning of year | 107,513 | 96,621 |
| End of year | $ 148,207 | $ 107,513 |

The accompanying notes are an integral part of these financial statements

## 1. Organization and Basis of Presentation

The University of Chicago Medical Center ("UCMC" or the "Medical Center") is an Illinois not-for-profit corporation UCMC operates the Bernard Mitchell Hospital, the Chicago Lying-In Hospital, the University of Chicago Comer Children's Hospital, the Duchossois Center for Advanced Medicine, and various other outpatient clinics and treatment areas

The University of Chicago (the "University"), as the sole corporate member of UCMC, elects UCMC's Board of Trustees and approves its By-Laws The UCMC President reports to the University's Executive Vice President for Medical Affairs The relationship between UCMC and the University is defined in the Medical Center By-Laws, an Affiliation Agreement, an Operating Agreement, and several Leases See Note 3 for agreements and transactions with the University

UCMC is a tax-exempt organization under Section 501(c)3 of the Internal Revenue Code Accordingly, no provision for income taxes related to these entities has been made

## 2. Summary of Significant Accounting Policies

### New Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board ("FASB") issued amended fair value disclosure requirements Under this amended guidance, entities are to separately disclose the amounts of significant transfers into and out of its financial assets or liabilities having a fair value hierarchy valuation of Level 1 and Level 2 along with the reasons for those transfers The amended disclosure guidance also requires entities to separately present its financial assets or liabilities having a fair value hierarchy valuation based on unobservable inputs that reflect the reporting entity's own assumptions ("Level 3 hierarchy") in a reconciliation that includes purchases, sales, issuances, and settlements on a gross basis UCMC adopted this amended disclosure guidance as of June 30, 2011

In May 2009, the FASB issued new guidance for not-for-profit entities regarding mergers and acquisitions Under this guidance it establishes principles and requirements in determining whether a not-for-profit entity combination is a merger or acquisition, applies the carry-over method of accounting for mergers, applies the acquisition method of accounting for acquisitions, and requires enhanced disclosures about the merger or acquisition including identifying which of the combining entities is the acquirer In addition, the guidance amended previous FASB guidance on goodwill and other intangible assets and the reporting of noncontrolling interests in consolidated financial statements that was previously only applicable to for-profit entities to be fully applicable to not-for-profit entities The new standard did not impact UCMC's financial statements

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates The most significant estimates are made in the areas of patient accounts receivable, accruals for settlements with third-party payors, and accrued compensation and benefits

**Community Benefits**
UCMC's policy is to treat patients in immediate need of medical services without regard to their ability to pay for such services, including patients transferred from other hospitals under the provisions of the Emergency Medical Treatment and Active Labor Act (EMTALA) UCMC also accepts patients through the Perinatal and Pediatric Trauma Networks without regard to their ability to pay for services

UCMC developed a Financial Assistance Policy (the "Policy") under which patients are offered discounts of up to 100% of charges on a sliding scale The policy is based both on income as a percentage of the Federal Poverty Level guidelines and the charges for services rendered The policy also contains provisions that are responsive to those patients subject to catastrophic healthcare expenses Since UCMC does not pursue collection of these amounts, they are not reported as net patient service revenue The cost of providing care under this policy, along with the unreimbursed cost of government sponsored indigent healthcare programs, unreimbursed cost to support education, clinical research and other community programs for the years ended June 30, 2011 and 2010, are reported in Note 4

**Fair Value of Financial Instruments**
The fair value of financial instruments approximates the carrying amount reported in the combined balance sheets for cash and cash equivalents, patient accounts receivable, accounts payable and long-term debt

**Cash and Cash Equivalents**
Cash and cash equivalents represent money market and highly liquid debt instruments with an original maturity date of three months or less

**Inventory**
UCMC values inventories at the lower of cost or market

**Investments**
Investments are recorded at estimated fair value If an investment is held directly by UCMC and an active market with quoted prices exists, the market price of an identical security is used as reported fair value Reported fair values for shares in mutual funds are based on share prices reported by the funds as of the last business day of the fiscal year Private equity, real assets, and absolute return (collectively "Alternative Investments"), are generally reported at the net asset value (NAV) reported by the fund managers, which is used as a practical expedient to estimate the fair value, unless it is probable that all or a portion of the investment will be sold for an amount different from NAV As of June 30, 2011 and 2010, UCMC had no plans to sell any Alternative Investments at amounts different from NAV All changes in the value of these investments are included in the excess (deficit) of revenues over expenses

A significant portion of UCMC's investments are part of the University's Total Return Investment Pool (TRIP) UCMC accounts for its investments in TRIP based on its share of the underlying securities and records the investment activity as if UCMC owned the investments directly

**Endowment Funds with Deficits**
From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the value of the initial and subsequent donor gift amounts (deficit) When donor endowment deficits exist, they are classified as a reduction of unrestricted net assets As of

June 30, 2011, there were no endowments in a deficit position Endowments were in a deficit position of $5 as of June 30, 2010

**Investments Limited as to Use**
Investments limited as to use primarily include assets held by trustees under debt and other agreements and designated assets set aside by the Board of Trustees for future capital improvements and other specific purposes, over which the Board retains control and may at their discretion subsequently use for other purposes

**Derivative Instruments**
UCMC has entered into a forward starting swap transaction against contemplated variable rate borrowing for a new hospital pavilion This is a cash flow hedge against interest on the variable rate debt The notional amount of this swap is $325,000 and the effective start date is August 2011 The swap value is based on the London Interbank Rate ("LIBOR") Management determined that the interest rate swap is effective, and accordingly has utilized hedge accounting Management has recognized a net recovery of ineffectiveness of $7,800 and $5,800 in 2011 and 2010 This movement reflects the spread between tax exempt interest rates and LIBOR during the period The effective portion of this swap is included in other changes in unrestricted net assets

**Property, Plant and Equipment**
Property, plant and equipment are reported on the basis of cost less accumulated depreciation and amortization Donated items are recorded at fair market value at the date of contribution The carrying value of property, plant and equipment is reviewed if the facts and circumstances suggest that it may be impaired Depreciation of property, plant and equipment is calculated by use of the straight-line method at rates intended to depreciate the cost of assets over their estimated useful lives, which generally range from three to forty years Interest costs incurred on borrowed funds during the period of construction of capital assets, net of any interest earned, are capitalized as a component of the cost of acquiring those assets

**Asset Retirement Obligation**
UCMC recognizes a liability for the fair value of a legal obligation to perform asset retirement activities that are conditional on a future event if the amount can be reasonably estimated Upon recognition of a liability, the asset retirement cost is recorded as an increase in the carrying value of the related long-lived asset and then depreciated over the life of the asset The UCMC asset retirement obligations arise primarily from regulations that specify how to dispose of asbestos if facilities are demolished or undergo major renovations or repairs UCMC's obligation to remove asbestos was estimated using site-specific surveys where available and a per square foot estimate where surveys were unavailable

**Pledges Receivable**
Pledges are recorded at fair value Estimated future cash flows due after one year are discounted using interest rates commensurate with estimated collection risks

**Other Assets**
Other assets include deferred financing costs, which are amortized over the term of the related obligations

**Net Assets**
Permanently restricted net assets include the historical dollar amounts of gifts that are required by donors to be permanently retained Temporarily restricted net assets include gifts, which can be

expended but for which restrictions have not yet been met Such restrictions include purpose restrictions where donors have specified the purpose for which the net assets are to be spent, or time restrictions imposed by donors or implied by the nature of the gift (such as pledges to be paid in the future) or by interpretations of law Unrestricted net assets include all the remaining net assets of UCMC See Note 14 for further information on the composition of restricted net assets

Realized gains and losses are classified as changes in unrestricted net assets unless they are restricted by the donor or law

**Gifts and Grants**
Unconditional promises to give assets other than cash to UCMC are reported at fair value at the date the promise is received Conditional promises to give are recognized when the conditions are substantially met The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets Donor-restricted contributions whose restrictions are met within the same year received are reported as unrestricted gifts in the accompanying financial statements

Gifts of cash or other assets that must be used to acquire long-lived assets are reported as additions to temporarily restricted net assets until the assets are placed into service

**Statement of Operations**
All activities of UCMC deemed by management to be ongoing, major and central to the provision of healthcare services, are reported as operating revenues and expenses Activities deemed to be nonoperating include certain investment income (including realized gains and losses)

UCMC recognizes changes in accounting estimates related to third-party payor settlements as more experience is acquired Adjustments to prior year estimates for these items resulted in an increase in net patient service revenues of $5,000 in 2011 and $4,000 in 2010

In addition, UCMC recognized a gain of $7,000 in 2011 for settlements with the Internal Revenue Service which were recorded in supplies and other expense UCMC recognized a gain of $10,000 in 2011 as a result of a favorable settlement with Medicare included in net patient service revenue

UCMC recognized a gain on the sale of dialysis units sold in August 2010, resulting in a gain of $23,000 in 2011

The statement of operations includes excess (deficit) of revenues over expenses Changes in unrestricted net assets that are excluded from excess (deficit) of revenues over expenses include transfers to the University, contributions of long-lived assets released from restrictions (including assets acquired using contributions which by donor restriction were to be used for acquisition of UCMC assets), the effective portion of changes in the valuation of the interest rate swap, and pension benefit liabilities

**Net Patient Service Revenue, Accounts Receivable and Allowance for Doubtful Accounts**
UCMC maintains agreements with the Social Security Administration under the Medicare Program, Blue Cross and Blue Shield of Illinois, Inc (Blue Cross), and the State of Illinois under the Medicaid Program and various managed care payors that govern payment to UCMC for services rendered to patients covered by these agreements The agreements generally provide for per case or per diem rates or payments based on allowable costs, subject to certain limitations, for inpatient care and discounted charges or fee schedules for outpatient care

Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered and include estimated retroactive revenue adjustments due to future audits, reviews, and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and UCMC estimates are adjusted in future periods as adjustments become known or as years are no longer subject to UCMC audits, reviews and investigations Contracts, laws and regulations governing Medicare, Medicaid, and Blue Cross are complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term A portion of the accrual for settlements with third-party payors has been classified as long-term because UCMC estimates they will not be paid within one year

The process for estimating the ultimate collectability of receivables involves significant assumptions and judgment 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 the estimation of the reserve for doubtful accounts Revisions in the reserve for doubtful accounts are recorded as adjustments to the provision for doubtful accounts

**Hospital Assessment Program/Medicaid Provider Tax**
In December 2004, the State of Illinois, after receiving approval by the federal government, implemented a hospital assessment program The program assessed hospitals a provider tax based on occupied bed days and provided increases in hospitals' Medicaid payments The program results in a net increase of $30,300 in income from operations, which represents $57,000 in additional Medicaid payments offset by $26,700 in Medicaid provider tax for 2011 and 2010

**Reclassifications**
Certain 2010 amounts have been reclassified to conform to the 2011 presentation

**Subsequent Events**
UCMC has performed an evaluation of subsequent events through October 5, 2011, which is that date the financial statements were issued

## 3. Agreements and Transactions with the University

The Affiliation Agreement with the University provides, among other things, that all members of the medical staff will have academic appointments in the University The Affiliation Agreement has an initial term of 40 years ending October 1, 2026 unless sooner terminated by mutual consent or as a result of a continuing breach of a material obligation therein or in the Operating Agreement The Affiliation Agreement automatically renews for additional successive 10-year terms following expiration of the initial term, unless either party provides the other with at least two years' prior written notice of its election not to renew

The Operating Agreement, as amended, provides, among other things, that the University gives UCMC the right to use and operate certain facilities The Operating Agreement is coterminous with the Affiliation Agreement

**(in thousands of dollars)**

The Lease Agreements provide, among other things, that UCMC will lease from the University certain of the health care facilities and land that UCMC operates and occupies The Lease Agreements are coterminous with the Affiliation Agreement

UCMC purchases various services from the University, including certain employee benefits, utilities, security, telecommunications and insurance In addition, certain UCMC accounting records are maintained by the University During the years ended June 30, 2011 and 2010, the University charged UCMC approximately $25,800 for utilities, security, telecommunications, insurance and overhead

The University's Division of Biological Sciences ("BSD") provides physician services to UCMC In 2011 and 2010, UCMC recorded approximately $167,000 and $155,000, respectively, in expense related to these services

UCMC's Board of Trustees adopted a plan of support under which it would provide annual net asset transfers to the University for support of academic programs in biology and medicine All commitments under this plan are subject to the approval of UCMC's Board of Trustees and do not represent legally binding commitments until that approval Unpaid portions of commitments approved by the UCMC Board of Trustees are reflected as current liabilities UCMC recorded net asset transfers of $23,000 in 2011 and 2010 for this support

## 4. Community Benefits

The unreimbursed cost of providing care under the Financial Assistance Policy, along with the unreimbursed cost of government sponsored indigent healthcare programs, unreimbursed cost to support education, clinical research and other community programs for the years ended June 30, 2011 and 2010, are as follows

| | Years Ended June 30, 2011 | 2010 | Form 990, Schedule H References |
|---|---|---|---|
| Uncompensated care | | | |
| Medicaid sponsored indigent healthcare | $ 37,894 | $ 25,316 | Part I, Line 7(b) |
| Medicare sponsored indigent healthcare - Cost Report | 27,271 | 31,424 | Part III, Line 7 |
| Medicare sponsored indigent healthcare - Physician Services | 11,465 | 19,355 | Part VI |
| Total uncompensated care | 76,630 | 76,095 | |
| Provision for doubtful accounts | 12,610 | 9,804 | Part III, Line 2 |
| Charity care | 17,203 | 15,007 | Part I, Line 7(a) |
| | 106,443 | 100,906 | |
| Unreimbursed education and research | | | |
| Education | 70,482 | 69,222 | Part I, Line 7(f) |
| Research | 23,000 | 23,429 | Part I, Line 7(h) |
| Total unreimbursed education and research | 93,482 | 92,651 | |
| Other community benefits | - | 1,718 | Various |
| Total community benefits | $ 199,925 | $ 195,275 | |

The 2010 amounts presented above are derived from the fiscal year 2010 Form 990 filed with the Internal Revenue Service The 2011 amounts are presented on a consistent basis with 2010 Other community benefit costs, which include language services and health screenings, have not been quantified for 2011 and are excluded from the table above

**(in thousands of dollars)**

## 5. Investments Limited as to Use

The composition of investments limited as to use is as follows at June 30

| | 2011 | | | | |
|---|---|---|---|---|---|
| | Endowments | | | | |
| | Separately Invested | TRIP | Other | Total | 2010 |
| Investments carried at fair value | | | | | |
| Cash Equivalents | $ 16,778 | $ 5,040 | $ 1,108 | $ 22,926 | $ 18,544 |
| Global Public Equities | 159,357 | 89,504 | - | 248,861 | 169,427 |
| Private Debt | - | 23,717 | - | 23,717 | 35,840 |
| Private Equity - U S Venture Capital | 6,720 | 28,388 | - | 35,108 | 124,370 |
| Private Equity - U S Corporate Finance | - | 31,918 | - | 31,918 | 33,446 |
| Private Equity - International | 790 | 40,580 | - | 41,370 | 29,999 |
| Real Assets - Real Estate | - | 48,317 | - | 48,317 | 34,919 |
| Real Assets - Natural Resources | - | 55,127 | - | 55,127 | 49,919 |
| Absolute Return - Equity Oriented | - | 24,281 | - | 24,281 | 21,883 |
| Absolute Return - Global Macro/Relative Value | - | 13,875 | - | 13,875 | 13,343 |
| Absolute Return - Multi-Strategy | - | 51,829 | - | 51,829 | 60,667 |
| Absolute Return - Credit-Oriented | - | 7,180 | - | 7,180 | 5,663 |
| Fixed Income - U S Treasuries, including TIPS | 113,452 | 37,889 | - | 151,341 | 56,840 |
| Fixed Income - Other Fixed Income | 61,308 | 68,063 | - | 129,371 | 106,598 |
| Funds in Trust | - | - | 150,000 | 150,000 | 70,116 |
| Total Investments | $ 358,405 | $ 525,708 | $ 151,108 | $ 1,035,221 | $ 831,577 |

Investments classified as other consist of construction and debt proceeds to pay interest, donor restricted, worker's compensation, self-insurance, and trustee-held funds

Investments are presented in the financials statements as follows

| | 2011 | 2010 |
|---|---|---|
| Current portion of investments limited to use | $ 151 | $ 666 |
| Investments limited to use, less current portion | 1,035,070 | 830,911 |
| Total investments limited to use | $ 1,035,221 | $ 831,577 |

The composition of net investment income is as follows for the years ended June 30

| | 2011 | 2010 |
|---|---|---|
| Interest and dividend income, net | $ 12,808 | $ 10,761 |
| Realized gains (losses) on sales of securities | 31,544 | 9,959 |
| Unrealized gains (losses) on securities | 80,821 | 61,518 |
| | $ 125,173 | $ 82,238 |

Outside of TRIP, UCMC also invests in private equity limited partnerships As of June 30, 2011, UCMC has commitments of $35,900 to fund private equity limited partnerships, approximately $34,100 of which have been funded

**Fair Value of Financial Instruments**

Under the provisions of the Financial Accounting Standards Board (FASB) official pronouncements on Fair Value Measurements for financial instruments fair value is defined and a framework is established for measuring fair value that includes a hierarchy that categorizes and prioritizes the sources used to measure and disclose fair value Financial instruments categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement

Fair value is defined as the price that would be received upon selling an asset in an orderly transaction between market participants

The hierarchy is broken down into three levels based on inputs that market participants would use in valuing the financial instruments based on market data obtained from sources independent of UCMC Inputs refer broadly to the assumptions that market participants would use in pricing the asset, including assumptions about risk Inputs may be observable or unobservable Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset developed based on market data obtained from sources independent of the reporting entity Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset developed based on the best information available The three-tier hierarchy of inputs is summarized in the three broad levels as follows

- Level 1 - Quoted prices in active markets for identical assets or liabilities
- Level 2 - Quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs other than quoted prices that are observable including model based valuation techniques
- Level 3 – Valuation techniques that use significant inputs that are unobservable because they trade infrequently or not at all

To coincide with the FASB Fair Value Measurements pronouncement, UCMC also follows the FASB update for Investments in Certain Entities That Calculate Net Asset Value Per Share (or Its Equivalent) which permits, as a practical expedient, UCMC to measure the fair value of an asset that is within the scope of the update on the basis of the net asset value per share of the asset or its equivalent determined as of UCMC's fiscal year end Under this approach, certain attributes of the asset such as restrictions on redemption and transaction prices from principal-to-principal or brokered transactions are not considered in measuring the fair value of an investment

**(in thousands of dollars)**

The following is a summary of the inputs used as of June 30, 2011 and 2010 in valuing the assets and liabilities carried at fair value

| | Quoted Prices in Active Markets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | 2011 Total Fair Value |
|---|---|---|---|---|
| Assets | | | | |
| Cash & Short-term investments (including cash & cash equivalents) | $ 86,094 | $ - | $ - | $ 86,094 |
| Investments | | | | |
| Cash Equivalents | 22,926 | - | - | 22,926 |
| Global Public Equities | 132,586 | 80,143 | 36,132 | 248,861 |
| Private Debt | - | - | 23,717 | 23,717 |
| Private Equity - U S Venture Capital | - | - | 35,108 | 35,108 |
| Private Equity - U S Corporate Finance | - | - | 31,918 | 31,918 |
| Private Equity - International | - | - | 41,370 | 41,370 |
| Real Assets - Real Estate | - | - | 48,317 | 48,317 |
| Real Assets - Natural Resources | - | - | 55,127 | 55,127 |
| Absolute Return - Equity Oriented | 4,084 | 2,829 | 17,368 | 24,281 |
| Absolute Return - Global Macro/Relative Value | - | 4,349 | 9,526 | 13,875 |
| Absolute Return - Multi-Strategy | - | - | 51,829 | 51,829 |
| Absolute Return - Credit-Oriented | - | - | 7,180 | 7,180 |
| Fixed Income - U S Treasuries, including TIPS | 54,864 | 96,477 | - | 151,341 |
| Fixed Income - Other Fixed Income | 113,376 | - | 15,995 | 129,371 |
| Funds in Trust | 150,000 | - | - | 150,000 |
| Total investments | 477,836 | 183,798 | 373,587 | 1,035,221 |
| Other assets | $ 15,464 | $ - | - | 15,464 |
| Total assets at fair value | $ 579,394 | $ 183,798 | $ 373,587 | $ 1,136,779 |
| Liabilities | | | | |
| Interest rate swap payable | $ - | $ 58,064 | $ - | 58,064 |
| Total liabilities at fair value | $ - | $ 58,064 | $ - | $ 58,064 |

**(in thousands of dollars)**

| | Quoted Prices in Active Markets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | 2010 Total Fair Value |
|---|---|---|---|---|
| Assets | | | | |
| Cash & Short-term investments (including cash & cash equivalents) | $ 60,252 | $ - | $ - | $ 60,252 |
| Investments | | | | |
| Cash Equivalents | 18,544 | - | - | 18,544 |
| Global Public Equities | 83,405 | 52,211 | 33,812 | 169,428 |
| Private Debt | 350 | - | 35,490 | 35,840 |
| Private Equity - U S Venture Capital | - | 90,244 | 34,126 | 124,370 |
| Private Equity - U S Corporate Finance | - | - | 33,446 | 33,446 |
| Private Equity - International | - | - | 29,999 | 29,999 |
| Real Assets - Real Estate | - | - | 34,919 | 34,919 |
| Real Assets - Natural Resources | - | - | 49,919 | 49,919 |
| Absolute Return - Equity Oriented | - | 8,506 | 13,377 | 21,883 |
| Absolute Return - Global Macro/Relative Value | - | 4,442 | 8,901 | 13,343 |
| Absolute Return - Multi-Strategy | - | 512 | 60,155 | 60,667 |
| Absolute Return - Credit-Oriented | - | - | 5,663 | 5,663 |
| Fixed Income - U S Treasuries, including TIPS | 56,840 | - | - | 56,840 |
| Fixed Income - Other Fixed Income | 90,101 | 380 | 16,118 | 106,599 |
| Funds in Trust | 70,117 | - | - | 70,117 |
| Total investments | 319,357 | 156,295 | 355,925 | 831,577 |
| Other assets | $ 14,765 | $ - | - | 14,765 |
| Total assets at fair value | $ 394,374 | $ 156,295 | $ 355,925 | $ 906,594 |
| Liabilities | | | | |
| Interest rate swap payable | $ - | $ 61,853 | $ - | 61,853 |
| Total liabilities at fair value | $ - | $ 61,853 | $ - | $ 61,853 |

During 2011 there were no transfers between investment Levels 1 and 2 which are considered material to the financial statements Changes to the reported amounts of investments measured at fair value using unobservable inputs (Level 3) as of June 30, 2011 and 2010 are as follows

| | Separately Invested | Invested in TRIP | 2011 Total |
|---|---|---|---|
| Fair value, July 1, 2010 | $ 10,157 | $ 345,768 | $ 355,925 |
| Realized gains (losses) | - | 24,680 | 24,680 |
| Unrealized gains (losses) | 751 | 36,727 | 37,478 |
| Net purchases, sales, settlements | (3,398) | (54,859) | (58,257) |
| Transfers | - | 13,761 | 13,761 |
| Fair value, June 30, 2011 | $ 7,510 | $ 366,077 | $ 373,587 |

**(in thousands of dollars)**

| | Separately Invested | Invested in TRIP | 2010 Total |
|---|---|---|---|
| Fair value, July 1, 2009 | $ 11,303 | $ 323,545 | $ 334,848 |
| Realized gains | - | 11,812 | 11,812 |
| Unrealized gains | 732 | 28,655 | 29,387 |
| Net purchases, sales, settlements | (1,878) | (1,309) | (3,187) |
| Transfers | - | (16,935) | (16,935) |
| Fair value, June 30, 2010 | $ 10,157 | $ 345,768 | $ 355,925 |

The interest rate swap arrangement has inputs which can generally be corroborated by market data and is therefore classified within level 2

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values Furthermore, while UCMC believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date

The significant unobservable inputs used in the fair value measurement of UCMC's long-lived partnership investments include a combination of cost, discounted cash flow analysis, industry comparables and outside appraisals Significant increases (decreases) in any inputs used by investment managers in determining net asset values in isolation would result in a significantly lower (higher) fair value measurement

**(in thousands of dollars)**

UCMC has made investments in various long-lived partnerships and, in other cases, has entered into contractual agreements that may limit its ability to initiate redemptions due to notice periods, lockups and gates Details on typical redemption terms by asset class and type of investment are provided below

| | Remaining Life | Redemption Terms | Redemption Restrictions and terms | Redemption Restrictions in Place at June 30, 2011 |
|---|---|---|---|---|
| **Cash** | N/A | Daily | None | None |
| **Equity investments:** | | | | |
| Separate accounts | N/A | Daily | None | None |
| Commingled funds | N/A | Daily to monthly with notice periods of 1 to 14 days | None | None |
| Partnerships | N/A | Quarterly to annually with notice periods of 30 to 180 days | Lock-up provisions ranging from 0 to 5 years, some investments have a portion of capital in side pockets with no redemptions permitted | None |
| **Private debt** | 1 to 10 years | Redemptions not permitted | N/A | N/A |
| **Private equity** | 1 to 19 years | Redemptions not permitted | N/A | N/A |
| **Real assets** | 1 to 18 years | Redemptions not permitted | N/A | N/A |
| **Absolute return:** | | | | |
| Partnerships | N/A | Monthly to annually with varying notice periods | Lock-up provisions ranging from 0 to 5 investments have a portion of capital in side pockets with no redemptions permitted | Approximately $36 7 million of investments are in gated or liquidating funds |
| Drawdown partnerships | 1 to 4 years | Redemptions not permitted | N/A | N/A |
| **Fixed income:** | | | | |
| Separate accounts | N/A | Daily | None | None |
| Commingled funds | N/A | Daily | None | None |
| Partnerships | N/A | Quarterly with notice periods of 90 days | Only one-third capital available in any 12-month period | None |
| **Funds held in trust** | N/A | Daily | None | None |

**(in thousands of dollars)**

## 6. Endowments

UCMC's endowment consists of individual donor restricted endowment funds and board-designated endowment funds for a variety of purposes plus the following where the assets have been designated for endowment pledges receivable, split interest agreements, and other net assets The endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments The net assets associated with endowment funds including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor imposed restrictions

Illinois is governed by the "Uniform Prudent Management of Institutional Funds Act" (UPMIFA) The Board of Trustees of UCMC has interpreted UPMIFA as sustaining the preservation of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, UCMC classifies as permanently restricted net assets, (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by UCMC in a manner consistent with the standard of prudence prescribed by UPMIFA

UCMC has the following donor-restricted endowment activities during the years ended June 30, 2011 and 2010 delineated by net asset class

| | Unrestricted | | | | |
|---|---|---|---|---|---|
| | Funds Functioning | Other | Temporarily Restricted | Permanently Restricted | 2011 Total |
| Endowment net assets, beginning of year | $ 696,071 | $ (5) | $ 58,844 | $ 6,061 | $ 760,971 |
| Investment return | | | | | |
| Investment income | 39,348 | - | 4,594 | - | 43,942 |
| Net appreciation (realized and unrealized) | 85,825 | - | 8,007 | - | 93,832 |
| Total investment return | 125,173 | - | 12,601 | - | 137,774 |
| Gifts and other additions | 25,000 | - | - | 11 | 25,011 |
| Appropriation of endowment assets for expenditure | (36,055) | - | (3,588) | - | (39,643) |
| Other | (5) | 5 | - | - | - |
| Endowment net assets, end of year | $ 810,184 | $ - | $ 67,857 | $ 6,072 | $ 884,113 |

**(in thousands of dollars)**

| | Unrestricted | | | | |
|---|---|---|---|---|---|
| | Funds Functioning | Other | Temporarily Restricted | Permanently Restricted | 2010 Total |
| Endowment net assets, beginning of year | $ 527,883 | $ (52) | $ 52,342 | $ 6,046 | $ 586,219 |
| Investment return | | | | | |
| Investment income | 10,761 | - | 2,581 | - | 13,342 |
| Net appreciation (realized and unrealized) | 71,477 | - | 7,381 | - | 78,858 |
| Total investment return | 82,238 | - | 9,962 | - | 92,200 |
| Gifts and other additions | 117,000 | - | - | 21 | 117,021 |
| Appropriation of endowment assets for expenditure | (30,976) | - | (3,461) | - | (34,437) |
| Other | (74) | 47 | 1 | (6) | (32) |
| Endowment net assets, end of year | $ 696,071 | $ (5) | $ 58,844 | $ 6,061 | $ 760,971 |

Description of amounts classified as permanently restricted net assets and temporarily restricted net assets (Endowments only) as of June 30, 2011 and 2010

| | Perpetual | Time-Restricted by Donor | Time-Restricted by Law | 2011 Total |
|---|---|---|---|---|
| Restricted for pediatric health care | $ 1,835 | $ - | $ 15,073 | $ 16,908 |
| Restricted for adult health care | 1,925 | - | 49,176 | 51,101 |
| Restricted for educational and scientific programs | 2,312 | - | 2,208 | 4,520 |
| | $ 6,072 | $ - | $ 66,457 | $ 72,529 |

| | Perpetual | Time-Restricted by Donor | Time-Restricted by Law | 2010 Total |
|---|---|---|---|---|
| Restricted for pediatric health care | $ 1,825 | $ - | $ 13,303 | $ 15,128 |
| Restricted for adult health care | 1,925 | - | 43,808 | 45,733 |
| Restricted for educational and scientific programs | 2,311 | - | 1,733 | 4,044 |
| | $ 6,061 | $ - | $ 58,844 | $ 64,905 |

**Investment and Spending Policies**

UCMC has adopted endowment investment and spending policies that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of endowment assets UCMC expects its endowment funds over time, to provide an average rate of return of approximately 6 7% annually To achieve its long-term rate of

**(in thousands of dollars)**

return objectives, UCMC relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized gains) and current yield (interest and dividends) Actual returns in any given year may vary from this amount

For endowments invested in TRIP, the Board of Trustees of UCMC has adopted the University's method to be used to appropriate endowment funds for expenditure, including following the University's payout formula The University utilizes the total return concept in allocating endowment income In accordance with the University's total return objective, between 4 5% and 5 5% of a 12-quarter moving average of the fair value of endowment investments, lagged by one year, is available each year for expenditure in the form of endowment payout The exact payout percentage, which is set each year by the Board of Trustees with the objective of a 5% average payout over time, was 5% for the fiscal years ended June 30, 2011 and 2010 If endowment income received is not sufficient to support the total return objective, the balance is provided from capital gains If income received is in excess of the objective, the balance is reinvested in the endowment

For endowments invested apart from TRIP, UCMC calculates a payout of 4% annually on a rolling 24-month average market value In establishing this policy, the Board considered the expected long term rate of return on its endowment

## 7. Property, Plant and Equipment

The components of property, plant and equipment as of June 30 are as follows

| | 2011 | 2010 |
|---|---|---|
| Land and land rights | $ 36,008 | $ 36,008 |
| Buildings and improvements | 645,336 | 638,151 |
| Equipment | 436,070 | 425,705 |
| Construction in progress | 425,488 | 221,108 |
| | 1,542,902 | 1,320,972 |
| Less accumulated depreciation | (649,135) | (614,505) |
| Total property, plant and equipment, net | $ 893,767 | $ 706,467 |

UCMC's net property, plant and equipment cost includes $12,200 representing assets under capital leases with the University, which are stated at the UCMC's historical cost The cost of buildings that are jointly used by the University and UCMC is allocated based on the lease provisions In addition, land and land rights includes $22,000, which represents the unamortized portion of initial lease payments made to the University

Capitalized interest costs in 2011 and 2010 were $7,700 and $4,500, respectively

**(in thousands of dollars)**

## 8. Long-Term Debt

Long-term debt as of June 30 consists of the following

| | Final fiscal year maturity | Interest rate | 2011 | 2010 |
|---|---|---|---|---|
| Fixed rate | | | | |
| Illinois Health Facilities Authority | | | | |
| Series 2001 | 2024 | 4 0 - 5 4 | $ 27,570 | $ 29,040 |
| Series 2001 | 2032 | 5 0 | 28,100 | 28,100 |
| Series 2001 | 2037 | 5 1 | 24,065 | 24,065 |
| Series 2003 | 2015 | 4 0 – 6 0 | 27,725 | 33,920 |
| Illinois Finance Authority | | | | |
| Series 2009C | 2037 | 5 3 – 5 5 | 85,000 | 85,000 |
| Series 2009A and B | 2027 | 3 0 – 5 0 | 153,670 | 154,830 |
| Series 2011C | 2042 | 5 5 | 90,000 | 0 |
| Unamortized premium | | | 7,088 | 9,049 |
| Total fixed rate | | | 443,218 | 364,004 |
| Variable rate | | | | |
| Illinois Educational Facilities Authority | 2038 | 0 4 | 85,066 | 86,803 |
| Illinois Finance Authority | | | | |
| Series 2009D-1 and 2 | 2044 | (a) | 70,000 | 70,000 |
| Series 2009E-1 and 2 | 2044 | (a) | 70,000 | 70,000 |
| Series 2010A | 2045 | (a) | 46,250 | 0 |
| Series 2010B | 2045 | (a) | 46,250 | 0 |
| Series 2011A | 2045 | (a) | 46,250 | 0 |
| Series 2011B | 2045 | (a) | 46,250 | 0 |
| Total variable rate | | | 410,066 | 226,803 |
| Total notes and bonds payable | | | $ 853,284 | $ 590,807 |

(a) - The variable interest rate at June 30, 2011 was 0 03% - 0 05%

The fair value of long-term debt is based on the pricing of fixed-rate bonds of market participants, including assumptions about the present value of current market interest rates, and loans of comparable quality and maturity The fair value of long-term debt would be a Level 2 hierarchy The carrying value of long-term debt does not differ materially from its estimated fair value as of June 30, 2011 and 2010, based on the quoted market prices for the same or similar issues

**(in thousands of dollars)**

Scheduled annual repayments for the next five years and thereafter are as follows at June 30

| | 2012 | 2013 | 2014 | 2015 | 2016 | Thereafter |
|---|---|---|---|---|---|---|
| Revenue Bonds, Series 2003 | $ 6,490 | $ 6,705 | $ 7,120 | $ 7,410 | $ - | $ - |
| Revenue Bonds, Series 2001 | 1,530 | 1,595 | 1,685 | 1,775 | 2,000 | 71,150 |
| Series 2009A | - | - | - | 850 | - | 68,195 |
| Series 2009B | 1,320 | 1,510 | 1,510 | - | 9,565 | 70,720 |
| Series 2009C | - | - | - | - | - | 85,000 |
| Series 2009D | - | - | - | - | - | 70,000 |
| Series 2009E | - | - | - | - | - | 70,000 |
| Series 2010A | - | - | - | - | - | 46,250 |
| Series 2010B | - | - | - | - | - | 46,250 |
| Series 2011A | - | - | - | - | - | 46,250 |
| Series 2011B | - | - | - | - | - | 46,250 |
| Series 2011C | - | - | - | - | - | 90,000 |
| Pooled Financing 1998 | - | - | - | - | - | 19,113 |
| Pooled Financing 2005 | - | - | - | - | - | 27,055 |
| Pooled Financing 2007 | - | - | - | - | - | 38,898 |
| Scheduled maturities | $ 9,340 | $ 9,810 | $ 10,315 | $ 10,035 | $ 11,565 | $ 795,131 |

Each of the bond series listed in the table above is collateralized by unrestricted receivables under a Master Trust Indenture and subject to certain restrictions The restrictions include financial ratio requirements, the most restrictive of which is to maintain a minimum debt service coverage ratio of 1 1 1 UCMC was in compliance with all applicable debt covenants at June 30, 2011

The Series 2001 and Series 2003 Bonds are also guaranteed by a municipal bond insurance policy The restrictions under the respective agreements include financial ratio requirements, the most restrictive of which is to maintain a minimum debt service coverage ratio of 1 1 1 UCMC was in compliance with all applicable debt covenants at June 30, 2011

Payment on each of the variable rate demand revenue bonds is also collateralized by a letter of credit, which matures August 2012 for the Series 2009D and Series 2009E, November 2015 for the Series 2010A and 2010B, and May 2016 for the Series 2011A and 2011B The letters of credit are subject to certain restrictions, which include financial ratio requirements and consent to future indebtedness The most restrictive financial ratio is to maintain a debt service coverage ratio of 1 25 1 UCMC was in compliance with all applicable debt covenants at June 30, 2011

In May 2011, the Illinois Finance Authority (IFA) issued $92,500 of variable rate demand revenue bonds, Series 2011A and Series 2011B and $90,000 of fixed rate revenue bonds, Series 2011C, on behalf of UCMC Proceeds from these bonds are being used in the construction of the New Hospital Pavilion The Series 2011C bonds are subject to optional redemption after February 15, 2021

In November 2010, the IFA issued $92,500 of variable rate demand revenue bonds, Series 2010A and Series 2010B on behalf of UCMC Proceeds from these bonds were used in the construction of the New Hospital Pavilion

In April 2010, the IFA issued $154,800 of fixed rate revenue refunding bonds to convert the 2009 series A1, A2, B1 and B2 from variable to fixed rate bonds Proceeds from these bonds were used

to redeem variable rate debt issued in February 2009 The bonds are subject to optional redemption after August 15, 2020

In August 2009, the IFA issued $85,000 of fixed rate revenue bonds, Series 2009C and $140,000 of variable rate demand revenue bonds, Series 2009 D1, D2, E1 and E2 on behalf of UCMC Proceeds of these bonds were used in the construction of the New Hospital Pavilion The Series 2009C bonds maturing on August 15, 2029 are subject to optional redemption after August 15, 2014 The Series 2009C bonds maturing on August 15, 2036 are subject to optional redemption after August 15, 2019

In August 2003, the Illinois Health Facilities Authority ("IHFA") issued $65,290 of fixed rate Revenue Refunding Bonds, Series 2003 on behalf of UCMC in order to redeem Revenue Refunding Bonds, Series 1993A, 1993B-1, and 1993B-2 The Series 2003 bonds are subject to optional redemption after August 15, 2013

In September 2001 the IHFA issued $36,725 of Revenue Bonds Series 2001 (Serial Bond) and $28,100 of Revenue Bonds Series 2001 (Term Bond 2031) and $24,065 of Revenue Bonds Series 2001 (Term Bond 2036), (collectively, the "Series 2001 Bonds") on behalf of UCMC for the construction and equipping of the University of Chicago Comer Children's Hospital The Series 2001 Serial Bonds and the Term Bond 2031 are subject to optional redemption after August 15, 2011 The Term Bond 2036 is subject to optional redemption after August 15, 2008

In April 2007, the Illinois Educational Facilities Authority (IEFA) issued $41,000 of commercial paper revenue notes on behalf of UCMC to finance a parking garage, office building renovation and renovation of the labor and delivery area The bonds can be redeemed at any time without penalty These bonds mature through July 2037

In September 2005, the IEFA issued $29,000 of commercial paper revenue notes on behalf of UCMC to finance an addition to the Comer Children's Hospital The bonds can be redeemed at any time without penalty These bonds mature through September 2035

In November 1998, the IEFA issued $27,866 of commercial paper revenue notes on behalf of UCMC to finance a parking garage and additional clinic space in the DCAM The bonds can be redeemed at any time without penalty These bonds mature through November 2028

Payment on each of the IEFA bonds is also collateralized by a letter of credit maturing November 2014 The letter of credit is subject to certain restrictions, which include financial ratio requirements and consent to future indebtedness The most restrictive financial ratio is to maintain a debt service coverage ratio of 1 75 1 UCMC was in compliance with all applicable debt covenants at June 30, 2011

Included in UCMC's debt is $85,066 of commercial paper revenue notes and $325,000 of variable rate debt In the event that UCMC's remarketing agents are unable to remarket the bonds, the trustee of the bonds will tender them under the letters of credit Scheduled repayments under the letters of credit are between 1 and 3 years, beginning after a grace period of at least one year, based on the new agreements signed in 2011 and bear interest rates different from those associated with the original bond issue Any bonds tendered are still eligible to be remarketed Bonds subsequently remarketed would be subject to the original bond repayment schedules

**(in thousands of dollars)**

The original issue discount related to the Series 2001, 2009 C, and 2011C issues is $1,080, $2,100, and $839 respectively, and the original premium related to the Series 2003, 2009 A and 2009 B issues are $4,966, $6,100 and $4,200, respectively These amounts are amortized over the term of the bonds, and are included in interest expense in the accompanying statements of operations

UCMC paid interest, net of capitalized interest, of approximately $12,100 and $6,600 in 2011 and 2010, respectively

UCMC has a $15,000 line of credit from a commercial bank As of June 30, 2011 and 2010, no amount was outstanding under this line

## 9. Commitments

### Leases

UCMC has capital and noncancelable operating leases for certain buildings and equipment Future minimum payments required under noncancelable operating and capital leases as of June 30 are as follows

| | Operating | Capital |
|---|---|---|
| 2012 | $ 1,122 | $ 820 |
| 2013 | 974 | 442 |
| 2014 | 654 | 329 |
| 2015 | 501 | 173 |
| 2016 and thereafter | 1,318 | - |
| Total minimum lease payments | $ 4,569 | 1,764 |
| Less - Amount representing interest | | 104 |
| Present value of net minimum capital lease payments | | $ 1,660 |

The amount of total assets capitalized under these leases at June 30, 2011 and 2010, is $9,200 with related accumulated depreciation of $7,200 and $6,300, respectively Rental expense was approximately $4,100 and $4,900 for the years ended June 30, 2011 and 2010, respectively, including a $500 annual rental of a parking garage from the University

### Construction Projects

UCMC is constructing the New Hospital Pavilion (NHP) that will include 240 beds, 23 operating rooms, 7 interventional suites, imaging scanners and other advanced diagnostic and treatment services The total estimated cost of the NHP is approximately $700,000, and is expected to open in 2013 As of June 30, 2011, total outstanding commitments on the project amounted to approximately $549,700, of which approximately $470,400 has been paid or accrued and recorded in construction in progress

## 10. Insurance

UCMC is included under certain of the University's insurance programs Since 1977, UCMC, in conjunction with the University, has maintained a self-insurance program for its medical malpractice liability This program is supplemented with commercial excess insurance above the University's self-insurance retention, which for the year ended June 30, 2011 was $7,500 per claim and unlimited in the aggregate Claims in excess of $7,500 are subject to an additional self-

**(in thousands of dollars)**

insurance retention limited to $12,500 per claim and $12,500 in aggregate For the year ended June 30, 2010 the self-insurance retention was $10,000 per claim and unlimited in annual aggregate Claims in excess of $10,000 are subject to an additional self-insurance retention limited to $15,000 per claim and $15,000 in annual aggregate

The estimated liability for medical malpractice self-insurance is actuarially determined based upon estimated claim reserves and various assumptions, and represents the estimated present value of self-insurance claims that will be settled in the future It considers anticipated payout patterns as well as interest to be earned on available assets prior to payment

A comparison of the estimated liability for incurred malpractice claims (filed and not filed) and net assets for the combined University and UCMC self-insurance program as of June 30, 2011 and 2010, is presented below

| | 2011 | 2010 |
|---|---|---|
| Actuarial present value of self-insurance liability for medical malpractice | $ 245,861 | $ 240,492 |
| Total assets available for claims | $ 309,418 | $ 251,836 |

If the present-value method were not used, the ultimate liability for medical malpractice self-insurance claims would be approximately $57,600 higher at June 30, 2011 The interest rate assumed in determining the present value was 5 25% for 2011 and 2010

The malpractice self-insurance trust assets consist primarily of funds held in TRIP

UCMC recognizes as malpractice expense its negotiated pro-rata share of the actuarially determined normal contribution, with gains and losses amortized over six years, with no retroactive adjustments, as provided in the operating agreement

UCMC designated $9,500 and $8,100 as of June 30, 2011 and 2010, respectively, as a workers' compensation self-insurance reserve trust fund The self-insurance program investments consist of 65% bonds and 35% marketable equities The specifically identified claim requirements and actuarially determined reserve requirements for unreported workers' compensation claims were $8,200 and $7,400 as of June 30, 2011 and 2010, respectively The University also charges UCMC for its portion of other commercial insurance and self-insurance costs

## 11. Pension Plans

### Active Plans

A majority of UCMC's personnel participate in the University's defined benefit and contribution pension plan Under the defined benefit portion of this plan, benefits are based on years of service and the employee's compensation for the five highest paid consecutive years within the last ten years of employment UCMC and the University make annual contributions to this portion of the plan at a rate necessary to maintain plan funding on an actuarially recommended basis UCMC recognizes its negotiated share of annual contributions as expense Contributions of $42,600 and $31,100 were made in the fiscal years ended June 30, 2011 and 2010, respectively UCMC expects to make contributions of $52,700 for the fiscal year ended June 30, 2012

**(in thousands of dollars)**

Under the defined contribution portion of the plan, UCMC and plan participants make contributions that accrue to the benefit of the participants at retirement UCMC's contributions, which are based on a percentage of each covered employee's salary, totaled approximately $5,700 and $6,000 for the years ended June 30, 2011 and 2010, respectively

The benefit obligation, fair value of plan assets and funded status for the University's defined benefit plan included in the University's financial statements as of June 30, are shown below

| | 2011 | 2010 |
|---|---|---|
| Projected benefit obligation | $ 651,244 | $ 592,464 |
| Fair value of plan assets | 385,578 | 285,807 |
| Deficit of plan assets over benefit obligation | $ (265,666) | $ (306,657) |

The weighted-average assumptions used in the accounting for the plan are shown below

| | 2011 | 2010 |
|---|---|---|
| Discount rate | 5 5 % | 5 5 % |
| Expected return on plan assets | 7 1 % | 7 6 % |
| Rate of compensation increase | 3 5 % | 3 5 % |

The weighted average asset allocation for the plan is as follows

| | 2011 | 2010 |
|---|---|---|
| Domestic equities | 27 % | 26 % |
| International equity | 16 % | 13 % |
| Fixed income | 57 % | 61 % |
| | 100 % | 100 % |

Total benefits and plan expenses paid by the plan were $26,200 and $29,800 for the fiscal years ended June 30, 2011 and 2010, respectively

Expected future benefit payments excluding plan expenses are as follows

| **Fiscal Year** | |
|---|---|
| 2012 | $ 32,866 |
| 2013 | 31,814 |
| 2014 | 33,573 |
| 2015 | 35,743 |
| 2016 | 38,184 |
| 2017-2021 | 228,537 |

Certain UCMC personnel participate in a contributory pension plan Under this plan, UCMC and plan participants make annual contributions to purchase annuities equivalent to retirement benefits earned UCMC's pension expense for this plan was $4,500 and $4,700 for the years ended June 30, 2011 and 2010, respectively

**(in thousands of dollars)**

**Curtailed and Frozen Plan**
In June 2002, UCMC assumed sponsorship of a plan which covers employees of a former affiliate Participation and benefit accruals are frozen All benefit accruals are fully vested

Components of net periodic pension cost and other amounts recognized in unrestricted net assets include the following

| | Years Ended June 30, 2011 | 2010 |
|---|---|---|
| Net periodic pension cost | | |
| Interest cost | $ 2,681 | $ 2,959 |
| Expected return on plan assets | (2,363) | (2,454) |
| Amortization of unrecognized net actuarial loss | 822 | 698 |
| Net periodic pension cost | 1,140 | 1,203 |
| Other changes in plan assets and benefit obligations recognized in unrestricted net assets | | |
| Liability for pension benefits | 3,381 | (2,831) |
| Total recognized in net periodic pension cost and unrestricted net assets | $ (2,241) | $ 4,034 |

The following tables set forth additional required pension disclosure information for this plan

| | Years Ended June 30, 2011 | 2010 |
|---|---|---|
| Change in projected benefit obligation | | |
| Benefit obligation at beginning of year | $ 55,468 | $ 49,518 |
| Interest cost | 2,681 | 2,959 |
| Net actuarial loss | 193 | 6,000 |
| Benefits paid | (3,123) | (3,010) |
| | 55,219 | 55,467 |
| Change in plan assets | | |
| Fair value of plan assets at beginning of year | 35,565 | 30,579 |
| Actual return on plan assets | 5,115 | 4,925 |
| Employer contribution | 4,160 | 3,070 |
| Benefits paid | (3,123) | (3,010) |
| | 41,717 | 35,564 |
| Funded status at end of year | $ (13,502) | $ (19,903) |

Amounts recognized in the balance sheet are included in noncurrent liabilities

**(in thousands of dollars)**

Accumulated plan benefits equal projected plan benefits Assumptions used in the accounting for the net periodic pension cost were as follows

| | 2011 | 2010 |
|---|---|---|
| Discount rate | 5 1 % | 5 0 % |
| Expected return on plan assets | 6 6 % | 6 6 % |
| Rate of compensation increase | N/A | N/A |

Weighted average asset allocations for plan assets are as follows

| | 2011 | 2010 |
|---|---|---|
| Cash | 4 % | 4 % |
| Fixed income | 50 | 59 |
| Domestic equities | 36 | 29 |
| International equities | 10 | 8 |
| | 100 % | 100 % |

All plan assets are valued using level 1 inputs The target asset allocation is 40% equities and 60% fixed income The expected return on plan assets is based on historical investment returns for similar investment portfolios

UCMC expects to make contributions of $6,250 to the plan in the fiscal year ending June 30, 2012 Expected future benefit payments are

| Fiscal Year | |
|---|---|
| 2012 | $ 3,825 |
| 2013 | 3,859 |
| 2014 | 3,911 |
| 2015 | 3,956 |
| 2016 | 3,957 |
| 2017-2021 | 20,059 |

## 12. Concentration of Credit Risk

As a hospital, UCMC is potentially subject to concentration of credit risk from patient accounts receivable and certain investments Investments, which include government and agency securities, stocks, corporate bonds, real assets, absolute return, and private equities, are not concentrated in any corporation or industry or with any single counter-party UCMC receives a significant portion of its payments for services rendered from a limited number of government and commercial third-party payors, including Medicare, Medicaid, and Blue Cross UCMC has not historically incurred any significant credit losses outside the normal course of business

**(in thousands of dollars)**

## 13. Pledges

Pledges receivable at June 30 are shown below

| | 2011 | 2010 |
|---|---|---|
| Unconditional promises expected to be collected in | | |
| Less than one year | $ 5,765 | $ 3,902 |
| One year to five years | 8,985 | 6,113 |
| More than five years | 144 | 669 |
| | 14,894 | 10,684 |
| Less unamortized discount (discount rate 5 5%) | (869) | (770) |
| Total | $ 14,025 | $ 9,914 |

## 14. Restricted Net Assets

Temporarily restricted net assets are available for the following purposes as of June 30

| | 2011 | 2010 |
|---|---|---|
| Pediatric health care | $ 17,690 | $ 15,535 |
| Adult health care | 50,962 | 44,861 |
| Educational and scientific programs | 3,629 | 3,038 |
| Capital and other purposes | 21,658 | 13,942 |
| Total | $ 93,939 | $ 77,376 |

Income from permanently restricted net assets is restricted for

| | 2011 | 2010 |
|---|---|---|
| Pediatric health care | $ 1,875 | $ 1,866 |
| Adult health care | 1,925 | 1,925 |
| Educational and scientific programs | 2,312 | 2,312 |
| Total | $ 6,112 | $ 6,103 |

## 15. Functional Expenses

Total operating expenses by function are as follows for the years ended June 30

| | 2011 | 2010 |
|---|---|---|
| Health care services | $ 1,091,820 | $ 1,032,624 |
| General and administrative | 61,066 | 55,776 |
| Total | $ 1,152,886 | $ 1,088,400 |

## 16. Contingencies

UCMC is subject to complaints, claims and litigation which have risen in the normal course of business In addition, UCMC is subject to reviews by various federal and state government agencies to assure compliance with applicable laws, some of which are subject to different interpretations While the outcome of these suits cannot be determined at this time, management, based on advice from legal counsel, believes that any loss which may arise from these actions will not have a material adverse effect on the financial position or results of operations of UCMC

## 17. Friend Family Health Center (FFHC)

FFHC was incorporated in June 1997 to provide primary care to economically challenged and medically high-risk populations on Chicago's South Side, and was designated a Federally Qualified Health Center in October 1998 FFHC is a separate not-for-profit Illinois corporation which is not controlled by UCMC

UCMC subleases facilities to FFHC in the Friend Building located near its main facilities, and provides security and information services to FFHC Certain members of UCMC's medical staff provide physician services at FFHC

UCMC has provided $9,800 of cumulative support to offset FFHC operating losses, towards which $2,800 has been provided by the Emanuel Friend Trust, a charitable trust established in Chicago in the 1930s Support from the Trust is provided under a 1994 agreement with UCMC

## 18. Subsequent Event

In August 2011 the interest rate swap notional amount of $325,000 was novated into two notional amounts held by separate financial institutions The swap novation did not have a material impact to the financial statements at June 30, 2011 The agreement is subject to collateral requirements effective in August 2011 Under these agreements, UCMC is required to post collateral in the event that its credit rating is downgraded or the fair value of the interest rate swap exceeds certain thresholds

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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 Yes | (g) Defeased No | (h) On behalf of issuer Yes | (h) On behalf of issuer No | (i) Pooled Financing Yes | (i) Pooled Financing No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | ILLINOIS HEALTH FACILITIES AUTHORITY | 37-0988139 | 45200PWP8 | 08/07/2003 | 70,256,338. | REDEEM EARLIER BONDS (1993) | | X | | X | | X |
| B | ILLINOIS FINANCE AUTHORITY | 52-1297563 | 45200MWS9 | 09/29/2005 | 29,000,000. | CONSTRUCTION - PEDIATRIC ER/CLINIC | | X | | X | | X |
| C | ILLINOIS FINANCE AUTHORITY | 52-1297563 | 45200MC28 | 04/19/2007 | 10,000,000. | CONSTRUCTION AND RENOVATION | | X | | X | | X |
| D | ILLINOIS FINANCE AUTHORITY | 52-1297563 | 45200MC36 | 04/19/2007 | 31,000,000. | CONSTRUCTION AND RENOVATION | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 0. | 0. | 0. | 0. |
| 2 | Amount of bonds legally defeased | 0. | 0. | 0. | 0. |
| 3 | Total proceeds of issue | 70,256,338. | 29,000,000. | 10,000,000. | 31,000,000. |
| 4 | Gross proceeds in reserve funds | 0. | 0. | 0. | 0. |
| 5 | Capitalized interest from proceeds | 0. | 0. | 0. | 0. |
| 6 | Proceeds in refunding escrows | 0. | 0. | 0. | 0. |
| 7 | Issuance costs from proceeds | 729,409. | 162,000. | 46,068. | 142,812. |
| 8 | Credit enhancement from proceeds | 1,124,000. | 23,780. | 15,517. | 48,103. |
| 9 | Working capital expenditures from proceeds | 0. | 0. | 0. | 0. |
| 10 | Capital expenditures from proceeds | 0. | 28,814,220. | 9,938,415. | 30,809,085. |
| 11 | Other spent proceeds | 68,402,929. | 0. | 0. | 0. |
| 12 | Other unspent proceeds | 0. | 0. | 0. | 0. |
| 13 | Year of substantial completion | | 2006 | 2008 | 2008 |

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No |
|---|---|---|---|---|---|---|---|---|---|
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | X | | X | | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

## Part III Private Business Use

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

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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 | | (i) Pooled Financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | ILLINOIS FINANCE AUTHORITY | 86-1091967 | 45200FZR3 | 08/20/2009 | 35,000,000. | CONSTRUCTION, EQUIP, INTEREST | | X | | X | | X |
| B | ILLINOIS FINANCE AUTHORITY | 86-1091967 | 45200FZT9 | 08/20/2009 | 35,000,000. | CONSTRUCTION, EQUIP, INTEREST | | X | | X | | X |
| C | ILLINOIS FINANCE AUTHORITY | 86-1091967 | 45200FZV4 | 08/20/2009 | 60,000,000. | CONSTRUCTION, EQUIP, INTEREST | | X | | X | | X |
| D | ILLINOIS FINANCE AUTHORITY | 86-1091967 | 45200FZX0 | 08/20/2009 | 10,000,000. | CONSTRUCTION, EQUIP, INTEREST | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 0. | 0. | 0. | 0. |
| 2 | Amount of bonds legally defeased | 0. | 0. | 0. | 0. |
| 3 | Total proceeds of issue | 35,000,000. | 35,000,000. | 60,000,000. | 10,000,000. |
| 4 | Gross proceeds in reserve funds | 0. | 0. | 0. | 0. |
| 5 | Capitalized interest from proceeds | 0. | 0. | 0. | 0. |
| 6 | Proceeds in refunding escrows | 0. | 0. | 0. | 0. |
| 7 | Issuance costs from proceeds | 283,697. | 283,697. | 486,338. | 81,057. |
| 8 | Credit enhancement from proceeds | 35,495. | 35,495. | 60,848. | 10,141. |
| 9 | Working capital expenditures from proceeds | 0. | 0. | 0. | 0. |
| 10 | Capital expenditures from proceeds | 34,680,808. | 34,680,808. | 59,452,814. | 9,908,802. |
| 11 | Other spent proceeds | 0. | 0. | 0. | 0. |
| 12 | Other unspent proceeds | 0. | 0. | 0. | 0. |
| 13 | Year of substantial completion | | | | |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | | X | | X | | X | | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | | X | | X | | X | | X |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

## Part III Private Business Use

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

**SCHEDULE K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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 | | (i) Pooled Financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | ILLINOIS FINANCE AUTHORITY | 86-1091967 | 45200FX20 | 04/08/2010 | 75,194,738. | REDEEM EARLIER BONDS (1994 & 1998) | | X | | X | | X |
| B | ILLINOIS FINANCE AUTHORITY | 86-1091967 | 45200FX46 | 04/08/2010 | 89,965,722. | REDEEM EARLIER BONDS (1994 & 1998) | | X | | X | | X |
| C | ILLINOIS FINANCE AUTHORITY | 86-1091967 | 45200FZP7 | 08/20/2009 | 82,892,238. | CONSTRUCTION, EQUIP, INTEREST | | X | | X | | X |
| D | ILLINOIS FINANCE AUTHORITY | 86-1091967 | 45200F6J3 | 11/09/2010 | 46,250,000. | CONSTRUCTION, EQUIP, INTEREST | | X | | X | | X |

## Part II Proceeds

| | A | B | C | D |
|---|---|---|---|---|
| 1 Amount of bonds retired | 0. | 0. | 0. | 0. |
| 2 Amount of bonds legally defeased | 0. | 0. | 0. | 0. |
| 3 Total proceeds of issue | 75,194,738. | 89,965,722. | 82,892,238. | 46,250,000. |
| 4 Gross proceeds in reserve funds | 0. | 0. | 0. | 0. |
| 5 Capitalized interest from proceeds | 0. | 0. | 0. | 0. |
| 6 Proceeds in refunding escrows | 0. | 0. | 0. | 2,644,599. |
| 7 Issuance costs from proceeds | 914,738. | 845,723. | 1,215,838. | 470,234. |
| 8 Credit enhancement from proceeds | 0. | 0. | 0. | 17,600. |
| 9 Working capital expenditures from proceeds | 0. | 0. | 0. | 0. |
| 10 Capital expenditures from proceeds | 0. | 0. | 81,676,400. | 22,590,036. |
| 11 Other spent proceeds | 74,280,000. | 89,119,999. | 0. | 0. |
| 12 Other unspent proceeds | 0. | 0. | 0. | 20,527,531. |
| 13 Year of substantial completion | 1996 | 1996 | | |

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | X | | X | | | X | | X |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 Has the final allocation of proceeds been made? | X | | X | | | X | | X |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

## Part III Private Business Use

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

**SCHEDULE K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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 | | (i) Pooled Financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | ILLINOIS FINANCE AUTHORITY | 86-1091967 | 45200F6G9 | 11/09/2010 | 46,250,000. | CONSTRUCTION, EQUIP, INTEREST | | X | | X | | X |
| B | ILLINOIS FINANCE AUTHORITY | 86-1091967 | 45203HAH5 | 05/20/2011 | 46,250,000. | CONSTRUCTION, EQUIP, INTEREST | | X | | X | | X |
| C | ILLINOIS FINANCE AUTHORITY | 86-1091967 | 45203HAZ5 | 05/20/2011 | 46,250,000. | CONSTRUCTION, EQUIP, INTEREST | | X | | X | | X |
| D | ILLINOIS FINANCE AUTHORITY | 86-1091967 | 45203HAK8 | 05/20/2011 | 89,161,152. | CONSTRUCTION, EQUIP, INTEREST | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 0. | 0. | 0. | 0. |
| 2 | Amount of bonds legally defeased | 0. | 0. | 0. | 0. |
| 3 | Total proceeds of issue | 46,250,000. | 46,250,000. | 46,250,000. | 89,161,152. |
| 4 | Gross proceeds in reserve funds | 0. | 0. | 0. | 0. |
| 5 | Capitalized interest from proceeds | 0. | 0. | 0. | 0. |
| 6 | Proceeds in refunding escrows | 2,644,599. | 2,536,628. | 2,536,628. | 7,904,905. |
| 7 | Issuance costs from proceeds | 450,033. | 413,179. | 413,497. | 1,303,276. |
| 8 | Credit enhancement from proceeds | 17,601. | 0. | 0. | 0. |
| 9 | Working capital expenditures from proceeds | 0. | 0. | 0. | 0. |
| 10 | Capital expenditures from proceeds | 22,590,036. | 22,590,036. | 22,590,036. | 43,549,265. |
| 11 | Other spent proceeds | 0. | 0. | 0. | 0. |
| 12 | Other unspent proceeds | 20,547,731. | 20,710,157. | 20,709,839. | 36,403,705. |
| 13 | Year of substantial completion | | | | |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | | X | | X | | X | | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | | X | | X | | X | | X |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

## Part III Private Business Use

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

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

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | | X | | X | | X | |
| b Are there any research agreements that may result in private business use of bond-financed property? | | | | X | | X | | X |
| c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | | X | | X | | X | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | % | | 0.0000 % | | 0.0000 % | | 0.0000 % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | % | | 0.0000 % | | 0.0000 % | | 0.0000 % | |
| 6 Total of lines 4 and 5 | % | | 0.0000 % | | 0.0000 % | | 0.0000 % | |
| 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | | X | | X | | X | |

**Part IV Arbitrage**

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | X | | X | | X | | X | |
| 2 Is the bond issue a variable rate issue? | | X | X | | X | | X | |
| 3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 4a Were gross proceeds invested in a GIC? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 6 Did the bond issue qualify for an exception to rebate? | | X | | X | | X | | X |

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K** (see instructions).

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

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

**Part IV Arbitrage**

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | X | | X | | X |
| 2 Is the bond issue a variable rate issue? | X | | X | | X | | X | |
| 3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | X | | X | | X | | X | |
| b Name of provider | JP MORGAN CHASE BANK | | JP MORGAN CHASE BANK | | JP MORGAN CHASE BANK | | JP MORGAN CHASE BANK | |
| c Term of hedge | | 32.400 | | 32.400 | | 32.400 | | 32.400 |
| d Was the hedge superintegrated? | | X | | X | | X | | X |
| e Was the hedge terminated? | | X | | X | | X | | X |
| 4a Were gross proceeds invested in a GIC? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 6 Did the bond issue qualify for an exception to rebate? | X | | X | | X | | X | |

**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K** (see instructions).

## Part III Private Business Use (Continued)

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

## Part IV Arbitrage

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | X | | X | | X |
| 2 Is the bond issue a variable rate issue? | | X | | X | | X | X | |
| 3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | X | |
| b Name of provider | | | | | | | JP MORGAN CHASE BANK | |
| c Term of hedge | | | | | | | | 32.400 |
| d Was the hedge superintegrated? | | | | | | | | X |
| e Was the hedge terminated? | | | | | | | | X |
| 4a Were gross proceeds invested in a GIC? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 6 Did the bond issue qualify for an exception to rebate? | | X | | X | X | | | |

## Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

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

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

## Part IV Arbitrage

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | X | | X | | X |
| 2 Is the bond issue a variable rate issue? | X | | X | | X | | | X |
| 3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | X | | X | | X | | | X |
| b Name of provider | JP MORGAN CHASE | | JP MORGAN CHASE BANK | | JP MORGAN CHASE BANK | | | |
| c Term of hedge | 32.400 | | 32.400 | | 32.400 | | | |
| d Was the hedge superintegrated? | | X | | X | | X | | |
| e Was the hedge terminated? | | X | | X | | X | | |
| 4a Were gross proceeds invested in a GIC? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 6 Did the bond issue qualify for an exception to rebate? | | | | | | | | |

## Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

## 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 | | | |
| FRANK M CLARK<br>VICE CHAIR, BOARD OF TRUSTEES | 1.0 | X | | X | | | | 0 | 0 | 0 |
| RODNEY L GOLDSTEIN<br>CHAIR, BOARD OF TRUSTEES | 1.0 | X | | X | | | | 0 | 0 | 0 |
| KENNETH SHARIGIAN<br>EVP & TRUSTEE (EX OFFICIO) | 40.0 | X | | X | | | | 1,439,278 | 0 | 30,044 |
| SHARON O'KEEFE<br>PRESIDENT/TRUSTEE (EX OFFICIO) | 40.0 | X | | X | | | | 0 | 0 | 0 |
| TRISHA ROONEY ALDEN<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| ANDREW M ALPER<br>TRUSTEE (EX OFFICIO) | 1.0 | X | | | | | | 0 | 0 | 0 |
| JEFFREY S ARONIN<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| DIANE P ATWOOD<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| ROBERT H BERGMAN<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| ELLEN BLOCK<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| KEVIN J BROWN<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| JOHN BUCKSBAUM<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| BENJAMIN D CHERESKIN<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| STEPHANIE COMER<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| JAMES S CROWN<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| CRAIG J DUCHOSSOIS<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| JAMES S FRANK<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| STEPHANIE HARRIS<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| WILLIAM J HUNCKLER III<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| P ALLEN KLOCK JR MD<br>TRUSTEE (EX OFFICIO) | 1.0 | X | | | | | | 0 | 433,678 | 25,295 |
| CAROL LEVY<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| CHERYL MAYBERRY-MCKISSACK<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| DANE A MILLER<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| RALPH G MOORE<br>TRUSTEE | 1.0 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER J MURPHY III<br>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<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| JOSEPH P NOLAN<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| BRIEN M O'BRIEN<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| TIMOTHY K OZARK<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| KENNETH S POLONSKY MD<br>TRUSTEE (EX OFFICIO), DEAN | 20 0 | X | | | | | | 0 | 323,745 | 23,371 |
| NICHOLAS K PONTIKES<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| JAMES REYNOLDS JR<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| THOMAS A REYNOLDS III<br>VICE CHAIR, BOARD OF TRUSTEES | 1 0 | X | | | | | | 0 | 0 | 0 |
| BENJAMIN SHAPIRO<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| THOMAS F ROSENBAUM<br>TRUSTEE (EX OFFICIO) | 1 0 | X | | | | | | 0 | 531,437 | 81,873 |
| JEFFREY T SHEFFIELD<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| MELODY SPANN-COOPER<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| JOHN A SVOBODA<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| MICHAEL TANG<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| MARRGWEN TOWNSEND<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| TERRY L VAN DER AA<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| SCOTT WALD<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| KELLY R WELSH<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| PAULA WOLFF<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| ROBERT J ZIMMER<br>TRUSTEE (EX OFFICIO) | 1 0 | X | | | | | | 0 | 974,110 | 354,896 |
| EVERETT E VOKES MD<br>INTERIM DEAN/CEO | 20 0 | X | | X | | | | 0 | 1,031,328 | 72,001 |
| JAMES TYREE<br>TRUSTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| LARRY CALLAHAN<br>VP/CHIEF HUMAN RESOURCES OFFCR | 40 0 | | | X | | | | 704,264 | 0 | 482,822 |
| MARK CHASTANG<br>VP OPERATIONS & TRANSPLANT | 40 0 | | | X | | | | 183,514 | 0 | 292,917 |
| KRISTA CURELL<br>VP RISK MGMT & COMPLIANCE | 40 0 | | | X | | | | 304,312 | 0 | 59,880 |

**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 | | | |
| JEFFREY FINESILVER<br>VP/DIRECTOR COMER CHILD HOSP | 40 0 | | | X | | | | 667,183 | 0 | 32,919 |
| MAYUMI FUKUI<br>VP MANAGED CARE PRGM DEVELOP | 40 0 | | | X | | | | 575,429 | 0 | 45,116 |
| LAWRENCE FURNSTAHL<br>CHIEF FIN & STRATEGY OFFICER | 40 0 | | | X | | | | 1,591,595 | 0 | 35,984 |
| BENJAMIN GIBSON<br>BOARD SECRETARY (UNTIL 9/10) | 40 0 | | | X | | | | 255,870 | 0 | 45,056 |
| DAVID HICKS<br>VP & CHIEF PHARMACY OFFICER | 40 0 | | | X | | | | 289,670 | 0 | 61,439 |
| JENNIFER HILL<br>BOARD SECRETARY (AS OF 10/10) | 40 0 | | | X | | | | 54,954 | 0 | 8,725 |
| WILLIAM HUFFMAN<br>VP FACILITIES DESIGN | 40 0 | | | X | | | | 296,558 | 0 | 34,852 |
| RICHARD B MILLER<br>VP FINANCE | 40 0 | | | X | | | | 231,574 | 0 | 35,757 |
| VIRGINIA ROBERTS<br>VP SURGICAL SRVCS WOMENS HLTH | 40 0 | | | X | | | | 412,989 | 0 | 69,955 |
| JOHN SATALIC<br>VP GENERAL COUNSEL | 40 0 | | | X | | | | 401,634 | 0 | 25,885 |
| JANE SCHUMAKER<br>VP/ASSOCIATE DEAN FOR ADMIN | 40 0 | | | X | | | | 491,949 | 0 | 85,506 |
| MARK URQUHART<br>VP FOR FACILITIES, DESIGN | 40 0 | | | X | | | | 653,081 | 0 | 195,301 |
| ERIC WHITAKER MD<br>VP FOR STRATEGIC AFFILIATIONS | 40 0 | | | X | | | | 654,393 | 0 | 129,850 |
| CAROLYN WILSON<br>COO & ASSOCIATE DEAN | 40 0 | | | X | | | | 973,186 | 0 | 116,961 |
| ERIC YABLONKA<br>VP/CHIEF INFORMATION OFFICER | 40 0 | | | X | | | | 966,877 | 0 | 38,952 |
| MICHELE M SCHIELE<br>VP/ASSOC DEAN FOR DVLPMNT | 20 0 | | | X | | | | 0 | 763,699 | 56,568 |
| ROBERT DABNER<br>STAFF PHARMACIST | 40 0 | | | | | X | | 244,168 | 0 | 24,673 |
| QUINSHAUNTA GOLDEN<br>ASSOCIATE VP, HLTH | 40 0 | | | | | X | | 273,017 | 0 | 44,392 |
| CLEMENT LAM<br>STAFF PHARMACIST | 40 0 | | | | | X | | 309,796 | 0 | 44,403 |
| GREGORY TUCHOWSKI<br>EXECUTIVE DIRECTOR | 40 0 | | | | | X | | 243,852 | 0 | 30,072 |
| SAMRA ZVIZDIC<br>STAFF PHARMACIST | 40 0 | | | | | X | | 266,868 | 0 | 28,276 |
| DAVID HEFNER<br>FMR PRESIDENT | 0 0 | | | | | | X | 1,045,951 | 0 | 17,267 |
| JAMIE O'MALLEY<br>FMR VP/CHIEF NURSING OFFICER | 0 0 | | | | | | X | 587,127 | 0 | 16,116 |
| RICHARD THISTLEWAITE MD<br>FMR TRUSTEE | 0 0 | | | | | | X | 0 | 312,175 | 31,875 |