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DLN: 93493133010143

Form **990**

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)

OMB No 1545-0047

Department of the Treasury

| ntemal | Revenue | Service The organiza | ration may have to use a copy | of this return to satisfy | state reporting | requirements | Inspection | | |
|--------------------------------|-----------|--|--|--|----------------------|-----------------------------|----------------------------|--|--|
| A Fo | rthe 2 | | ax year beginning 07-01-2011 | and ending 06-30-20 | 12 | D Emmlares ! ! | antification number | | |
| | | oplicable C Name of organization Rush University M | | | | • • | entification number | | |
| _ Add | Iress cha | ange Doing Business As | 49 | | | 36-217482 E Telephone nu | | | |
| _ | me char | nge Same | | | | • | | | |
| Init | ıal retur | Number and street | eet (or P O box if mail is not delivere | d to street address) Room/s | suite | (312) 942- | \$ 2,228,175,411 | | |
| Ter | mınated | 1 1700 West van B | Buren Street Room No | | | a cross receipts | <i>\$ 2,220,113,111</i> | | |
| - Am | ended r | eturn City or town, stat Chicago, IL 6061 | ate or country, and ZIP + 4 | • | | | | | |
| App | lication | pending | | | | | | | |
| | | l l | d address of principal officer | | | s a group returi | | | |
| | | Richard W Ca 1700 W Van | • | | affilia | tes? | ⊤Yes ▼ No | | |
| | | Chicago, IL | 60612 | | H(b) Are all | affiliates includ | ed? | | |
| . To | v ovom | nt status | | U047()(4) | | • | (see instructions) | | |
| | | | 501(c) () ◀ (insert no) | 1947(a)(1) or 527 | H(c) Grou | p exemption nu | mber 🟲 | | |
| W | ebsite | : www rush edu | | | | | | | |
| (Forn | n of org | anization 🔽 Corporation 🗀 | Trust Association Other 🕨 | | L Year of for | mation 1905 | State of legal domicile IL | | |
| Pa | rt I | Summary | | | | | | | |
| | | - | nızatıon's mıssıon or most sıgr | nificant activities | | | | | |
| 3 | = | See Schedule O | | | | | | | |
| ACUVIUES & GOVERNANCE | | | | | | | | | |
| ≣ | | | | | | F0/ 6 / / | | | |
| 5 | | • | e organization discontinued its | | | 1 1 | | | |
| Ó | | _ | ers of the governing body (Part | | | 3 | 93 | | |
| ß | | · | oting members of the governing | | • | | 10.070 | | |
| Ĭ | | | als employed in calendar year : | | | 5 6 | 10,070 | | |
| Ę | | | ers (estimate if necessary) . s revenue from Part VIII, colun | | | 7a | 1,619,994 | | |
| | l | | axable income from Form 990 | | | 7b | 1,019,994 | | |
| | | | | ., | Prio | r Year | Current Year | | |
| | 8 | Contributions and gran | nts (Part VIII, line 1h) | | | 27,632,265 | 118,292,492 | | |
| 활 | 9 | | nue (Part VIII, line 2g) | | | 62,293,276 | 1,318,403,808 | | |
| Revenue | 10 | | art VIII, column (A), lines 3, 4 | | | 77,552,938 | 41,048,090 | | |
| č | 11 | Other revenue (Part VI | III, column (A), lines 5, 6d, 8c | c, 9c, 10c, and 11e) | | 10,884,013 | 12,353,808 | | |
| | 12 | | es 8 through 11 (must equal P | | | 79 262 402 | 1 400 000 100 | | |
| | 13 | | ounts paid (Part IX, column (A | | 1,4 | 78,362,492 | 1,490,098,198 | | |
| | 14 | | members (Part IX, column (A), | | | 7,040,403 | 0,430,918 | | |
| | 15 | | nsation, employee benefits (Pa | | | + | 0 | | |
| \$ | 13 | 5-10) | isation, employee benefits (i a | re 1x, column (x), mes | 7 | 764,338,538 | | | |
| Expenses | 16a | Professional fundraisin | ng fees (Part IX, column (A), lir | ne 11e) | | | 0 | | |
| ੜੌ | ь | Total fundraising expenses (| (Part IX, column (D), line 25) ▶ <u>6,689</u> | 9,476 | | | | | |
| _ | 17 | Other expenses (Part I | IX, column (A), lines 11a-11d | l,11f-24e) | . 5 | 73,599,064 | 634,620,267 | | |
| | 18 | · | nes 13–17 (must equal Part I | | 1,3 | 29,362,440 | 1,407,395,723 | | |
| - 49 | 19 | Revenue less expenses | s Subtract line 18 from line 1 | 2 | _ | 49,000,052 | 82,702,475 | | |
| net Assets of Fund Bafances | | | | | | of Current ear | End of Year | | |
| , | 20 | Total assets (Part X. III | ıne 16) | | | 83,547,057 | 2,657,718,464 | | |
| 2 B | 21 | | (, line 26) | | | 01,922,015 | 1,342,293,982 | | |
| ž Ž | 22 | | ances Subtract line 21 from lii | | | 81,625,042 | 1,315,424,482 | | |
| Par | t II | Signature Block | | | • | | | | |
| Jnder (now | · penalt | | hat I have examined this return, i ct, and complete. Declaration of | | | | | | |
| | | ***** | | | | 13-05-01 | | | |
| Sign | | Signature of officer | | | Da | te | | | |
| Here | e | John P Mordach Senior V | | | | | | | |
| | | Type or print name and ti | nue | Date | | | | | |
| | | Preparer's | | Check if Preparer's taxpayer identification numberself- (see instructions) | | | | | |
| Paid | . | signature | | | employed 🕨 | | <i>.</i> | | |
| | arer's | Firm's name (or yours De | Peloitte Tax LLP | | | EIN Þ | | | |
| Jse (| ווע | | .11 S Wacker Drive Chicago IL 60606 | | | · · | | | |
| | | CF | Chicago, IL 60606 | | | Phone no 🕨 | | | |

May the IRS discuss this return with the preparer shown above? (see instructions)

┌ Yes ┌ No

| | | -90 |
|------------|---|------------------------|
| Par | 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 | |
| See | hedule O | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on he prior Form 990 or 990-EZ? | |
| | f "Yes," describe these new services on Schedule O | |
| 3 | Old the organization cease conducting, or make significant changes in how it conducts, any program services? | |
| | f "Yes," describe these changes on Schedule O | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,068,662,882 including grants of \$) (Revenue \$ 1,127,313,051) | |
| | is the largest new construction health care project in the world to be LEED Gold certified. In FY12, patient care was provided to nearly 31,000 inpatients, and emergency room had 55,519 visits. Rush offers various financial assistance programs to thousands of patients. A unique combination of research and patient FY12 has earned Rush national rankings in 11 of 16 specialty areas. This accomplishment is presented in U.S. News World Reports 2012-13 Americas Best Ho issue. Our nurses are at the forefront of our efforts to provide quality care, receiving the four-year Magnet status the highest honor in nursing three times, more recently in 2010. | care i spital |
| 4b | (Code) (Expenses \$ 57,725,596 including grants of \$ 5,738,047) (Revenue \$ 56,960,733) | |
| | Education Rush University is home to one of the first medical colleges in the Midwest and one of the nations top-ranked nursing colleges, as well as graduate programs in allied health, health systems management and biomedical research. The Medical Center also offers many highly selective residency and fellowsh programs in medical and surgical specialties and subspecialties. Rushs unique practitioner-teacher model for health sciences education and research gives its students the opportunity to learn from world-renowned instructors who practice what they teach. With more than 40 degree and certificate options, Rush edu more than 2,000 students in FY12. The state-of-the-art new hospital building features nursing stations in clear view of the patient rooms and a spacious area students to confer with practitioner-teachers and other medical staff about current cases. | ıp cated |
| _ | /O. I | |
| 4 c | (Code) (Expenses \$ 134,096,172 including grants of \$) (Revenue \$ 107,378,765) Research Because Rush is an academic medical center, research and clinical care come together in innovative and inspiring ways that have the power to trans | cform |
| | lives Even if research work starts in a lab, it wont stay there. Discoveries in the labs lead to advances in patient care, while observations in clinical settings in research studies designed to improve the way we treat patients. This approach, known as translational research, has led to breakthroughs in patient care at F throughout the years. Investigators at Rush are involved in more than 1,600 projects, including hundreds of clinical studies to test the effectiveness and safet new therapies and medical devices, as well as to expand scientific and medical knowledge. Total research awards in FY12 topped 77 million. In June 2012, the Association for the Accreditation of Human Research Protection Programs, Inc. awarded Rush full accreditation with distinction in community programs. | nspire Rush y of |
| <u></u> | Other and are a considered (December of Calcadule O.) | |
| 4d | Other program services (Describe in Schedule O) (Expenses \$ 82,810,972 including grants of \$ 2,698,871) (Revenue \$ 26,751,259) | |
| | | |
| 4e | Total program service expenses \$ 1,343,295,622 | |

| Part TV | Checklist of | Required | Schedules |
|---------|--------------|-------------|------------|
| | CHCCKHSCOL | IXC GGII CG | Scriculics |

| | | | 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 instructions)? 🕏 | 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 for which 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? <i>If "Yes," complete Schedule D, Part II</i> | 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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 | | | |
| а | 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 | | No |
| 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 | | No |
| 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 | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II 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, Part 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 | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | Yes | |
| 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. All Form 990 filers that operated one or more hospitals must attach audited financial statements | | Yes | |

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

| Part V | Statements Regarding Other IRS Filings and Tax Compliance |
|--------|---|

| | Check it Schedule O contains a response to any question in this Part V | <u> </u> | • 1 | |
|----|---|----------|-----|------|
| | | | Yes | No |
| а | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| | 1a 1,099 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 4 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| a | 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 | | | |
| b | return | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| а | Did the organization have unrelated business gross income of \$1,000 or more during the | 20 | Yes | |
| b | year? | 3a 3b | Yes | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | - 55 | 105 | |
| | over, a financial account in a foreign country (such as a bank account or securities account)? | 4a | Yes | |
| b | If "Yes," enter the name of the foreign country $ ightharpoonup \cite{CJ}$ | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | |
| а | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 5c 6a | | No |
| | organization solicit any contributions that were not tax deductible? | - Gu | | 1,10 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | 1 |
| а | 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 | |
| С | 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 | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| _ | contract? | 7e | | No |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | 7f | | No |
| | 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 | | |
| | 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? | | | 1 |
| | Sponsoring organizations maintaining donor advised funds. | 8 | | |
| а | 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 | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | 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 | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 2a | 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 | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| | Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | 13a | | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the aggregate amount of reserves on hand | | | |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | 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 | anv | question i | ın thıs Part VI | _ | _ | _ | _ | _ | _ | _ | _ | _ | . ত |
|-------|---------------|------------|---------------|-----|------------|--------------------|---|---|---|---|---|---|---|---|---|-----|
| CHECK | ii Schedale O | Contains a | . response to | uny | question | ili cilis i aic vi | • | • | • | • | • | • | • | • | • | • , |

| Se | ection A. Governing Body and Management | | | |
|-----|--|-------------|-----|-------|
| | | | Yes | No |
| | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax | | | |
| Id | year | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | 6 | | Νo | |
| 7a | 7a | | No | |
| b | more members of the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | 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 | | Νo |
| | ection B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Re | evenue Code.) | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | - 110 |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Yes | |
| 11a | Has the organization provided a complete 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 the Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did 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? | | | |
| а | 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," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| _ | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | Yes | |
| Se | ection C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed►IL | | | |

- 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 made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Richard Casey
 - 1700 West Van Buren Street Suite 15
 - Chicago,IL 60612

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

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

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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| (a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (de | Check this box if neither the organiz | • | lated o | rganı | ızatı | ons | compe | ensat | ed any current or fo | ormer officer, direct | tor, or trustee |
|--|---------------------------------------|--|-----------------------------------|-------------------------------|-------------------------------------|---------------------------------|------------------------------|--------|---|--|---|
| for related organizations in Schedule Officer Schedule O) organizations | (A) | (B) Average hours per week | Positi more unles an | on (de than s per offic | C) o no n one son er ar | t che e bo: is bo nd a | eck x, oth | | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| See Additional Data Table | | for related organizations in Schedule | Individual trustee or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | | | I |
| | 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 | unles an | e thar | o no n one son er ar | e bo is bo nd a stee | x, oth) | | Repo compo fro organiz | (D) ortable ensation m the zation (W- 9-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related |
|---|---|--|--|---------------------------------|----------------------------------|-------------------------------|--|--|--|--|--|--|
| | | for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | Miscy | organizations |
| See A | dditional Data Table | | | | | | | | | | | |
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| 1b | Sub-Total | | | Щ. | | <u> </u> | | <u> </u> ► | | T | | <u> </u> |
| С | Total from continuation sheets | | | | | | | F | | | | |
| d | Total (add lines 1b and 1c) . | | | | | | • | ► | | 20,366,636 | | 4,187,658 |
| d Total (add lines 1b and 1c) | | | | | | | | | | d more tha | n | |
| | 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee | | | | | | | | | | | |
| 3 | Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sca | | | | | | | | | t compens | ated employee | Yes No |
| 3 4 | | hedule J for such 1a, is the sum of | <i>individi</i> f report | u <i>al</i> able o | • Iomi | • pens | • sation | • and | • • • other co | • • mpensatio | n from the | 3 No |
| | on line 1a? If "Yes," complete Sca For any individual listed on line organization and related organiz | hedule J for such 1 a, is the sum of the su | individe freport nan \$15 • • ue comp | able of 50,00 | om; 0 ? <i>1</i> • tion | pens f "Y fror | • sation es," co • • m any | and of the second secon | other con ete Sched Iated org | mpensatio ule J for su | n from the | |
| 5 | on line 1a? If "Yes," complete Scale For any individual listed on line organization and related organization and related organization and related organization line 1a Did any person listed on line 1a | hedule I for such 1 a, is the sum of ations greater th receive or accru zation? If "Yes," of | individe freport nan \$15 • • ue comp | able of 50,00 | om; 0 ? <i>1</i> • tion | pens f "Y fror | • sation es," co • • m any | and of the second secon | other con ete Sched Iated org | mpensatio ule J for su | n from the | 3 No 4 Yes |
| 5 | on line 1a? If "Yes," complete Sc. For any individual listed on line organization and related organiz individual | tractors thedule J for such 1 a, is the sum of the su | f report nan \$15 ue comp complet | able of 50,00 epensare School | tion edul | pens f "Y fror e J fo | es," co | and omple omple unrel | other constended | mpensatio ule J for su ianization o | n from the ch | 3 No 4 Yes |
| 4 5 | on line 1a? If "Yes," complete Scale For any individual listed on line organization and related organization and related organization and related organization and person listed on line 1a services rendered to the organization B. Independent Conception B. Independent Conception and the services of complete this table for your five \$100,000 of compensation from or within the organization's tax years. | tractors thedule J for such 1 a, is the sum of the su | freport freport nan \$15 ue comp complet nsated in Repo | able of 50,00 epensare School | tion edul | pens f "Y fror e J fo | es," co | and omple omple unrel | other constended | mpensation of the served more ryear endi | n from the ch | 3 No 4 Yes |
| 4 5 Se 1 LI 4485 WHIT | on line 1a? If "Yes," complete Scale For any individual listed on line organization and related organization and related organization and related organization/undividual | tractors the hedule J for such 1 a, is the sum of the organization of the organization of the sum of the organization of the sum o | freport freport nan \$15 ue comp complet nsated in Repo | able of 50,00 epensare School | tion edul | pens f "Y fror e J fo | es," co | and omple omple unrel | other constended organizated | mpensation of the served more ryear endi | e than ng with | 3 No 4 Yes 5 No |
| ASI LI 4485 WHITI GURT 77 W ARLIN | For any individual listed on line organization and related organization and person listed on line 1a services rendered to the organization B. Independent Con Complete this table for your five \$100,000 of compensation from or within the organization's tax y Nation Section B. Independent Con Complete this table for your five \$100,000 of compensation from or within the organization's tax y Nation Section S | tractors the hedule J for such 1 a, is the sum of the organization of the organization of the sum of the organization of the sum o | freport freport nan \$15 ue comp complet nsated in Repo | able of 50,00 epensare School | tion edul | pens f "Y fror e J fo | es," co | and omple omple unrel | other constends of the scale of | mpensatio ule J for su anization of ceived mor r year endi | e than ng with | 3 No 4 Yes 5 No (C) Compensation |
| ASI LI 4485 WHITI GURT 77 W ARLIN GIBSC 3100 DOWN | For any individual listed on line organization and related organization and person listed on line 1a services rendered to the organizations. Ection B. Independent Compose the complete this table for your five \$100,000 of compensation from or within the organization's tax your services. Worth ROAD ESTOWN, IN 46075 Z ELECTRIC COMPANY SEEGERS ROAD GTON HEIGHTS, IL 60005 DIN ELECTRIC & TECHNOLOGIES WOODCREEK DRIVE NERS GROVE, IL 60515 | tractors the hedule J for such 1 a, is the sum of the organization of the organization of the sum of the organization of the sum o | freport freport nan \$15 ue comp complet nsated in Repo | able of 50,00 epensare School | tion edul | pens f "Y fror e J fo | es," co | and omple omple unrel | other constends organized | mpensatio ule J for su anization of ceived mor r year endi Desc CONSTRUCT | e than ng with (B) IDN | 3 No 4 Yes 5 No (C) Compensation 22,626,796 |
| ASI LI 4485 WHITI GURT 77 W ARLIN GIBSO 3100 DOWN POWE 1750 CHICA | For any individual listed on line organization and related organization and person listed on line 1a services rendered to the organizations. Ection B. Independent Con Complete this table for your five \$100,000 of compensation from or within the organization's tax your within the organization's tax | tractors the hedule J for such 1 a, is the sum of the organization of the organization of the sum of the organization of the sum o | freport freport nan \$15 ue comp complet nsated in Repo | able of 50,00 epensare School | tion edul | pens f "Y fror e J fo | es," co | and omple omple unrel | other constends or son . | mpensatio ule J for su anization of ceived mor r year endi Desc CONSTRUCT ELECTRICAL | e than ng with (B) IDN CONTRACTORS | 3 No 4 Yes 5 No (C) Compensation 22,626,796 17,533,119 |
| ASI LI ASI LI 4485 WHITI 77 W ARLIN GIBSO 3100 DOWN POWN POWN 1750 CHICA THYSS 2726 CINCI | on line 1a? If "Yes," complete Scale For any individual listed on line organization and related organization and related organization and related organization and related organization and person listed on line 1a services rendered to the organizations. Complete this table for your five \$100,000 of compensation from or within the organization's tax your listed by the complete this table for your five \$100,000 of compensation from or within the organization's tax your listed by the complete this table for your five \$100,000 of compensation from or within the organization's tax your listed by the complete this table for your five \$100,000 of compensation from or within the organization's tax your listed by the complete this table for your five \$100,000 of compensation from or within the organization's tax your listed by the complete this table for your five \$100,000 of compensation from or within the organization's tax your listed by the complete this table for your five \$100,000 of compensation from or within the organization's tax your listed by the complete this table for your five \$100,000 of compensation from or within the organization's tax your listed by the complete this table for your five \$100,000 of compensation from or within the organization's tax your listed by the complete this table for your five \$100,000 of compensation from or within the organization's tax your listed by the complete this table for your five \$100,000 of compensation from or within the organization's tax your listed by the complete five \$100,000 of compensation from or within the organization's tax your listed by the complete five \$100,000 of compensation from or within the organization from or within the organizati | tractors the hedule J for such at ions greater the sum of the organization of | freport freport nan \$15 ue complet nsated in Repo | able of 0,000 - opensa e School | endempe | pens ff "Y" fror e J fo | esation es," co m any or such | and of mple of the months of t | other constends or son . | mpensatio ule J for su initialization of the served more relieved more relieved more relieved more construct ELECTRICAL ELECTRICAL ELECTRICAL ELECTRICAL | e than ng with (B) Inplied of services ION CONTRACTORS ONTRACTORS ERVICING | 3 No Yes No (C) Compensation 22,626,796 17,533,119 15,447,665 |

| Page | Part VIII | | Statement of | Statement of Revenue | | | | | | | | | | |
|--|--------------|------------|------------------------|-----------------------------------|---------------|---------------|----------------------------------|-----------------------|---|--|--|--|--|--|
| Page Patent Service Business Code 900000 440, 750,744 400,750,754 400,750,744 400,750,754 400,75 | | | | | | | Related or exempt function | Unrelated business | Revenue excluded from tax under sections 512,513,or | | | | | |
| Patent Service | <u>\$</u> \$ | 1a | Federated camp | paıgns 1a | | | | | | | | | | |
| Patent Service | 듄둦 | b | Membership du | es 1b | | | | | | | | | | |
| Patient Service | ე≝ | c | Fundraising eve | ents 1c | 1,676,516 | | | | | | | | | |
| Patient Service | £ | d | Related organiz | zations 1d | | | | | | | | | | |
| Patent Service | %, <u>E</u> | e | | | 58,857,281 | | | | | | | | | |
| Patent Service | <u>5</u> .8 | l f | All other contribution | ons, gifts, grants, and 1f | 57,758,695 | | | i | | | | | | |
| Patent Service | 至 | | | ot included above | | | | | | | | | | |
| Patent Service | 重さ | g | 4 | | | | | | | | | | | |
| Patent Service | ည်း | h | | s 1a-1f | ▶ | 118,292,492 | | | | | | | | |
| 1990 20 20 20 20 20 20 20 | | | | | Business Code | | | | | | | | | |
| 1 | IIIe | 2a | Patient Service | | | 406.795.941 | 406.795.941 | | | | | | | |
| 1 | e e | Ь | Physician Practices | | | · · · | | | | | | | | |
| 1 | or Œ | | | | | | | | | | | | | |
| 3 Investment income (including dividends, interest and other similar amounts) 21,005,920 | <u>چ</u> | | | | | | | | | | | | | |
| 1 | 38 | | - | Payments | | | | | | | | | | |
| 1 | Ë | l _ | | | 900099 | | | | | | | | | |
| 3 Investment income (including dividends, interest and other similar amounts) 21,005,920 | Ş | ' | All other progra | am service revenue | | 13,266,108 | 13,266,108 | | | | | | | |
| 21,005,200 21,005,900 306,547 | <u>~</u> | g | Total. Add lines | s 2a – 2f | | 1,318,403,808 | | | | | | | | |
| Transferon investment of tax exempt bond proceeds | | 3 | | | | | | | | | | | | |
| 1980 | | | | | - | | | | 21,008,920 | | | | | |
| 1,156,740 1,15 | | | | | | 968,547 | | | 968,547 | | | | | |
| Second S | | 5 | Royalties | | | | | | | | | | | |
| Description 10,549,141 | | | Cross rants | | (II) Personal | | | | | | | | | |
| Reference Response Company Response Response Company Response Resp | | | | | | | | | | | | | | |
| Net rental income or (loss) 1,156,740 -2,294,4 | | _ | expenses | | | | | | | | | | | |
| Table Gross amount Table Table | | C | | -1,138,12/ | | | | | | | | | | |
| Table Tabl | | d | Net rental incor | me or (loss) | • | -1,138,127 | | 1,156,740 | -2,294,867 | | | | | |
| Total revenue See Instructions Institutions Institutions | | | | | (II) O ther | | | | | | | | | |
| b than inventory 701,187,377 | | 7a | from sales of | 720,258,000 | | | | | | | | | | |
| Total revenue See Instructions 19,070,623 19,070, | | | | | | | | | | | | | | |
| Sales expenses 19,070,623 | | b | | 701,187,377 | | | | | | | | | | |
| Net gain or (loss) 19,070,623 19,070,623 19,070,628 | | | sales expenses | | | | | | | | | | | |
| Sa Gross income from fundraising events (not including \$ 1,676,516 of contributions reported on line 1c) | | | · · · | | | | | | | | | | | |
| ## 1,676,516 of contributions reported on line 1 c) See Part IV, line 18 | | l _ | | | | 19,070,623 | | | 19,070,623 | | | | | |
| ### State | άs | 8a | | | | | | | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 a 31,684 b Less direct expenses b 5,000 c Net income or (loss) from gaming activities ▶ 26,684 26,684 10a Gross sales of inventory, less returns and allowances . a 38,815,158 b Less cost of goods sold . b 25,547,309 c Net income or (loss) from sales of inventory . ▶ 13,267,849 13,267,849 Miscellaneous Revenue Business Code 11a Reference Labs 621500 108,817 108,817 b Vyridian Billing Services 541900 136,035 136,035 c Investment Partnerships 900003 218,362 218,362 d All other revenue | Ž | | \$1,676 | ,516 | | | | | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 a 31,684 b Less direct expenses b 5,000 c Net income or (loss) from gaming activities ▶ 26,684 26,684 10a Gross sales of inventory, less returns and allowances . a 38,815,158 b Less cost of goods sold . b 25,547,309 c Net income or (loss) from sales of inventory . ▶ 13,267,849 13,267,849 Miscellaneous Revenue Business Code 11a Reference Labs 621500 108,817 108,817 b Vyridian Billing Services 541900 136,035 136,035 c Investment Partnerships 900003 218,362 218,362 d All other revenue | ⊕ } | | | | | | | | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 a 31,684 b Less direct expenses b 5,000 c Net income or (loss) from gaming activities ▶ 26,684 26,684 10a Gross sales of inventory, less returns and allowances . a 38,815,158 b Less cost of goods sold . b 25,547,309 c Net income or (loss) from sales of inventory . ▶ 13,267,849 13,267,849 Miscellaneous Revenue Business Code 11a Reference Labs 621500 108,817 108,817 b Vyridian Billing Services 541900 136,035 136,035 c Investment Partnerships 900003 218,362 218,362 d All other revenue | œ | | See Fait IV, iiii | | 522 524 | | | | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 a 31,684 b Less direct expenses b 5,000 c Net income or (loss) from gaming activities ▶ 26,684 26,684 10a Gross sales of inventory, less returns and allowances . a 38,815,158 b Less cost of goods sold . b 25,547,309 c Net income or (loss) from sales of inventory . ▶ 13,267,849 13,267,849 Miscellaneous Revenue Business Code 11a Reference Labs 621500 108,817 108,817 b Vyridian Billing Services 541900 136,035 136,035 c Investment Partnerships 900003 218,362 218,362 d All other revenue | je. | ь | Less direct ex | penses b | | | | | | | | | | |
| See Part IV, line 19 | ₹ | c | | | · | -265,852 | | | -265,852 | | | | | |
| a 31,684 b Less direct expenses b 5,000 c Net income or (loss) from gaming activities ▶ 26,684 10a Gross sales of inventory, less returns and allowances . a 38,815,158 b Less cost of goods sold . b 25,547,309 c Net income or (loss) from sales of inventory . ▶ 13,267,849 Miscellaneous Revenue Business Code 11a Reference Labs 621500 108,817 108,817 b Vyridian Billing Services 541900 136,035 136,035 c Investment Partnerships 900003 218,362 218,362 d All other revenue ▶ 463,254 12 Total revenue. See Instructions ▶ 1,490,098,198 1,318,403,808 1,619,994 51,781,181,181,181,181,181,181,181,181,18 | | 9a | | | | | | | | | | | | |
| b Less direct expenses b | | | See Part IV, lin | | | | | | | | | | | |
| c Net income or (loss) from gaming activities | | | 1000 | | · | | | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances . a 38,815,158 b Less cost of goods sold . b 25,547,309 c Net income or (loss) from sales of inventory . ► 13,267,849 Miscellaneous Revenue Business Code 11a Reference Labs 621500 108,817 108,817 b Vyridian Billing Services 541900 136,035 136,035 c Investment Partnerships 900003 218,362 218,362 d All other revenue ► 40 40 e Total. Add lines 11a-11d | | | | | · | 26 684 | | | 26,684 | | | | | |
| Total revenue. See Instructions Services Service | | | | | vicies | 20,001 | | | 20,001 | | | | | |
| b Less cost of goods sold . b 25,547,309 c Net income or (loss) from sales of inventory . ▶ 13,267,849 Miscellaneous Revenue Business Code 11a Reference Labs 621500 108,817 108,817 b Vyridian Billing Services 541900 136,035 136,035 c Investment Partnerships 900003 218,362 218,362 d All other revenue | | | | | | | | | | | | | | |
| c Net income or (loss) from sales of inventory 13,267,849 13,267,849 Miscellaneous Revenue Business Code 11a Reference Labs 621500 108,817 108,817 b Vyridian Billing Services 541900 136,035 136,035 c Investment Partnerships 900003 218,362 218,362 d All other revenue 40 40 e Total. Add lines 11a−11d 463,254 12 Total revenue. See Instructions 1,490,098,198 1,318,403,808 1,619,994 51,781,99 | | | | | 38,815,158 | | | | | | | | | |
| Miscellaneous Revenue Business Code 11a Reference Labs 621500 108,817 108,817 b Vyridian Billing Services 541900 136,035 136,035 c Investment Partnerships 900003 218,362 218,362 d All other revenue 40 40 e Total. Add lines 11a-11d 463,254 463,254 12 Total revenue 1,490,098,198 1,318,403,808 1,619,994 51,781,994 | | | | | | | | | | | | | | |
| 11a Reference Labs 621500 108,817 108,817 b Vyridian Billing Services 541900 136,035 136,035 c Investment Partnerships 900003 218,362 218,362 d All other revenue 40 40 e Total. Add lines 11a-11d 463,254 12 Total revenue 1,490,098,198 1,318,403,808 1,619,994 51,781,90 | | С | | | | 13,267,849 | | | 13,267,849 | | | | | |
| b Vyridian Billing Services 541900 136,035 136,035 c Investment Partnerships 900003 218,362 218,362 d All other revenue | | | | | | 100 047 | | 100 047 | | | | | | |
| C Investment Partnerships 900003 218,362 218,362 40 40 40 40 40 40 40 40 40 40 40 40 40 | | l <u>.</u> | - | | | · · | | · | | | | | | |
| d All other revenue | | b | Vyrıdıan Billing | Services | | | | · | | | | | | |
| e Total. Add lines 11a-11d | | c | | - | 900003 | , | | , | | | | | | |
| 12 Total revenue. See Instructions | | d | | | | 40 | | 40 | | | | | | |
| 1,490,098,198 1,318,403,808 1,619,994 51,781,9 | | e | Total. Add lines | s 11a-11d | · · · 🛌 | 463,254 | | | | | | | | |
| 1,490,098,198 1,318,403,808 1,619,994 51,781,9 | | 12 | Total revenue | See Instructions | ▶ | | | | | | | | | |
| = | | | Total levellue. | See Thatructions . | | 1,490,098,198 | 1,318,403,808 | | 51,781,904 Form 990 (2011) | | | | | |

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)

| | heck if Schedule O contains a response to any question in this Part IX | | | | |
|----|--|------------------------------|---|--|---------------------------------------|
| | ot include amounts reported on lines 6b, b, 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 United States See Part IV, line 21 | 210,450 | 210,450 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 8,226,468 | 8,226,468 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States 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 | 24,245,270 | 5,235,416 | 18,562,986 | 446,868 |
| 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 | 594,909,424 | 581,490,019 | 10,175,906 | 3,243,499 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 37,541,169 | 34,709,364 | 2,542,480 | 289,325 |
| 9 | Other employee benefits | 68,509,595 | 63,888,724 | 4,114,553 | 506,318 |
| 10 | Payroll taxes | 39,133,080 | 37,363,022 | 1,532,399 | 237,659 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| ь | Legal | 2,310,544 | 465,377 | 1,845,167 | |
| c | Accounting | 667,182 | 11,218 | 655,964 | |
| d | Lobbying | 0 | | | _ |
| e | Professional fundraising See Part IV, line 17 | | | | _ |
| f | Investment management fees | 2,222,529 | | 2,222,529 | |
| g | Other | 0 | | , , | |
| 12 | Advertising and promotion | 3,393,629 | 2,903,246 | 487,512 | 2,871 |
| 13 | Office expenses | 9,042,098 | 7,598,490 | 1,242,424 | 201,184 |
| 14 | Information technology | 11,905,537 | 10,497,446 | 1,344,693 | 63,398 |
| 15 | Royalties | 0 | | , , | <u> </u> |
| 16 | Occupancy | 29,956,546 | 29,520,525 | 44,463 | 391,558 |
| 17 | Travel | 3,748,672 | 3,200,669 | 456,218 | 91,785 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | , , | , | , |
| 19 | Conferences, conventions, and meetings | 1,584,359 | 1,384,689 | 117,155 | 82,515 |
| 20 | Interest | 21,912,221 | 21,912,221 | | |
| 21 | Payments to affiliates | 0 | * | | |
| 22 | Depreciation, depletion, and amortization | 85,449,304 | 80,340,232 | 5,109,072 | |
| 23 | Insurance | 28,223,089 | 26,248,411 | 1,974,678 | |
| 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 | Bad Debt Expense | 45,189,158 | 45,189,158 | | |
| b | Equipment Rental and Supplies | 212,825,626 | 212,085,055 | 725,451 | 15,120 |
| c | Medicaid Provider Tax | 26,306,496 | 26,306,496 | | |
| d | Commissions | 29,796,107 | 24,963,599 | 3,744,322 | 1,088,186 |
| е | | | | | |
| f | All other expenses | 120,087,170 | 119,545,327 | 512,653 | 29,190 |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,407,395,723 | 1,343,295,622 | 57,410,625 | 6,689,476 |
| 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 | | | | rm 990 (2011) |

| Pa | rt X | Balance Sheet | | | | |
|-----------|------|--|-----------------------|-----------------------|-------------|---------------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 127,797,026 | 1 | 96,853,654 |
| | 2 | Savings and temporary cash investments | • | 115,613,164 | 2 | 115,712,180 |
| | 3 | Pledges and grants receivable, net | | 60,911,403 | 3 | 38,695,483 |
| | 4 | Accounts receivable, net | | 192,360,429 | 4 | 254,235,809 |
| | 5 | Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of | s, key employees | , and | | |
| | | Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of | |)) and | | |
| 60 | | Schedule L | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| 8 | 8 | Inventories for sale or use | | 15,343,575 | 8 | 23,164,154 |
| ⋖ | 9 | Prepaid expenses and deferred charges | | 11,691,016 | 9 | 17,124,215 |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D | 2,117,9 10a | 53,841 | | |
| | b | Less accumulated depreciation | 10b 861,0 | 49,884 1,187,177,788 | 10c | 1,256,903,957 |
| | 11 | Investments—publicly traded securities | 735,509,000 | 11 | 730,490,000 | |
| | 12 | Investments—other securities See Part IV, line 11 | 111,506,817 | 12 | 88,126,064 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | 25,636,839 | 15 | 36,412,948 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | 2,583,547,057 | 16 | 2,657,718,464 |
| | 17 | Accounts payable and accrued expenses . | | 349,793,290 | 17 | 371,010,197 |
| | 18 | Grants payable | | 21,209,535 | 18 | 20,394,044 |
| | 19 | Deferred revenue | | | 19 | _ |
| | 20 | Tax-exempt bond liabilities | | 522,328,612 | 20 | 512,339,366 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedu | le D | · · · | 21 | <u>··</u> _ |
| abilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | |
| 졅 | | persons Complete Part II of Schedule L | | | 22 | |
| Ï | 23 | Secured mortgages and notes payable to unrelated third parties | 5 | 346,978,413 | 23 | 370,731,370 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | <u></u> |
| | 25 | Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Par | ed third parties, | 04 040 405 | | 07.040.005 |
| | | D | | 61,612,165 | | 67,819,005 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 1,301,922,015 | 26 | 1,342,293,982 |
| Balances | | Organizations that follow SFAS 117, check here ▶ → and compthrough 29, and lines 33 and 34. | olete lines 27 | | | |
| <u></u> | 27 | Unrestricted net assets | | 710,640,758 | 27 | 790,097,120 |
| Ba | 28 | Temporarily restricted net assets | | 343,248,011 | 28 | 289,960,735 |
| Fund | 29 | Permanently restricted net assets | | 227,736,273 | 29 | 235,366,627 |
| or Fu | | Organizations that do not follow SFAS 117, check here ► ar lines 30 through 34. | nd complete | | | |
| | 30 | Capital stock or trust principal, or current funds | • | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| Ą | 32 | Retained earnings, endowment, accumulated income, or other fu | ınds | | 32 | |
| Net | 33 | Total net assets or fund balances | | 1,281,625,042 | 33 | 1,315,424,482 |
| 2 | 34 | Total liabilities and net assets/fund balances | | 2,583,547,057 | 34 | 2,657,718,464 |

| Pair | Check if Schedule O contains a response to any question in this Part XI | | | . [고 | |
|------|---|---------|----|---------|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 1,490,0 | 198 198 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,407,3 | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 82,7 | 702,475 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1,281,6 | 525,042 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | -48,9 | 903,035 |
| 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 | | 1,315,4 | 124,482 |
| Par | TXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | | ୮ | |
| | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 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 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 in a separate basis, consolidated basis, or both | ssued | | | |
| | ☐ Separate basis ☐ Both consolidated and separated basis | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | e | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equired | 3b | Yes | |

Employer identification number

OMB No 1545-0047

/MB NO 1545-004

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Rush University Medical Center

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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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 Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organizati col (i) list your gove docume | on in ced in rning | (v) Did you not organizati col (i) of suppor | on in your | (vi) Is the organization in col (i) organized in the US? | | (vii) A mount of support? |
|---|-------------|---|--|--------------------------|--|---------------|---|----|---------------------------------|
| | | ınstructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

11g(iii)

| | Support Schedule (Complete only if yo | | | | | | |
|-----|--|--------------------------|---------------------|----------------------|---------------------|---------------------|---------------------|
| | under Part III. If the | | | | | | |
| S | ection A. Public Support | g | | | дологи, р | | |
| | endar year (or fiscal year beginning | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 201 | 11 (f) Total |
| 1 | in) Gifts, grants, contributions, and | | + ` ′ | + ` ' | ' ' | ` ' | |
| 1 | membership fees received (Do not | . | | | | | |
| | ınclude 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 | P | | | | | |
| 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 o line 1 that exceeds 2% of the | n | | | | | |
| | amount shown on line 11, column | | | | | | |
| | (f) | | | | | | |
| 6 | Public Support. Subtract line 5 from | n | | | | | |
| | line 4 ection B. Total Support | | | | | | |
| | endar year (or fiscal year beginning | (-) 2007 | (h) 2000 | (-) 2000 | (4) 2010 | (-) 201 | 1 (5) Tabal |
| | ın) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 201 | .1 (f) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or | | | | | | |
| | not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 10 | Other income (Explain in Part | | | | | | |
| | IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 | Total support (Add lines 7 | | | | | | |
| | through 10) | | | | | | |
| 12 | Gross receipts from related activit | ies, etc (See ins | tructions) | | | 12 | |
| 13 | First Five Years If the Form 990 is | for the organizat | on's first, second | l, thırd, fourth, or | fifth tax year as a | 501(c)(3) | |
| | check this box and stop here | | | | | | ► □ |
| S | ection C. Computation of Pu | blic Support F | Percentage | | | | |
| 14 | Public Support Percentage for 201 | 1 (line 6 column | (f) dıvıded by lıne | 11 column (f)) | | 14 | 0 % |
| 15 | Public Support Percentage for 201 | 0 Schedule A, Pa | ırt II, lıne 14 | | | 15 | |
| 16a | 33 1/3% support test—2011. If the | | | | line 14 is 33 1/3% | % or more, o | |
| h | and stop here. The organization qu 33 1/3% support test—2010. If the | | | | 6a and line 15 ic | 33 1/20% or | more check this |
| b | box and stop here. The organization | | | | oa, and fine 13 is | 33 1/370 UI | Iniore, check this |
| 17a | 10%-facts-and-circumstances test | —2011. If the org | anızatıon dıd not | check a box on lı | | | 4 |
| | 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 | —2010. If the ord | anızatıon dıd not | check a box on li | ne 13, 16a. 16b. | or 17a and | • |
| | 15 is 10% or more, and if the orga | nızatıon meets th | e "facts and circi | ımstances" test, | check this box ar | nd stop here | : . |
| | Explain in Part IV how the organiza | ation meets the "i | acts and circums | tances" test The | e organızatıon qua | ılıfıes as a p | |
| 18 | supported organization Private Foundation If the organization | tion did not check | a box on line 13 | . 16a. 16b. 17a o | or 17b, check this | box and se | ▶ □ |
| | instructions | a.a not eneer | | ,, | , chock tills | 35 unu 50 | ັ |

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Section D. Computation of Investment Income Percentage

| L 5 | Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | |
|------------|--|----|--|
| L6 | Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | |
| | | | |
| _ | | | |

| 17 Investment income percentag | e for 2011 (line 10c co | lumn (f) divided by ! | line 13 column (f)) |
|--------------------------------|--------------------------------|-----------------------|---------------------|
|--------------------------------|--------------------------------|-----------------------|---------------------|

18 Investment income percentage from 2010 Schedule A, Part III, line 17

| 17 | 0 % |
|----|-----|
| 18 | |
| | |

19a 33 1/3% support tests—2011. 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 **⊳**[

33 1/3% support tests-2010. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

| Part IV | Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions). | | | | | |
|---------|--|--|--|--|--|--|
| | | | | | | |
| | Facts And Circumstances Test | | | | | |
| | | | | | | |
| | Explanation | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133010143

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

| Name | of the | organiz | atıon |
|--------|-----------|---------|--------|
| Rush U | niversity | Medical | Center |

Employer identification number

36-2174823

| Part I-A | Complete if the organization is exem | pt under section 501(c |) or is a section 527 | ' organization. |
|----------|--------------------------------------|------------------------|-----------------------|-----------------|
| | | | | |

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

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

- Enter the amount of any excise tax incurred by the organization under section 4955 1
- 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?
- Was a correction made?
- 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- 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
- Did the filing organization file Form 1120-POL for this year? Yes 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) A mount 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- |
|----------|-------------|---------|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Grassroots lobbying expenditures

| (The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 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- 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) | ווטפ | edule C (F | 01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1 | | | | | Page ∠ |
|--|------|--------------|--|---------------------------|-----------------------|------------------|---|------------------|
| A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) 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.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying) | Pa | rt II-A | | n is exempt under | section 501(| c)(3) and fi | iled Form 5768 | (election |
| expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0 | ١ | Check | | an affiliated group (and | lıst ın Part IV ea | ch affiliated gr | oup member's nam | e, address, EIN, |
| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1 | | | expenses, and share of excess lob | bying expenditures) | | _ | • | |
| 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 f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying barbon line 1 of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 The lobbying the amount of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000,000 S175,000,000 S175,000,000 S175,000,000 Over \$1,000,000 Over \$ | 3 | Check | ıf the filing organization checked bo | ox A and "limited contro | ol" provisions app | ly | 1 | 1 |
| (The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but | | | Limits on Lobbying | Expenditures | | | (a) Filing | (b) Affiliated |
| Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00 | | | | | l.) | | Organization's Totals | Group Totals |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S1,000,000 F17,000,000 F17,000, | | - | | | 1 \ | | 100013 | Totals |
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| f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0 | d | Otherexe | empt purpose expenditures | | | | | |
| Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Over | e | Total exe | mpt purpose expenditures (add lines 1 | .c and 1d) | | | | |
| Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount | f | | nontaxable amount Enter the amount | from the following table | in both | | | |
| 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 \$1,000,000 \$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 \$1,000,00 | | If the an | ount on line 1e, column (a) or (b) is: | The lobbying nontax | able amount is: | | | |
| Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 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 1ffrom line 1c If zero or less, enter -0- 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount | | Not over \$5 | 500,000 | 20% of the amount on li | ne 1e | | | |
| 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 \$1,00 | | Over \$500, | 000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,0 | 000 | | |
| 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- 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount | | Over \$1,00 | 0,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000 | ,000 | | |
| 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 1ffrom line 1c If zero or less, enter -0- 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | Over \$1,50 | 0,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500, | 000 | | |
| 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- 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount | | Over \$17,0 | 00,000 | \$1,000,000 | | | | |
| 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- 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount | | | | | | | | |
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| i Subtract line 1f from line 1c If zero or less, enter -0- 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | h | Subtract | line 1a from line 1a If zero or less. en | ter -0 - | | | | |
| Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount | | | | | | | | |
| 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | | | | organization file | Form 4720 re | portina | |
| (Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | | | | | | F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | ┌ Yes ┌ No |
| Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount | | (Sor | ne organizations that made a | section 501(h) el | ection do not | have to co | | ne five |
| beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount | | | Lobbying Exp | enditures During | 4-Year Avera | ging Period | d | |
| b Lobbying ceiling amount | | | | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| | 2a | Lobbyin | g non-taxable amount | | | | | |
| | b | | | | | | | |
| c Total lobbying expenditures | c | Total loi | obying expenditures | | | | | |
| | | | | | | | | |
| d Grassroots non-taxable amount | d | Grassro | ots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | e | | | | | | | |

| 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)). |

| | (creation under section sez(n)). | (a | 1) | (b) |
|----|--|-----|----|---------|
| | | Yes | No | 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 | | | |
| а | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| C | Media advertisements? | | Νo | |
| d | Mailings to members, legislators, or the public? | | Νo | |
| е | Publications, or published or broadcast statements? | | Νo | |
| f | Grants to other organizations for lobbying purposes? | | Νo | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 847,812 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? If "Yes," describe in Part IV | | No | |
| j | Total lines 1c through 1i | | | 847,812 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | İ | |
| 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). | | |
| а | 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 |
|------------|------------------|---|
| II-B | _ | Direct contact with legislators and staff in order to influence legislation favorable to the healthcare industry |

DLN: 93493133010143

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

| | sh University Medical Center | | | Empi | oyer identificatio | n numbe | |
|--------|---|-----------------------------------|---|----------|---------------------------------------|----------|--|
| | | | | | 174823 | | |
| Pa | organizations Maintaining Donor A organization answered "Yes" to Form 9 | 90, Part IV, line 6. | | | | • | |
| _ | | (a) Donor advis | sed funds | (| b) Funds and othe | raccoun | its |
| 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 addunds are the organization's property, subject to the | | | or advis | sed [| _ Yes | ┌ No |
| 6 | Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit | | | | purpose | _ Yes | ┌ No |
| Pa | rt II Conservation Easements. Complete | ıf the organization ar | swered "Yes" to | Form | <u> </u> | | <u>, </u> |
| 1 2 | Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year | tion or pleasure) F | Preservation of an Preservation of a c | ertified | historic structure | | 1 |
| | casement on the last day of the tax year | | Г | | Held at the En | d of the | Year |
| а | Total number of conservation easements | | ŀ | 2a | ricia at the En | u or the | ı cui |
| b | Total acreage restricted by conservation easement | :s | ŀ | 2b | | | |
| c | Number of conservation easements on a certified h | | ın (a) | 2c | | | |
| d | Number of conservation easements included in (c) | | ` ′ | 2d | | | |
| 3 | Number of conservation easements modified, trans | | L hed or terminate | d by the | e organization dur | ına | |
| • | the taxable year - | ierrea, reieasea, extingais | med, or terminate | a by th | e organización dar | g | |
| 4 | Number of states where property subject to conserv | vation easement is locate | d ► | _ | | | |
| 5 | Does the organization have a written policy regarding enforcement of the conservation easements it holds: | | ,, inspection, hand | lling of | · · · · · · · · · · · · · · · · · · · | _ Yes | ┌ No |
| 6 | Staff and volunteer hours devoted to monitoring, ins | specting and enforcing co | nservation easem | ents du | ring the year 🛌 | | |
| 7 | Amount of expenses incurred in monitoring, inspect \$\blue{\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex | ting, and enforcing consei | vation easements | during | the year | | |
| 8 | Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | 2(d) above satisfy the re | quirements of sec | tion | Γ | _ Yes | ┌ No |
| 9 | In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease | f the footnote to the orgar | | | | | |
| Pai | rt IIII Organizations Maintaining Collecti Complete if the organization answered | | | or Oth | er Similar As | sets. | |
| 1a | If the organization elected, as permitted under SFA | • | | nt and I | balance sheet wor | ks of | |
| тa | art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f | d for public exhibition, ed | ucation or researd | h in fur | | | , |
| b | historical treasures, or other similar assets held for provide the following amounts relating to these item | r public exhibition, educat ns | | | | | |
| | (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, his following amounts required to be reported under SF, | | | r financ | | | |
| | | | | | | | |

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| ar | 311 Organizations Maintaining Co | <u>llections of Art</u> | , His | toric | cal Tre | easures, or ' | Oth: | <u>er Similar</u> | Asse | ets (cor | ntınued) |
|--------|--|-------------------------|---------|-----------------|-------------------------|-----------------------------|---------------|--------------------------------|-----------------|-------------------|-----------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | ne foll | owing th | nat are a signifi | cant | use of its co | llectio | n | |
| а | Public exhibition | | d | Γ | Loan o | r exchange pro | gram | S | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIV | ollections and expla | ın hov | w they | further | the organization | n's e | exempt purpo | ose in | | |
| 5 | During the year, did the organization solicit assets to be sold to raise funds rather than | | | | | | | mılar | Г | Yes | ┌ No |
| Pai | t IV Escrow and Custodial Arrang | | | | | | ed " | Yes" to For | m 990 |), | |
| | Part IV, line 9, or reported an ar | | | | | | | | | | |
| la | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | | ions or other as | sets | not | Γ | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | V and complete the | follow | /ıng ta | ble | | | | | | |
| | | | | | | | <u> </u> | | Amo | unt | |
| с | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| e - | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1 f | | | | |
| 2a | Did the organization include an amount on F | | e 21? | | | | | | Г | Yes | ▼ No |
| | If "Yes," explain the arrangement in Part XI\ | | | | 1.1157 | | | | | | |
| Рa | rt V Endowment Funds. Complete | (a)Current Year | | were Prior Y | | to Form 990 (c)Two Years Ba | | art IV, line (d)Three Years | | e) Four Ye | ears Bacl |
| .a | Beginning of year balance | 439,974,344 | (5) | | 542,000 | 350,852, | $\overline{}$ | 415,55 | | - | bars bac |
| b | Contributions | 9,454,670 | | 9, | 238,740 | 8,853, | 000 | 1,28 | 32,000 | | |
| c | Investment earnings or losses | 2,456,570 | | 65, | 348,174 | 34,538, | 000 | -45,49 | 3,000 | | |
| d | Grants or scholarships | 1,796,055 | | | 428,631 | 360, | 433 | 55 | 6,526 | | |
| e | Other expenditures for facilities and programs | 13,819,062 | | 14, | 725,939 | 11,653, | 992 | 17,99 | 94,356 | | |
| f | Administrative expenses | 412,063 | | | | 1,686, | 575 | 1,93 | 39,118 | | |
| g | End of year balance | 435,858,404 | | 439, | 974,344 | 380,542, | 000 | 350,85 | 52,000 | | |
| 2 | Provide the estimated percentage of the year | r end balance held a | as | | | | | | | | |
| а | Board designated or quasi-endowment | 1 000 % | | | | | | | | | |
| ь | Permanent endowment 🕨 54 000 % | | | | | | | | | | |
| c | Term endowment ► 45 000 % | | | | | | | | | | |
| Ba | Are there endowment funds not in the posse | ssion of the organiz | atıon t | that a | re held | and administer | ed fo | r the | | | |
| | organization by | | | | | | | ı | 2 (1) | Yes | No |
| | (i) unrelated organizations | | | • | | | | | 3a(i) 3a(ii) | + | No No |
| b | (ii) related organizations | | | | | | ٠. | | 3b | | |
| , | Describe in Part XIV the intended uses of th | | | | | | • | [| | | |
| aı | t VI Land, Buildings, and Equipme | | | | | 0. | | | | | |
| | Description of property | | | (a) (| Cost or ot (investme | her (b)Cost or o | | (c) Accumula | | (d) Bool | c value |
| а | and | | | | | 17,19 | 0,156 | <u> </u> | | 17 | ,190,156 |
| ь | Buildings | | | | | 1,646,37 | | | ,507 | | ,096,931 |
| | _easehold improvements | | | | | | | | | | - |
| d | Equipment | | | | | 454,38 | 6,247 | 264,769 | ,377 | 189 | ,616,870 |
| e | Other | | . | | | | | | | | |

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

1,256,903,957

| (a) Description of security or category | | | d of valuation |
|--|--|----------|--------------------|
| (including name of security) | (b) Book value | | year market value |
| (1)Financial derivatives | | | |
| (2)Closely-held equity interests | | | |
| Other | | | |
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| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | 12 | |
| Part VIII Investments—Program Related. See | | | d of valuation |
| (a) Description of investment type | (b) Book value | | -year market value |
| | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, Irr | e 15. | | |
| (a) Descrip | | | (b) Book value |
| | | | |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 | 5.) | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X | | | |
| | | | |
| Part X Other Liabilities. See Form 990, Part X | , line 25. | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | , line 25. | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes | , line 25. (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Swap Valuation | , line 25. (b) Amount 25,261,037 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Swap Valuation Pension Liabilities | , line 25. (b) A mount 25,261,037 38,839,512 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Swap Valuation Pension Liabilities IMD Loan | , line 25. (b) A mount 25,261,037 38,839,512 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Swap Valuation Pension Liabilities IMD Loan Joint Venture Liabilities | , line 25. (b) Amount 25,261,037 38,839,512 1,459,583 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Swap Valuation Pension Liabilities IMD Loan Joint Venture Liabilities Securities Lending Liabilities | , line 25. (b) Amount 25,261,037 38,839,512 1,459,583 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Swap Valuation Pension Liabilities IMD Loan Joint Venture Liabilities Securities Lending Liabilities | , line 25. (b) Amount 25,261,037 38,839,512 1,459,583 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Swap Valuation Pension Liabilities IMD Loan Joint Venture Liabilities Securities Lending Liabilities | , line 25. (b) Amount 25,261,037 38,839,512 1,459,583 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Swap Valuation Pension Liabilities IMD Loan Joint Venture Liabilities Securities Lending Liabilities | , line 25. (b) Amount 25,261,037 38,839,512 1,459,583 | | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Swap Valuation Pension Liabilities IMD Loan Joint Venture Liabilities Securities Lending Liabilities | , line 25. (b) Amount 25,261,037 38,839,512 1,459,583 | . | |

| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer | nts | |
|------|---|-------------|----------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | |
| Part | XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Re | turn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | per F | leturn |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | 1 | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a |] | |
| b | Other (Describe in Part XIV) |] | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | |
| | t XIV Supplemental Information | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa | art IV , li | nes 1b and 2b, |

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 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 |
|------------|------------------|---|
| V | | The endowments are used to fund professorships 41, research 13, free care 9, student financial aid 12, education and fellowships 12 and other programs 13 |
| X | | Audited financial statements do not include a FIN 48 footnote |

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As Filed Data -

DLN: 93493133010143

OMB No 1545-0047

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.

Open to Public **Inspection**

| lame of the orga | anızatıon | |
|------------------|-----------|-------|
| Rush University | Medical | Cente |

Employer identification number

36-2174823

| Pa | "Yes" to Form 990, Par | | | he United States. C | omplete if the organiza | ation answered |
|----|---|--|--|----------------------------|--|--|
| 1 | For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance? | organization r gibility for the | naıntaın record grants or assıs | stance, and the select | ion criteria used to awa | |
| 2 | For grantmakers. Describe in Pa United States | | | | | |
| 3 | Activites per Region (Use Part ' | V ıf addıtıonal s | pace is needed |) | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region or independent contractors | region (by type) (e g , | (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 |
| | Central America and the Caribbean | | | Program Services | Charitable Health Care | 32,800 |
| | Central America and the Caribbean | | | Program Services | Self Insurance | 4,075,000 |
| | Central America and the Caribbean | | | Investments | | 527,404 |
| | East Asia and the Pacific | | | Program Services | Charitable Health Care | 56,569 |
| | Europe | | | Program Services | Charitable Health Care | 603,623 |
| | Middle East and North Africa | | | Program Services | Charitable Health Care | 15,826 |
| | North America | | | Program Services | Charitable Health Care | 1,698,015 |
| | Russia and the Newly Independent States | | | Program Services | Charitable Health Care | 11,350 |
| | South America | | | Program Services | Charitable Health Care | 1,439 |
| | South Asia | | | Program Services | Charitable Health Care | 40 |
| | Sub-Saharan Africa | | | Program Services | Charitable Health Care | 4,590 |
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| | | | | | | |
| | Sub-total Total from continuation sheets to Part I | | | | | 7,026,656 |

c Totals (add lines 3a and 3b)

7,026,656

| Pai | Part IV, | line 15, for any | sistance to Organ recipient who recesspace is needed. | nizations or Entiti erved more than \$5, | es Outside the Ur ,000. Check this box | nited States. Comp x if no one recipient | plete if the organiza received more thai | tion answered "Yes' n \$5,000 | ' to Form 990, ▶ 厂 |
|-----|----------------------------------|---|--|--|--|--|---|--|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of 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 nur tax-exempt by | mber of recipie y the IRS, or fo | ent organizations lis or which the grante | ted above that are e or counsel has pro | recognized as chari ovided a section 50 | ties by the foreign of 1(c)(3) equivalency | country, recognized letter | as . • | |
| 3 | Enter total nui | mber of other o | organizations or en | tities | | | | | (Form 990) 2011 |

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) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount 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? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i> | <u>\</u> | Yes | Γ | Νo |
|---|--|----------|-----|----------|----|
| 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) | Γ | Yes | 굣 | Νo |
| 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) | <u> </u> | Yes | Γ | Νo |
| 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) | Г | Yes | ▽ | Νo |
| 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) | Г | Yes | দ | Νo |
| 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). | Г | Yes | ি | No |

Schedule F (Form 990) 2011

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 |
|------------|---------------------|---|
| I | 3 | Column f expenditures are actual payments to foreign entities or for foreign travel and are based on the accrual method of accounting |

Schedule F (Form 990) 2010

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As Filed Data -

DLN: 93493133010143

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

| | | | | • | | | Inspection | |
|--|---|--|------------------------------------|---|---|--|------------------------------|--|
| ame of the organization | | | | | Emı | ployer ident | tification number | |
| ish University Medical Center | | | | | 36- | 2174823 | | |
| art I Fundraising Act | tivities. Complet | e ıf the or | ganıza | tion answered "Yes" | to Form 990 |), Part IV, | line 17. | |
| Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at lease | nization raised funds licitations s a written or oral agre Form 990, Part VII st paid individuals or | through ar eement with) or entity i | ny of the e f g n any ind in conne | following activities Ch Solicitation of noi Solicitation of god Special fundraisin Iividual (including office ction with professional ers) pursuant to agreem | eck all that ap n-government vernment gran ng events ers, directors, fundraising se ents under wh | oply grants ats trustees ervices? | Г Yes Г draiser is | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | | | (iii) Did (iv) Gross receipts from activity custody or control of contributions? | | (v) A mount (or retain fundraiser I col (| ed by) listed in | (vi) A mount paid to (or retained by) organization |
| | | | , <u> </u> | | | | | |
| tal | organization is regis | stered or lice | ▶ censed t | o solicit funds or has be | een notified it | ıs exempt | from registration or | |

| Pai | t II | Fundraising Events. Commore than \$15,000 on Form | | | | |
|-----------------|-------|--|---|---|-------------------------------------|--|
| | | | (a) Event #1 Rush Neurobehavioral Gala (event type) | (b) Event #2 Womens Board Fashion Show (event type) | (c) O ther Events 5 (total number) | (d) Total Events (Add col (a) through col (c)) |
| Me | 1 | Gross receipts | 845,711 | 752,391 | 615,182 | 2,213,284 |
| Revenue | 2 | Less Charitable contributions | 820,241 | 527,466 | 328,809 | 1,676,516 |
| | 3 | Gross income (line 1 minus line 2) | 25,470 | 224,925 | 286,373 | 536,768 |
| | 4 | Cash prizes | | 5,000 | | 5,000 |
| မှာ | 5 | Non-cash prizes | | | 1,031 | 1,031 |
| Expenses | 6 | Rent/facility costs | | 70,688 | 81,446 | 152,134 |
| | 7 | Food and beverages | 70,626 | 84,574 | 148,738 | 303,938 |
| Direct | 8 | Entertainment | 12,500 | 3,680 | 45,549 | 61,729 |
| ₫ | 9 | Other direct expenses . | 20,126 | 160,268 | 84,160 | 264,554 |
| | 10 | Direct expense summary Add lin | es 4 through 9 ın columr | n(d) | | (788,386) |
| | 11 | Net income summary Combine Ii | nes 3 and 10 ın column (| (d) | • | -251,618 |
| Par | t III | Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii | | "Yes" to Form 990, Pa | irt IV, line 19, or repo | rted more than |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
| <u> </u> | 1 | Gross revenue | | | 17,450 | 17,450 |
| <u> </u> | 2 | Cash prizes | | | 5,000 | 5,000 |
| Direct Expenses | 3 | Non-cash prizes | | | | |
| 面 당 | 4 | Rent/facility costs | | | | |
| 툽 | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | ┌ Yes | Г Yes Г No | Yes 100 000 % No | |
| | 7 | Direct expense summary Add line | s 2 through 5 ın column (| (d) | | (5,000) |
| | 8 | Net gaming income summary Com | bine lines 1 and 7 in colu | umn (d) | <u> </u> | 12,450 |
| 9 a b | Is th | er the state(s) in which the organiza ne organization licensed to operate No," Explain | gaming activities in eac | h of these states? | | · Ves No |
| 10a b | | e any of the organization's gaming 'es," Explain | licenses revoked, susper | nded or terminated during | the tax year? | · · Fyes F No |

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization Rush University Medical Center

Employer identification number

| | | | | | | 2174823 | | | |
|--|---|---|-------------------------------------|--|-------------------------------|------------------------------|--------|----------------------|----------------|
| Pa | rt I Charity Care and | l Certain O | ther Comr | nunity Benefits at | Cost | | | , , | |
| | - 1.1 | | | | | | | Yes | No |
| 1a | _ | | | | | | 1a | Yes | |
| | If "Yes," is it a written policy | | | | | | 1b | Yes | |
| 2 | If the organization had multip care policy to the various hos | | ındıcate whic | h of the following best | describes application o | of the charity | | | |
| | Applied uniformly to all ho Generally tailored to indiv | • | ls | Applied uniformly | to most hospitals | | | | |
| 3 | Answer the following based o organization's patients during | • | _ | y criteria that applies t | o the largest number o | of the | | | |
| а | Did the organization use Fede If "Yes," indicate which of the | | | | | care? | 3a | Yes | |
| | , | _ | ᅜ | | • | | Sa | 165 | |
| | | | | O ther 00000300.00000000000 | 00 | | | | |
| | Γ 100% Γ 150% | Γ 2C | 00% | % | - | | _ | | |
| b | Did the organization use FPG "Yes," indicate which of the fo | | | • | | | | | |
| | | _ | _ | | | | 3b | Yes | |
| | 200% 250% | J 30 | 00% I | 350% | 0% Other_ | <u>%</u> | | | |
| С | If the organization did not use determining eligibility for free | ordiscounte | d care Inclu | de in the description w | nether the organizatior | | | | |
| | test or other threshold, regard | | | | | | ء ا | Yes | |
| 4 Did the organization's policy provide free or discounted care to the "medically indigent"? | | | | | | | | | |
| the tax year? | | | | | | | | Yes | |
| b | If "Yes," did the organization | 's charity car | e expenses e | exceed the budgeted an | nount? | | 5b | Yes | |
| С | 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? | | | | | | | | No |
| 6a | Did the organization prepare | a community | benefit repor | tduring the tax year? | | | 6a | Yes | |
| 6b | If "Yes," did the organization | make it avail | able to the p | ublic? | | | 6b | Yes | |
| | Complete the following table worksheets with the Schedule | | ksheets prov | ided in the Schedule H | instructions Do not s | ubmit these | | | |
| 7 | Charity Care and Certain C | | • | at Cost | | | | | |
| | Charity Care and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community be expense | enefit | (f) Pero total ex | |
| а | Charity care at cost (from Worksheet 1) | | | 27,371,439 | | 27.37 | 1,439 | 2 | 180 % |
| b | Medicaid (from Worksheet 3, column a) | | | 214,234,056 | 158,348,548 | | 5,508 | | 450 % |
| С | Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | | | |
| d | Total Charity Care and Means-Tested Government Programs | | | 241,605,495 | 158,348,548 | 83,25 | 6,947 | 6 | 630 % |
| e | Other Benefits e Community health improvement services and community benefit operations (from | | | | | | | | |
| f | (Worksheet 4) | | | 5,739,041 | 606,402 | 5,13 | 2,639 | 0 | 410 % |
| g | (from Worksheet 5) Subsidized health services | | | 122,048,212 | 76,931,475 | 45,11 | 6,737 | 3 | 590 % |
| _ | (from Worksheet 6) | | | 158,172,453 | 121,997,806 | | 4,647 | | 880 % |
| h i | Research (from Worksheet 7) Cash and in-kind contributions | | | 119,852,744 | 31,457,035 | 88,39 | 5,709 | 7 | 040 % |
| | for community benefit (from Worksheet 8) | | | 210,450 | | | 0,450 | | 020 % |
| - | Total Other Benefits Total Add lines 7d and 7j | | | 406,022,900 647,628,395 | 230,992,718 | | | | 940 % 570 % |
| ĸ | iotai. Muu iiiles /u aliu /j | | | 047,028,395 | 309,341,266 | 238,28 | 11,129 | 20 | 310 % |

| | | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | 1 ' ' | rect offs revenue | _ | (e) Net community building expense | | (f) Perc total ex | |
|------------------|--|---|--|---|------------------------|----------------------|----------|---|--------|-----------------------------|-------------------|
| 1 | Physical improvements and housing | , , , | | | | | | | | | |
| 2 | Economic development | | | | | | | | | | |
| 3 | Community support | | | | | | | | | | |
| 4 | Environmental improvements | | | | | | | | | | |
| | Leadership development and training | | | | | | | | | | |
| | for community members Coalition building | | | | | | | | | | |
| | Community health improvement | | | | | | | | | | |
| _ | advocacy | | | | | | | | | | |
| 9 | Workforce development Other | | | | - | | | | | | |
| 0 | Total | | | | | | | | | | |
| ar | t IIII Bad Debt, Medicar | e, & Collec | tion Practic | es | | | | l | | | |
| 1 2 3 4 | Did the organization report bac Statement No 15? Enter the amount of the organi Enter the estimated amount of patients eligible under the organi Provide in Part VI the text of the In addition, describe the costinationale for including a portion | zation's bad d the organizat anization's cha he footnote to ng methodolog | ebt expense non's bad debt arity care polic the organization y used in dete | expense attributaby on's financial state | le to ments tha | 2 3 | rıbes b | 13,409,004 ad debt expense | 1 | Yes | |
| ect | ion B. Medicare | | | | | | | | | | |
| 5 | Enter total revenue received fr | | | | | - | | 242,834,224 | | | |
| 5 | Enter Medicare allowable cost | | | | | 6 7 | | 231,626,549 | | | |
| В | Subtract line 6 from line 5 The Describe in Part VI the extent Also describe in Part VI the concheck the box that describes are Cost accounting system | to which any osting method the method us | shortfall report ology or source | ed in line 7 should e used to determine _ | be treated | | | | | | |
| ect | ion C. Collection Practices | , 00 | st to enarge ru | | o circi | | | | | | |
| 9a | Did the organization have a wr | ıtten debt coll | ection policy di | uring the tax year? | | | | | 9a | Yes | |
| b | If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part \ | ection practice | s to be followe | d for patients who a | are known | to qua | lify for | financial | | Yes | |
| 761 | rt IV Management Com (a) Name of entity | |) Description of pi | | (c) Organi | zation's | 10 | Officers, directors, | 16 |) Physic | uanc ⁱ |
| | | (. | activity of entit | | profit % o ownersh | r stock | e | trustees, or key employees' profit % r stock ownership% | pro | fit % or wnershi | stock |
| Ru | sh Surgicenter | Healthcare | | | 5 | 52 540 % | | 5 800 % | | 41 6 | 60 % |
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| Part | V Facility Information | | | | | | | | | |
|--|--|-------------------|-------------------|------------|-------------------|-------------------------|-------------------|-------------|----------|------------------|
| | on A. Hospital Facilities | Licensed hospital | Gener | Children's | Teach | Ortica | Resea | ER-24 hours | ER-other | |
| (list in order of size from largest to smallest) | | | General medical & | en's hos | Teaching hospital | al acces | Research facility | . hours | her | |
| | nany hospital facilities did the organization operate during x year? 1 | pital | cal & surgical | . hospital | ptal | Ortical access hospital | lity | | | |
| Name | and address | | | | | | | | | |
| Nume | unu uuuress | | | | | | | | | Other (Describe) |
| 1 | Rush University Medical Center 1653 W Congress Parkway Chicago, IL 60612 | × | x | х | x | x | x | х | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
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| | | | 1 | I | 1 | 1 | I | I | l | i e |

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

| Name of Hospital Facility: | |
|---|--|
| Line Number of Hospital Facility (from Schedule H, Part V, Section A) | |

| | | | Yes | No |
|-----|--|----------|-----|----|
| Co | mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011) | | | |
| 1 | During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment | | | |
| | ("Needs Assessment")? If "No," skip to question 8 | 1 | | |
| | If "Yes," indicate what the Needs Assessment describes (check all that apply) | | | |
| | A definition of the community served by the hospital facility | | | |
| | b Demographics of the community | | | |
| | Existing health care facilities and resources within the community that are available to respond to the health | | | |
| | needs of the community d | | | |
| | e The health needs of the community | | | |
| | | | | |
| | Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| | The process for identifying and prioritizing community health needs and services to meet those needs | | | |
| | h The process for consulting with persons representing the community's interests | | | |
| | i Information gaps that limit the hospital facility's ability to assess the community's health needs | | | |
| | i Other (describe in Part VI) | | | |
| 2 | | | | |
| | Indicate the tax year the hospital facility last conducted a Needs Assessment 20 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who | | | |
| _ | represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into | | | |
| | account input from persons who represent the community, and identify the persons the hospital facility consulted | 3 | | |
| 4 | Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the | 4 | | |
| 5 | other hospital facilities in Part VI | 5 | | |
| | If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) | <u> </u> | | |
| | a Hospital facility's website | | | |
| | b Available upon request from the hospital facility | | | |
| | c Other (describe in Part VI) | | | |
| 6 | If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how | | | |
| Ĭ | (check all that apply) | | | |
| | a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community | | | |
| | b Execution of the implementation strategy | | | |
| | c Development of a community-wide community benefit plan for the facility | | | |
| | d Participation in community-wide community benefit plan | | | |
| | e Inclusion of a community benefit section in operational plans | | | |
| | f Adoption of a budget for provision of services that address the needs identified in the CHNA | | | |
| | g Prioritization of health needs in the community | | | |
| | h Prioritization of services that the hospital facility will undertake to meet health needs in its community | | | |
| | i Other (describe in Part VI) | | | |
| 7 | Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," | | | |
| | explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs | 7 | | |
| Fin | ancial Assistance Policy | 1 | | |
| _ | Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| | Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? | 8 | | |
| 9 | Used federal poverty guidelines (FPG) to determine eligibility for providing free care? | 9 | | |
| | If "Yes," indicate the FPG family income limit for eligibility for free care% | | | |

| P | art V | Facility Information (continued) | | | |
|-----|------------|--|----|-----|--------------|
| | | | | Yes | No |
| 10 | | PG to determine eligibility for providing discounted care? | 10 | | |
| | | ," indicate the FPG family income limit for eligibility for discounted care% " explain in Part VI the criteria the hospital facility used | | | |
| 11 | Explai | ned the basis for calculating amounts charged to patients? | 11 | | <u> </u> |
| | | ", indicate the factors used in determining such amounts (check all that apply) | | | |
| | | Income level | | | |
| | ьГ | Asset level | | | |
| | c Γ | Medical indigency | | | |
| | d Γ | Insurance status | | | |
| | еГ | Uninsured discount | | | |
| | f Γ | Medicaid/Medicare | | | |
| | g Γ | State regulation | | | |
| | ьΓ | Other (describe in Part VI) | | | |
| 12 | Explai | ned the method for applying for financial assistance? | 12 | | |
| | | ed measures to publicize the policy within the community served by the hospital facility? | 13 | | |
| | If "Yes | ," indicate how the hospital facility publicized the policy (check all that apply) | | | |
| | аГ | The policy was posted at all times on the hospital facility's web site | | | |
| | ьГ | The policy was attached to all billing invoices | | | |
| | сГ | The policy was posted in the hospital facility's emergency rooms or waiting rooms | | | |
| | dГ | The policy was posted in the hospital facility's admissions offices | | | |
| | еГ | The policy was provided, in writing, to patients upon admission to the hospital facility | | | |
| | f 🗀 | The policy was available upon request | | | |
| | g T | Other (describe in Part VI) | | | |
| Bil | ling and | Collections | | | |
| 14 | | e hospital facility have in place during the tax year a separate billing and collections policy, or a written financial | | | |
| | | ance policy (FAP) that explained actions the hospital facility may take upon non-payment? | 14 | | <u> </u> |
| 15 | | all of the following actions against an individual that were permitted under the hospital facility's policies during a year before making reasonable efforts to determine the patient's eligibility under the facility's FAP | | | |
| | | Reporting to credit agency | | | |
| | · · | Lawsuits | | | |
| | | Liens on residences | | | |
| | | Body attachments or arrests | | | |
| | | Other similar actions (describe in Part VI) | | | |
| 16 | - | he hospital facility or an authorized third party perform any of the following actions during the tax year before | | | |
| | | g reasonable efforts to determine the patient's eligibility under the facility's FAP? | 16 | | |
| | If "Yes | ," check all actions in which the hospital facility or a third party engaged | | | |
| | аГ | Reporting to credit agency | | | |
| | ьГ | Lawsuits | | | |
| | c Γ | Liens on residences | | | |
| | dГ | Body attachments | | | |
| | еГ | Other similar actions (describe in Part VI) | | | |
| 17 | | te which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all | | | |
| | that ap | | | | |
| | · | Notified patients of the financial assistance policy upon admission | | | |
| | | Notified patients of the financial assistance policy prior to discharge | | | |
| | | Notified patients of the financial assistance policy in communications with the patients regarding the patients' | | | |
| | bills | | | | |
| | | Documented its determination of whether patients were eligible for financial assistance under the hospital lity's financial assistance policy | | | |
| | | Other (describe in Part VI) | | | |
| | | | | | |

If "Yes," explain in Part VI

Part V Facility Information (continued)

| Policy | Polating | to Emergency | Medical Care |
|--------|----------|--------------|--------------|
| | | | |

| | | | Yes | No |
|-----|--|----|-----|----|
| 18 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 18 | | |
| | If "No," indicate why | | | |
| | a The hospital facility did not provide care for any emergency medical conditions | | | |
| | b The hospital facility's policy was not in writing | | | |
| | The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI) | | | |
| | d Cother (describe in Part VI) | | | |
| Inc | lividuals Eligible for Financial Assistance | | | |
| 19 | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care | | | |
| | The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | | |
| | b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | | |
| | c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | | |
| | d | | | |
| 20 | Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? | 20 | | |
| | If "Yes," explain in Part VI | | | |
| 21 | Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? | | | |
| | | 21 | | I |

| chedule H | (Form | 990) | 2011 |
|-----------|-------|------|------|
|-----------|-------|------|------|

Page **7**

| Part V | Facility | Information | (continued) |
|--------|------------|--------------------|-------------|
| | I a CIIILY | TIIIOI III a LIOII | ICUITATIACA |

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

| How many non-nospital facilities did the organization operate during the tax year? | | |
|--|-----------------------------|--|
| Name and address | Type of Facility (Describe) | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

Schedule H (Form 990) 2011

Page 8

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1₁, 3, 4, 5c, 6₁, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 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
- 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.)
- 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 6a | | The Community Benefit Report for Rush University Medical Center RUMC is a separate report prepared by Rush Rush prepares and files the Annual Non-Profit Community Benefit Plan Report with the Attorney Generals Office of the State of Illinois which includes Rush University Medical Center and Rush Oak Park Hospital For the purpose of Schedule H, only financial information for Rush University Medical Center is reported There is no data included for Rush Oak Park Hospital |

| Identifier | ReturnReference | Explanation |
|---------------|-----------------|--|
| Part I line 7 | | The calculation of the ratio of patient cost to charges was calculated utilizing RUMCs 2012 As-Filed Medicare Cost Report and follows the format based on Worksheet 2 of the Instructions to Schedule H Medicare revenues and costs were extracted from the FY12 As-Filed Medicare Cost report |

| Identifier | ReturnReference | Explanation |
|---------------|-----------------|---|
| Part I line 7 | | Part I, Line 7g RUMC has included subsidized costs attributable to physician clinics totaling 122,091,868 |

| Identifier | ReturnReference | Explanation |
|---------------|-----------------|---|
| Part I line 7 | | Part I, Line 7, Column F Total expenses reported on Form 990, Part IX, line 25, column A include bad debt expense However, for the purposes of Schedule H this expense has been removed from the denominator when calculating the percent of total expense considered the net community benefit expense and reported on Part I, Line 7, column f The amount of bad debt expense excluded from this percentage calculation is 45,189,158 |

| Identifier | ReturnReference | Explanation |
|-----------------|-----------------|--|
| Part III line 4 | | The cost for the total bad debt provision of 45,189,158 was calculated using the cost to charge ratio described above Rush does not have a footnote in the financial statements that describes bad debt expense. However, Rush provides a significant amount of uncompensated care to uninsured and underinsured patients, which is reported as provision for bad debts. During FY12, Rushs reported provision for bad debts was a total of 45,189,158. The Rush provision combined with the Rush University Medical Group RUMG provision of 7,895,058 equates to 13,409,004 at cost based on an overall cost to charge ratio. |

| Identifier | ReturnReference | Explanation |
|-----------------|-----------------|--|
| Part III line 8 | | The calculation of the ratio of patient cost to charges was calculated utilizing RUMCs 2012 As-Filed Medicare Cost Report and follows the format based on Worksheet 2 of the Instructions to Schedule H Medicare revenues and costs were extracted from the FY12 As-Filed Medicare Cost report There is no reported Medicare shortfall |

| Identifier | ReturnReference | Explanation |
|------------------|-----------------|--|
| Part III line 9b | | In keeping with RUMCs mission to provide comprehensive, coordinated health care services to our patients, Rush offers several financial assistance programs to help patients with their hospital bill. If Rush is aware that a patient qualifies for financial assistance, these accounts will not be referred to a collection agency. It is the policy of RUMC to offer patients a payment plan and/or charity assistance when it becomes known that a patient needs financial assistance. RUMC works with patients to help determine if there are any third party payers which may be available to help the patient meet their obligations. RUMC works with patients to determine if they qualify for one of a handful of state and federal programs such as the states. Medical Assistance Program or the Social Security Disability program and RUMC has specialists on site who assist patients with the application process. |

| Identifier | ReturnReference | Explanation |
|------------------|-----------------|--|
| Part III line 9b | | In the discussion of the RUMCs provision of charity care to our patient population there are several factors which must be considered in addition to the charity care number provided for purposes of Schedule H to obtain a full understanding of the breadth of charity provided by Rush These factors are outlined as follows |

| Identifier | ReturnReference | Explanation |
|------------------|-----------------|---|
| Part III line 9b | | Through utilization of a patient eligibility service RUMC is extremely proactive in enrolling patients who arrive at RUMC without insurance coverage into various state and federal programs that provide health insurance coverage. The maintenance of this service for our patients has a significant impact on decreasing the amount of charity care provided. In addition to achieving appropriate, available coverage for our patients medical services, this eligibility service also obtains eligibility for SSI or SSA benefits for applicable patients. Guiding the patient through this often time consuming and arduous process is extremely beneficial to the patient, as once SSI/SSA eligibility is approved, the patient will begin receiving a monthly assistance check that provides a benefit well beyond their health care at RUMC |

| Identifier | ReturnReference | Explanation |
|------------------|-----------------|--|
| Part III line 9b | | Due to the process that RUMC and other hospitals must facilitate to prove a patients eligibility for discounted or free care, the precise amount of charity care often can be indistinguishable from other categories of uncompensated care Without the cooperation of the patient in providing appropriate documentation, Rush cannot correctly distinguish patients who meet the defined charity care policies and appropriately categorize those individuals as charity care write-offs. Instead, these patient cases are frequently classified as bad debt write-offs due to a lack of support information. This creates a reported charity care amount that is not representative of the true amount of free care provided to low income and indigent patients. |

| Identifier | ReturnReference | Explanation |
|------------------|-----------------|---|
| Part III line 9b | | During FY2012, RUMC provided discounts to uninsured patients of 26,644,615 These discounts are not included in Schedule H |

| Identifier | ReturnReference | Explanation |
|------------|-----------------|--|
| Part V | | Line 13g A summary of the policy is posted on RUMCs website, in the emergency room and in the admissions offices |

| Identifier | ReturnReference | Explanation |
|------------|-----------------|--|
| Part V | | Line 19d Discounts for Limited Income Rush assists families with limited incomes, defined as annual income less than 400 percent of the federal poverty level FPL, who are eligible for a write-off of up to 70 percent of their bill |

| Identifier | ReturnReference | Explanation |
|------------|-----------------|---|
| Part V | | Line 19d Discounts for Self-Pay Patients Rush offers an automatic 68 percent discount for residents of Illinois who do not have a health insurance plan Non Illinois residents who do not have health insurance automatically qualify for a 50 percent discount For patients who cannot pay their portion of the bill at the time of service, financial counselors work closely with them to set up monthly installment payment plans with no interest at an amount with which the patient is comfortable |

| Identifier | ReturnReference | Explanation |
|------------|-----------------|--|
| Part V | | Line 19d State and Federal Programs This service focuses on providing patients who arrive at Rush without insurance with the coverage they are entitled to under various federal and state programs. Financial counselors work with patients and alert them if they qualify for one of a handful of programs such as the state Medical Assistance Non-Grant MANG program or the Social Security Disability program SSDI. Because the paperwork required for these programs can be overwhelming, Rush has specialists on site who assist patients with the application process. Through these efforts, we have qualified individuals for a social security disability who are not age 65, while at the same time ensuring payment for their hospital bill Rush maintained a patient-eligibility service throughout FY 2012 at a cost of 439K. |

| Identifier | ReturnReference | Explanation |
|------------|-----------------|--|
| Part V | | Line 19d Payment plans If requested, interest-free payment plans are available to patients Payments can be made over at most, 24 months with a minimum payment of 25 00 each month Rush does not assess interest on unpaid balances |

| Identifier | ReturnReference | Explanation |
|------------|-----------------|--|
| Part V | | Line 19d Presumptive Charity Care Rush uses an outside service for its financial assistance programs to validate patients ability to pay, and in the event that patients do not contact us or apply for financial assistance, we may extend charity care for that episode of care This applies only to patients who do not inform us of insurance coverage |

| Identifier | ReturnReference | Explanation |
|------------|-----------------|---|
| Part V | | Line 19d Paid in Full Charity Care Patients qualify for the Rush Charity Care program if their income level is at or below 300 percent of the federal poverty level. That means that individuals qualify if they earn less than 69,150 and are supporting a family of four. These patients are eligible for a full write-off of their bill |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|--|
| Part VI Line 2 | | As an academic medical center, RUMC performs many community benefit activities in neighborhoods within and surrounding the Illinois Medical District IMD and throughout the Chicago area. For the purposes of this plan, the federally required Community Health Needs Assessment and future planning initiatives, RUMCs defined service area consists of communities surrounding the hospital identified through a patient origin zip code analysis. The RUMC service area is comprised of seven zip codes which include the Chicago community areas of Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale, and South Lawndale. These geographical areas encompass the location of the medical center as well as the locations of sites for a significant number of community outreach efforts. |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|---|
| Part VI Line 2 | | The Science and Math Excellence SAME Network supports educational efforts in Chicago Public Schools across the City in more than 40 schools In addition, RUMCs financial assistance policies apply to all RUMC patients |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|--|
| Part VI Line 2 | | Chicago, like any large urban city, surveys the health services it provides to its citizens. The Chicago Department of Public Health CDPH established a strategic planning process aimed to focus the energies of the department, set organizational priorities and guide the allocation of public health resources. |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|---|
| Part VI Line 2 | | Many of RUMCs community benefits activities align with CDPHs strategic priorities such as health promotion and prevention of chronic disease, promoting access to services, and ensuring Chicago is prepared to quickly and effectively respond to public health emergencies and epidemics. Following a community needs assessment in FY 2008, Rush initiated a formal planning process in FY 2009 to ensure that future community benefits efforts aligned with the needs of the community. The resulting Community Benefits Plan helped to focus our strengths and available resources on programs that improve and promote the physical, educational and economic health of our communities. |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|---|
| Part VI Line 2 | | To further our efforts to identify and address the existing health needs within our community, RUMC is developing its first Community Health Needs Assessment CHNA and corresponding implementation plan as required by the Internal Revenue Service in compliance with the Affordable Care Act Expected completion date is June 2013 A copy of the CHNA will be available online |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|--|
| Part VI Line 3 | | In keeping with RUMCs mission to provide comprehensive, coordinated health care services to our patients, RUMC offers several financial assistance programs to help patients with their hospital bill |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|--|
| Part VI Line 3 | | Through utilization of a patient eligibility service RUMC is extremely proactive in enrolling patients, who present for service without insurance coverage, for coverage under various state and federal programs. The maintenance of this service for our patients has a significant impact on decreasing the amount of charity care provided. In addition to achieving appropriate, available coverage for our patients medical services, this eligibility service also obtains eligibility for SSI or SSA benefits for applicable patients. Guiding the patient through this often time-consuming and arduous process is extremely beneficial to the patient, as once SSI/SSA eligibility is approved, the patient will begin receiving a monthly assistance check which provided a benefit well beyond their health care at RUMC |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|---|
| Part VI Line 3 | | To assist the patient in deciding which is the right program for them, RUMC offers the services of Financial Counselors and Billing Customer Service Representatives These individuals will assist patients in completion of financial application forms, obtaining an estimated cost of anticipated hospital services, providing an explanation and copy of their hospital bill, and notary services RUMC makes all financial assistance information and policies available on the hospitals website |

| Schedule H (Form 990) 2011 | | Page 8 | |
|----------------------------|-----------------|---|--|
| Identifier | ReturnReference | Explanation | |
| Part VI Line 4 | | As state earlier, as an academic medical center, RUMC performs many community benefit activities in neighborhoods within and surrounding the Illinois Medical District IMD and throughout the Chicago area For the purposes of this plan, the federally required Community Health Needs Assessment and future planning initiatives, RUMCs defined service area consists of communities surrounding the hospital identified through a patient origin zip code analysis. The RUMC service area is comprised of seven zip codes which include the Chicago community areas of Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale, and South Lawndale. These geographical areas encompass the location of the medical center as well as the locations of sites for a significant number of community outreach efforts. | |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|---|
| Part VI Line 5 | | RUMC provides a full range of medical services to the community including an emergency department that is never closed and is open to everyone regardless of their ability to pay as well as numerous services that operate at a loss. While the emergency department is a key driver of providing care to the uninsured in a hospital setting, RUMC continues to emphasize primary and preventive care for uninsured individuals and families. |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|---|
| Part VI Line 5 | | This approach relies on the services provided within physician clinics at RUMC as well as the community service projects operated by patient care staff. In this way, RUMC hopes to have an impact on the health of patients before they get to the point of visiting the emergency department. |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|--|
| Part VI Line 5 | | To ensure that RUMC is delivering on its patient care mission to the diverse communities of Chicago, RUMC incurred 1 2 million in costs to maintain a staff of Spanish language interpreters and to supply other-language and sign language interpreter services. These financial commitments are critical to facilitating accessibility of patient care to the diverse communities of the Chicago area. |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|---|
| Part VI Line 5 | | As a not-for-profit organization, RUMC reinvests any excess revenue after paying expenses back into our institution in order to provide care for patients. A significant part of this reinvestment includes supporting services that benefit patients free care for patients who qualify under our charity care program and care for patients whose government insurance does not pay all of our costs and critical medical services that operate at a financial loss but are necessary for the communitys overall health. As an academic medical center, RUMC subsidizes health and medical research to improve patient care, now and for future generations by covering expenses not funded by private or government grants. We also subsidize the education and training of the next generation of doctors, nurses and other allied health care professionals whose tuition and grants do not fully cover the associated costs. Additionally, we fund a variety of vital outreach programs that address the specific health needs of our community and beyond. |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|---|
| Part VI Line 5 | | RUMC is committed to providing programs to educate and train the health care workforce of the future. It is widely recognized that workforce demands in health care will rapidly escalate as the U.S. population ages. To help meet this need, RUMC trains future physicians, nurses and allied health professionals. During FY 2012, RUMC provided 45.1 million in unreimbursed costs to maintain these education programs. It is an essential part of RUMCs corporate mission that education programs continue to receive this operational support in order to supply highly trained physicians, nurses, and allied health professionals to RUMC and to the larger health care community. |

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|--|
| Part VI Line 5 | | RUMC is committed to advancing medical care through translational research that aims to bring advances and improvements gained in research as rapidly as possible to the bedside of patients. Investigators at RUMC are involved in numerous clinical studies to test the effectiveness and safety of new therapies and medical devices as well as many basic research studies designed to expand scientific and medical knowledge. Like the academic affiliation between RUMC and Stroger Hospital, there is similar collaboration within research activities. Joint research projects in basic science, clinical science and services, and epidemiology look for new ways to improve the health of vulnerable communities and bridge the widening gaps in the health care system. As an academic medical center, RUMC brings together individuals from diverse backgrounds and experiences to uncover new advances in patient care. In this way, RUMC acts as an incubator for noteworthy breakthroughs in medicine. |

Schedule H (Form 990) 2011 Page **8**

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|--|
| Part VI Line 5 | | In addition to dedicating resources to patient care, education and research activities, RUMC has historically placed emphasis on community service activities and relationships with other health care organizations During FY2012, RUMC provided over 5 1 million in other community benefits programs and over 3 4 million in volunteer time for various community outreach activities |

Schedule H (Form 990) 2011

Schedule H (Form 990) 2011 Page **8**

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|--|
| Part VI Line 6 | | RUMC has an affiliation with Rush Oak Park Hospital Rush Oak Park Hospital ROPH is a Catholic community hospital consisting of 296 beds located in Oak Park, Illinois and affiliated with RUMC in Chicago, IL and Wheaton Franciscan Healthcare, Inc., in Wheaton, IL. The affiliation between RUMC and Rush Oak Park Hospital provides patients with access to advanced medical treatments without having to leave their neighborhoods. ROPH is committed to balancing clinical excellence with compassionate care and greater community outreach programs in order to provide a lifetime of care for individuals and their entire family. For the purposes of Schedule H, only financial information for RUMC is reported. There is no data included for Rush Oak Park Hospital. |

Schedule H (Form 990) 2011

Schedule H (Form 990) 2011 Page **8**

| Identifier | ReturnReference | Explanation |
|----------------|-----------------|--------------------|
| Part VI Line 7 | | Part VI Line 7, IL |

Schedule H (Form 990) 2011

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

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

DLN: 93493133010143 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Rush University Medical Center

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

Inspection Employer identification number

36-2174823

| Form 990, Part I | V, line 21 for any | o Governments and recipient that received 00) if additional space | l more than \$5,000. | Check this box if n | o one recipient rece | ived more than \$5,0 | 00. Use |
|---|--------------------|---|---------------------------|-----------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) Snow City Arts1653 W Congress Parkway Chicago, IL 60612 | 36-4240513 | 501c3 | 39,000 | | | | General Support |
| (2) American Heart Association208 S LaSalle St 900 Chicago, IL 606041101 | 13-5613797 | 501c3 | 15,000 | | | | General Support |
| (3) Access Living115 W Chicago Ave Chicago,IL 60610 | 36-3310774 | 501c3 | 13,000 | | | | General Support |
| (4) The Metro Foundation 901 McClintock Drive Burr Ridge, IL 60527 | 30-0153829 | 501c3 | 10,000 | | | | General Support |
| (5) Bears Care1000 Football Drive Lake Forest, IL 60045 | 20-3902715 | 501c3 | 9,500 | | | | General Support |
| (6) Arthritis Foundation35 E Wacker Drive Chicago, IL 60601 | 26-4639290 | 501c3 | 8,500 | | | | General Support |
| (7) Chicago United Inc205 W Wacker Dr 1400 Chicago, IL 60606 | 36-2770509 | 501c3 | 7,500 | | | | General Support |
| (8) Stroger Hospital1901 W Harrison St Chicago,IL 60612 | 36-6006541 | Government | | 12,000 | FMV | Furnishings | General Support |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Schedule I | (Form 990) 2011 | |
|------------|---|------------|
| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part I' | V, line 22 |
| | Use Schedule I-1 (Form 990) if additional space is needed. | |

| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--|---------------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
| (1) Scholarships to attend Rush University Medical Center | 1097 | 8,226,468 | | | |
| | | | | | |
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| | | | | | |

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

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

Schedule I (Form 990) 2011

Software ID: 11000218

Software Version: 2011.0.0

EIN: 36-2174823

Name: Rush University Medical Center

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Snow City Arts1653 W Congress Parkway Chicago,IL 60612 | 36- 4240513 | 501c3 | 39,000 | | | | General Support |
| A merican Heart Association208 S LaSalle St 900 Chicago, IL 606041101 | 13- 5613797 | 501c3 | 15,000 | | | | General Support |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Access Living115 W Chicago Ave Chicago,IL 60610 | 36- 3310774 | 501c3 | 13,000 | | | | General Support |
| The Metro Foundation901 McClintock Drive Burr Ridge, IL 60527 | 30- 0153829 | 501c3 | 10,000 | | | | General Support |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section If applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|------------------------------|--|---|---|--|
| Bears Care1000 Football Drive Lake Forest, IL 60045 | 20- 3902715 | 501c3 | 9,500 | | | | General Support |
| Arthritis Foundation 35 E Wacker Drive Chicago, IL 60601 | 26- 4639290 | 501c3 | 8,500 | | | | General Support |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|------------------------------|--|---|---|--|
| Chicago United Inc 205 W Wacker Dr 1400 Chicago, IL 60606 | 36- 2770509 | 501c3 | 7,500 | | | | General Support |
| Stroger Hospital 1901 W Harrison St Chicago, IL 60612 | 36- 6006541 | Government | | 12,000 | FMV | Furnishings | General Support |

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DLN: 93493133010143

OMB No 1545-0047

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.

Open to Public Inspection

| | he organization sity Medical Center | | Employer identi | fication number |
|--------|---|--------------|-----------------|-----------------|
| | , | | 36-2174823 | |
| Part I | Questions Regarding | Compensation | | |

| | | | Yes | No |
|----|---|--------------|-----|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these | | | |
| | First-class or charter travel Housing allowance or residence for personal | ıl use | | |
| | Travel for companions Payments for business use of personal resi | dence | | |
| | | | | |
| | Discretionary spending account Personal services (e g , maid, chauffeur, ch | ef) | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain | or 1b | Yes | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Yes | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | | |
| | ✓ Compensation committee ✓ Written employment contract | | | |
| | ✓ Independent compensation consultant ✓ Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation con | nmittee | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing or a related organization | organization | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | No |
| ь | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | |
| С | | 4c | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part I | 11 | | |
| | | | | |
| | 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 | | | |
| а | 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 | | | |
| а | 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," described in Part III | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Resection 53 4958-6(c)? | 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (A) Name | (D) D | W 2 1000 MT | CC | (C) D - turn t | (D) Nambarral I | (F) Tabal of and | (F) C |
|---------------------------|-----------------------|---|-------------------------------------|--|-----------------------------------|------------------------------------|---|
| (A) Name | (i) Base compensation | W-2 and/or 1099-MI (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
| See Additional Data Table | | | | | | | |
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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

| Ident if ier | Return Reference | Explanation |
|--------------|---------------------|--|
| I | 1 A | - Housing allowance or residence for personal use - Rush owns the Sessions house which is used by the President CEO for Rush business activities Occasionally there is incidental personal use, the value of which is included in compensation |
| I | 1 A | - Health or social club dues or initiation fees - membership is maintained for the Senior Vice President of Philanthropy Chief Development Officer at the University Club, the President CEO at the Chicago Club, and the Vice President of Government Affairs at the Executive Club All memberships are used for Rush fundraising and/or business activities |
| I | | - Rush offers a supplemental employee retirement plan to all employees who participate in the executive benefits program and whose compensation exceeds the IRS allowable limit for a qualified pension plan. The amount accrued in 2011 was included in income in Schedule J for the following individuals David A. Ansell, MD-60,813, Cynthia Barginere-13,324, Charles E. Behl-26,401, Cynthia Boyd-16,134, Max D. Brown, JD-100,450, Peter W. Butler-232,215, Paul M. Carvey, PhD-53,932, J. Robert Clapp, Jr. 96,754, Richard Davis-18,690, R. Anthony Davis-13,577, Thomas A. Deutsch, MD-200,177, Bruce M. Elegant-40,680, Brent Estes-16,408, Larry J. Goodman, MD-225,062, Lois K. Halstead, PhD, RN-74,932, Joan E. Kurtenbach-21,213, John Lowenberg-20,153, Sheri L. Marker-23,257, Diane M. McKeever-40,603, Avery S. Miller-203,771, John P. Mordach-70,503, Mike Mulroe-25,475, James L. Mulshine, MD-29,263, Denise Nedza-4,371, Jaime B. Parent-39,437, Terry Peterson-19,688, Mary Ellen Schopp-29,331, David C. Shelledy, PhD-12,551, Julio C. Silva, MD-54,275, Brian T. Smith-31,934, Scott E. Sonnenschein-15,425, Lac Van Tran-59,361, Mick P. Zdeblick-40,790. The amounts paid out from this plane were as follows Max D. Brown, JD-142,597, Lois K. Halstead, PhD RN-71,698, and Avery S. Miller-208,813. These amounts are listed in Schedule J, Part II, Column F. |
| I | 7 | - Incentive payments are based upon a formula The amounts are calculated after certain performance and operating goals are achieved. The plan provides limited discretionary parameters if needed |

Schedule J (Form 990) 2011

Software ID: 11000218 **Software Version:** 2011.0.0

EIN: 36-2174823

Name: Rush University Medical Center

| (A) Name | | (B) Breakdown of | fW-2 and/or 1099-MI | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|----------------------------|-------------|--------------------------|---|-----------------------------|--------------|----------------|----------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| Catherine Dimou MD | (I) (II) | 215,325 | 35,012 | 10,312 | 19,600 | 20,328 | 300,577 | |
| David A Ansell MD | (I) (II) | 425,299 | 89,016 | 30,955 | 80,413 | 714 | 626,397 | |
| Cynthia Barginere | (I) (II) | 173,807 | 25,000 | 2,023 | 16,809 | 7,345 | 224,984 | |
| Charles E Behl | (I) (II) | | 97,007 | 14,922 | 46,001 | 17,424 | 429,369 | |
| Cynthia Boyd | (I) (II) | 272,052 | | | 35,734 | 1,014 | 308,800 | |
| Max D Brown JD | (I) (II) | 360,832 | 64,757 | 187,463 | 663,094 | 14,209 | 1,290,355 | 142,597 |
| Peter W Butler | (I) (II) | 713,629 | 268,634 | 53,424 | 251,815 | 16,735 | 1,304,237 | |
| Paul M Carvey PhD | (1) (11) | 297,756 | 69,256 | 27,489 | 75,982 | 22,595 | 493,078 | |
| J Robert Clapp Jr | (1) | 464,510 | 169,512 | 18,837 | 113,904 | 25,893 | 792,656 | |
| Edward W Conway | (1) (11) | 215,593 | 36,127 | 1,308 | 17,150 | 2,397 | 272,575 | |
| Richard K Davis | (1) (11) | 237,574 | 55,360 | | 38,290 | 27,595 | 358,819 | |
| R Anthony Davis | (1) (11) | 282,717 | 105,521 | 13,200 | 296,215 | 10,465 | 708,118 | |
| Thomas A Deutsch MD | (1) (11) | 541,596 | 205,370 | 35,364 | 222,227 | 27,529 | 1,032,086 | |
| Melanie C Dreher PhD RN | (1) (11) | 243,619 | 52,787 | | 19,584 | 10,621 | 326,611 | |
| Bruce M Elegant | (1) (11) | | 49,271 | 28,025 | 60,280 | 17,134 | 445,589 | |
| Brent Estes | (1) | | 69,339 | 6,050 | 33,558 | 21,040 | 425,596 | |
| Larry J Goodman MD | (1) | 893,477 | 410,497 | 72,045 | 239,762 | 22,595 | 1,638,376 | |
| Lois K Halstead PhD RN | (1) | | 20,232 | 95,272 | 89,632 | 11,355 | 386,985 | 71,698 |

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-MI | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior Form |
|----------------------|-------------|--------------------------|---|------------------------------|--------------|------------------------|----------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) O ther compensation | compensation | benefits | (B)(ı)-(D) | 990 or Form 990-EZ |
| Bradley G Hinrichs | (ı) (ıı) | 226,183 | 55,711 | 34,299 | 14,700 | 7,355 | 338,248 | |
| Joan E Kurtenbach | (ı) (ıı) | 233,327 | 53,739 | 7,611 | 35,913 | 21,025 | 351,615 | |
| John Lowenberg | (I) (II) | 227,892 | 43,546 | 7,620 | 37,303 | 714 | 317,075 | |
| Sherı L Marker | (I) (II) | 212,177 | 38,046 | 12,623 | 45,307 | 7,604 | 315,757 | |
| Diane M McKeever | (ı) (ıı) | 273,230 | 83,425 | 10,751 | 62,653 | 16,809 | 446,868 | |
| Avery S Miller | (I) (II) | 494,768 | 186,934 | 270,527 | 218,471 | 15,185 | 1,185,885 | 208,813 |
| John P Mordach | (I) (II) | 462,305 | 109,211 | 11,917 | 77,853 | 19,574 | 680,860 | |
| Mike J Mulroe | (I) (II) | 208,319 | 42,177 | 7,992 | 42,625 | 27,530 | 328,643 | |
| James L Mulshine MD | (i) (ii) | 327,089 | 52,940 | 22,884 | 46,413 | 24,090 | 473,416 | |
| Denise Nedza | (ı) (ıı) | 218,103 | 68,101 | 1,308 | 19,071 | 8,155 | 314,738 | |
| Jaime B Parent | (ı) (ıı) | 251,183 | 55,667 | 15,929 | 56,587 | 22,593 | 401,959 | |
| Terry Peterson | (ı) (ıı) | 248,251 | 49,126 | 10,452 | 36,097 | 7,447 | 351,373 | |
| Mary Ellen Schopp | (I) (II) | 274,011 | 58,886 | | 42,761 | 25,830 | 401,488 | |
| David C Shelledy PhD | (I) (II) | 185,019 | 28,783 | 19,314 | 27,273 | 15,277 | 275,666 | |
| Julio C Silva MD | (I) (II) | 314,094 | 66,111 | 16,134 | 71,425 | 20,969 | 488,733 | |
| Brian T Smith | (ı) (ıı) | 333,404 | 64,709 | 7,924 | 46,634 | 24,758 | 477,429 | |
| Scott E Sonnenschein | (ı) (ıı) | 264,929 | 48,510 | 7,158 | 32,575 | 21,679 | 374,851 | |
| Lac Van Tran (I) | | 356,974 | 83,803 | 30,779 | 78,961 | 8,707 | 559,224 | |
| | | | | | | | | |

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

| (A) Name | | (B) Breakdown of | f W-2 and/or 1099-MIS | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-------------------|-------------|--------------------------|---------------------------------------|-----------------|--------------|------------------------|----------------------|--|
| | | (i) Base Compensation | (ii) Bonus & (iii) Other compensation | | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| Mick P Zdeblick | (ı) (ıı) | 328,734 | 115,651 | 9,365 | 57,940 | 22,595 | 534,285 | |
| Lorenzo Munoz MD | (I) (II) | 566,058 | 205,852 | 148,500 | 14,700 | 23,672 | 958,782 | |
| John Polley MD | (ı) (ıı) | 897,040 | | | 9,800 | 12,623 | 919,463 | |
| Harel Deutsch MD | (ı) (ıı) | 659,982 | 146,964 | | 14,700 | 31,090 | 852,736 | |
| Michael Liptay MD | (I) (II) | 623,563 | 159,005 | | 14,700 | 28,855 | 826,123 | |
| Richard Byrne MD | (I) (II) | 690,024 | 89,680 | | 17,150 | 24,090 | 820,944 | |

Schedule K

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

DLN: 93493133010143

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Rush University Medical Center

Employer identification number

36-2174823

Bond Issues (h) On (i) Pool (g) Defeased Behalf of financing (c) CUSIP # (f) Description of Purpose (a) Issuer Name (b) Issuer EIN (d) Date Issued (e) Issue Price Issuer Yes No Yes No Yes No Illinois Finance Authority 56,000,000 | Series 2011 see Part VI 86-1091967 00000000 12-16-2011 Χ Х Х Illinois Finance Authority 07-29-2009 Х Х 86-1091967 45200FYR4 171,668,452 | Series 2009C see Part VI Χ Illinois Finance Authority 45200FTX7 02-10-2009 171,147,519 | Series 2009A see Sch O Х Χ Χ 86-1091967 Illinois Finance Authority Series 2008A Variable see Χ 86-1091967 45200FSE0 12-09-2008 50,000,000 Χ Χ Sch O

| Pai | rt II Proceeds | | | | | | • | • | • |
|-----|--|-----|------------|-----|------------|-----|------------|-----|------------|
| | | | A | | В | (| С | | D |
| 1 | A mount of bonds retired | | | | | | | | |
| 2 | A mount of bonds defeased | | | | | | | | |
| 3 | Total proceeds of issue | | 56,000,000 | 1 | 72,282,443 | 1 | 71,509,740 | | 50,011,044 |
| 4 | Gross proceeds in reserve funds | | | | 16,937,678 | | 17,906,292 | | |
| 5 | Capitalized interest from proceeds | | | | 1,227,141 | | 115,000 | | 42,012 |
| 6 | Proceeds in refunding escrow | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | 2,547,812 | | 2,370,004 | | 874,123 |
| 8 | Credit enhancement from proceeds | | | | | | | | 140,424 |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | 56,000,000 | 1 | 51,870,563 | 1 | 56,501,691 | | 48,954,486 |
| 11 | O ther spent proceeds | | | | | | | | |
| 12 | O ther unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 20 | 12 | 20 | 12 | 20 | 12 | 2.0 | 12 |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | × | | | X | | X | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | Х | | Х | | Х | | |
| 16 | Has the final allocation of proceeds been made? | Х | | | Х | | Х | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | Х | | Х | | Х | | Х | |

| Par | 1911 Private Business Use | | | | | | | | |
|-----|--|-----|----|-----|----|-----|----|-----|----|
| | | | 4 | | В | | С | ŗ |) |
| | | 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? | | Х | | × | | Х | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | Х | | Х | | Х | | | |

| Par | Private Business Use (Continuea) | | | | | | | | |
|------------|--|-----|---------|-----|---------|-----|---------|-----|----|
| | | | Α | | B C | | | | D |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3 a | Are there any management or service contracts that may result in private business use? | × | | × | | × | | | |
| b | If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | Х | | × | | × | | | |
| С | Are there any research agreements that may result in private business use of bond-financed property? | Х | | Х | | Х | | | |
| d | If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | Х | | Х | | Х | | | |
| 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 | | 0 010 % | | 2 610 % | | 0 001 % | | |
| 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 % | | 0 020 % | | 0 001 % | | |
| 6 | Total of lines 4 and 5 | | 0 010 % | | 2 630 % | | 0 % | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | Х | | Х | | Х | | | |

Part IV Arbitrage

| | <u> </u> | А | | В | | С | | 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 | | |
| 2 | Is the bond issue a variable rate issue? | X | | | X | | X | | |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue? | | х | | х | | х | | |
| ь | Name of provider | | | | | | | | |
| С | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was a hedge terminated? | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | Х | | Х | | Х | | |
| ь | Name of provider | | | | | | | | |
| С | 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? | | х | | х | | Х | | |
| 6 | Did the bond issue qualify for an exception to rebate? | Х | | Х | | Х | | | |

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

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

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule K (Form 990)

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

DLN: 93493133010143

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

financed property?

Employer identification number

| | ne of the organization The University Medical Center | | | | | | | | | | mploye 6-217 | | cation nu | ımber | |
|----|---|-----------------------|---------------------|------------------|--------------------|-------------|--------|-------------|-----------------------|-------------|------------------------|------|----------------------|-------|----------------|
| P | art I Bond Issues | | | | | | | | | | | | | | |
| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue P | rıce | (f) | Description | escription of Purpose | | (g) Defeased | | On alf of suer | | Pool ancing |
| | | | | | | | | | | Yes | No | Yes | No | Yes | No |
| A | Illinois Finance Authority | 86-1091967 | 45200FHN2 | 05-28-2008 | 63,506 | 5,719 | Series | 2006B see | Sch O | | X | | X | | X |
| Pa | rt III Proceeds | | | • | | <u>'</u> | | | | _ | | | | | 1 |
| | | | | | | 4 | | İ | В | | С | | | D | |
| 1 | A mount of bonds retired | | | | | | | | | | | | | | |
| 2 | A mount of bonds defeased | | | | | | | | | | | | | | |
| 3 | Total proceeds of issue | | | | | 63,510 | 382 | | | | | | | | |
| 4 | Gross proceeds in reserve fu | ınds | | | | 4,991 | 1,813 | | | | | | | | |
| 5 | Capitalized interest from pro- | | | | | 213 | 3,595 | | | | | | | | |
| 6 | Proceeds in refunding escrov | V | | | | | | | | | | | | | |
| 7 | Issuance costs from proceed | ds | | | | 777 | 7,914 | | | | | | | | |
| 8 | Credit enhancement from pro | oceeds | | | | | | | | | | | | | |
| 9 | Working capital expenditures | s from proceeds | | | | | | | | | | | | | |
| 10 | Capital expenditures from pro | oceeds | | | | | | | | | | | | | |
| 11 | O ther spent proceeds | | | | | | | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | | | | | | | |
| 13 | Year of substantial completion | on | | | 20 | 08 | | | | • | | | • | , | |
| | | | | | Yes | No | o | Yes | No | Yes | | No | Ye | s | No |
| 14 | Were the bonds issued as pa | rt of a current refun | ding issue? | | X | | | | | | | | | | |
| 15 | Were the bonds issued as pa | rt of an advance ref | unding issue? | | | Х | (| | | | | | | | |
| 16 | Has the final allocation of pro | oceeds been made? | | | Х | | | | | | | | | | |
| 17 | Does the organization mainta allocation of proceeds? | | and records to sup | port the final | Х | | | | | | | | | | |
| Pa | rt IIII Private Business | Use | | | | | | | | 1 | | | | | |
| | | | | | | A. I | | | B | . | C | NI - | ļ ,, | D | NI- |
| 1 | Was the organization a partno property financed by tax-exe | | or a member of an l | LLC, which owned | Yes | No | 0 | Yes | No | Yes | | No | Ye | 5 | No |
| | · · · · · · · · · · · · · · · · · · · | • | | | - | | | | l | | - | | + | - | |

Are there any lease arrangements that may result in private business use of bond-

Part VI Supplemental Information

Identifier

| цеп | Titrate basiness ose (continued) | | ı | | 1 | | ı | | | |
|---------|--|------------|-----|-----|------|----|----------|----------|-----|-----|
| | | | | A | + | B | | <u>C</u> | | D |
| За | Are there any management or service contracts that may result in private | hiisinass | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | use? | | | | | | | | | |
| b | If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | | |
| С | Are there any research agreements that may result in private business usfinanced property? | e of bond- | | | | | | | | |
| d | If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use bother than a section 501(c)(3) organization or a state or local government | | | | | | | | | 1 |
| 5 | Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 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 enpost-issuance compliance of its tax-exempt bond liabilities? | sure the | | | | | | | | |
| Pai | rt IV Arbitrage | T . | | | | | | | | |
| | | Yes | No | Yes | B No | | C es | 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 | 163 | 140 | 165 | 140 | | <u> </u> | 140 | 163 | 140 |
| | bond issue? | | Х | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | | X | | | | | | | |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue? | | × | | | | | | | |
| —— ь | Name of provider | | | | | | | | | |
| | Term of hedge | | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | | |
| е | Was a hedge terminated? | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | Х | | | | | | | |
| ь | Name of provider | | • | | | | • | | | |
| С | Term of GIC | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | × | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | х | | | | | | | | |
| Р | Procedures To Undertake Corrective Action Check the box if the organization established written procedures closing agreement program if self-remediation is not available unit | | | | | | | | | |

Explanation

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

Return Reference

Schedule K (Form 990) 2011

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As Filed Data -

DLN: 93493133010143

Employer identification number

Schedule L

(Form 990 or 990-EZ)

Name of the organization

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

2011

Open to Public Inspection

| Rush Ur | niversity Medical Center | | | | | | | ۱ | 6-21748 | 2 3 | | |
|----------------|---|-----------|-------------------|----------------------|-------------|---|------------------------|----------------------|-------------|-------------------|------------------|----------|
| Part I | Excess Benefit Tran | | | | | | | organı | zations d | nly). | ıne 40b | |
| 1 | | | | | | | | | | (c) Corrected? | | |
| | | | | | | | | | | | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Fr | nter the amount of tax Impos | ed on ti | he orgai | nization man | agers of | r disqualified ners | ons dur | ına the v | /ear unde | <u> </u> | | |
| se | ction 4958 | | | | | | | | • | s <u>—</u> | | |
| 3 Er | nter the amount of tax, if any | , on line | e 2, abo | ve, reimburs | ed by th | ie organization . | | | • | * <u> </u> | | |
| Part : | Loans to and/or f Complete if the organiz | | | | |). Part IV. line 26 | or For | n 990-F | =7. Part V | . line 38 | а | |
| | oomprote ii tiio organii. | | oan to | | | ,,, a,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | (f) | | | . |
| (a) Nai | me of interested person and purpose | | om the zation? | (c)Orig | | (d)Balance due | (e) 1 defau | | by board or | | (g) Writ | |
| | parpose | То | From | J Principal o | amount | | Yes | committee? No Yes No | | Yes | No | |
| | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | ▶ \$ | 1 | | | | | | |
| Part I | Grants or Assistar Complete if the orga | | | | | | /. line 2 | 27. | | | | |
| | | | | b) Relationsh | nıp betwe | een interested per ganization | | | nount of g | rant or ty | /pe of assı | stance |
| | | | | | | 5 | | | | | | |
| | | | | | | | -+ | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| Part IV Business Transactions I Complete if the organization | | | ne 28a, 28b, or 28c. | | |
|--|--|----------------------------|--------------------------------|---|----|
| (a) Name of interested person | (b) Relationship between interested person and the | (c) A mount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
| | organization | | | Yes | 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 (Form 990 or 990-EZ) 2011

Additional Data

Software ID: 11000218

Software Version: 2011.0.0

EIN: 36-2174823

Name: Rush University Medical Center

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

| (a) Name of interested person | (b) Relationship between interested person and the | (c) A mount of transaction \$ | (d) Description of transaction | organı | arıng of zatıon's nues? |
|---------------------------------|--|--------------------------------------|--------------------------------|--------|-------------------------------|
| | organization | | | Yes | No |
| 3 M | W James Farrell Robert S Morrison on BOD | 361,625 | Sale of Goods | | No |
| Abbott Labs | W James Farrell on BOD | 2,515,728 | Sale of Goods | | No |
| Baxter International | Robert M Davis is Vice President | 7,325,705 | Sale of Goods | | No |
| Biomet Orthopedics Inc | Jorge O Galante, MD IS on BOD | 1,225,239 | Sale of Goods | | No |
| BMO Financial Group | Christine A Edwards is on BOD | 279,167 | Services | | No |
| BMO Financial Group (Continued) | William A Downe is President CEO | 279,168 | Services | | No |
| CDW | Thomas E Richards is President COO | 3,626,199 | Services | | No |
| Chicago Transit Authority | Alejandro Silva Carole L Brown on BOD | 179,996 | Services | | No |
| Exelon Corp | Christopher M Crane is President CEO | 5,012,512 | Services | | No |
| Exelon Corp (continued) | Sue Ling Gin John W Rogers Jr on BOD | 5,012,512 | Services | | No |
| Harrıs Fınancıal Corp | Pastora San Juan Cafferty on BOD | 130,661 | Services | | No |
| Hill-Rom Holdings Inc | Susan R Lichtenstein is Senior VP CLO | 1,683,224 | Services | | No |

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

| (a) Name of Interested person | (b) Relationship between interested person and the | (c) A mount of transaction \$ | (d) Description of transaction | organiz | aring of zation's nues? |
|--------------------------------------|---|-------------------------------|--------------------------------|---------|-------------------------------|
| | organization | | | Yes | No |
| Navigant Consulting Inc | William M Goodyear is Chairman CEO | 117,618 | Services | | No |
| Northern Trust Global Investments | Stephen N Potter is President | 573,511 | Services | | No |
| PricewaterhouseCoopers LLP | Jay L Henderson is Vice Chairman | 175,000 | Services | | No |
| The Northern Trust Co | Susan Crown Charles Tribbett III on BOD | 516,994 | Services | | No |
| University Anesthesiologists | Anthony D Ivankovich, MD is a Partner | 300,717 | Services | | No |
| University Pathologists PC | Robert P DeCresce, MD is an owner | 1,640,017 | Services | | No |
| University Pathology Consultants LLC | Robert P DeCresce, MD is an owner | 145,573 | Services | | No |
| VWR International | Robert P DeCresce, MD on BOD | 401,964 | Services | | No |
| WW Grainger | William K Hall on BOD | 485,719 | Sale of Goods | | No |
| William Blair & Company LLC | E David Coolidge III on BOD John L Brennen is management | 304,575 | Services | | No |

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DLN: 93493133010143

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

NonCash Contributions

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

Open to Public **Inspection**

Name of the organization Rush University Medical Center

Employer identification number 36-2174823

| Pa | TIL Types of Property | | | | | | | |
|-----|---|----------------------------------|--|---|--|---------|-----|----|
| | | (a) Check If applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line 1g | (d Method of d contribution | etermır | _ | |
| 1 | Art—Works of art | | | - 9 | | | | |
| | Art—Historical treasures . | | | | | | | |
| | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded . | Х | 47 | 4,098,908 | FMV | | | |
| 10 | Securities—Closely held stock . | • | | | | | | |
| 11 | Securities—Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—O ther | | | | | | | |
| 18 | Collectibles | | | | | | | |
| | Food inventory | | | | | | | |
| | Drugs and medical supplies . | | | | | | | |
| | Taxıdermy | | | | | | | |
| | Historical artifacts | | | | | | | |
| | Scientific specimens | | | | | | | |
| | Archeological artifacts | | | | | | | |
| 25 | Other ► (Furnishings) | X | 1 | 12,000 | Sale of comparable | | | |
| 26 | Anesthesia Other ► (<u>Machine</u>) | l x | 1 | 6 000 | Sale of comparable | | | |
| | - | X | 3 | | Sale of comparable | | | |
| 28 | Other ► () | | | | | | | |
| 29 | Number of Forms 8283 received | d by the ora | anization during the tax vea | ar for contributions | | | | |
| | for which the organization comp | | | | 29 | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organiza | atıon receiv | e by contribution any prope | rty reported in Part I, lines | 1-28 that it | | | |
| | must hold for at least three year | rs from the o | date of the initial contribution | on, and which is not require | d to be used | | | |
| | for exempt purposes for the enti | re holding p | eriod? | | | 30a | | No |
| b | If "Yes," describe the arrangem | ent in Part 1 | I | | | | | |
| 31 | Does the organization have a gi | ft acceptand | ce policy that requires the r | review of any non-standard | contributions? | 31 | Yes | |
| 32a | Does the organization hire or us contributions? | e third parti | es or related organizations | to solicit, process, or sell | non-cash | 32a | Yes | |
| b | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization did not report describe in Part II | t revenues ı | n column (c) for a type of p | roperty for which column (a |) is checked, | | | |

Part II

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

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| I 3 | | State Street Global Advisors manages our charitable gift annuities and our pooled income funds and, in so doing, may process or sell noncash contributions. The organization uses the Northern Trust Company to accept into our account, then process and sell noncash contributions. |

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133010143

OMB No 1545-0047

(Form 990 or 990-EZ)

SCHEDULE 0

Department of the Treasury Internal Revenue Service

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.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

| Name of the organization Rush University Medical Center | Employer ident if i | cation number |
|--|---------------------|---------------|
| | 36-2174823 | |

| Identifier | Return Reference | Explanation |
|--------------------|---------------------|--|
| Form 990 Part I | | Rush provides a full range of medical services to the community, including an emergency department that is never closed and is open to anyone regardless of their ability to pay. In addition, Rush is committed, through Rush Medical College and College of Nursing, to provide programs to educate and train the health care workforce of the future. Rush is also a thriving center for basic and clinical research. |

| Identifier | Return Reference | Explanation |
|----------------------|---------------------|--|
| Form 990 Part III | 1 | The mission of Rush University Medical Center is to provide the very best care for our patients. Our education and research endeavors, community service programs and relationships with other hospitals are dedicated to enhancing excellence in patient care for the diverse communities of the Chicago area now and in the future. The true impact of our mission isnt only visible within the boundaries of our Medical Center campus. We also see our mission take shape in the community health clinics, outreach and mentoring programs, and countless other community-based initiatives led by doctors, nurses, students and others at Rush. |

| ldentifier | Return Reference | Explanation |
|----------------------|---------------------|---|
| Form 990 Part III | 4D | Other program services Rush provides various services for the benefit of its patients and visitors, such as parking, food service and interpreter services. Rush also sponsors a number of programs in the community focused on improving health, expanding education in health-related careers, community-based research to reduce health disparities and initiatives to provide economic development and job creation. Rush programs influenced tens of thousands of lives in FY12. |

| ldentifier | Return Reference | Explanation |
|---------------------|---------------------|--|
| Form 990 Part VI | 11A | The information is compiled and reviewed internally by Corporate Finance. The return is reviewed by Deloitte Tax LLP before being submitted to the Audit Committee of the Board of Directors of Rush for review and approval. The return is distributed to the entire Board of Directors before it is filed. |

| ldentifier | Return Reference | Explanation |
|---------------------|---------------------|---|
| Form 990 Part VI | 12C | Rushs Board of Trustees, corporate officers, employees, faculty, students and members of its medical, nursing, professional and technical staffs must use their best efforts and judgment to avoid any influences which could compromise patient care, research, business transactions, objectivity or integrity. The comprehensive policy statement regarding conflicts of interest is applicable to the Rush Board of Trustees, corporate officers, employees, faculty, students and members of Rushs medical, nursing, professional and technical staffs. All employees are required to make a clear disclosure of any conflict of interest to their immediate supervisor at the earliest possible opportunity before an arrangement is entered into which would result in a conflict or as soon thereafter as the employee becomes aware that such a conflict exists. Supervisors may take action to address a conflict of interest as is consistent with policies of Rush including, but not limited to, the policies of the Department of Human Resources. Conflicts of interest are defined as circumstances that create a risk that professional judgments or actions regarding a primary interest will be unduly influenced by a secondary interest. Conflicts can be more or less severe. The severity of a conflict depends on 1 the likelihood that professional decisions made under the relevant circumstances would be unduly influenced by a secondary interest and 2 the seriousness of the harm or wrong that could result from such influence. |

| Identifier | Return Reference | Explanation |
|---------------------|---------------------|---|
| Form 990 Part VI | 12C continued | Under certain limited circumstances a conflict may be allowed to continue if such conflict cannot otherwise be eliminated, the likelihood of undue influence is minimized and the relationship is appropriately managed to reduce the risk of possible harm. Members of the Rush Board of Trustees and Rush Corporate Officers are required to disclose any conflicts to the Chairman or Vice Chairman or the secretary of the Rush Board of Trustees. An initial review will be undertaken by the Audit Committee of the Board, which shall make such recommendations as it deems appropriate to the Executive Committee of the Board. If time does not permit a full review by the Audit Committee, such initial review may be undertaken by the Chairman of the Board and Chairman of the Audit Committee. Thereafter, the Audit Committee shall submit the material facts of the conflict along with its recommendations to the Executive Committee which shall make a final determination on the matter. |

| Identifier | Return Reference | Explanation |
|---------------------|---------------------|---|
| Form 990 Part VI | 15A 15B | The Compensation and Human Resources Committee uses an independent review, comparability data and contemporaneous substantiation to establish compensation packages for officers. All officer compensation packages are approved by the Compensation and Human Resources Committee. |

| ldentifier | Return Reference | Explanation |
|---------------------|---------------------|--|
| Form 990 Part VI | 18 | The Form 990 information is made available upon request through the Media Relations office of the Public Relations Department and/or Legal Affairs The Form 990 is also available on Guidestar and on the Illinois Attorney Generals website |

| Identifier | Return Reference | Explanation |
|---------------------|---------------------|--|
| Form 990 Part VI | | Rush does not make its governing documents or conflict of interest policy available to the public The financial statements are available through the Illinois Attorney Generals office |

| ldentifier | Return Reference | Explanation |
|---------------------|---------------------|--|
| Form 990 Part VI | 1a | The Executive Committee, between meetings of the trustees, shall have and exercise all of the authority of the voting trustees in the management of the corporation except to the extent, if any, that such authority shall be limited by resolution of the voting trustees and except for a amending the articles of incorporation b amending, altering or repealing the by-lawsic adopting a plan of merger or consolidation with another corporation d authorizing the sale, lease, exchange or mortgage of all or substantially all of the property or assets of the corporation e authorizing the voluntary dissolution of the corporation of adopting a plan for the distribution of the assets of the corporation g electing, appointing or removing any trustee or officer of the corporation or h amending, altering or repealing any resolution of the voting trustees which by its terms provides that it shall not be amended, altered or repealed by the executive committee. The delegation of authority to the Executive Committee shall not operate to relieve the voting trustees or any single voting trustee of any responsibility imposed upon him or her by law. The Executive Committee shall consist of not fewer than 22 and not more than 28 voting trustees, including the Chairman, the Vice Chairmen and the Chief Executive Officer. The voting members of the Executive Committee shall be elected at the annual meeting of the voting trustees provided that any vacancy occurring or existing in the Executive Committee may be filled by an election held at any regular or special meeting of the voting trustees of the Executive Committee shall serve until their successors have been elected. |

| ldentifier | Return Reference | Explanation |
|---------------------|---------------------|---|
| Form 990 Part VI | 2 | W James Farrell and Robert S Morrison had a business relationship Thomas A Donahoe and William K Hall had a business relationship W James Farrell and Thomas J Wilson had a business relationship Christine Edwards and William A Downe had a business relationship H John Gilbertson and Carl W Stern had a business relationship John W Rogers Jr had a business relationship with Robert S Morrison, Gloria Santona, Esq, Michael J OConnor and Michael F OBrien, Christopher Cane and Sue Ling Gin Carole L Brown and Alejandro Silva had a business relationship Sue Ling Gin, John W Rogers Jr and Christopher M Crane had a business relationship Thomas J Wilson and Charles L Evans, PhD had a business relationship Susan Crown, Robert S Morrison and David B Speer had a business relationship Pastora San Juan Cafferty had a business relationship with John W Higgins, William Downe and Charles A Schrock Sheila A Penrose, John W Rogers Jr and Gloria Santona, Esq had a business relationship Donald G Lubin, Esq had a business relationship with Fred A Krehbiel, Gloria Santona, Richard Jaffee, William Goodyear, E David Coolidge II, John Willis, Stephen Potter and John BrennenSusan Crown and Charles A Tribbett, III had a business relationship |

| Identifier | Return Reference | Explanation |
|---------------------|---------------------|---|
| Form 990 Part VI | 2 continued | Matthew Bergman and Christine A Edwards had a business relationship - Jesse H Ruiz had a business relationship with Christopher Crane, Sue Ling Gin, and John Rogers Richard K Davis and R Anthony Davis have a family relationship |

| Identifier | Return Reference | Explanation |
|----------------------|---------------------|--|
| Form 990 Part VII | 1a | Payments to Robert A Balk, MD, Robert P DeCresce, MD, Catherine Dimou, MD, Margaret Faut-Callahan, PhD, Larry J Goodman, MD and Anthony D Ivankovich, MD were for their roles as employees not as trustees |

| ldentifier | Return Reference | Explanation |
|---------------------|---------------------|--|
| Form 990 Part XI | 5 | Other changes in net assets consists of Recovery of impaired endowment corpus - 233,222 post retirement related changes - 43,618,677 unrealized restricted gain on investments - 8,215,318, non-controlling interest in subsidiary - 4,155,783 and unrealized unrestricted gain on investments - 991,606 |

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| Form 990 | | Schedule K, Part I, - Rush University Medical Centers RUMC long-term debt is issued under a master trust indenture which established the Rush University Medical Center obligated group OG which, as of 6/30/12, was comprised of RUMC and Copley Memorial Hospital, Inc. Copley and its affiliates. The OG is jointly and severally liable for the obligations issued under the master trust indenture. Each OG member is expected to pay its allocated share of the debt issued on its behalf. The debt listed on lines A-D were issued for RUMC. |

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| Form 990 | | Schedule K, Part I, line C, Column f proceeds of the series 2009A bonds were used to finance and refinance healthcare and related facilities. The remainder of the proceeds was used to refund a taxable loan used to refund 2006A bonds. |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| Form 990 | | Schedule K, Part I, Line D, Column f RUMC is using the proceeds of the series 2008A bonds to finance healthcare and related facilities |

| Identifier | Return Reference | Explanation | | | | |
|------------|---------------------|---|--|--|--|--|
| Form 990 | | Schedule K, Part III, Column A Part III has not been completed with respect to the Series 2011 and Series 2006B bonds because the original projects being refinanced by such bonds are traceable to bonds issued before 2003 Had completion of Part II been required, line 7 would have been answered Yes for these bonds | | | | |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| Form 990 | | Schedule K, Part IV, Line 3b, Column D the providers of the hedge concerning the bond issue are Morgan Stanley Capital Services, Inc. and Citibank, NA. The terms of the hedge are 27.3 years from Morgan Stanley and 29.2 years from Citibank |

| Identifier | Return Reference | Explanation | | | | |
|------------|---------------------|--|--|--|--|--|
| Form 990 | | Schedule K2, Part I, Line A, Column f the series 2006B fixed rate bonds were used to finance and refinance healthcare and related facilities. The proceeds were used to refinance the remainder of the series 1998A bonds. | | | | |

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | Reterence | Form 990 Part I Line 1 Rush provides a full range of medical services to the community, including an emergency department that is never closed and is open to anyone regardless of their ability to pay. In addition, Rush is committed, through Rush Medical College and College of Nursing, to provide programs to educate and train the health care workforce of the future. Rush is also a thriving center for basic and clinical research. Form 990 Part II Line 1 The mission of Rush University Medical Center is to provide the very best car e for our patients. Our education and research endeavors, community service programs and relationships with other hospitals are dedicated to enhancing excellence in patient care for the diverse communities of the Chicago area now and in the future. The true impact of ur mission isnt only visible within the boundaries of our Medical Center campus. We also see our mission take shape in the community health clinics, outreach and mentoring programs, and countless other community-based institutives led by doctors, nurses, students and other is a Rush Form 990 Part III Line 4D Other programs ervices. Rush provides various services for the benefit of its patients and visitors, such as parking, food service and interpreter services. Rush also sponsors a number of programs in the community focused on improving health, expanding education in health-related careers, community-based research to reduce health dispaties and initiatives to provide economic development and job creation. Rush programs influenced tens of thousands of lives in FY12 Form 990 Part VI Section B Line 11A The information is compiled and reviewed internally by Corporate Finance. The return is reviewed by Delotte Tax Litz Pefore being submitted to the Audit Committee of the Board of Directors of Rush for review and approval. The return is distributed to the entire Board of Directors before it is filed Form 990 Part VI Section B Line 12C Rushs B oard of Trustees, corporate officers, employees, faculty, students a |
| | | blish compensation packages for officers. All officer compensation packages are approved by the Compensation and Human Resources Committee. Form 990 Part VI Section C Line 18 Thie Form 990 information is made available upon request through the Media Relations office of the Public Relations Department and/or Legal Aff |

| ldentifier | Return Reference | Explanation | | | | | |
|------------|---------------------|--|--|--|--|--|--|
| | | arrs The Form 990 is also available on Guidestar and on the Illinois Attorney Generals we bite Form 990 Part VI Section C Line 19Rush does not make its governing documents or conflict of interest policy available to the public The financial statements are available through the Illinois Attorney Generals office Form 990 Part VI Section A Line 1aThe Executive Committee, between meetings of the trustees, shall have and exercise all of the authority of the voting trustees in the management of the corporation except to the extent, if any, that such authority shall be limited by resolution of the voting trustees and ex cept for a amending the articles of incorporation b amending, altering or repealing the by -laws c adopting a plan of merger or consolidation with another corporation b authorizing the sale, lease, exchange or mortgage of all or substantially all of the property or assets of the corporation authorizing the voluntary dissolution of the corporation f adopting a plan for the distribution of the sossets of the corporation g electing, appointing or re moving any trustee or officer of the corporation or h amending, altering or repealing any resolution of the voting trustees which by its terms provides that it shall not be amended, altered or repealed by the executive committee. The delegation of authority to the Executive Committee shall not operate to relieve the voting trustees or any single voting trust ee of any responsibility imposed upon him or her by law. The Executive Committee shall con sist of not fewer than 22 and not more than 28 voting trustees, including the Chairman, the Vice Chairmen and the Chief Executive Officer. The voting members of the Executive Committee shall be elected at the annual meeting of the voting trustees provided that any vacan cy occurring or existing in the Executive Committee whe filled by an election held at any regular or special meeting of the voting trustees. Members of the Executive Committee shall serve until their successors have been elected. Form 990 Part V | | | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R Related Or

DLN: 93493133010143

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.

2011

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

| ush University Medical Center | | | | 36-217 | 4823 | | | |
|--|--|---|----------------------------------|---|----------|--|---|------|
| Part I Identification of Disregarded Entities (Comple | te if the organization | on 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) Health Delivery Management 1700 W Van Buren Street Chicago, IL 60612 36-4085751 | Healthcare | IL | 2,030,616 | 146,864 | N/A | | | |
| (2) Vyndian 320 W Jackson Blvd Chicago, IL 60607 36-4208577 | Billing services | IL | 6,951,744 | 522,346 | N/A | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the | | if the organization | answered "Ye | s" on Form 990 | , Part : | IV, line 34 becaus | se it had | one |
| (a) Name, address, and EIN of related organization | (b) (c) (d) Primary activity Legal domicile (state or foreign country) | | (d) Exempt Code sectio | (e) n Public charity st (if section 501(c | | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
| ee Additional Data Table | | | | | | | Yes | No |
| ee Additional Data Table | | | | | | | | |
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| or Privacy Act and Panerwork Reduction Act Notice, see the Instruction | ns for Form 990 | Cat No 50 | 1135Y | | | Schedule R (| Form 990' | 2011 |

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) | , | (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 Disprop allocat | rtionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | | ral or aging | (k) Percentage ownership |
| | | | | | | | Yes | No | | Yes | No | I |
| (1) Circle Imaging Partners LP 1725 W Harrison Street Chicago, IL 60612 36-3539382 | Healthcare | IL | Cırcle Imagıng Management Inc | Related | 2,746,847 | 2,067,517 | | No | | | No | 71 430 % |
| (2) Oak Park Imaging 610 South Maple Street Oak Park, IL 60304 36-4437483 | Healthcare | IL | N/A | Related | 736,311 | 369,129 | | No | | | No | 60 000 % |
| (3) Rush Surgicenter at the Professional Office Building LP 1725 West Harrison Street Chicago, IL 60612 36-3853026 | Healthcare | IL | N/A | Related | 5,616,821 | 4,890,746 | | No | | Yes | | 52 540 % |
| - | | | | | | | | | | | | |
| | | | | | | | | | | | | <u> </u> |
| | | | | | | | | | | | | <u> </u> |
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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 entity (C corp, S corp, or trust) (T) Share of total income | | | (g) Share of end-of-year assets | (h) Percentage ownership |
|--|--------------------------------|---|--|--------|-----------|--|---------------------------------------|
| (1) Room Five Hundred 1700 West Van Buren Street Chicago, IL 60612 23-7139832 | Dining Room | IL | N/A | C Corp | 2,030,616 | 146,854 | 100 000 % |
| (2) Rush University Medical Center Insurance Co PO Box 1051 Grand Cayman CJ | Insurance | СЈ | N/A | C Corp | 50,000 | 7,689,400 | 100 000 % |
| (3) Rush Copley Medical Group NFP(Copley Services) 2000 Ogden Ave Aurora, IL 60504 36-3235315 | Healthcare | IL | N/A | C Corp | | | |
| (4) Rush Health 1653 W Congress Parkway Chicago, IL 60612 36-3972171 | Healthcare | ΙL | N/A | C Corp | 6,054,700 | 5,627,594 | 50 000 % |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | Schadula P (| Form 990) 2011 |

(6)

| Pa | rt V | Transactions With Related Organizations (Complete if the organization answered "Ye | es" on Form 990, Pai | rt IV, line 34, 35, 3 | 5A, or 36.) | | |
|--------------|------------|--|---------------------------|-----------------------|--------------------------|---------|------|
| | Note. | omplete line 1 if any entity is listed in Parts II, III or IV | | | | Yes | No |
| 1 D | uring th | e tax year, did the orgranization engage in any of the following transactions with one or more related org | anızatıons lısted ın Part | s II-IV? | | | |
| а | Recei | t of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entıty | | | 1a | Yes | |
| b | Gıft, g | ant, or capital contribution to related organization(s) | | | 1b | | No |
| c | Gıft, g | ant, or capital contribution from related organization(s) | | | 1c | Yes | |
| d | Loans | or loan guarantees to or for related organization(s) | | | 1d | | No |
| e | Loans | or loan guarantees by related organization(s) | | | 1e | Yes | |
| | | | | | | | |
| f | Sale o | assets to related organization(s) | | | 1f | | No |
| g | Purch | se of assets from related organization(s) | | | 1 g | | No |
| h | Excha | nge of assets with related organization(s) | | | 1h | | No |
| i | Lease | facilities, equipment, or other assets to related organization(s) | | | 1i | Yes | |
| | | | | | | | |
| j | Lease | of facilities, equipment, or other assets from related organization(s) | | | 1 j | Yes | |
| k | Perfor | nance of services or membership or fundraising solicitations for related organization(s) | | | 1k | Yes | |
| ı | Perfor | nance of services or membership or fundraising solicitations by related organization(s) | | | 11 | Yes | |
| m | Sharır | g of facilities, equipment, mailing lists, or other assets with related organization(s) | | | 1n | Yes | |
| n | Sharır | g of paid employees with related organization(s) | | | 1n | Yes | |
| | | | | | | | |
| 0 | Reimb | ursement paid to related organization(s) for expenses | | | 10 | Yes | |
| р | Reimb | ursement paid by related organization(s) for expenses | | | 1p | Yes | |
| | | | | | | | |
| q | Other | ransfer of cash or property to related organization(s) | | | 1 q | Yes | |
| r | Other | ransfer of cash or property from related organization(s) | | | 1r | Yes | |
| | | | | | | | |
| 2 | Ifthe | nswer to any of the above is "Yes," see the instructions for information on who must complete this line, | including covered relati | ionships and transact | ion thresholds | | |
| | | (a) | (b) Transaction | (c) | (d) Method of determi | nına am | ount |
| | | Name of other organization | type(a-r) | Amount involved | involve | | |
| (1) S (2) | ee Additio | nal Data Table | | | | | |
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| (3) | | | | | | | |
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| (4) | | | | | | | |
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| (5) | | | | | | | |
| | | | 1 | I | 1 | | |

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) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | org | (e) Are all partners section 501(c)(3) janizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man part | j) eral or aging ener? | (k) Percentage ownership |
|---|--------------------------------|---|---|-----|---|--|---|----------------------------------|----|---|---------------------|--|---------------------------------------|
| | | | , | Yes | No | | | Yes | No | | Yes | No | |
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Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: 11000218 **Software Version:** 2011.0.0 **EIN:** 36-2174823

Name: Rush University Medical Center

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|---|----------------------------------|---|-------------------------------|---|--|---|--|
| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c) (3)) | (f) Direct Controlling Entity | g Section 512 (b)(13) controlled organization | |
| Rush Copley Health Care System Inc | | | | | D b. II | | |
| 2000 Ogden Ave Aurora, IL 60504 36-3584043 | Healthcare | IL | 501c3 | | Rush University Medical Center | Yes | |
| Copley Ventures 2000 Ogden Ave Aurora, IL 60504 36-3370216 | Property Healthplex O wner | IL | 501c3 | 3 | Rush Copley Medical Center Inc | Yes | |
| Rush Copley Foundation 2000 Ogden Ave Aurora, IL 60504 36-3093877 | Contribution Solicitation | IL | 501c3 | 7 | Rush Copley Medical Center Inc | Yes | |
| Copley Memorial Hospital 2000 Ogden Ave Aurora, IL 60504 36-2170840 | Healthcare | IL | 501c3 | 3 | Rush Copley Medical Center Inc | Yes | |
| Rush Copley Medical Center Inc 2000 Ogden Ave Aurora, IL 60504 36-3193787 | Healthcare | IL | 501c3 | 11A | Rush Copley Health Care System Inc | Yes | |
| Rush Oak Park Hospital 520 S Maple Ave Oak Park, IL 60304 36-2183812 | Healthcare | IL | 501c3 | | Synergon Health System Inc | Yes | |
| Rush System for Health 1653 W Congress Parkway Chicago, IL 60612 36-4046278 | Healthcare | IL | 501c3 | | Rush University Medical Center | Yes | |
| Riverside-Rush Corp 350 N Wall Street Kankakee, IL 60901 32-0329257 | Healthcare | IL | 501c3 | | Rush University Medical Center | Yes | |
| Riverside Health System 350 N Wall Street Kankakee, IL 60901 36-3167726 | Healthcare | IL | 501c3 | | Riverside Rush Corporation | Yes | |
| Oakside Corporation 350 N Wall Street Kankakee, IL 60901 36-3166804 | Healthcare | IL | 501c3 | 11B | Riverside Rush Corporation | Yes | |
| Riverside Medical Center 350 N Wall Street Kankakee, IL 60901 36-2414944 | Healthcare | IL | 501c3 | 3 | Riverside Rush Corporation | Yes | |
| Riverside Senior Living Center 350 N Wall Street Kankakee, IL 60901 | Healthcare | IL | 501c3 | 9 | Riverside Rush Corporation | Yes | |
| 36-3670744 Riverside Medical Health Care Foundation 350 N Wall Street Kankakee, IL 60901 36-3166033 | Healthcare | IL | 501c3 | 11B | Riverside Rush Corporation | Yes | |
| The Core Foundation 2020 W Harrison Street Chicago, IL 60612 36-3991833 | Real Estate Holding | IL | 501c3 | 11A | N/A | Yes | |
| Synergon Health System Inc 520 S Maple Ave Oak Park, IL 60304 36-3739067 | Healthcare | IL | 501c3 | 3 | Rush University Medical Center | Yes | |
| Rush Presbyterian St Lukes Medical Center Professional Liability Trust 1700 W Van Buren Street Chicago, IL 60612 | Insurance | IL | 501c3 | | Rush University Medical Center | Yes | |
| 36-6673233 RML Health Providers LP (Dba RML Specialty Hospital) 5801 S County Line Road Hinsdale, IL 60521 36-4113692 | Healthcare | IL | 501c3 | 3 | RMLHP Corporation | Yes | |
| RMLHP Corporation 5801 S County Line Road Hinsdale, IL 60521 36-4160869 | Healthcare | IL | 501c3 | 11B | N/A | Yes | |

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

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) A mount I nvolved (\$) | (d) Method of determining amount involved |
|------|---|--|-------------------------------------|---|
| (1) | Oak Park Imaging | с | 234,000 | FMV |
| (2) | Circle Imaging | ı | 140,691 | FMV |
| (3) | Circle Imaging | р | 1,692,359 | FMV |
| (4) | Circle Imaging | С | 1,928,571 | FMV |
| (5) | Rush Master Retirement Trust | q | 43,500,000 | FMV |
| (6) | Copley Memorial Hospital | р | 389,171 | FMV |
| (7) | Copley Memorial Hospital | e | 90,161 | FMV |
| (8) | Copley Memorial Hospital | a | 6,987,970 | FMV |
| (9) | CORE Foundation | n | 756,321 | FMV |
| (10) | CORE Foundation | m | 200,000 | FMV |
| (11) | Rush University Medical Center Insurance Co | q | 4,075,000 | FMV |
| (12) | Rush Surgicenter | ı | 667,830 | FMV |
| (13) | Rush Surgicenter | С | 2,175,000 | FMV |
| (14) | Rush Surgicenter | р | 117,470 | FMV |
| (15) | Rush System for Health | k | 130,520 | FMV |
| (16) | Rush System for Health | 0 | 538,387 | FMV |
| (17) | Rush System for Health | ı | 88,491 | FMV |
| (18) | Rush System for Health | n | 418,441 | |
| (19) | Rush Health | ı | 4,726,526 | |
| (20) | Rush Health | р | 7,416,981 | |

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

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) A mount Involved (\$) | (d) Method of determining amount involved |
|------|-----------------------------------|--|------------------------------------|---|
| (21) | Rush Health | r | 5,393,670 | FM∨ |
| (22) | Rush Oak Park Hospital | J | 2,024,780 | FM∨ |
| (23) | Rush Oak Park Hospital | ı | 835,072 | FM∨ |
| (24) | Rush Oak Park Hospital | р | 4,692,226 | FM∨ |
| (25) | Rush Oak Park Hospital | 0 | 3,240,720 | FMV |

Rush University Medical Center and Subsidiaries

Consolidated Financial Statements as of and for the Years Ended June 30, 2012 and 2011, and Independent Auditors' Report



RUSH UNIVERSITY MEDICAL CENTER AND SUBSIDIARIES

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of Rush University Medical Center

We have audited the accompanying consolidated balance sheets of Rush University Medical Center and Subsidiaries ("Rush") as of June 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These consolidated financial statements are the responsibility of Rush's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits 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 consolidated financial statements are free of material misst at ement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Rush's internal control over financial reporting. Accordingly, we express no such opinion. An audit also 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, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As described in Note 1, the financial position and results of operations of Rush-Copley Medical Center have been excluded from Rush's accompanying consolidated financial statements. Accounting principles generally accepted in the United States of America require consolidation of this entity.

In our opinion, except for the matter discussed in the preceding paragraph, such consolidated financial statements present fairly, in all material respects, the financial position of Rush as of June 30, 2012 and 2011, and the consolidated results of its operations and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

As discussed in Note 2 to the consolidated financial statements, Rush adopted the presentation and disclosure requirements of Accounting Standards Update No 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities, and changed its presentation of the provision for bad debts

October 25, 2012

Deloitle & Touche LLP

RUSH UNIVERSITY MEDICAL CENTER AND SUBSIDIARIES CONSOLIDATED BALANCE SHEETS

| (Dollars in thousands) | As o | f June 30, |
|---|----------------------|-----------------------|
| | 2012 | 2011 |
| ASSETS | | |
| CURRENT ASSETS Cash and cash equivalents Short-term investments Accounts receivable for patient services - net of allowance for doubtful | \$ 96,854 115,712 | \$ 127,797 115,613 |
| accounts of \$53,783 and \$42,035 as of June 30, 2012 and 2011, respectively Other accounts receivable - net of reserves of \$1,461 and \$930 as of | 202,455 | 136,511 |
| June 30, 2012 and 2011, respectively | 51,781 | 55,850 |
| Self-insurance trust - current portion | 23,904 | 24,467 |
| Other current assets | 40,288 | 27,035 |
| Total current assets | 530,994 | 487,273 |
| ASSETS LIMITED AS TO USE AND INVESTMENTS | | |
| Investments - less current portion | 263,332 | 263,659 |
| Limited as to use by donor or time restriction | 433,013 | 478,561 |
| Self insurance trust - less current portion | 97,255 | 101,123 |
| Debt service reserve fund | 39,807 | 40,119 |
| Total assets limited as to use and investments | 833,407 | 883,462 |
| PROPERTY AND EQUIPMENT - net of accumulated deprediation of \$861,050 and \$789,273 as of June 30, 2012 and 2011, respectively | 1,256,904 | 1,187,178 |
| OTHER ASSETS | 36,413 | 25,635 |
| TOTAL ASSETS | \$ 2,657,718 | \$ 2,583,548 |
| LIABILITIES AND NET ASSETS | | |
| CURRENT LIABILITIES | | |
| Accounts payable | \$ 90,167 | \$ 122,270 |
| Accrued expenses | 119,779 | 121,448 |
| Student loan funds | 20,394 | 21,210 |
| Estimated third-party settlements payable | 123,282 | 106,076 |
| Current portion of accrued liability under self-insurance program | 31,877 | 29,773 |
| Current portion of long-term debt | 5,905 | 4,550 |
| Total current liabilities | 391,404 | 405,327 |
| LONG-TERM LIABILITIES | | |
| Accrued liability under self-insurance program - less current portion | 160,736 | 143,674 |
| Postretirement and pension benefits | 169,875 | 138,904 |
| Long-term debt - less current portion, net Obligations under capital lease and other financing arrangements | 512,339 40,121 | 517,779 34,627 |
| Other long-term liabilities | 67,819 | 61,612 |
| Total long-term liabilities | 950,890 | 896,596 |
| Total liabilities | 1,342,294 | 1,301,923 |
| | 1,042,204 | 1,001,020 |
| NET ASSETS Unrestricted | 790,097 | 710,641 |
| Temporarily restricted | 289,960 | 343,248 |
| Permanently restricted | 235,367 | 227,736 |
| Total net assets | 1,315,424 | 1,281,625 |
| TOTAL LIABILITIES AND NET ASSETS | \$ 2,657,718 | \$ 2,583,548 |
| See notes to consolidated financial statements | | |

RUSH UNIVERSITY MEDICAL CENTER AND SUBSIDIARIES CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

| (Dollars in thousands) | For the Year I | Ended June 30, |
|---|----------------|----------------|
| | 2012 | 2011 |
| REVENUE | | |
| Patient service revenue (net of contractual allowances and discounts) | \$ 1,263,415 | \$ 1,221,455 |
| Provision for uncollectible accounts | (41,578) | (38,768) |
| Net patient service revenue | 1,221,837 | \$ 1,182,687 |
| University services | | |
| Tuition and educational grants | 56,961 | 52,171 |
| Research and other operations | 107,487 | 106,754 |
| Other revenue | 63,623 | 60,841 |
| Total revenue | 1,449,908 | 1,402,453 |
| EXPENSES | | |
| Salaries, wages, and employee benefits | 764,272 | 747,988 |
| Supplies, utilities, and other | 432,637 | 413,128 |
| Insurance | 28,223 | 10,932 |
| Purchased services | 63,908 | 58,869 |
| Depreciation and amortization | 88,740 | 73,023 |
| Interest expense | 21,912 | 15,015 |
| Total expenses | 1,399,692 | 1,318,955 |
| OPERATING INCOME | 50,216 | 83,498 |
| NONOPERATING INCOME (EXPENSE) | | |
| Investment income and other | 6,461 | 18,999 |
| Unrestricted contributions | 6,933 | 7,093 |
| Fundraising expenses | (6,689) | (6,395) |
| Change in fair value of interest rate swaps | (5,435) | 1,442 |
| Loss on extinguishment of debt | (960) | <u> </u> |
| Total nonoperating income | 310 | 21,139 |
| EXCESS OF REVENUE OVER EXPENSES | \$ 50,526 | \$ 104,637 |

(Continued)

RUSH UNIVERSITY MEDICAL CENTER AND SUBSIDIARIES CONSOLIDATED STATEM ENTS OF OPERATIONS AND CHANGES IN NET ASSETS

| (Dollars in thousands) | For the Yea | ar Ended June 30, |
|--|------------------|-------------------|
| | 2012 | 2011 |
| UNRESTRICTED NET ASSETS | | |
| Excess of revenue over expenses | \$ 50,526 | \$ 104,637 |
| (Funding) recovery of impaired endowment corpus | (233 | 2,446 |
| Net assets released from restrictions used for purchase of property and | | |
| equipment | 68,626 | • |
| Postretirement-related changes other than net periodic postretirement cost Other | (43,619 4,156 | |
| INCREASE IN UNRESTRICTED NET ASSETS | | |
| INCREASE IN UNRESTRICTED NET ASSETS | 79,456 | |
| RESTRICTED NET ASSETS | | |
| TEM PORARILY RESTRICTED NET ASSETS | | |
| Pledges, contributions, and grants | 44,499 | 50,882 |
| Net assets released from restrictions | (99,555 | |
| Net realized and unrealized gains on investments | 1,768 | <u> </u> |
| (DECREASE) INCREASE IN TEM PORARILY RESTRICTED NET ASSETS | (53,288 | <u>45,279</u> |
| PERM ANENTLY RESTRICTED NET ASSETS | | |
| Pledges and contributions | 9,580 | 9,238 |
| Change in unrealized (losses) gains impacting endowment corpus | (233 | |
| Recovery (replenishment) of impaired endowment corpus | 233 | \ ' ' |
| Investment (losses) gains on trustee-held investments | (1,949 | <u> </u> |
| INCREASE IN PERM ANENTLY RESTRICTED NET ASSETS | 7,631 | 13,454 |
| INCREASE IN NET ASSETS | 33,799 | 290,486 |
| NETASSETS — Beginning of year | 1,281,625 | 991,139 |
| NET ASSETS — End of year | \$ 1,315,424 | \$ 1,281,625 |
| See notes to consolidated financial statements | | (Concluded) |

RUSH UNIVERSITY MEDICAL CENTER AND SUBSIDIARIES CONSOLIDATED STATEMENTS OF CASH FLOWS

| (Dollars in thousands) | For the Year Ended June 30, | | | | | | |
|---|-----------------------------|-------------------|-----------|---------------------|--|--|--|
| | | 2012 | | 2011 | | | |
| OPERATING ACTIVITIES: | | | | | | | |
| Increase in net assets | \$ | 33.799 | \$ | 290,486 | | | |
| Adjustments to reconcile increase in net assets to net cash | | | | | | | |
| provided by operating activities | | 00 = 4 | | | | | |
| Depreciation and amortization | | 88.740 | | 73.192 | | | |
| Postretirement-related changes other than net periodic postretirement cost | | 43.619 | | (89.800) | | | |
| Provision for uncollectible accounts | | 41.578 | | 38.768 | | | |
| Change in fair value of interest rate swaps | | 5.435 | | (1.442) | | | |
| Net unrealized and realized losses (gains) on investments | | 3.081 (64.806) | | (70,031) | | | |
| Restricted contributions and investment income received Investment losses (gains) on trustee-held investments | | 1.949 | | (36,534) (4,216) | | | |
| Loss on extinguishment of debt | | 960 | | (4.210) | | | |
| Loss on disposal of equipment and other | | 4,642 | | - | | | |
| Changes in operating assets and liabilities | | 4.042 | | - | | | |
| Accounts receivable for patient services | | (107,522) | | (48,134) | | | |
| Accounts payable and accrued expenses | | (1.658) | | (4.037) | | | |
| Estimated third-party settlements payable | | 17.206 | | (15.723) | | | |
| Postretilement and pension benefits | | (12.648) | | (2.601) | | | |
| Accided liability under self-insurance program | | 19.166 | | (31.147) | | | |
| Other changes in operating assets and habilities | | (2.331) | | 10.446 | | | |
| Net cash provided by operating activities | | 71,210 | | 109,227 | | | |
| The cash provided by operating activities | | 71.210 | - | 1001227 | | | |
| INVESTING ACTIVITIES: | | | | | | | |
| Additions to property and equipment | | (186.355) | | (256,696) | | | |
| Purchase of investments | | (696,899) | | (725.954) | | | |
| Sale of investments | | 720,258 | | 815.578 | | | |
| Net cash used in investing activities | | (162,996) | | (167.072) | | | |
| FINANCING ACTIVITIES: | | | | | | | |
| Proceeds from restricted contributions and investment income | | 69,332 | | 39.613 | | | |
| Proceeds from issuance of long-term debt | | 56,000 | | - | | | |
| Refunding of long-term debt | | (56,000) | | - | | | |
| Payment of bond issuance costs | | (380) | | - | | | |
| Payment of long-term debt | | (4,550) | | (7.593) | | | |
| Payment of obligations under capital lease and other financing arrangements | | (3,559) | | (3,157) | | | |
| Net cash provided by financing activities | | 60,843 | | 28,863 | | | |
| NET DECREASE IN CASH AND CASH EQUIVALENTS | | (30,943) | | (28,982) | | | |
| CASH AND CASH EQUIVALENTS — Beginning of year | | 127,797 | | 156,779 | | | |
| | | _ | _ | | | | |
| CASH AND CASH EQUIVALENTS — End of year | <u>\$</u> | 96,854 | <u>\$</u> | 127.797 | | | |
| SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION | | | | | | | |
| Cash paid for interest — including capitalized interest of \$13.326 | | | | | | | |
| and \$21.487 for the years ended June 30, 2012 and 2011, respectively | \$ | 35.611 | \$ | 36,489 | | | |
| Noncash additions to property and equipment | \$ | 9.955 | \$ | 187 | | | |
| | | | | | | | |

See notes to consolidated financial statements

RUSH UNIVERSITY MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2012 AND 2011 (Dollars in thousands)

1. ORGANIZATION AND BASIS OF CONSOLIDATION

The accompanying consolidated financial statements include the accounts of Rush University Medical Center and Subsidiaries ("Rush") Rush owns and operates an academic medical center located in Chicago. Illinois Rush is an Illinois not-for-profit corporation exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code Rush's operations consist of several diverse activities with a shared mission of patient care, education, research, and community service, and include the following

Rush University Hospital (RUH) — Consists of an acute care hospital and the Johnson R. Bowman Health Center for the Elderly, a rehabilitation and psychiatric facility, licensed in total for 731 beds RUH also includes a faculty practice plan, Rush University Medical Group, which employed 415 physicians as of June 30, 2012

Rush University — Ahealth sciences university that educates students in health-related fields. This includes Rush Medical College, the College of Nursing, the College of Health Sciences, and the Graduate College. Rush University also includes a research operation with \$134,096 and \$137,974 in annual research expenditures during fiscal years 2012 and 2011, respectively.

Rush Oak Park Hospital (ROPH) — A 296-licensed bed acute care, rehabilitation, and skilled nursing hospital located in Oak Park, Illinois, eight miles west of RUH, which includes an employed medical group with 40 physicians as of June 30, 2012. Rush, through a joint venture arrangement with a third party, is responsible for the operations and management of ROPH. As a result, Rush controls and has an economic interest in ROPH. Substantially, all assets, liabilities, and net assets, as well as all revenue and expenses, of ROPH are consolidated with the financial results of Rush. All significant intercompany transactions have been eliminated in consolidation.

RUH and ROPH together own 50% of Rush Health, a network of providers whose members include the hospitals and approximately 770 physicians and 115 allied health providers who are on the medical staff of the member hospitals, with the other 50% owned by the physicians. The financial results of Rush Health are not consolidated with the financial results of Rush and are accounted for using the equity method of accounting (see Note 18)

Rush has an affiliation with Rush-Copley Medical Center (RCMC), an acute care facility located in Aurora, Illinois, that covers governance and other organizational relationships. Pursuant to the Amended and Restated Master Trust. Indenture dated August 1, 2006, Rush and RCMC established an Obligated Group of which both are members. Rush and RCMC are jointly and severally liable for certain debt issued through the Illinois Finance Authority (IFA) (see Note 9). Under accounting principles generally accepted in the United States of America (GAAP), as a result of these affiliations and financial interdependency, the financial accounts of RCMC should be consolidated with Rush, but have been excluded from the accompanying consolidated financial statements.

If the financial statements of RCMC had been consolidated with Rush, financial information as of and for the years ended June 30, 2012 and 2011, would have been as follows

| | 2012 | 2011 |
|---|-----------------------------------|-----------------------------------|
| Total assets Total habilities | \$ 3,070,451 1,561,867 | \$ 2,943,532 1,486,456 |
| Total net assets | \$ 1,508,584 | \$ 1,457,076 |
| Total revenue Total expenses | \$ 1.746,660 1.677.675 | \$ 1,676,334 1,578,251 |
| Operating income | 68,985 | 98,083 |
| Nonoperating (expense) income | (1,547) | 33,383 |
| Excess of revenue over expenses | \$ 67.438 | \$ 131,466 |
| Increase in unrestricted net assets | \$ 96.682 | \$ 258,606 |
| Net cash provided by (used in) Operating activities Investing activities Financing activities | \$ 113,462 (198,260) 61,193 | \$ 151,290 (193,569) 28,264 |
| Net decrease in cash and cash equivalents | \$ (23,605) | \$ (14,015) |

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

Except for the matter discussed in Note 1 related to the consolidation of RCMC, the accompanying consolidated financial statements have been presented in conformity with GAAP as recommended in the audit and accounting guide for health care organizations published by the American Institute of Certified Public Accountants

Basis of Consolidation

Included in Rush's consolidated financial statements are all of its wholly owned or controlled subsidiaries. All significant intercompany transactions have been eliminated in consolidation.

Use of Estimates

The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and habilities and disclosure of contingent assets and habilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates

Cash and Cash Equivalents

Cash and investments having an original maturity of 90 days or less when purchased are considered to be cash and cash equivalents. These securities are so near maturity that they present insignificant risk of changes in value

Net Patient Service Revenue, Patient Accounts Receivable, and Allowance for Doubtful Accounts

Net patient service revenue is reported at the estimated net realizable amounts from third-party payors, patients, and others for services rendered. Rush has agreements with third-party payors that provide for payments at amounts different from established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, per diem payments, and discounted charges, including estimated retroactive settlements under payment agreements with third-party payors.

Rush recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. Provisions for adjustments to net patient service revenue are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. For uninsured patients that do not qualify for charity care, Rush recognizes revenue based on its discounted rates. On the basis of historical experience, a significant portion of Rush's uninsured patients will be unable or unwilling to pay for the services provided. Thus, Rush records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided.

Patient accounts receivable are based on gross charges and stated at net realizable value. Accounts receivable are reduced by an allowance for contractual adjustments, based on expected payment rates from payors under current reimbursement methodologies, and also by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable. Rush analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate appropriate allowance for doubtful accounts and provision for uncollectible accounts based upon management's assessment of historical and expected net collections considering business and economic conditions, trends in health care coverage, and other collection indicators. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for contractual adjustments and the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage. Rush analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts (for example, for expected uncollectible deductibles and co-payments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely.) For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and co-payment balances due for which third-party coverage exists for part of the bill). Rush records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible

The difference between the discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is written off against the allowance for doubtful accounts in the period they are determined uncollectible

Rush's allowance for doubtful accounts for self-pay patients increased from 75% of self-pay accounts receivable at June 30, 2011, to 79% of self-pay accounts receivable as of June 30, 2012. The increase was the result of unfavorable trends experienced in the collection of amounts from self-pay patients in fiscal year 2012. In addition, Rush's self-pay write-offs totaled \$26,659 and \$27,624 for fiscal years 2012 and 2011, respectively. Rush does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Charity Care

It is an inherent part of Rush's mission to provide necessary medical care free of charge, or at a discount, to individuals without insurance or other means of paying for such care. As the amounts determined to qualify for charity care are not pursued for collection, they are not reported as net patient service revenue. Patients who would otherwise qualify for charity care but who do not provide adequate information would be characterized as bad debt and included in the provision for uncollectible accounts.

Inventory

Medical supplies, pharmaceuticals, and other inventories are stated at the lower of cost or market and are included in other current assets on the accompanying consolidated balance sheets

Fair Value of Financial Instruments

Financial instruments consist of cash and cash equivalents, investments, derivative instruments, accounts receivable, accounts payable, accounts estimated third-party settlements approximated their financial statement carrying amount as of June 30, 2012 and 2011, because of their short-term maturity. The fair value of the other instruments is discussed in Notes 6 and 9.

Assets Limited as to Use and Investments

Assets limited as to use consist primarily of investments limited as to use by donors, unconditional promises to contribute, assets held by trustees under debt or other agreements and for self-insurance, and board designated assets set aside for a specified future use

Investments in equity and debt securities with readily determinable fair values are measured at fair value using quoted market prices or model-driven valuations. Short-term investments having an original maturity greater than 90 days that are available for current operations are reported as current assets. Rush also held an interest in a collective business trust that invested primarily in international equity and equity-related securities. The trust was valued and priced daily, and liquidity was available on a daily basis. Rush sold its interest in the trust during fiscal year 2012.

Alternative investments consist of limited partnerships that invest primarily in marketable securities (hedge funds), real estate, and limited partnerships that invest in nonmarketable securities (private equity). Investments in hedge funds are measured at fair market value based on Rush's interest in the net asset value (NAV) of the respective fund. The estimated valuations of hedge fund investments are subject to uncertainty and could differ had a ready market existed for these investments. Such differences could be material. Investments in private equity funds are reported at cost, adjusted for impairment losses, based on information provided by the respective partnership when Rush's ownership percentage is minor (less than 5%). Investments in private equity funds where Rush's ownership percentage is more than minor, but consolidation is not required (5% to 50%), are accounted for on the equity basis. These investments are periodically assessed for impairment. The financial statements of hedge funds and private equity funds are audited annually, generally on December 31. Investments in hedge funds and private equity funds are generally not marketable and may be divested only at specified times. Real estate investments are carried at a mortized cost. Rush's risk in alternative investments is limited to its capital investment and any future capital commitments (see Note 5).

Investment income or loss (including interest, dividends, realized and unrealized gains and losses, and changes in cost-based valuations) is reported within excess of revenue over expenses, unless the income or loss is restricted by donor or interpretation of law. Investment gains and losses on Rush's endowment are recognized within temporarily restricted net assets until appropriated for use (see Note 7). Investment gains and losses on permanently restricted assets are allocated to purposes specified by the donor either as temporarily restricted or unrestricted, as applicable. Income earned on tax-exempt borrowings for specific construction projects is offset against interest expense capitalized for such projects.

Unconditional Promises to Contribute

Unconditional promises to contribute (pledges receivable) are recorded at the net present value of their estimated future cash flows. Estimated future cash flows due after one year are discounted using interest rates commensurate with the time value of money concept. Rush maintains an estimated allowance for uncollectible pledges based upon management's assessment of historical and expected net collections considering business and economic conditions and other collection indicators. Net unconditional promises to contribute are reported in assets limited as to use by donor or time restriction on the accompanying consolidated balance sheets and amounted to \$38.695 and \$60.912 as of June 30, 2012 and 2011, respectively (see Note 16)

Derivative Instruments

Derivative instruments, specifically interest rate swaps, are recorded in the consolidated balance sheets as either assets or liabilities at their respective fair values. The change in the fair value of derivative instruments is reflected in nonoperating income (expense) in the accompanying consolidated statements of operations and changes in net assets. Net cash settlements and payments, representing the realized changes in the fair value of the interest rate swaps, are included in interest expense in the accompanying consolidated statements of operations and changes in net assets and as operating cash flows in the accompanying consolidated statements of cash flows (see Note 10).

Property and Equipment

Property and equipment are recorded at cost or, if donated, at fair market value at the date of receipt. Expenditures that substantially increase the useful life of existing property and equipment are capitalized. Routine maintenance and repairs are expensed as incurred. Depreciation expense, including amortization of capital leased assets, is recognized over the estimated useful lives of the assets using the straight-line method.

Costs of computer software developed or obtained for internal use, including external direct costs of materials and services, payroll, and payroll-related costs for employees directly associated with internal-use software development projects, and interest costs incurred during the development period are expensed or capitalized depending on whether the costs are incurred in the preliminary project stage, development stage, or operational stage. Capitalized costs of internal-use computer software are included in property and equipment in the accompanying consolidated balance sheets.

Capitalized Interest

Interest expense from bond proceeds, net of interest income, incurred during the construction of major projects is capitalized during the construction period. Such capitalized interest is amortized over the depreciable life of the related assets on a straight-line basis. Interest expense of \$13,326 and \$21,487 was capitalized during the years ended June 30, 2012 and 2011, respectively.

Asset Impairment

Rush continually evaluates the recoverability of the carrying value of long-lived assets by reviewing long-lived assets for impairment. When circumstances indicate the remaining estimated useful life of long-lived assets may not be recoverable. Rush adjusts the carrying value of a long-lived asset to fair value if an estimate of the undiscounted cash flows over the remaining life are less than the carrying value of the asset. During the years ended June 30, 2012 and 2011, no such provision was deemed necessary.

Asset Retirement Obligations

Rush recognizes the fair value of a liability for legal obligations associated with asset retirements in the period in which it is incurred if a reasonable estimate of the fair value of the obligation can be made. When the liability is initially recorded, Rush capitalizes the cost of the asset retirement obligation by increasing the carrying amount of the related long-lived asset. The liability is accreted to its present value each period, and the capitalized cost associated with the retirement obligation is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the cost to settle an asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

Ownership Interests in Other Health-Related Entities

Rush has a majority ownership interest in a number of subsidiaries, which provide outpatient surgical and imaging services. An ownership interest of more than 50% in another health-related entity in which Rush has a controlling interest is consolidated. As of June 30, 2012 and 2011, non-controlling interests in consolidated subsidiaries amounted to \$4,156 and \$4,050, respectively. The amounts related to non-controlling interests are recorded in unrestricted net assets, and as the amounts are not material, they are not separately presented in the accompanying consolidated.

financial statements. Rush also has affiliations with, and interests in, other organizations that are not consolidated. These organizations primarily provide outpatient health care and managed care contracting services. An ownership interest in another health-related entity of at least 20%, but not more than 50%, in which Rush has the ability to exercise significant influence over the operating and financial decisions of the investee, is accounted for on the equity basis (see Note 18), and the income (loss) is reflected in other revenue. An ownership interest in a health-related entity of less than 20%, in which Rush does not have the ability to exercise significant influence over the operating and financial decisions of the investee, is carried at cost or estimated net realizable value, which is not material to the consolidated financial statements.

Deferred Financing Costs

Debt issuance costs, net of amortization computed on the straight-line basis over the life of the related debt, are reported within other assets on the accompanying consolidated balance sheets. The straight-line basis approximates the effective interest method, which is required under GAAP. Unamortized debt issuance costs amounted to \$8,428 and \$9,179 as of June 30, 2012 and 2011, respectively

Other Long-Term Liabilities

Other long-term liabilities include asset retirement obligations, employee benefit plan liabilities for certain defined contribution and supplemental retirement plans other than defined benefit pension plans (see Note 12), liabilities for derivative instruments, and other long-term obligations

Net Assets

Resources of Rush are designated as permanent, temporary, or unrestricted Permanently restricted net assets include the original value of contributions that are required by donors to be permanently retained, including any accumulations to the permanent endowment made in accordance with the direction of the applicable gift instrument. Temporarily restricted net assets include contributions and accumulated investment returns whose use is limited by donors for a specified purpose or time period or by interpretations of law. Unrestricted net assets include the remaining resources of Rush that are not restricted and arise from the general operations of the organization.

Contributions

Unconditional promises to contribute cash and other assets are reported at fair value at the date the promise is received. Conditional gifts are reported at fair value when the conditions have been substantially met. Contributions are either reported as temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as other revenue (if time restricted or restricted for operating purposes) or reported in the consolidated statements of changes in net assets as net assets released from restrictions used for purchase of property and equipment (if restricted for capital acquisitions). Donor-restricted contributions for operating purposes whose restrictions are met within the same year as received are reported as other revenue in the accompanying consolidated statements of operations and changes in net assets.

Rush is the beneficiary of several split-interest agreements, primarily perpetual trusts held by others. Rush recognizes its interest in these trusts based on either Rush's percentage of the fair value of the trust assets or the present value of expected future cash flows to be received from the trusts, as appropriate, based on each trust arrangement.

Excess of Revenue over Expenses

The consolidated statements of operations and changes in net assets include excess of revenue over expenses as a performance indicator. Excess of revenue over expenses includes all changes in unrestricted net assets, except for permanent transfers of assets to and from affiliates for other than goods and services, contributions of (and assets released from donor restrictions related to) long-lived assets, and other items that are required by GAAP to be

reported separately (such as extraordinary items, the effect of discontinued operations, postretirement-related changes other than net periodic postretirement costs, and the cumulative effect of changes in accounting principle)

Nonoperating Income (Expense)

Nono perating income (expense) includes items not directly associated with patient care or other activities not relating to the core operations of Rush. Nono perating income (expense) consists primarily of unrestricted investment returns on the endowment investment pool when appropriated for use, the difference between total investment return and a mount allocated to operations for investments designated for self-insurance programs, investment income or loss (including interest, dividends, and realized and unrealized gains and losses) on all other investments unless restricted by donor or interpretation of law, changes in the fair value of interest rate swaps, losses on extinguishment of debt, net gains (losses) on sales, unrestricted contributions, losses on impaired assets, and fundraising expenses

New Accounting Pronouncements

Rush adopted Financial Accounting Standards Board (FASB) guidance related to the presentation and disclosure of patient service revenue, provision for uncollectible accounts, and the allowance for doubtful accounts for certain health care entities for the year ended June 30, 2012. The standard establishes accounting and disclosure requirements for health care entities that recognize significant amounts of patient service revenue at the time services are rendered even though the entity does not assess a patient's ability to pay. Specifically, the guidance requires that health care entities present bad debt expense associated with net patient service revenue as an offset to net patient service revenue within the consolidated statements of operations and changes in net assets. Additionally, the guidance requires enhanced disclosure of the policies for recognizing revenue and assessing bad debts, as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The guidance requires retrospective application to all prior periods presented.

In August 2010, the FASB issued new guidance to reduce the diversity in practice regarding the measurement basis used in the disclosure of charity care. Specifically, this guidance requires that cost be used as the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing the charity care. Furthermore, this amendment requires the disclosure of the method used to identify or determine the costs. Rush adopted this guidance for the fiscal year ended June 30, 2012. The adoption of this guidance did not impact revenue recognition in the consolidated financial statements since Rush does not recognize revenue when charity care is provided.

Also in August 2010, the FASB issued new guidance related to the accounting by health care entities for medical malpractice claims and similar liabilities and their related anticipated insurance recoveries. Specifically, this amendment clarifies that a health care entity should not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries. Rush adopted this guidance for the fiscal year ended June 30, 2012. The adoption of this guidance resulted in an increase in insurance recovery receivable of \$7,187 with an offsetting increase in accrued liability under self-insurance programs as of June 30, 2012. Rush elected not to apply the guidance retrospectively.

Consideration of Events Subsequent to the Consolidated Balance Sheet Date

Rush has evaluated events occurring subsequent to the consolidated balance sheet date through October 25, 2012, the date the consolidated financial statements were issued

3. NET PATIENT SERVICE REVENUE

The mix of patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized during the years ended June 30, 2012 and 2011, by major payor source, was as follows

| | | 2012 | | 2011 | | |
|--------------------------------|----|---------------|----------------|------|-----------|----------------|
| Medicare | \$ | 336,729 | 27 ° o | \$ | 309,879 | 25 ° o |
| Medicaid | | 187,446 | 15 | | 183,821 | 15 |
| Blue Cross | | 378,106 | 30 | | 356,156 | 29 |
| Managed care | | 281,927 | 22 | | 280,255 | 23 |
| Commercial, self-pay and other | | <u>79,207</u> | 6 | | 91,344 | 8 |
| Total patient service revenue | \$ | 1,263,415 | <u>100</u> ° o | \$ | 1,221,455 | <u>100</u> ° o |

Changes in estimates relating to prior periods increased net patient service revenue by \$6.793 and \$13,000 in fiscal years 2012 and 2011, respectively. Laws and regulations governing government and other payment programs are complex and subject to interpretation. As a result, there is a reasonable possibility that recorded estimated third-party settlements could change by a material amount.

Rush has filed formal appeals relating to the settlement of certain prior-year Medicare cost reports. The outcome of such appeals cannot be determined at this time. Any resulting gains will be recognized in the consolidated statements of operations and changes in net assets when realized.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity continues with respect to investigations and allegations concerning possible violations of regulations by health care providers, which could result in the imposition of significant fines and penalties, as well as significant repayment of previously billed and collected revenues from patient services. Management believes that Rush is in substantial compliance with current laws and regulations.

4. CHARITY CARE

Rush has an established charity care policy and maintains records to identify and monitor the level of charity care it provides. Rush provides free care to all patients whose family income is 300% of the federal poverty level or less and a 68% discount to all uninsured patients (increased from 65% for the period July 1, 2011 to March 31, 2012) regardless of a bility to pay, and provides further discounts for patients with a family income up to 400% of the federal poverty level. Charity care includes the estimated cost of unreimbursed services provided and supplies furnished under its charity care policy and the excess of cost over reimbursement for Medicaid patients. The estimated cost of charity care provided is determined using a ratio of cost to gross charges and multiplying that ratio by the gross unreimbursed charges associated with providing care to charity patients.

In December 2008, the Centers for Medicare and Medicaid Services approved the Illinois Hospital Assessment Program (the "Program") to improve Medicaid reimbursement for Illinois hospitals. The Program increased net patient service revenue in the form of additional Medicaid payments and increased supplies, utilities, and other expense through a tax assessment from the state of Illinois. The net benefit to Rush from the Program was \$16,565 during each of the years ended June 30, 2012 and 2011. The Medicaid payment of \$42,871 was included in net patient service revenue, representing 4% of the net patient service revenue, and the tax assessment of \$26,306 was included in supplies, utilities, and other expenses. The Program is approved through June 30, 2014, however, the future of the Program is uncertain

The following table presents the level of charity care provided for the years ended June 30, 2012 and 2011

| | | 2012 | | 2011 |
|--|----|--------|----|--------|
| Excess of allocated cost over reimbursement for services provided to hospital Medicaid patients — net of net benefit under the Program | \$ | 57,154 | \$ | 50,497 |
| Estimated costs and expenses incurred to provide charity care in the hospitals | _ | 26,615 | _ | 19,123 |
| Total | \$ | 83,769 | \$ | 69,620 |

The total number of patients that were either provided charity care directly by Rush or that were covered by the Program represented 23% and 22% of Rush's total patients in fiscal years 2012 and 2011, respectively

Beyond the cost to provide charity care and unreimbursed services to hospital Medicaid patients. Rush also provides substantial additional benefits to the community, including educating future health care providers, supporting research into new treatments for disease, and providing subsidized medical services in response to community and health care needs, as well as other volunteer services. These community services are provided free of charge or at a fee below the cost of providing them

5. ASSETS LIMITED AS TO USE AND INVESTMENTS

Assets limited as to use and investments consist primarily of marketable equity and debt securities, which are held in investment pools to satisfy the investment objectives for which the assets are held or to satisfy donor restrictions. Rush also holds certain investments in alternative securities consisting of hedge funds, real estate investments, and private equity funds (see Note 2). Assets limited as to use by donor or time restriction also include unconditional promises to contribute (see Note 16).

Following is a summary of the composition of assets limited as to use and investments as of June 30, 2012 and 2011

| | 2012 | 2011 |
|---|------------|------------|
| Marketable securities and short-term investment funds | \$ 93.978 | \$ 67.388 |
| Fixed income securities, including commingled funds | 489.936 | 519,596 |
| Equity securities, including commingled funds | 219.996 | 245,703 |
| World asset allocation funds | 44,328 | 42,902 |
| Hedge fund of funds | 25.416 | 26.329 |
| Private equity | 31.797 | 29.702 |
| Real estate | 3.290 | 3.474 |
| | 908.741 | 935,094 |
| Beneficial interest in trusts | 25.587 | 27.536 |
| Total assets limited as to use and | | |
| investments — excluding ple dges ieceivable | 934,328 | 962,630 |
| Net ple dges iecewable | 38.695 | 60,912 |
| Total assets limited as to use and investments | 973,023 | 1,023,542 |
| Less amount reported as current assets | (139.616) | (140,080) |
| Assets limited as to use and investments — noncurrent | \$ 833.407 | \$ 883,462 |

The table above comprises all of Rush's investments, including those measured at fair value as well as certain alternative investments in private equity partnerships or real estate measured under the cost or equity method of accounting. The fair value of private equity investments, as estimated by management of the limited partnerships based on audited financial statements and other relevant factors, was \$37,724 and \$34,932 as of June 30, 2012 and 2011, respectively. Rush's private equity investments have diverse strategies, consisting of the following as of June 30, 2012 and 2011.

| Private Equity Fund Allocations | 2012 | 2011 |
|--|-------|-------|
| Buyout and growth capital | 2300 | 33° o |
| Distressed debt and special situations | 34 | 35 |
| Diversified private equity fund of funds | 24 | 18 |
| Venture capital | 16 | 12 |
| Direct equity | 2 | 2 |
| Co-investment private equity | 1 | - |
| | 10000 | 10000 |

Investments in private equity funds recorded on the equity basis amounted to \$921 and \$803 as of June 30, 2012 and 2011, respectively. As many factors are considered in arriving at the estimated fair value, Rush routinely monitors and assesses methodologies and assumptions used in valuing these partnerships. As of June 30, 2012 and 2011, commitments for additional contributions to private equity partnerships totaled \$13,158 and \$16,167, respectively.

It is Rush's intent to maintain a long-term investment portfolio to support its self-insurance program. Accordingly, the total return on investments restricted for the self-insurance program is reported in the consolidated statements of operations and changes in net assets in two income statement line items. The investment return allocated to operations, reported in other revenue, is determined by a formula designed to provide a consistent stream of investment earnings to support the self-insurance provision reported in insurance expense in the accompanying consolidated statements of operations and changes in net assets. This allocated return, 5% for the years ended June

30, 2012 and 2011, approximates the real return that Rush expects to earn on its investments over the long term and totaled \$6,074 and \$6,681 for the years ended June 30, 2012 and 2011, respectively. The difference between the total investment return and the amount allocated to operations is reported in nonoperating income and totaled \$810 and \$8,381 for the years ended June 30, 2012 and 2011, respectively. There is no guarantee that the investment return expected by management will be realized. For the years ended June 30, 2012 and 2011, the total annual investment return was approximately 5.9% and 11.8%, respectively.

The composition and presentation of investment income and the realized and unrealized gains and losses on all investments for the years ended June 30, 2012 and 2011, are as follows

| | | 2012 | | 2 01 1 |
|--|----------|-------------------------------------|-----------|-------------------------------------|
| Interest and dividends Net realized gains on sales of securities Unrealized (losses) gains — unrestricted Unrealized (losses) gains — restricted | \$ | 18,395 4,055 (992) (8,215) | \$ | 18.075 24.913 7.579 41.659 |
| | <u>s</u> | 13,243 | \$ | 92,226 |
| Reported as Other operating revenue Nonoperating income Restricted net assets — net realized and unrealized (losses) gains on investments | \$ | 7.196 6.461 (414) | \$ | 7.900 18.999 65.327 |
| | <u>s</u> | 13,243 | <u>\$</u> | 92,226 |
| Rush reported gams and losses on its alternative investments as of June 30, 2012 and 3 | 2011. | as follows | | 2011 |
| Reported as | | | | |

6. FAIR VALUE MEASUREMENTS

As of June 30, 2012 and 2011, Rush held certain assets and liabilities that are required to be measured at fair value on a recurring basis, including marketable securities and short-term investments, certain restricted, trust eed and other investments, derivative instruments, and beneficial interests in trusts. Certain alternative investments measured using either the cost or equity method of accounting are excluded from the fair value disclosure provided herein

Valuation Principles

Under FASB guidance on fair value measurements, fair value is defined as an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The valuation techniques used to measure fair value are based upon observable and unobservable inputs. Observable inputs generally reflect market data from independent sources and are supported by market activity, while unobservable inputs are generally unsupported by market activity. The three-level valuation hierarchy, which prioritizes the inputs used in measuring fair value of an asset or liability at the measurement date, includes

Level 1 mputs — Quoted prices (unadjusted) for identical assets or liabilities in active markets. Securities typically priced using Level 1 inputs include listed equities and exchange-traded mutual funds.

Level 2 mputs — Quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets and liabilities in nonactive markets, and model-driven valuations whose inputs are observable for the asset or liability, either directly or indirectly. Securities typically priced using Level 2 inputs include government bonds (including U.S. treasuries and agencies), corporate and municipal bonds, collateralized obligations, interest rate swaps, commercial paper and currency options, and commingled funds where NAV is corroborated with observable data

Level 3 mputs — Unobservable inputs for which there is little or no market data available and are based on the reporting entity's own judgment or estimation of the assumptions that market participants would use in pricing the asset or liability. The fair values for securities typically priced using Level 3 inputs are determined using model-driven techniques, which include option-pricing models, discounted cash flow models, and similar methods. The Level 3 classification primarily includes Rush's interest in hedge funds and beneficial interests in trusts.

Fair Value Measurements at the Consolidated Balance Sheet Date

The following tables present Rush's fair value hierarchy for its financial assets and habilities measured at fair value on a recurring basis as of June 30, 2012 and 2011

| Fair Value Measurements as of June 30, 2012 | Level 1 | Level 2 | Level 3 | Total Fair Value |
|--|-------------|------------|-------------|---------------------|
| Assets | | | | |
| Marketable securities and short-term investments | \$ 1549 | \$ 92 429 | S - | \$ 93978 |
| Fixed income securities | | | | |
| U S government and agency securities | - | 169 779 | - | 169 779 |
| Corporate bonds | - | 49 166 | - | 49166 |
| Fixed income mutual funds | 6 21 | 101 210 | - | 101 831 |
| Collateralized securities and other | 78 | 160 059 | - | 160 137 |
| U.S. equity securities | 138 014 | - | - | 138 014 |
| International equity securities | 26 228 | 42 501 | - | 68729 |
| World asset allocation funds | 21 905 | 16 121 | 6 3 0 2 | 44328 |
| Moderate allocation mutual funds {a} | 20 240 | - | - | 20240 |
| Alternative investments | | | | |
| Hedge fund of funds | - | - | 25 416 | 25416 |
| Accined interest and other | - | 2 0 3 6 | - | 2 0 3 6 |
| Beneficial interest in trusts | | | 25 587 | 2 5 5 87 |
| Total assets at fan value | \$ 208 635 | \$ 633 301 | \$ 57305 | \$ 899 241 |
| Liabilities | | | | |
| Obligations under interest rate swap agreements | <u>s - </u> | \$ 14 801 | <u>s - </u> | \$ 14801 |
| Total habilities at fair value | <u>s</u> - | \$ 14 801 | <u>s</u> - | \$ 14801 |

[{]a} This class includes investments in mutual funds that allocate assets among equity and fixed income investments and includes \$6.987 (35%) in fixed income securities and \$13.253 (65%) in equity securities as of June 30. 2012

| Fair Value Measurements as of June 30, 2011 | Level 1 | Level 2 | Level 3 | Total Fair Value |
|--|-------------|------------|-----------|---------------------|
| Assets | | | | |
| Marketable securities and short-term investments | \$ 7901 | \$ 59 487 | \$ - | \$ 67388 |
| Fixed income securities | | | | |
| U S government and agency securities | - | 173 261 | - | 173 261 |
| Corporate bonds | - | 83 446 | - | 8 3 4 46 |
| Fixed income mutual funds | 1 023 | 73 664 | - | 74687 |
| Collateralized securities and other | 1 06 | 180 145 | - | 180 251 |
| U.S. equity securities | 169 807 | - | _ | 169 807 |
| International equity securities | 22416 | 36 9 59 | = | 59375 |
| World asset allocation funds | - | 36 969 | 5 9 3 3 | 42902 |
| Moderate allocation mutual funds {a} | 21 464 | - | - | 21464 |
| Alternative investments | | | | |
| Hedge fund of funds | - | - | 26329 | 26329 |
| Accined interest and other | - | 3 008 | - | 3 008 |
| Beneficial interest in trusts | - | - | 27 536 | 27536 |
| Total assets at fan value | \$ 222 717 | \$ 646 939 | \$ 59 798 | \$ 929 454 |
| Liabilities | | | | |
| Obligations under interest rate swap agreements | s - | \$ 9366 | S - | \$ 9366 |
| Total habilities at fair value | <u>s - </u> | \$ 9366 | s - | \$ 9366 |

[{]a} This class includes investments in mutual funds that allocate assets among equity and fixed income investments and includes \$4 943 (23%) in fixed income securities and \$16 521 (77%) in equity securities as of June 30 2011

Valuation Techniques and Inputs for Level 2 and Level 3 Instruments

The Level 2 and Level 3 instruments listed in the preceding fair value tables use the following valuation techniques and inputs as of the valuation date

Marketable Securities and Short-term Investments – Marketable securities classified as Level 2 are invested in a short-term collective fund that serves as an investment vehicle for cash reserves. Fair value was determined using the calculated NAV as of the valuation date, based on a constant price. These funds are invested in high-grade and short-term money market instruments with daily liquidity.

US Government and Agency Securities – The fair value of investments in US government and agency securities classified as Level 2 was primarily determined using techniques consistent with the market approach, including matrix pricing Significant observable inputs to the market approach include institutional bids, trade data, broker and dealer quotes, discount rates, issuer spreads, and benchmark yield curves

Corporate Bonds and Fixed Income Mutual Funds – The fair value of investments in corporate bonds of U S and international issuers, including mutual and commingled funds that invest primarily in such bonds, classified as Level 2 was primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yield curves, reported trades, observable broker or dealer quotes, issuer spreads, and security-specific characteristics. Significant unobservable inputs may be used, including bid or ask/offer quotes that are uncorroborated, which results in a Level 3 classification.

Collateralized Securities and Other – This class encompasses collateralized bond obligations, collateralized loan obligations, collateralized mortgage obligations, and any other asset-backed securities, including government asset-backed securities. This class also includes international government securities and agencies, municipal bonds, convertible equity, real estate funds, and some commercial paper. The fair value of collateralized and other obligations classified as Level 2 was determined using techniques consistent with the market and income approach, such as discounted cash flows and matrix pricing. Significant observable inputs include prepayment spreads, discount rates, reported trades, benchmark yield curves, volatility measures, and quotes. Significant unobservable inputs may be used, including bid or ask/offer quotes that are uncorroborated, which results in a Level 3 classification.

US and International Equity Securities – The fair value of US and foreign equity securities classified as Level 2 was primarily determined using the calculated NAV at the valuation date under a market approach. This includes investments in commingled funds that invest primarily in domestic and foreign equity securities whose underlying values are based on Level 1 inputs. The NAV is often corroborated through ongoing redemption or subscription activity. Certain common and preferred stocks held by Rush under this classification may not have available current market quotes and were primarily valued using techniques consistent with the market approach utilizing significant observable inputs, such as mid, bid, and ask or offer quotes.

World Asset Allocation Finds - This category includes investments in fund of funds that seek to provide both capital appreciation and income by investing primarily in both traditional and alternative asset funds. The asset allocation is driven by the fund manager's long-range forecasts of asset-class real returns. Investments representing the majority of the fair value in this category, which are invested in mutual funds, are priced as of the New York Stock Exchange (NYSE) close on each day the NYSE is open. Investments in this category classified as Level 2 are held in a commingled fund that invests primarily in global equity and bond mutual funds. The fair value of this commingled fund is based upon the calculated NAV at the valuation date under a market approach (Level 2 inputs). Investments in this category classified as Level 3, which are invested in a multi-strategy hedge fund, are priced on the last business day of each calendar month. The values for underlying investments are estimated based on many factors, including operating performance, balance sheet indicators, growth, and other market and business fundamentals (Level 3 inputs). The underlying investment strategies can include long-short, global macro, fixed income and currency hedges, and other tactical opportunity-related strategies. Redemption proceeds for approximately, 50% of these investments are daily. Redemption proceeds for the remaining 50% of these investments are monthly and require at least 14 business days advance notice.

Hedge Fund of Funds – This class includes diversified investments in hedge fund of funds with diverse strategies, including equity long/short, credit long/short, event-driven, relative value, global opportunities, and other

multi-strategy funds. Hedge fund of funds investments are valued based on Rush's ownership interest in the NAV of the respective fund as estimated by the general partner, which approximates fair value. Rush routinely monitors and assesses methodologies and assumptions used in valuing these interests. The values for underlying investments are estimated either internally or by an external fund manager based on many factors, including operating performance, balance sheet indicators, growth, and other market and business fundamentals. Hedge fund investments also include certain liquidity restrictions that may require 65 to 95 days advance notice for redemptions. Due to significant unobservable inputs used in estimating the NAV and liquidity restrictions, Rush classifies all hedge fund investments as Level 3.

Beneficial Interest in Trusts – The fair value of beneficial interests in perpetual and charitable trusts classified as Level 3 was determined using an income approach based on the present value of expected future cash flows to be received from the trust or based on Rush's beneficial interest in the investments held in the trust measured at fair value. Since Rush is unable to liquidate the funds held and benefits only from the distributions generated off of such investments, the interest in such trusts are all shown in Level 3.

Obligations Under Interest Rate Swap Agreements – The fair value of Rush's obligations under interest rate swap agreements classified as Level 2 is valued using a market approach. The valuation is based on a determination of market expectations relating to the future cash flows associated with the swap contract using sophisticated modeling based on observable market-based inputs, such as interest rate curves. The fair value of the obligation reported in Rush's consolidated balance sheets includes an adjustment for the Obligated Group's credit risk but may not be indicative of the value Rush would be required to pay upon early termination of the swap agreements.

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 Rush believes that its 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

Level 3 Rollforward

A rollforward of the amounts in the consolidated balance sheets for financial instruments classified by Rush within Level 3 of the fair value hierarchy is as follows

| | Hedge Fund of Funds | Corporate Bonds | Asset-Backed Securities & Other | Beneficial Interest in Trusts | Total Asse ts at Fair Value |
|--|------------------------|--------------------|---------------------------------------|-------------------------------------|-----------------------------------|
| Fair value — June 30, 2010 Actual return on investments — | \$ 24,433 | \$ 369 | \$ 462 | \$ 23,320 | \$ 48,584 |
| Realized and unrealized gams Purchases | 1,948 5,881 | 15 | 89 | 4,216 - | 6,268 5,881 |
| Sales | <u> </u> | (384) | (551) | | (935) |
| Fair value — June 30, 2011 Actual return on investments — | 32,262 | - | - | 27,536 | 59,798 |
| Realized and unrealized losses | (538) | - | - | (1,949) | (2,487) |
| Purchases | 453 | - | - | - | 453 |
| Sales | (459) | | | | (459) |
| Fan value — June 30, 2012 | \$ 31,718 | <u>\$ -</u> | <u>s - </u> | \$ 25,587 | \$ 57,305 |

For the year ended June 30, 2012, realized and unrealized losses per taming to Level 3 investments include \$9 reported within excess of revenue over expenses and \$528 and \$1,949 reported within temporarily and permanently restricted net assets under investment losses, respectively. For the year ended June 30, 2011, realized and unrealized gains pertaining to Level 3 investments include \$128 reported within excess of revenue over expenses and \$1,924 and \$4,216 reported within temporarily and permanently restricted net assets under investment gains, respectively

Investments in Entities that Report Fair Value Using NAV

Included within the fair value table above are investments in certain entities that report fair value using a calculated NAV or its equivalent, and are classified as Level 2 or Level 3 investments. The following table summarizes the attributes relating to the nature and risk of such investments as of June 30, 2012.

| Entities that Report Fair Value Using NAV | Fair Value (In Thousands) | Unfunde d Com mitments | Redemption Frequency (If Currently Eligible) | Redemption Notice Period |
|--|------------------------------|---------------------------|--|-----------------------------|
| Short-term collective funds (marketable securities and short-term investments) | \$92.429 | None | Daily | None |
| International equity commingled funds | 42.501 | None | Daılv | 1–7 davs |
| World asset allocation commingled funds | 22.423 | None | Weekly Monthly | 1–14 davs |
| Hedge fund of funds | 25,416 | None | Quarterly | 65–95 days |
| Fixed income mutual funds | 101.210 | None | Daily | 1–7 days |

7. ENDOWMENT FUNDS

Rush's endowment consists of over 380 individual funds, which are established for a variety of purposes. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

Rush has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring preservation of the original value of the gift as of the gift date absent explicit donor stipulations to the contrary. As a result of this interpretation. Rush classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment. (b) the original value of any subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable gift instrument at the time the accumulation is added to the fund. The portion of the donor-restricted endowment fund that is not classified as permanently restricted net assets is classified as temporarily restricted net assets until those a mounts are appropriated for expenditure by the organization in a manner consistent with the standards of prudence under UPMIFA. In accordance with UPMIFA, Rush considers the following factors in making a determination to appropriate or accumulate do nor restricted funds

- a The duration and preservation of the fund
- b The purposes of the organization and the donor-restricted endowment fund
- c General economic conditions

- d The possible effect of inflation and deflation
- e The expected total return from moome and the appreciation of investments
- f Other resources of the organization
- g The investment policies of the organization

Endowment Investment and Spending Policies

Rush has adopted endowment investment and spending policies to preserve purchasing power over the long-term and provide stable annual support to the programs supported by the endowment, including professorships, research and education, free care, student financial aid, scholarships, and fellowships. Approximately 17% of Rush's endowment is available for general purposes

The Investment Committee of the Board is responsible for defining and reviewing the investment policy to determine an appropriate long-term asset allocation policy. The asset allocation policy reflects the objective with allocations structured for capital growth and inflation protection over the long-term. The current asset allocation targets and ranges as well as the asset allocation as of June 30, 2012 and 2011, are as follows.

| | Target Allocat | Target Allocation and Range | | owment Assets |
|------------------------|----------------|-----------------------------|------|---------------|
| Asset Class | June 30, 2012 | June 30, 2011 | 2012 | 2 01 1 |
| Global equity | 4()%(+/-5%) | 45%(+/-5%) | 41 % | 45 % |
| World asset allocation | 10%(+/-5%) | 1()%(+/-5%) | 1 () | 10 |
| Hedge funds | 5%(+/-5%) | 5%(+/-5%) | 6 | 6 |
| Private equity | 10%(+/-5%) | 1()%(+/-5%) | 9 | 8 |
| Realestate | 5%(+/-5%) | | 5 | 5 |
| Fixed income | 3()%(+/-5%) | 3()%(+/-5%) | 29 | 26 |

To achieve its long-term rate of return objectives. Rush relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current income (interest and dividends). The expected long-term rate of return target of the endow ment given its current asset allocation structure is approximately 7.5%. Actual returns in any given year may vary from this amount. Rush has established market-related benchmarks to evaluate the endowment fund's performance on an ongoing basis.

The Finance Committee of the Board approves the annual spending policy for program support. In establishing the annual spending policy, Rush's main objectives are to provide for intergenerational equity over the long term, the concept that future beneficiaries will receive the same level of support as current beneficiaries on an inflation-adjusted basis, and to maximize annual support to the programs supported by the endowment. The spending rate was 4.0% for the fiscal years ended June 30, 2012 and 2011, and income from the endowment fund provided \$16.0 million and \$15.6 million of support for Rush's programs during the fiscal years ended June 30, 2012 and 2011, respectively. The spending rate for fiscal years 2011 was based on a three-year moving average of ending market values for pooled assets. Effective September 30, 2011, Rush changed the spending policy to lengthen the smoothing period from a three-year moving average to a five-year moving average and also added an inflation component to provide more consistent spending growth

Composition of Endowment Fund and Reconciliation

The endowment net asset composition by type of fund as of June 30, 2012, consisted of the following

| | Unrestricted | Tem porarily Restricted | Permanently Restricted | Total |
|--|---------------|----------------------------|---------------------------|---------------------|
| Donor-restricted endowment funds Board-designated endowment funds | \$ - 4.427 | \$ 196,065 | \$ 235,367 | \$ 431,432 4,427 |
| Total funds | \$ 4,427 | \$ 196,065 | \$ 235,367 | \$ 435,859 |

Changes in endowment net assets for the fiscal year ended June 30, 2012, consisted of the following

| | Unrestricted | Temporarily Restrict ed | Permanently Restrict ed | Total |
|--|-------------------|----------------------------|----------------------------|-------------------------|
| Endowment net assets — beginning of year | \$ 4,715 | \$ 207,523 | \$ 227,736 | <u>\$ 439,974</u> |
| Investment return Investment (loss) income Funding of endowment impairment Net depreciation (realized and unrealized) | (92) - (71) | 7,712 - (3,555) | 233 (2,183) | 7,620 233 (5,809) |
| Total investment return | (163) | 4,157 | (1,950) | 2,044 |
| Contributions Transfer of unrestricted endowment appreciation | (125) | (15,615) | 9,581 | 9,456 (15,615) |
| Endowment net assets — end of year | \$ 4,427 | \$ 196,065 | \$ 235,367 | \$ 435,859 |

The endowment net asset composition by type of fund as of June 30, 2011, consisted of the following

| | Unrestricted | Tem porarily Restricted | Permanently Restricted | Total |
|--|---------------|----------------------------|---------------------------|---------------------|
| Donor-restricted endowment funds Board-designated endowment funds | \$ - 4.715 | \$ 207,523 | \$ 227,736 | \$ 435,259 4,715 |
| Total funds | \$ 4.715 | \$ 207,523 | \$ 227,736 | \$ 439.974 |

Changes in endowment net assets for the fiscal year ended June 30, 2011, consisted of the following

| | Unrestricted | Temporarily Restrict ed | Permanently Restrict ed | Total |
|---|-----------------|----------------------------|----------------------------|----------------------------|
| Endowment net assets — beginning of vear | \$ 4,155 | \$ 162,105 | \$ 214,282 | \$ 380,542 |
| Investment return Investment (loss) income Replenishment of endowment impairment Net appreciation (realized and unrealized) | (103) | 6,750 53,823 | (2,446) 6,662 | 6,647 (2,446) 61,148 |
| Total investment return | 560 | 60,573 | 4,216 | 65,349 |
| Contributions Transfer of unrestricted endowment appreciation | - | (15,155) | 9,238 | 9,238 (15,155) |
| Endowment net assets — end of year | <u>\$ 4,715</u> | \$ 207,523 | \$ 227,736 | \$ 439,974 |

Fund Deficiencies

Rush monitors the accumulated losses on permanently restricted investments to determine whether the endowment corpus has been impaired and restores these losses through unrestricted net assets as necessary. During the year ended June 30, 2012, funding of \$233 was required to restore the endowment corpus balance. During the year ended June 30, 2011, \$2.446 was recovered and replenished through unrestricted net assets representing accumulated losses on permanently restricted investments incurred during fiscal year 2010.

8. PROPERTY AND EQUIPMENT

Property and equipment as of June 30, 2012 and 2011, consisted of the following

| | 2012 | 2011 |
|-------------------------------|--------------|--------------|
| Land and buildings | \$ 1,642,310 | \$ 1,048,648 |
| Equipment | 454,386 | 382,155 |
| Construction in progress | 21,258 | 545,648 |
| | 2,117,954 | 1,976,451 |
| Less accumulated depreciation | (861,050) | (789,273) |
| Property and equipment, net | \$ 1,256,904 | \$ 1,187,178 |

Property and equipment, net, includes \$59,573 and \$51,626 in leased buildings and equipment as of June 30, 2012 and 2011, respectively. Accumulated depreciation on leased property and equipment amounted to \$26,750 and \$23,326 as of June 30, 2012 and 2011, respectively.

In January 2012, Rush placed its new hospital building, the Tower, into service and recognized a transfer of \$611.632 out of construction in progress into buildings and equipment within property and equipment

9. LONG-TERM DEBT AND CREDIT ARRANGEMENTS

Rush's long-term debt is issued under a Master Trust Indenture, which established an Obligated Group comprised of Rush and RCMC. The Obligated Group is jointly and severally hable for the obligations issued under the Master Trust Indenture. Each Obligated Group member is expected to pay its allocated share of the debt issued on its behalf. Total Obligated Group debt as of June 30, 2012 and 2011, was \$614,370 and \$618,920, respectively. As of June 30, 2012 and

2011, such issuances are secured by a pledge of gross receipts and a mortgage on primary health care facilities, as defined, of the Obligated Group members

A summary of Rush's long-term debt as of June 30, 2012 and 2011, is as follows

| | | | Amount Out June | | |
|---|--|---------------------|--------------------|-------------------|--|
| | Interest Rates | Final Maturity Date | 2 01 2 | 2 01 1 | |
| Illmois Finance Authority Revenue Bonds | | | | | |
| Fixed rate revenue bonds | | | | | |
| Series 2009C D | 6 3 75° o to 6 6 25° o | November 1, 2039 | \$ 173,800 | \$ 173,800 | |
| Series 2009 A B | 5 0° o to 7 25° o | November 1, 2038 | 176,265 | 176,265 | |
| Series 2006B | 5 0° o to 5 75° o | November 1, 2028 | 67,050 | 67,050 | |
| Series 1998A | 5 0° o to 5 25° o | November 1, 2024 | | 60,550 | |
| Total fixed rate debt | | | 417,115 | 477,665 | |
| Variable rate revenue bonds | | | | | |
| | Average of 0 13% and 0 22% on FY2012 and | | | | |
| Series 2008A | FY2011, respectively | November 1, 2045 | 50,000 | 50,000 | |
| Series 2011, Tax-Exempt Private | Average of 1 41% in | | | | |
| Placement with a commercial bank | FY2012 | November 1, 2024 | 56,000 | | |
| Total variable rate debt | | | 106,000 | 50,000 | |
| Total par value of debt | | | 523,115 | 5 27,66 5 | |
| Less current portion of long-term debt | | | (5,905) | (4,550) | |
| Net discount | | | (4,871) | (5,336) | |
| Long-term debt | | | \$ 512,339 | <u>\$ 517,779</u> | |
| Estimated fair value based on quoted market | | | | | |
| prices and other relevant information | | | \$ 579,220 | \$ 567,317 | |

Under its various indebtedness agreements, the Obligated Group is subject to certain financial covenants, including maintaining a minimum historical debt service coverage and maximum annual debt service coverage ratios, maintaining minimum levels of days cash on hand, maintaining debt to capitalization at certain levels, limitations on selling, leasing, or otherwise disposing of Obligated Group property, and certain other nonfinancial covenants. The Obligated Group was in compliance with its debt covenants as of June 30, 2012 and 2011

Annual maturities of outstanding long-term debt, adjusted to reflect the refinancing of the amounts borrow ed on a taxable line of credit (described below), are as follows

| Years Ending June 30 | |
|----------------------|------------|
| 2013 | \$ 5.905 |
| 2014 | 11,320 |
| 2015 | 12,140 |
| 2016 | 6,320 |
| 2017 | 8,805 |
| Thereafter | 478.625 |
| Total | \$ 523,115 |

Letters of Credit Arrangements

The Obligated Group's variable rate revenue bonds are subject to remarketing provisions that require the Obligated Group to repurchase the bonds if they cannot be sold to a third party. The Obligated Group entered into letters of credit with commercial banks to provide funding for such repurchases, as necessary. Any amounts borrowed under these letters of credit are due and payable more than one year from the date of such borrowing. The letters of credit related to the Series 1989A variable rate revenue bonds and the Series 1985 C. D. and F pool loans expired during fiscal year 2011 when the final principal payment was made on each series. The letter of credit related to the Series 2008A Variable Rate Demand Bonds (the "Series 2008A Bonds") expires in February 2015. In the absence of such agreement, the Obligated Group would be required to replace it with a similar credit arrangement, convert the related debt from variable to fixed interest rate, or fund required repurchases from available funds. Draws are routinely made from the letter of credit to pay off principal and interest and are reimbursed to the commercial bank on the following business day. As of June 30, 2012, and 2011, there were outstanding draws against the letter of credit related to the Series 2008A Bonds representing interest paid to the bondholders on July 1, 2012, and 2011, of \$7, and \$6, respectively.

Recent Financing Activity

On December 16, 2011, the IFA issued \$56 million of revenue refunding bonds on behalf of the Obligated Group (the "Series 2011 bonds") The Series 2011 bonds were purchased by a commercial bank in a tax-exempt private placement, the proceeds of which were lent to Rush and used to redeem all outstanding Series 1998 A bonds. The Series 2011 bonds mature November 1, 2024, and bear interest at a tax-exempt variable rate for a 10-year period, which resets monthly. Rush is party to an additional covenants agreement with the commercial bank relating to the Series 2011 bonds. This agreement requires various reporting, operating, and financial covenants to be maintained. During the year ended June 30, 2012, Rush recognized a loss on debt extinguishment of \$960 related to the Series 1998 A bond redemption.

Lines of Credit Arrangements

The Obligated Group had a \$50 million short-term line of credit with a bank as of June 30, 2012 and 2011, which matures on December 31, 2012. As of June 30, 2012 and 2011, the Obligated Group had no amounts outstanding on this line of credit.

The Obligated Group also had a \$100 million short-term line of credit with a bank as of June 30, 2012 and 2011, which matures December 31, 2014. Any borrowings on this short-term line of credit are due and payable in 180 days. As of June 30, 2012 and 2011, the Obligated Group had no amounts outstanding on this line of credit.

10. DERIVATIVES

Derivatives Policy

The Obligated Group uses derivative instruments, specifically interest rate swaps, to manage its exposure to changes in interest rates on variable rate borrowings. The use of derivative instruments exposes the Obligated Group to additional risks related to the derivative instrument, including market risk, credit risk, and termination risk, as described below, and the Obligated Group has defined risk management practices to mitigate these risks

Market risk represents the potential adverse effect on the fair value and cash flow of a derivative instrument due to changes in interest rates or rate spreads. Market risk is managed through ongoing monitoring of interest rate exposure based on set parameters regarding the type and degree of market risk that the Obligated Group will accept. Credit risk is the risk that the counterparty on a derivative instrument may be unable to perform its obligations during the term of the contract. When the fair value of a derivative contract is positive (an asset to the Obligated Group), the counterparty owes the Obligated Group, which creates credit risk. Credit risk is managed by setting stringent requirements for qualified counterparties at the date of execution of a derivative transaction and requiring counterparties to post

collateral in the event of a credit rating downgrade or if the fair value of the derivative contract exceeds a negotiated threshold. Termination risk represents the risk that the Obligated Group may be required to make a significant payment to the counterparty if the derivative contract is terminated early. Termination risk is assessed at onset by performing a statistical analysis of the potential for a significant termination payment under various scenarios designed to encompass expected interest rate changes over the life of the proposed contract. The test measures the ability to make a termination payment without a significant impairment to the Obligated Group's ability to meet its debt or liquidity covenants.

Board approval is required to enter or modify any derivatives transaction. Management periodically reviews existing derivative positions as its risk tolerance and cost of capital changes over time.

Interest Rate Swap Agreements

The Obligated Group has two interest rate swap agreements (the "Swap Agreements"), which were designed to synthetically fix the interest payments on the Series 2006A bonds, which were later refinanced. Under the Swap Agreements, the Obligated Group makes fixed rate payments equal to 3 945% to the swap counterparties and receives variable rate payments equal to 68% of LIBOR (0 246% as of June 30, 2012, and 0 186% as of June 30, 2011) from the swap counterparties, each calculated on the notional amount of the Swap Agreements. As of June 30, 2012 and 2011, the Swap Agreements had a notional amount of \$96,750 outstanding (\$48,375 in notional amount with each counterparty), of which \$67,050 is attributable to Rush. Following the refinancing of the Series 2006A Bonds, the Obligated Group used \$50,000 in notional amount of the Swap Agreements to synthetically fix the interest on the Series 2008A bonds. The Swap Agreements each expire on November 1, 2035, and amortize annually commencing in November 2012. The Swap Agreements are secured by obligations issued under the Master Trust Indenture

The Swap Agreements also require either party to post collateral in the form of cash and certain cash equivalents to secure potential termination payments. The amount of collateral that is required to be posted is based on the relevant party's long-term credit rating. Based on its current rating, the Obligated Group is required to post collateral with the Swap Counterparties in the event that the market value of the Swap Agreements exceeds \$(25,000) or \$(12,500) for each Swap Agreement. As of June 30, 2012, the Obligated Group had \$3.570 in collateral posted under Swap Agreements, of which \$2,058 is attributable to Rush

The fair value of Rush's share of the Swap Agreements was as follows as of June 30, 2012 and 2011

| | | June 30 | | |
|---|--|----------------------|------------|--|
| | Reported As | 2012 | 2011 | |
| Obligations under swap agreements Collateral posted under swap agreements | Other long-term liabilities Other current assets | \$ (14.801) 2.058 | \$ (9.366) | |
| Obligations under swap agreements, net | o ther earl ent assets | (12,743) | (9.366) | |

The fair value of the Swap Agreements reported in Rush's balance sheets as of June 30, 2012 and 2011, includes an adjustment for the Obligated Group's credit risk and may not be indicative of the termination value that Rush would be required to pay upon early termination of the Swap Agreements. The fair value of the Swap Agreements for the Obligated Group amounted to \$25,261 and \$14,505 as of June 30, 2012 and 2011, respectively

Management has not designated the Swap Agreements as hedging instruments. Amounts recorded in the accompanying consolidated statements of operations and changes in net assets for the Swap Agreements allocated to Rush for the fiscal years ended June 30, 2012 and 2011, were as follows

| | | Fiscal Year Ended June 30 | | | |
|---|--|------------------------------|--------------------|----|------------------|
| | Reported As | | 2012 | | 2011 |
| Change in fair value of interest rate swaps Net cash payments on interest rate swaps | Nonoperating (expense) income Interest expense | \$ | (5.435) (2.533) | \$ | 1.442 (2.528) |

11. OBLIGATIONS UNDER CAPITALLEASE AND DEFERRED FINANCING ARRANGEMENTS

Rush is party to certain capital lease and long-term financing arrangements relating to medical and office equipment and buildings. Expiration of leases ranges from 2013 to 2026. Annual interest expense under these lease agreements was \$3,082 and \$3,197 for the years ended June 30, 2012 and 2011, respectively. Assets acquired under capital lease arrangements are included in property and equipment, net on the accompanying consolidated balance sheets.

Future minimum lease payments under noncancelable capital leases and other financing arrangements are as follows

| Years Ending June 30 | |
|---|--|
| 2013 2014 2015 2016 2017 Thereafter | \$ 7.498 6.873 6.700 6.679 7.921 26.415 |
| Total minimum payments | 62,086 |
| Less amount representing interest | (17,729) |
| Net present value of obligations under capital lease and other financing arrangements | 44,357 |
| Less current portions included in accounts payable Long-term portion of obligations under capital lease and other financing arrangements | (4.236) \$ 40.121 |

12. PENSION AND OTHER POSTREIIREMENT BENEFIT PLANS

Rush maintains a defined benefit pension plan, defined contribution plans, and other postretirement benefit plans that together cover substantially all of Rush's employees

Prior to January 1, 2012, Rush had two defined benefit pension plans, the Retirement Plan and the Pension Plan (collectively, the "Defined Benefit Pension Plans"), covering substantially all of its employees. Benefits are based on the years of service and the employee's final average earnings, as defined. Plan assets and obligations are measured as of June 30 (the "Measurement Date") each year.

Effective as of the close of business on December 31, 2011, the Pension Plan, representing certain union employees, was amended to freeze benefit accruals for all participants. No additional benefits will accrue, and no additional individuals will become plan participants in the Pension Plan as of January 1, 2012. Also effective December 31, 2011, the Pension Plan was merged into the Retirement Plan with all accrued benefits of the Pension Plan participants preserved as part of the merger. Effective January 1, 2012, the Retirement Plan was amended to include eligible union members previously covered by the Pension Plan.

In addition to the pension programs, Rush also provides postretirement health care benefits for certain employees (the "Postretirement Healthcare Plans") Further benefits under the Postretirement Healthcare Plans have been curtailed

Obligations and Funded Status

The table below sets forth the accumulated benefit obligation, the change in the projected benefit obligation, and the change in the plan assets of the Defined Benefit Pension Plan(s) and Postretirement Healthcare Plans (collectively, the "Plans") The table also reflects the funded status of the Plans as of the Measurement Date and amounts recognized in Rush's consolidated balance sheets as of June 30, 2012 and 2011

| Obligations and Funded Status | Defined Benefit Pension Plan(s) | | Postretirement Healthcare Plans | |
|---|---|---|------------------------------------|-------------------------------|
| | 2012 | 2011 | 2012 | 2011 |
| Actuarial present value of benefit obligations — accumulated benefit obligation | \$932,358 | \$796,003 | \$ 9,350 | \$ 8,730 |
| Change in projected benefit obligations: Projected benefit obligation — beginning of measurement period Service costs Interest costs Plan amendments Actuarial losses (gains) Benefits paid | \$797,320 18,825 42,980 - 106,648 (31,999) | \$798,568 17,648 42,732 (14,657) (18,599) (28,372) | | |
| Projected benefit obligation — end of measurement period | \$933,774 | \$797,320 | | |
| Change in plan assets: Fair value of plan assets — beginning of measurement period Actual return on plan assets Employer contributions Plan participant contributions Benefits paid | \$666,327 101,037 36,978 (31,999) | \$575,670 84,603 34,427 (28,372) | \$ - - 442 575 (1,017) | \$ - 459 560 (1,019) |
| Fair value of plan assets — end of measurement period | <u>\$772,343</u> | \$666,328 | <u>s - </u> | <u>s - </u> |
| Accrued benefit liability | \$161,431 | \$130,992 | \$ 9,350 | \$ 8,730 |

The actuarial cost method used to compute the Defined Benefit Pension Plan(s) liabilities and expenses is the projected unit credit method

The components of net periodic pension cost for the Plans were as follows

| Components of Net Periodic Pension Cost Year Ended June 30 | Defined Benefit Pension Plans | | Postretirement Healthcare Plans | | | |
|--|----------------------------------|-----------|------------------------------------|-------|----|---------|
| | 2012 | 2011 | 2 | 2012 | | 2011 |
| Net periodic pension cost comprised the following | | | | | | |
| Service cost | \$ 18,825 | \$ 17,648 | \$ | 168 | \$ | 159 |
| Interest cost on projected benefit obligation | 42,980 | 42,732 | | 458 | | 474 |
| Expected return on plan assets | (51,282) | (47,408) | | - | | - |
| Amortization of prior service cost and other actuarial amounts | (2,265) | (165) | | (294) | | (294) |
| Recognized actuarial loss (gain) | 16,994 | 20,390 | | (724) | _ | (1,075) |
| Net periodic pension cost (credit) | \$ 25,252 | \$ 33,197 | \$ | (392) | \$ | (736) |

In accordance with FASB guidance regarding accounting for defined benefit pension and other postretirement plans, all previously unrecognized actuarial losses and prior service costs are reflected in the consolidated balance sheets. The postretirement related charges other than net periodic benefit cost related to the pension and postretirement healthcare plans are included as a separate charge to unrestricted net assets and total \$(43.619) and \$89.800 for fiscal years 2012 and 2011, respectively. For fiscal year 2012, this amount includes actuarial losses arising during fiscal year 2012 of \$(57.330) and a reclassification adjustment for losses reflected in periodic expense in fiscal year 2012 of \$13.711. For fiscal year 2011, this amount includes actuarial gains arising during fiscal year 2011 of \$56.286, unrecognized prior service cost of \$14.657, and a reclassification adjustment for losses reflected in periodic expense in fiscal year 2011 of \$18.857.

The table below sets forth the change in the accrued benefit liability of the Plans

| Accrued Benefit Liability | Defined Benefit Pension Plans | | Postretirement Healthcare Plans | | |
|---|----------------------------------|--------------------------------|------------------------------------|---------------------|--|
| | 2012 | 2011 | 2012 | 2011 | |
| Accrued benefit liability — beginning of year Fiscal year activity | \$130,992 | \$222,898 | \$ 8,730 | \$ 9,049 | |
| Net periodic pension cost Employer contributions Unrecognized prior service cost Postretirement-related changes other than net periodic postretirement cost | 25,252 (36,978) - | 33,197 (34,427) (14,657) | (392) (442) - | (736) (459) - | |
| Actuarial loss (gain) Reclassification adjustment for losses reflected in periodic expense | 56,894 (14,729) | (55,794) (20,225) | 436 1,018 | (492) 1,368 | |
| Accrued benefit liability — end of year | \$161,431 | \$130,992 | \$ 9,350 | \$ 8,730 | |
| Recognized in the consolidated balance sheets as follows | | | | | |
| Accrued expenses | \$ - | \$ - | \$ 906 | \$ 818 | |
| Noncurrent liabilities | 161,431 | 130,992 | 8,444 | 7,912 | |
| | \$161,431 | \$130,992 | \$ 9,350 | \$ 8,730 | |

Assumptions

The actuarial assumptions used to determine benefit obligations at the measurement date and net periodic benefit cost for the Plans are as follows

| Assumptions Used to Determine | Defined Benefit Pension Plans | | Postretirement Healthcare Plans | |
|---|----------------------------------|---------------------|------------------------------------|---------|
| Benefit Obligations and Net Periodic Benefit Cost | | | | |
| | 2012 | 2011 | 2 01 2 | 2011 |
| Discount rate — benefit obligation | 4 60 % | 5 50 ° ₀ | 4 60 % | 5 50 00 |
| Discount rate — pension expense | 5 50 | 5 4 5 | 5 5 0 | 5 4 5 |
| Rate of increase in compensation levels | 5 38 5 | 38 4 89* | - | - |
| Expected long-term rate of return on plan assets | 7 50 | 7 7 5 | - | - |
| Health care cost trend rate (mitral) | - | - | 7 80 | 8 0 0 |

^{*} Represents rate of increase in compensation levels on the Retirement Plan and Pension Plan, respectively

The discount rate used is based on a spot interest rate yield curve based on a broad group of corporate bonds rated AA or better as of the Measurement Date under either a bond modeling or cash flow matching approach. Rush uses this yield curve and the estimated payouts of the Plans to develop an aggregate discount rate. The estimated payouts are the sum of the payouts under the Defined Benefit Pension Plan(s) and the Postretirement Healthcare Plans. For fiscal year 2012, the discount rate was estimated under a bond model approach, which is based on a hypothetical bond portfolio whose cash flow from coupons and maturities match the year-by-year Plans' cash flows using bonds rated AA or better. For fiscal year 2011, the discount rate was estimated under a cash flow matching approach based on expected Projected Benefit Obligation cash flows, which are matched to the Mercer yield curve on the measurement date of each fiscal year. Had the Mercer yield curve continued to be used in fiscal year 2012, the discount rate would have been approximately, 4% and the liability would have been higher by approximately by \$75 million.

Rush's overall expected long-term rate of return on assets is 7 50% for 2012 and 7 75% for 2011. For the years ended June 30, 2012 and 2011, the actual rate of return on plan assets was 15 7% and 15 3%, respectively

Plan Assets

Rush's investment objective for its Defined Benefit Pension Plans is to achieve a total return on plan assets that meets or exceeds the return on the plan's liability over a full market cycle with consideration of the plan's current funded status. Investment risk is effectively managed through diversification of assets for a mix of capital growth and capital protection across various investment styles. The asset allocation policy reflects this objective with allocations to return generating assets (e.g., equity and alternative investments, consisting of hedge funds and limited partnerships) and interest rate hedging assets (e.g., fixed income securities)

All of the plan's assets are measured at fair value, including alternative investments. Fair value methodologies used to assign plan assets to levels of FASB's valuation hierarchy are consistent with the inputs described in Note 6. Fair value methodologies used to value interests in private equity limited partnerships that hold restricted securities and are not publicly traded are based on Rush's ownership interest in the NAV of the respective fund as estimated by the general partner, which approximates fair value. Rush routinely monitors and assesses methodologies and assumptions used in valuing these interests. Due to significant unobservable inputs used in estimating the NAV of private equity limited partnerships. Rush classifies all such investments as Level 3.

The fair value of the Defined Benefit Pension Plan assets as of June 30, 2012 and 2011, are as follows

| | Level 1 | Level 2 | Level 3 | Total Fair Value |
|--|-------------------|-------------------|-----------|---------------------|
| Fair Value Measurements as of June 30, 2012 | | | | |
| Cash, eash equivalents, and short-term investments | \$ 2.275 | \$ 19.624 | \$ - | \$ 21.899 |
| Fixed income securities | | | | |
| US government securities and agencies | - | 129.167 | - | 129,167 |
| International government securities | - | 16.941 | - | 16.941 |
| Corporate bonds | = | 258.943 | - | 258.943 |
| Collateralized securities and other | - | 48,181 | - | 48,181 |
| US equity securities | 133,951 | - | - | 133,951 |
| International equity securities | - | 53.287 | - | 53,287 |
| World asset allocation funds | 39.333 | 28.651 | 11,202 | 79,186 |
| Alternative investments | | | | |
| Private equity partnerships {a} | - | - | 25,418 | 25,418 |
| Accined interest and other | 1.125 | 4.178 | 67 | 5,370 |
| Total plan assets | <u>\$ 176.684</u> | <u>\$ 558.972</u> | \$ 36,687 | \$ 772,343 |
| Fair Value Measurements as of June 30, 2011 | | | | |
| Cash, eash equivalents, and short-term investments | \$ 3.675 | \$ 5.562 | \$ - | \$ 9.237 |
| Fixed income securities | | | | |
| US government securities and agencies | _ | 127,183 | - | 127,183 |
| In ternational government securities | _ | 17.228 | - | 17,228 |
| Corporate bonds | _ | 205,958 | 1.868 | 207.826 |
| Collateralized securities and other | _ | 28,496 | | 28,496 |
| US equity securities | 129,192 | _ | _ | 129,192 |
| International equity securities | 16,389 | 48,716 | _ | 65,105 |
| World asset allocation funds | | 18.847 | 7.119 | 25,966 |
| Alternative investments | | | | |
| Hedge fund of funds | - | - | 28,434 | 28,434 |
| Private equity partnerships | - | _ | 22,795 | 22,795 |
| Accrued interest and other | 1.060 | 3.795 | 11 | 4.866 |
| Total plan assets | \$ 150,316 | <u>\$ 455.785</u> | \$ 60.227 | \$ 666.328 |

[{]a} This class includes investments in funds with diverse strategies, including approximately 28% in buyout and growth capital. 32% in diversified fund of funds, 16% in distressed debt and special situations, 22% in venture capital, and 2% in co-investment private equity funds.

A rollforward of the amounts in the Plans for financial instruments classified by Rush within Level 3 of the fair value hierarchy is as follows

| Rollforward of Level 3 Investments | Corporate Bonds and Accrued Interest and Other | Hedge Fund of Funds | Private Equity Partnerships | Total Assets at Fair Value |
|--|--|---------------------------|--------------------------------|----------------------------------|
| Fair value at June 30, 2010 | \$ 479 | \$ 26,390 | \$ 21,106 | \$ 47,975 |
| Actual return on plan assets | | | | |
| Realized and unrealized gains | 182 | 2,106 | 648 | 2,936 |
| Purchases | - | 7,057 | 3,527 | 10,584 |
| Sales | = | - | (248) | (248) |
| Settlements | - | - | (2,238) | (2,238) |
| Transfers m to Level 3 | 1,218 | | | 1,218 |
| Fau value at June 30, 2011 Actual return on plan assets | 1,879 | 35,553 | 22,795 | 60,227 |
| Realized and unrealized gains (losses) | 27 | (6,359) | 1,452 | (4,880) |
| Purchases | 69 | 3,971 | 3,520 | 7,560 |
| Sales | (40) | (13,533) | - | (13,573) |
| Settlements | - | (8,430) | (2,349) | (10,779) |
| Transfers out of Level 3 | (1,868) | - | | (1,868) |
| Fau value at June 30, 2012 | <u>\$ 67</u> | <u>\$ 11,202</u> | \$ 25,418 | \$ 36,687 |

Cash Flows

Rush expects to make estimated contributions to and benefit payments from its Defined Benefit Pension Plans and Postretirement Healthcare Plans for the years ending June 30 as follows

| | Defined Benefit Pension Plans | Postretirement Healthcare Plans |
|--------------------------------|-------------------------------------|---------------------------------------|
| Expected contributions in 2013 | \$ 27.148 | \$ 906 |
| Estimated Benefit Payments | | |
| 2013 | \$ 36,590 | \$ 906 |
| 2014 | 39,746 | 904 |
| 2015 | 44,233 | 887 |
| 2016 | 48,188 | 865 |
| 2017 | 51,185 | 8 5 0 |
| 2018 through 2022 | 303,868 | 3.726 |
| Total | \$ 523,810 | \$ 8.138 |

Other Postretirement Benefit Plans

Rush maintains a voluntary tax-deferred retirement savings plan. Under this plan, employees may elect to contribute a percentage of their salary, which may be matched in accordance with the provisions of the plan. Other provisions of the plan may provide for employer contributions to the plan based on eligible earnings regardless of whether the employee elects to contribute to the plan. Maximum annual contributions are limited by federal regulations. Employer contributions to this plan were \$10.439 and \$9.172 in the years ended June 30, 2012 and 2011, respectively

Rush also sponsors a noncontributory defined contribution plan covering selected employees ("457(b) Plan")
Contributions to the 457(b) Plan are based on a percentage of qualifying compensation up to certain limits as defined

by the provisions of the 457(b) Plan The 457(b) Plan assets and habilities totaled \$10,497 and \$9,586 as of June 30, 2012 and 2011, respectively, and are included in investments – less current portion and other long-term habilities on the accompanying consolidated balance sheets. The assets of the 457(b) Plan are subject to the claims of the general creditors of Rush.

Rush also sponsors a supplemental retirement plan for certain management employees ("Supplemental Plan") The Supplemental Plan is noncontributory and annual benefits are credited to each participant's account based on a percentage of qualifying compensation as defined by the provisions of the plan. Assets set aside to fund the Supplemental Plan amounted to \$9.743 and \$11.172 as of June 30, 2012 and 2011, respectively, and are included in investments – less current portion on the accompanying consolidated balance sheets. This supplemental retirement plan is currently funded at 100% of benefits accrued.

Rush also maintains a frozen nonqualified supplemental defined benefit retirement plan for certain management employees, which is unfunded Benefits under the supplemental defined benefit plan, which were curtailed as of December 31, 2004, are paid when incurred from operating funds

It is Rush's policy to meet the requirement of the Employee Retirement Income Security Act of 1974 and the Pension Protection Act of 2006

13. CONCENTRATION OF CREDIT RISK

Rush grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of net patient accounts receivable from patients and third-party payors as of June 30, 2012 and 2011, was as follows

| | 2012 | 2011 |
|--|----------------------------|----------------------------|
| Medicare Medicaid Managed care Commercial Self-pay | 10 % 31 49 2 8 | 10 % 13 65 3 9 |
| Total | 100 % | 100 % |

Products sponsored by Blue Cross Blue Shield of Illmois, the largest health insurer in the market, accounted for 36 7% of managed care net patient accounts receivable and 18 1% of net patient accounts receivable of Rush for the fiscal year ended June 30, 2012

During the year ended June 30, 2012. Rush and other Illimois hospitals have experienced a significant delay in payment by the state of Illimois for amounts due under Medicaid and other state-funded programs, which has resulted in a substantial increase in Medicaid net patient accounts receivable from June 30, 2011 to June 30, 2012

14. COMMITMENTS AND CONTINGENCIES

Professional Liability

Rush maintains insurance programs, including both self-insured and purchased insurance arrangements, for certain professional liability claims. Self-insured risks are retained in varying amounts according to policy year and entity. For the years ended June 30, 2012 and 2011, Rush retained self-insured risk of \$20,000 on the first case, \$15,000 on the second case, and \$10,000 on any additional cases. Rush also maintains excess liability insurance coverage with combined limits of \$80,000 per occurrence and in the aggregate. Rush has an established trust fund to pay claims and related costs.

Rush has employed an independent actuary to estimate the ultimate costs of claim settlements. Self-insured liabilities are based on the actuarial estimate of losses using Rush's actual payout patterns and various other assumptions. Rush's self-insured liabilities of \$192.613 and \$173.447 as of June 30, 2012 and 2011, respectively, are recorded as noncurrent and current liabilities on the accompanying consolidated balance sheets, as appropriate, and based on the estimated present value of self-insured claims that will be settled in the future. If the present value method was not used, Rush's liability for self-insured claims would be approximately \$27.112 and \$30.652 higher than the amounts recorded in the consolidated balance sheets as of June 30, 2012 and 2011, respectively. The discount rates used in calculating the present value was 4% for fiscally ears ended June 30, 2012 and 2011. As of June 30, 2012, insurance recoveries are presented separately within noncurrent and current assets on the accompanying consolidated balance sheet, as appropriate

During fiscal year 2011, actual experience on Rush's self-insured claims was better than projected and Rush experienced a significant reserve adjustment in its self-insurance liability of \$29,297 in the year ended June 30, 2011, which reduced insurance expense. During fiscal year 2012, actual experience on Rush's self-insurance claims was as projected.

Rush is subject to various other regulatory investigations, legal proceedings, and claims which are incidental to its normal business activities. In the opinion of management, the amount of ultimate liability with respect to professional liability matters and other actions will not have a material adverse effect on the consolidated financial position or results of operations of Rush

Obligations under Operating Leases

Rush is party to various noncancelable operating leases with third parties. Rental expense was approximately \$11.409 and \$9.935 for the years ended June 30, 2012 and 2011, respectively, and was included in supplies, utilities, and other expenses in the accompanying consolidated statements of operations and changes in net assets. Total minimum payments under noncancelable operating leases as of June 30, 2012, are as follows.

| Years Ending June 30 | |
|-------------------------|-----------|
| 2013 | \$ 9.075 |
| 2014 | 5,702 |
| 2015 | 3,217 |
| 2016 | 2,514 |
| 2017 | 2,321 |
| Thereafter | 10,036 |
| Total | \$ 32,865 |

15. CAMPUS TRANSFORMATION COMMITMENTS

In fiscal year 2004. Rush began a Campus Transformation project that currently includes the addition of new facilities, including a new hospital and the renovation of existing facilities. The project is driven by a redesign of patient care processes to improve efficiency and patient safety and to provide a more inviting environment to physicians, patients, and visitors. The project is estimated to cost approximately \$1.1 billion to complete over a 13-year period (fiscal year 2004 to fiscal year 2016). As of June 30, 2012, \$966,731 has been spent on the campus redevelopment plan, and construction commitments outstanding were \$24,223.

16. PROMISES TO CONTRIBUTE

Included in assets limited by donor or time restriction are the following unconditional promises to contribute as of June 30, 2012 and 2011

| Restricted to future periods | 1.887 | 1.887 |
|---|------------------------------|-------------------------------|
| Unconditional promises to contribute before unamortized discount and allowance for uncollectibles | 41,843 | 67,443 |
| Less unamortized discount Less allowance for uncollectibles | (1.878) (1.270) | (4.808) (1.723) |
| Net unconditional promises to contribute | \$ 38,695 | \$ 60,912 |
| Amounts due in Less than one year One to five years More than five years | \$ 13.677 22.266 5,900 | \$ 27.241 22.695 17.507 |
| Total unconditional promises to contribute | \$ 41,843 | \$ 67,443 |

In addition, Rush has received conditional promises to contribute that are not recognized as assets in the consolidated balance sheets as of June 30, 2012 and 2011. The total is not considered material to the consolidated financial statements.

17. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily and permanently restricted net assets were available for the following purposes as of June 30, 2012 and 2011

| | 2012 | 2011 |
|---|------------|------------|
| Temporarily Restricted Net Assets | | |
| Construction and purchase of equipment | \$ 11.516 | \$ 30,020 |
| He alth education | 9.367 | 6,357 |
| Research, charity, and other | 226.749 | 262,817 |
| Unappropriated endowment appreciation available for operations | 42,328 | 44,054 |
| Total temporarily restricted net assets | \$ 289.960 | \$ 343.248 |
| Permanently Restricted Net Assets, income from which is expendable to support | | |
| Health education | \$ 148.614 | \$ 141.246 |
| Research, charity, and other | 55.855 | 54.889 |
| Operations | 30,898 | 31,601 |
| Total permanently restricted net assets | \$ 235,367 | \$ 227,736 |

During fiscal years 2012 and 2011, net assets were released from donor restrictions for purchasing property and equipment of \$68,626 and \$34,870, respectively, and incurring expenses of \$30,929 and \$29,398, respectively, both of which satisfied the restricted purposes of the donors. Net assets released from restriction used in operations are included in other revenue in the accompanying consolidated statements of operations and changes in net assets.

18. JOINT VENTURES AND OTHER AFFILIATIONS

Investments in unconsolidated joint ventures, accounted for on the equity method, totaled \$2,357 and \$2,190 as of June 30, 2012 and 2011, respectively, and are included in other assets in the accompanying consolidated balance sheets. Loss recognized from these joint ventures, reported in other revenue, was \$324 and \$44 during the years ended June 30, 2012 and 2011, respectively.

19. FUNCTIONAL EXPENSES

Expenses related to the patient care, education, and research services provided by Rush for the years ended June 30, 2012 and 2011, were as follows

| | 2012 | 2011 |
|---|-------------|-------------|
| Healt h care | \$1,124,153 | \$1,040,197 |
| University services, including research | 191,822 | 193,474 |
| General and administrative | 57,411 | 58,978 |
| Illinois Medicaid hospital assessment | 26,306 | 26,306 |
| Total | \$1,399,692 | \$1,318,955 |

20. FICA TAX REFUND SETTLEMENT

Rush has historically paid FICA tax on medical residents as if they were employees. In March 2010, the Internal Revenue Service (IRS) made an administrative determination that teaching hospitals and medical residents are exempt from paying FICA taxes under the student exception for time spent in a residency program between 1994 and April 1, 2005, when new IRS regulations imposing a specific FICA requirement for medical residents were put into place. Teaching hospitals and residents are eligible for a refund of FICA taxes paid, plus interest. As of June 30, 2010, Rush recorded a FICA tax receivable of \$19,690, representing the recovered cost of FICA taxes previously paid and expensed, which is reported in other assets in the accompanying consolidated balance sheets as of June 30, 2012 and 2011. No amounts have been received related to the FICA refund during the years ended June 30, 2012 and 2011. The FICA refund was reported in salaries, wages, and employee benefits in the accompanying consolidated statements of operations and changes in net assets during fiscal year 2010. Rush has elected not to record any income related to the interest component of the FICA refund and will recognize the interest when received

* * * * * *

Software ID: 11000218
Software Version: 2011.0.0

EIN: 36-2174823

Name: Rush University Medical Center

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| (A) Name and Title | (B) Average hours per | | tion (that a | | /) | _ | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations |
| Connie Busse Ashline Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| James A Bell Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Matthew Bergman Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| John M Boler Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Susan R Bottum Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| John L Brennan Trustee | 1 00 | × | | | | | | 0 | 0 | 0 |
| Marca L Bristo Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Carole L Brown Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Peter C B Bynoe Esq Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Pastora San Juan Cafferty Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| E David Coolidge III Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Christopher M Crane Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Susan Crown Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Robert J Darnall Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Robert M Davis Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Howard M Dean Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Robert P DeCresce MD MBA MPH Trustee | 40 00 | Х | | | | | | 82,973 | 0 | 23,542 |
| James W DeYoung Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Catherine Dimou MD Trustee | 40 00 | Х | | | | | | 260,649 | 0 | 39,928 |
| Thomas A Donahoe Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| William A Downe Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Bruce W Duncan Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Christine A Edwards Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Francesca Maher Edwardson Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Charles L Evans PhD Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |

| Compensated Employees, and | Independ | | | | | | | | | |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) Average hours per | | tion (that a | | y) | | ı | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | week | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations |
| W James Farrell Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Margaret Faut-Callahan PhD CRNA Trustee | 4 00 | Х | | | | | | 15,861 | 0 | 0 |
| Larry Field Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Robert F Finke Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Cyrus F Freidheim Jr Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| William J Friend Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| J Erık Fyrwald Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Jorge O Galante MD DMSc Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Ronald J Gıdwıtz Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| H John Gilbertson Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Sue Ling Gin Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Richard W Gochnauer Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| William M Goodyear Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Catherine B Grotelueschen MD Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Sandra P Guthman Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| William J Hagenah Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Joan M Hall Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| William K Hall Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Christie Hefner Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Robert L Heidrick Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Ronald M Hem Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Marcie B Hemmelstein Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Jay L Henderson Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Marvın J Herb Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| John W Higgins Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---|--|--|
| (A) Name and Title | (B) Average hours per | | tion (that a | | /) | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations |
| David Hines MD Trustee | 1 00 | х | | | | | | 0 | 0 | 0 |
| Jerald W Hoekstra Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Ron Huberman Trustee | 1 00 | х | | | | | | 0 | 0 | 0 |
| Anthony D Ivankovich MD Trustee | 20 00 | Х | | | | | | 63,313 | 0 | 7,240 |
| Richard M Jaffee Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Silas Keehn Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| John P Keller Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Kıp Kırkpatrıck Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Fred A Krehbiel Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Sheldon Lavın Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Bishop Jeffrey D Lee Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Aylwın B Lewis Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Susan R Lichtenstein Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Donald G Lubin Esq Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Gary E McCullough Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| John H McEachern Jr Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Andrew J McKenna Jr Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Mark C Metzger Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Mımı Mıtchell Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Wayne L Moore Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Robert S Morrison Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Michael F O'Brien Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Mıchael J O'Connor Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Abby McCormick O'Neil Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |
| William H Osborne Trustee | 1 00 | Х | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

| (A) Name and Title | (B) Average | | tıon | | Ш | | (D) Reportable | (E) Reportable | (F) Estimated |
|---------------------------------------|----------------------|-----------------------------------|-------------------------|--------|------------------------------|--------|--|---|--|
| | hours per week | Individual trustee or director | a Institutional Trustee | Office | Highest compensated employee | Former | compensation from the organization (W- 2/1099-MISC) | compensation from related organizations (W- 2/1099- MISC) | amount of other compensation from the organization and related organizations |
| Aurie A Pennick Trustee | 1 00 | × | | | | | 0 | 0 | 0 |
| Sheila A Penrose Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Perry R Pero Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Stephen N Potter Trustee | 1 00 | х | | | | | 0 | 0 | 0 |
| Richard S Price Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Eric A Reeves Trustee | 1 00 | х | | | | | 0 | 0 | 0 |
| Karen C Reid Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Angelique L Richard PhD RN Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Thomas E Richards Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| John W Rogers Jr Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Jesse H Ruiz Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| John J Sabl Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| John F Sandner Trustee | 1 00 | х | | | | | 0 | 0 | 0 |
| Gloria Santona Esq Trustee | 1 00 | х | | | | | 0 | 0 | 0 |
| Charles A Schrock Trustee | 1 00 | х | | | | | 0 | 0 | 0 |
| Carole Browe Segal Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Alejandro Silva Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| David B Speer Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Carl W Stern Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Charles A Tribbett III Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Karen B Weinstein MD Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Greg Welch Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| John R Willis Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Thomas J Wilson Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |
| Robert A Wislow Trustee | 1 00 | Х | | | | | 0 | 0 | 0 |

| Compensated Employees, and Independent Contractors | | | | | | | | | | | |
|--|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|---|--|--|
| (A) Name and Title | (B) Average hours | | that a | | y) | | | (D) Reportable compensation from the | (E) Reportable compensation | (F) Estimated amount of other compensation from the organization and related organizations | |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | | |
| Barbara Jıl Wu PhD Trustee | 1 00 | × | | | | | | 0 | 0 | 0 | |
| David A Ansell MD Senior Vice President and Chief Medical Officer | 40 00 | | | х | | | | 545,270 | 0 | 81,127 | |
| Cynthia Barginere V P Clinical Nursing Chief Nursing Officer | 40 00 | | | x | | | | 200,830 | 0 | 24,154 | |
| Charles E Behl Vice President, Revenue Cycle | 40 00 | | | х | | | | 365,945 | 0 | 63,425 | |
| Cynthia Boyd V P Chief Compliance Officer | 40 00 | | | х | | | | 272,052 | 0 | 36,748 | |
| Max D Brown JD V P Legal Affairs General Counsel | 40 00 | | | х | | | | 613,052 | 0 | 677,303 | |
| Peter W Butler President Chief Operating Officer | 40 00 | | | х | | | | 1,035,687 | 0 | 268,550 | |
| Paul M Carvey PhD Dean, The Graduate College | 40 00 | | | Х | | | | 394,501 | 0 | 98,577 | |
| J Robert Clapp Jr Executive Vice President, Hospital Affairs | 40 00 | | | × | | | | 652,858 | 0 | 139,797 | |
| Edward W Conway V P Clinical Affairs for Administration Finance | 40 00 | | | х | | | | 253,028 | 0 | 19,547 | |
| Melissa Coverdale Vice President, Finance | 000 00 | | | Х | | | | 0 | 0 | 0 | |
| Richard K Davis Vice President, Medical Affairs | 40 00 | | | х | | | | 292,934 | 0 | 65,885 | |
| R Anthony Davis Vice President, Finance | 40 00 | | | х | | | | 401,438 | 0 | 306,680 | |
| Thomas A Deutsch MD Provost, Rush University Dean, Medical College | 40 00 | | | х | | | | 782,330 | 0 | 249,756 | |
| Melanie C Dreher PhD RN Dean, College of Nursing | 40 00 | | | х | | | | 296,406 | 0 | 30,205 | |
| Bruce M Elegant Vice President, Hospital Operations | 40 00 | | | х | | | | 368,175 | 0 | 77,414 | |
| Brent Estes V P Managed Care Programs Services | 40 00 | | | х | | | | 370,997 | 0 | 54,598 | |
| Larry J Goodman MD Chief Executive Officer | 40 00 | Х | | х | | | | 1,376,019 | 0 | 262,357 | |
| Lois K Halstead PhD RN Vice Provost, Rush University | 40 00 | | | х | | | | 285,998 | 0 | 100,987 | |
| Bradley G Hinrichs Administrative Vice President, Transformation | 40 00 | | | х | | | | 316,192 | 0 | 22,055 | |
| Joan E Kurtenbach VP Strategic Planning Marketing | 40 00 | | | х | | | | 294,677 | 0 | 56,938 | |
| John Lowenberg Vice President, Philanthropy | 40 00 | | | Х | | | | 279,058 | 0 | 38,017 | |
| Sheri L Marker Vice President, Human Resources | 40 00 | | | х | | | | 262,846 | 0 | 52,911 | |
| Diane M McKeever Senior Vice President, Philanthropy | 40 00 | | | х | | | | 367,406 | 0 | 79,462 | |
| Avery S Miller Senior V P Corporate External Affairs | 40 00 | | | Х | | | | 952,229 | 0 | 233,656 | |

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| (A) Name and Title | (B) Average hours | | that | | | II | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation from the organization and related organizations |
| | per week | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | |
| John P Mordach Senior Vice President, Finance CFO | 40 00 | | | х | | | | 583,433 | 0 | 97,427 |
| Mike J Mulroe Vice President, Hospital Operations | 40 00 | | | х | | | | 258,488 | 0 | 70,155 |
| James L Mulshine MD Vice President, Research | 40 00 | | | х | | | | 402,913 | 0 | 70,503 |
| Anne M Murphy Senior V P Legal Affairs General Counsel | 000 00 | | | х | | | | 0 | 0 | 0 |
| Denise Nedza Vice President, Financial Planning | 40 00 | | | × | | | | 287,512 | 0 | 27,226 |
| Jaime B Parent Vice President, Information Technology | 40 00 | | | х | | | | 322,779 | 0 | 79,180 |
| Terry Peterson V P Corporate External Affairs | 40 00 | | | х | | | | 307,829 | 0 | 43,544 |
| Mary Ellen Schopp Senior V P Human Resources | 40 00 | | | х | | | | 332,897 | 0 | 68,591 |
| David C Shelledy PhD Dean, College of Health Sciences | 40 00 | | | х | | | | 233,116 | 0 | 42,550 |
| Julio C Silva MD Vice President Clinical Systems | 40 00 | | | x | | | | 396,339 | 0 | 92,394 |
| Brian T Smith V P Medical Affairs-Clinical Practice | 40 00 | | | х | | | | 406,037 | 0 | 71,392 |
| Scott E Sonnenschein Vice President, Hospital Operations | 40 00 | | | x | | | | 320,597 | 0 | 54,254 |
| Lac Van Tran Senior Vice President, Information Services | 40 00 | | | х | | | | 471,555 | 0 | 87,668 |
| Mick P Zdeblick Vice President Campus Transformation | 40 00 | | | х | | | | 453,750 | 0 | 80,535 |
| Lorenzo Munoz MD Physician | 40 00 | | | | | Х | | 920,410 | 0 | 38,372 |
| John Polley MD Physician | 40 00 | | | | | Х | | 897,040 | 0 | 22,423 |
| Harel Deutsch MD Physician | 40 00 | | | | | Х | | 806,945 | 0 | 45,790 |
| Mıchael Lıptay MD Physician | 40 00 | | | | | Х | | 782,568 | 0 | 43,555 |
| Richard Byrne MD Physician | 40 00 | | | | | Х | | 779,704 | 0 | 41,240 |