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Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the 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 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 \$ 1,177,469,815 including grants of \$ 0) (Revenue \$ 1,333,305,766)

SEE SCHEDULE O FOR MORE INFORMATION ON PROGRAM SERVICE ACCOMPLISHMENTS FOR THE YEAR

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 1,177,469,815

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see 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? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
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 and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	121	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	7,505	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	48	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	41	
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	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	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	
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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization MIKE MULAY 8201 CASS AVENUE DARIEN, IL (773) 834-2065

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							15,441,605	4,984,621	3,883,095	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 784

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UNIVERSITY OF CHICAGO , 6054 S DREXEL SUITE 342 CHICAGO IL 60637	PHYSICIAN SERVICES	191,862,000
GILBANEWE O'NEIL A JOINT VENTUR , 8550 W BRYN MAWR AVE STE 500 CHICAGO IL 60631	CONSTRUCTION	99,940,792
SODEXO MANAGEMENT INCORPORATED , 4880 PAYSHERE CIRCLE CHICAGO IL 60674	MANAGEMENT SERVICE	7,384,154
ARAMARK HEALTHCARE FACILITIES , 24863 NETWORK PLACE CHICAGO IL 60673	MANAGEMENT SERVICE	4,455,043
IMPACT ADVISORS LLC , 931 W 75TH ST STE 137-304 NAPERVILLE IL 60565	CONSULTING	3,550,174

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►122

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c	251,052					
	d	Related organizations	1d						
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,841,618					
	g	Noncash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1f		3,092,670					
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code 624100	1,266,494,539	1,266,494,539				
	b	CAPITATION REVENUE	900099	35,850,079	35,850,079				
	c	PHARMACY	900099	9,693,024		9,693,024			
	d	MEDICAL CENTER PARKING	812930	7,674,725		7,674,725			
	e	FOOD SERVICES	900099	7,064,390		7,064,390			
	f	All other program service revenue		3,535,626	1,325,262	2,210,364			
	g	Total. Add lines 2a-2f		1,330,312,383					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		26,465,679		-1,302	26,466,981	
4		Income from investment of tax-exempt bond proceeds . . .		0					
5		Royalties		0					
6a		Gross rents	(i) Real	(ii) Personal					
		b	Less rental expenses						
		c	Rental income or (loss)	0					0
		d	Net rental income or (loss)						0
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b	Less cost or other basis and sales expenses						1,947,593
		c	Gain or (loss)	37,382,284					1,990,966
		d	Net gain or (loss)						39,373,250
8a		Gross income from fundraising events (not including \$ 251,052 of contributions reported on line 1c) See Part IV, line 18	a	85,499					
		b	Less direct expenses	b					202,596
		c	Net income or (loss) from fundraising events . . .						-117,097
9a		Gross income from gaming activities See Part IV, line 19	a						
		b	Less direct expenses	b					
		c	Net income or (loss) from gaming activities . . .						0
10a		Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold	b					
		c	Net income or (loss) from sales of inventory . . .						0
	Miscellaneous Revenue		Business Code						
11a	HEDGE INEFFECTIVENESS	900099	2,993,383	2,993,383					
	b								
	c								
	d	All other revenue							
	e	Total. Add lines 11a-11d		2,993,383					
12	Total revenue. See Instructions		1,402,120,268	1,305,338,001	1,324,407	92,365,190			

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).

Check if Schedule O contains a response to any question in this Part IX

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Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
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.	14,319,318	6,079,306	8,240,012	
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.	423,741,313	400,282,333	21,669,235	1,789,745
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	42,057,611	38,524,961	3,503,914	28,736
9	Other employee benefits.	57,137,641	52,353,728	4,744,999	38,914
10	Payroll taxes.	32,673,998	29,929,530	2,722,144	22,324
11	Fees for services (non-employees):				
a	Management.	6,192,758	6,083,498	109,260	
b	Legal.	2,396,406	34,752	2,361,654	
c	Accounting.	606,155		606,155	
d	Lobbying.	545,493		545,493	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	6,629,756		6,629,756	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	263,444,945	251,107,805	11,484,187	852,953
12	Advertising and promotion.	7,028,349		7,028,349	
13	Office expenses.	13,517,402	11,132,588	2,320,474	64,340
14	Information technology.	12,974,511	12,704,574	269,937	
15	Royalties.	0			
16	Occupancy.	13,450,374	12,918,387	513,792	18,195
17	Travel.	1,199,026	786,565	410,038	2,423
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	19,883,053	19,881,190	1,863	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	70,465,716	70,465,716		
23	Insurance.	19,716,699	19,716,699		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	MEDICAL SUPPLIES	185,764,330	185,705,935	39,575	18,820
b	IL MEDICAID PROVIDER TAX	26,691,060	26,691,060		
c	EQUIP RENTAL/MAINTENANCE	21,854,961	21,586,500	268,006	455
d	TRANSPLANT ACQUISITION	6,068,304	6,068,304		
e	All other expenses	10,049,355	5,416,384	4,632,971	
25	Total functional expenses. Add lines 1 through 24e.	1,258,408,534	1,177,469,815	78,101,814	2,836,905
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

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				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		15,696	1	14,968
	2	Savings and temporary cash investments		74,332,347	2	164,488,577
	3	Pledges and grants receivable, net		10,433,231	3	4,708,306
	4	Accounts receivable, net		208,692,532	4	203,976,951
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		313,396	5	302,674
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		9,428,523	8	15,475,329
	9	Prepaid expenses and deferred charges		8,883,948	9	7,410,778
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,942,611,864			
	b	Less accumulated depreciation	10b752,988,517	1,066,493,446	10c	1,189,623,347
	11	Investments—publicly traded securities		531,999,028	11	417,211,920
	12	Investments—other securities See Part IV, line 11		392,439,185	12	380,102,708
	13	Investments—program-related See Part IV, line 11		0	13	1,380,776
	14	Intangible assets		1,535,201	14	1,334,678
	15	Other assets See Part IV, line 11		149,281,691	15	146,619,687
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,453,848,224	16	2,532,650,699
Liabilities	17	Accounts payable and accrued expenses		117,678,697	17	131,206,441
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		844,545,205	20	830,725,641
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		362,270,863	25	333,028,706
	26	Total liabilities. Add lines 17 through 25		1,324,494,765	26	1,294,960,788
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,027,917,126	27	1,149,626,669
	28	Temporarily restricted net assets		95,344,570	28	81,971,128
	29	Permanently restricted net assets		6,091,763	29	6,092,114
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,129,353,459	33	1,237,689,911
	34	Total liabilities and net assets/fund balances		2,453,848,224	34	2,532,650,699

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,402,120,268
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,258,408,534
3	Revenue less expenses Subtract line 2 from line 1	3	143,711,734
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,129,353,459
5	Net unrealized gains (losses) on investments	5	738,039
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-36,113,321
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,237,689,911

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 36-3488183

Name: UNIVERSITY OF CHICAGO MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
SHARON O'KEEFE PRESIDENT/TRUSTEE (EX OFFICIO)	40 0	X		X				1,067,251		192,221	
TRISHA ROONEY ALDEN TRUSTEE	1 0	X									
ANDREW M ALPER TRUSTEE (EX OFFICIO)	1 0	X									
PAUL F ANDERSON TRUSTEE	1 0	X									
JEFFREY S ARONIN TRUSTEE	1 0	X									
DIANE P ATWOOD TRUSTEE	1 0	X									
ROBERT H BERGMAN TRUSTEE	1 0	X									
ELLEN BLOCK TRUSTEE	1 0	X									
KEVIN J BROWN TRUSTEE	1 0	X									
JOHN BUCKSBAUM TRUSTEE	1 0	X									
PAUL CARBONE TRUSTEE	1 0	X									
BENJAMIN D CHERESKIN TRUSTEE	1 0	X									
FRANK M CLARK VICE CHAIR, BOARD OF TRUSTEES	1 0	X									
ROBERT G CLARK TRUSTEE	1 0	X									
STEPHANIE COMER TRUSTEE	1 0	X									
JAMES S CROWN TRUSTEE	1 0	X									
CRAIG J DUCHOSSOIS TRUSTEE	1 0	X									
JAMES S FRANK TRUSTEE	1 0	X									
STANFORD J GOLDBLATT TRUSTEE	1 0	X									
RODNEY L GOLDSTEIN CHAIR, BOARD OF TRUSTEES	1 0	X									
STEPHANIE HARRIS TRUSTEE	1 0	X									
WILLIAM J HUNCKLER III TRUSTEE	1 0	X									
PATRICK KELLY TRUSTEE	1 0	X									
P ALLAN KLOCK JR MD TRUSTEE (EX OFFICIO)	1 0 39 0	X							471,216	61,298	
JONATHAN KOVLER TRUSTEE	1 0	X									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY L MACLEAN TRUSTEE	1 0	X								
CHERYL MAYBERRY-MCKISSACK TRUSTEE	1 0	X								
EMILY NICKLIN TRUSTEE	1 0	X								
JOSEPH P NOLAN TRUSTEE	1 0	X								
BRIEN M O'BRIEN TRUSTEE	1 0	X								
TIMOTHY K OZARK TRUSTEE	1 0	X								
KENNETH S POLONSKY MD TRUSTEE (EX OFFICIO), DEAN	20 0 20 0	X							1,850,726	410,291
NICHOLAS K PONTIKES TRUSTEE	1 0	X								
JAMES REYNOLDS JR TRUSTEE	1 0	X								
THOMAS F ROSENBAUM TRUSTEE(EX OFFICIO),UC PROVOST	4 0 40 0	X							649,144	89,693
GORDON SEGAL TRUSTEE	1 0	X								
BENJAMIN SHAPIRO TRUSTEE	1 0	X								
JEFFREY T SHEFFIELD TRUSTEE	1 0	X								
MELODY SPANN-COOPER TRUSTEE	1 0	X								
JOHN A SVOBODA TRUSTEE	1 0	X								
MICHAEL TANG TRUSTEE	1 0	X								
MARRGWEN TOWNSEND TRUSTEE	1 0	X								
TERRY L VAN DER AA TRUSTEE	1 0	X								
SCOTT WALD TRUSTEE	1 0	X								
KELLY R WELSH TRUSTEE	1 0	X								
PAULA WOLFF TRUSTEE	1 0	X								
PAUL YOVOVICH TRUSTEE	1 0	X								
ROBERT J ZIMMER TRUSTEE (EX OFFICIO), UC PRES	7 0 40 0	X							1,192,225	702,431
LISA ANASTOS EXEC VP CLNCL PRAC & BUS DVLP	40 0			X				756,378		129,077
KRISTA CURELL VP RISK MGMT & COMPLIANCE	40 0			X				370,591		78,521

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER A HILL SECRETARY BOARD OF TRUSTEES	40 0			X				151,367		63,497
ANN M MCCOLGAN VP CHIEF TREASURY OFFICER	40 0			X				249,392		60,727
JOHN SATALIC VP & GENERAL COUNSEL	40 0			X				608,516		119,271
SUSAN S SHER EXEC VP CORP STRAT & PUB AFFRS	20 0 20 0			X				659,985		112,177
MONA SONNENSHEIN CHIEF OPERATING OFFICER	40 0			X				812,012		132,662
JAMES M WATSON CHIEF FINANCIAL OFFICER	40 0			X				913,157		151,725
ERIC E WHITAKER MD VP FOR STRATEGIC AFFILIATIONS	40 0			X				671,127		142,020
DEBRA ALBERT VP & CHIEF NURSING OFFICER	40 0				X			169,739		36,328
DAVID HICKS VP & CHIEF PHARMACY OFFICER	40 0				X			416,273		66,263
WILLIAM R HUFFMAN VP FACILITIES DESIGN	40 0				X			390,368		73,247
JASON KEELER VP CLINICAL PROCEDURES SRVCS	40 0				X			379,683		64,792
CHRISTOPHER KOPS VP CLIN PRAC FIN/ASSOC DEAN	40 0				X			491,726		83,536
VIRGINIA ROBERTS VP SURGICAL SRVCS WOMENS HLTH	40 0				X			393,478		76,073
TERRY SOLEM VP & CHIEF HR OFFICER	40 0				X			659,972		100,873
JOHNATHAN STEGNER VP SUPPLY CHAIN MGMT	40 0				X			323,015		82,803
DARYL WILKERSON VP ANCILLARY & SUPPORT SERVICE	40 0				X			270,828		32,701
ERIC B YABLONKA VP/CHIEF INFORMATION OFFICER	40 0				X			621,766		100,222
SARA COVENY VP AMBULATORY CARE SERVICES	40 0					X		345,924		66,162
MAYUMI FUKUI VP MANAGED CARE	40 0					X		425,278		87,810
DEBORAH KULL VP OPERATIONS EXCELLENCE	40 0					X		335,709		74,201
SUNIL NARULA PHYSICIAN	40 0					X		643,549		30,087
LAWRENCE SCHILDER PHYSICIAN	40 0					X		713,313		51,282
JEFFREY A FINESILVER FMR VP/DIR COMER HOSP	0 0						X	475,057		96,257
RICHARD B MILLER FMR VP FINANCE	0 0						X	422,658		101,550
KENNETH SHARIGIAN FMR EVP ORG STRATEGY	0 0						X	628,300		18,750

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLYN WILSON FMR COO & ASSOCIATE DEAN	0 0						X	440,325		7,339
EVERETT E VOKES MD FMR INTERIM DEAN/CEO	0 0						X		821,310	60,768
KATHLEEN A DEVRIES VP MARKETING & COMMUNICATION	40 0						X	331,353		68,482
BENJAMIN GIBSON ASSOC GEN COUNSEL GOVT AFFAIRS	40 0						X	303,515		57,958

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

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

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

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

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A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

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

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

An organization organized and operated exclusively to test for public safety See section 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

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?

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

A family member of a person described in (i) above?

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

Provide the following information about the supported organization(s)

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If “Yes,” describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		575,844
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			575,844
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B		THE UNIVERSITY OF CHICAGO MEDICAL CENTER (UCMC) EMPLOYS THE SERVICES OF CONTRACTUAL, REGISTERED LOBBYISTS AND SOME PORTION OF FULL-TIME UCMC PERSONNEL [THE VICE PRESIDENT, GOVERNMENT AFFAIRS] FOR THE PURPOSE OF EDUCATING LOCAL, STATE AND FEDERAL ELECTED OFFICIALS AND APPOINTED POLICY MAKERS ABOUT THE DELIVERY OF HEALTH CARE SERVICES IN AN ACADEMIC MEDICAL RESEARCH ENVIRONMENT. ADVOCACY EFFORTS CONDUCTED BY CONTRACTUAL LOBBYISTS AND UCMC STAFF ARE RELATED TO SECURING SUFFICIENT RESOURCES TO FURTHER THE MEDICAL CENTER'S TAX-EXEMPT PURPOSES, INCLUDING ITS PROGRAMMATIC, CLINICAL, RESEARCH, FUTURE CONSTRUCTION AND RENOVATION OBJECTIVES, WHILE CONTINUING ITS VERY HIGH LEVELS OF CHARITY CARE AND COMMUNITY BENEFIT. LOBBYING ACTIVITIES ARE CONDUCTED IN ACCORDANCE WITH APPLICABLE LOCAL, STATE AND FEDERAL LAWS GOVERNING LOBBYING ACTIVITIES. CERTAIN LOBBYING ACTIVITIES AT THE FEDERAL LEVEL WERE CONDUCTED THROUGH UCMC'S MEMBERSHIP AND PARTICIPATION IN CERTAIN NATIONAL TRADE ASSOCIATIONS, NAMELY THE AMERICAN ASSOCIATION OF MEDICAL COLLEGES (AAMC) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). OTHER FEDERAL LOBBYING EFFORTS WERE CONDUCTED BY UCMC PERSONNEL AND A CONTRACTUAL LOBBYIST.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	869,456,284	884,113,272	760,971,586	586,218,979	763,872,329
b Contributions	25,010,350	10,250	25,011,000	117,021,000	83,000
c Net investment earnings, gains, and losses	64,391,520	26,467,968	140,209,315	95,006,714	-143,301,572
d Grants or scholarships					
e Other expenditures for facilities and programs	175,354,103	38,285,271	39,643,801	34,437,149	31,991,350
f Administrative expenses	1,498,181	2,849,935	2,434,828	2,837,958	2,443,428
g End of year balance	782,005,870	869,456,284	884,113,272	760,971,586	586,218,979

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 90 446 %

b

Permanent endowment ▶ 0 778 %

c

Temporarily restricted endowment ▶ 8 777 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		36,008,345		36,008,345
b Buildings		1,255,541,546	338,884,915	916,656,631
c Leasehold improvements				
d Equipment		608,294,018	397,285,187	211,008,831
e Other		42,767,955	16,818,415	25,949,540
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,189,623,347

Schedule D (Form 990) 2012

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

1	Total revenue, gains, and other support per audited financial statements	1	1,399,940,258
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	738,039
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	2,404,106
e	Add lines 2a through 2d	2e	3,142,145
3	Subtract line 2e from line 1	3	1,396,798,113
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	5,322,155
c	Add lines 4a and 4b	4c	5,322,155
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,402,120,268

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

1	Total expenses and losses per audited financial statements	1	1,258,611,130
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	202,596
e	Add lines 2a through 2d	2e	202,596
3	Subtract line 2e from line 1	3	1,258,408,534
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,258,408,534

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SCHEDULE D, PART V, LINE 4		UCMC'S ENDOWMENT CONSISTS OF INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED ENDOWMENT FUNDS FOR A VARIETY OF PURPOSES. UCMC'S PERMANENT ENDOWMENT FUNDS ARE SET ASIDE TO SPECIFICALLY SUPPORT PEDIATRIC HEALTH CARE, ADULT HEALTH CARE, AND EDUCATIONAL AND SCIENTIFIC PROGRAMS.
SCHEDULE D, PART XI, LINE 2D		RESTRICTED INCOME USED FOR OPERATIONS 4,620,606, NET LOSSES FROM UNCOLLECTABLE PLEDGES (2,216,500)
SCHEDULE D, PART XI, LINE 4B		PERMANENTLY RESTRICTED CONTRIBUTIONS 350, TEMPORARILY RESTRICTED CONTRIBUTIONS 920,495, INVESTMENT GAINS ON TEMPORARILY RESTRICTED CONTRIBUTIONS 4,603,906, SPECIAL EVENT EXPENSES (202,596)
SCHEDULE D, PART XII, LINE 2D		SPECIAL EVENT EXPENSE 202,596

Additional Data

Software ID:

Software Version:

EIN: 36-3488183

Name: UNIVERSITY OF CHICAGO MEDICAL CENTER

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

1	(a) Description of Liability	(b) Book Value
	DUE TO 3RD PARTY	51,835,628
	DUE TO UNIVERSITY OF CHICAGO	14,799,215
	SELF-INSURANCE LIABILITY	9,528,378
	CAPITAL LEASE OBLIGATION	532,625
	MUTUAL FUND BENEFIT LIABILITY	2,652,473
	FUTURE SETTLEMENTS	14,124,145
	PENSION LIABILITY	5,748,503
	SWAP INTEREST LIABILITY	88,768,226
	MALPRACTICE LIABILITY	121,322,700
	OTHER LIABILITIES	23,716,813

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Middle East and North Africa		1	Program Services	MARKETING	354,868
3a Sub-total		1			354,868
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1			354,868

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶
- 3 Enter total number of other organizations or entities ▶

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes ☒ No

Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F (Form 990) 2012

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>COMER KIDS</u>	<u>COMER AUCTION</u>	<u>1</u>	(add col (a) through	
		(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	289,126	31,996	15,431	336,553	
2	Less Contributions . . .	207,515	31,996	11,543	251,054	
3	Gross income (line 1 minus line 2)	81,611		3,888	85,499	
Direct Expenses	4	Cash prizes	0	0	0	
	5	Noncash prizes . . .	0	0	0	
	6	Rent/facility costs . . .	0	6,401	0	
	7	Food and beverages .	0	0	0	
	8	Entertainment	0	0	0	
	9	Other direct expenses .	148,292	21,186	26,717	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(202,596)
	11	Net income summary Combine line 3, column (d), and line 10 ▶				-117,097

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			25,793,000	0	25,793,000	2.050 %
b Medicaid (from Worksheet 3, column a)			261,602,000	210,908,000	50,694,000	4.030 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			287,395,000	210,908,000	76,487,000	6.080 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			855,000	0	855,000	0.070 %
f Health professions education (from Worksheet 5)			92,946,866	14,030,524	78,916,342	6.270 %
g Subsidized health services (from Worksheet 6)			36,000	0	36,000	0 %
h Research (from Worksheet 7)			48,309,000	0	48,309,000	3.840 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			398,000	0	398,000	0.030 %
j Total Other Benefits			142,544,866	14,030,524	128,514,342	10.210 %
k Total. Add lines 7d and 7j			429,939,866	224,938,524	205,001,342	16.290 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			0	0	0	0 %
2Economic development			0	0	0	0 %
3Community support			28,000		28,000	0 %
4Environmental improvements			0	0	0	0 %
5Leadership development and training for community members			0	0	0	0 %
6Coalition building			0	0	0	0 %
7Community health improvement advocacy			36,000		36,000	0 %
8Workforce development			0	0	0	0 %
9Other						
10Total			64,000	0	64,000	0 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

12,326,000

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

223,194,000

6Enter Medicare allowable costs of care relating to payments on line 5.

6

267,976,000

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-44,782,000

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	THE UNIV OF CHICAGO MEDICAL CENTER 5841 S MARYLAND AVENUE CHICAGO, IL 60637 HTTP //WWW.UCHOSPITALS.EDU	X	X	X	X		X	X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

THE UNIV OF CHICAGO MEDICAL CENTER

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health 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		
j	☒ Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	Yes
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
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 CHNA, indicate how (check all that apply to date)		
a	☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	☒ Execution of the implementation strategy		
c	☒ Participation in the development of a community-wide plan		
d	☒ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>600</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a ☒ Income level					
b ☒ Asset level					
c ☒ Medical indigency					
d ☒ Insurance status					
e ☐ Uninsured discount					
f ☒ Medicaid/Medicare					
g ☒ State regulation					
h ☒ Other (describe in Part VI)					
13 Explained the method for applying for financial assistance?		13	Yes		
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a ☒ The policy was posted on the hospital facility's website					
b ☒ The policy was attached to billing invoices					
c ☒ The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d ☒ The policy was posted in the hospital facility's admissions offices					
e ☒ The policy was provided, in writing, to patients on admission to the hospital facility					
f ☒ The policy was available upon request					
g ☒ Other (describe in Part VI)					
Billing and Collections					
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes		
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP					
a ☐ Reporting to credit agency					
b ☐ Lawsuits					
c ☐ Liens on residences					
d ☐ Body attachments					
e ☒ Other similar actions (describe in Part VI)					
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?				17	Yes
If "Yes," check all actions in which the hospital facility or a third party engaged					
a ☐ Reporting to credit agency					
b ☐ Lawsuits					
c ☐ Liens on residences					
d ☐ Body attachments					
e ☒ Other similar actions (describe in Part VI)					

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☒

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	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? If "No," indicate why	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	☐ Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	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		
a	☐ 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 its 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	☒ Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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? If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section C. Other Health Care 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-hospital health care facilities did the organization operate during the tax year?

3

Name and address	Type of Facility (describe)
1 SEE SCHEDULE H PART VI 5841 SOUTH MARYLAND AVENUE MC 1086 CHICAGO,IL 60637	SEE SCHEDULE H, PART VI
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
PART I, LINE 5A		WHILE UCMC PROJECTS AN ANTICIPATED AMOUNT OF DISCOUNTED CARE EACH FISCAL YEAR WHEN CREATING ITS ANNUAL BUDGET, NO SPECIFIC LINE ITEM OR LIMIT IS INCLUDED IN THE BUDGET THE ABSENCE OF A LINE ITEM IN NO WAY LIMITS THE AMOUNT OF DISCOUNTED CARE UCMC PROVIDES
PART I, LINE 7		THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN PART I, LINE 7 IS THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 PART I, LINE 7G COST INCURRED BY UHI TO SUBSIDIZE PORTIONS OF UCM PROVIDERS' CLINIC TIME IN FEDERALLY QUALIFIED HEALTH CENTER WHERE THEY PROVIDE SPECIALTY CARE AT A DISCOUNTED RATE TO UNINSURED AND UNDERINSURED

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

Identifier	ReturnReference	Explanation
PART III, SECTION B		THE FOLLOWING AMOUNTS REPRESENT REVENUE AND EXPENSES FROM PROFESSIONAL FEES, LABS, AND OTHER MEDICARE CHARGES NOT INCLUDED IN UCMC'S MEDICARE COST REPORT FOR THE YEAR REVENUE RECEIVED FROM MEDICARE \$47,412,000 ALLOWABLE COSTS RELATING TO ABOVE PAYMENTS \$68,315,000 SHORTFALL (\$20,903,000) REVENUE RECEIVED FROM MEDICARE INCLUDES ADJUSTMENTS OF \$2,893,000 FOR PRIOR YEARS NOT INCLUDED IN COMPUTATIONS OF SCHEDULE H, PART I, FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS NO ADJUSTMENT IS REPORTED FOR MEDICAID
PART III, LINE 6		THE MEDICARE ALLOWABLE COSTS OF CARE ON PART III, LINE 6 ARE BASED ON THE INPATIENT, OUTPATIENT AND ORGAN ACQUISITION COSTS FROM THE FILED FY 13 MEDICARE COST REPORT

Identifier	ReturnReference	Explanation
PART III, LINE 8		PAYMENT RATES FOR MEDICARE GENERALLY ARE SET BY LAW, RATHER THAN THROUGH A NEGOTIATION PROCESS AS WITH PRIVATE INSURERS. THESE PAYMENT RATES ARE CURRENTLY SET BELOW UCMC'S COSTS OF PROVIDING THE CARE, WHICH UCMC ACCEPTS AS A VOLUNTARY PARTICIPANT IN THE MEDICARE PROGRAM. UCMC TAKES SERIOUSLY ITS COMMITMENT TO PROVIDE CRITICAL PROGRAMS AND SERVICES THAT INCREASE ACCESS TO HEALTHCARE, IMPROVE THE HEALTH OF ITS COMMUNITY, HELP RELIEVE THE BURDENS OF GOVERNMENT WITH RESPECT TO THE PROVISION AND PAYMENT OF HEALTHCARE, AND ATTEND TO ADULT AND PEDIATRIC DISABLED PATIENTS AS WELL AS THE ELDERLY MEDICARE POPULATION, OFTEN THE MORE VULNERABLE MEMBERS OF OUR COMMUNITY. THIS SAME RATIONALE APPLIES TO MEDICAID RECIPIENTS, TOO POOR TO COVER THEIR OWN HEALTH CARE EXPENSES.
PART III, LINE 9B		UCMC PROVIDES DISCOUNTS FOR A PATIENT WHO QUALIFIES FOR TWELVE (12) MONTHS AFTER HE/SHE QUALIFIES. IN ADDITION, UCMC COORDINATES ITS DISCOUNTS WITH UCPG FOR THE PHYSICIAN BILLING, WHICH IS THROUGH THE UNIVERSITY OF CHICAGO. IN A 12 MONTH PERIOD FOR MEDICALLY NECESSARY HEALTH CARE SERVICES PROVIDED BY UCMC TO AN UNINSURED OR UNDERINSURED PATIENT, THE PATIENT IS NOT RESPONSIBLE TO PAY FOR MORE THAN THAT AMOUNT OF BILLED CHARGES IN EXCESS OF 20% OF THE PATIENT'S FAMILY INCOME. THIS "MEDICAL INDIGENCY DISCOUNT" IS SUBJECT TO THE PATIENT'S CONTINUED ELIGIBILITY DURING THE APPLICABLE TIME PERIOD. THE 12 MONTH PERIOD TO WHICH THE MAXIMUM AMOUNT APPLIES SHALL BEGIN ON THE FIRST DATE THE PATIENT RECEIVES MEDICALLY NECESSARY HEALTH CARE SERVICES THAT ARE DETERMINED TO BE ELIGIBLE FOR THE MEDICAL INDIGENCY DISCOUNT AT UCMC. IN ORDER FOR UCMC TO DETERMINE THE 12 MONTH MAXIMUM AMOUNT THAT CAN BE COLLECTED FROM A PATIENT DEEMED ELIGIBLE, THE PATIENT MUST INFORM UCMC IN SUBSEQUENT INPATIENT ADMISSIONS OR OUTPATIENT ENCOUNTERS THAT THE PATIENT HAS PREVIOUSLY BEEN DETERMINED TO BE ENTITLED TO THE MEDICAL INDIGENCY DISCOUNT. SOME PATIENTS ARE NOT RESPONSIVE IN PROVIDING INFORMATION TO APPLY FOR CHARITY CARE, AT WHICH POINT UCMC MAY LEARN OF THEIR QUALIFICATIONS AFTER THE BILL IS SENT TO COLLECTIONS. IF A PATIENT/GUARANTOR HAS BEEN APPROVED BY UCMC FOR CHARITY CARE AND THE ACCOUNT HAS ALREADY BEEN SENT TO AN OUTSIDE COLLECTION AGENCY, UCMC WILL NOTIFY THE AGENCY OF THE APPROVAL. IF THE APPROVAL WAS FOR A 100% DISCOUNT, THE AGENCY WILL BE ADVISED TO CLOSE THE ACCOUNT AS CHARITY CARE AND UCMC STAFF WILL PROCESS AN AGENCY CODE CHANGE IN THE UCMC SYSTEM. IF THE CHARITY CARE ADJUSTMENT IS NOT 100%, THE AGENCY IS NOTIFIED OF THE APPROVED DISCOUNT AND ADVISED TO ADJUST THE BALANCE SHOWN AS DUE BY THE APPROVED DISCOUNT AMOUNT. UCMC STAFF WILL CONCURRENTLY AMEND THE BALANCES DUE IN THE BAD DEBT SYSTEM BY THE APPROVED DISCOUNT AMOUNT.

Identifier	ReturnReference	Explanation
PART V		LINE 1J IN ADDITION, THE UCMC COMMUNITY HEALTH NEEDS ASSESSMENT REPORT DESCRIBES THE FOLLOWING - THE PROCESS FOR CONDUCTING THE CHNA - HEALTH CARE BENCHMARKS - HEALTH CARE ACCESS AND BARRIERS - HEALTH CARE EDUCATION AND OUTREACH - LOCAL HEALTH CARE AND THE COMMUNITY'S PERCEPTIONS LINE 3 FOCUS GROUPS HELD AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT INCORPORATE INPUT FROM 16 KEY INFORMANTS (OR COMMUNITY STAKEHOLDERS), WITH SPECIAL EMPHASIS ON PERSONS WHO WORK WITH OR HAVE SPECIAL KNOWLEDGE ABOUT VULNERABLE POPULATIONS IN SOUTH CHICAGO AND THROUGHOUT COOK COUNTY, INCLUDING LOW-INCOME INDIVIDUALS, MINORITY POPULATIONS, THOSE WITH CHRONIC CONDITIONS, AND OTHER MEDICALLY UNDERSERVED RESIDENTS THE PARTICIPANTS INCLUDED MS CAROL MUHAMMAD, FROM LA RABIDA CHILDREN'S HOSPITAL MS ROMONA JAMES, FROM CENTERS FOR NEW HORIZONS MS WENDY WALKER WILLIAMS, FROM SOUTH EAST CHICAGO COMMISSION MR TORREY BARRETT, FROM KLEO CENTER MS VALERIE WEBB, FROM COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, OAK FOREST HOSPITAL DR DANIEL ANGRES, FROM RESURRECTION BEHAVIORAL HEALTH, ADDICTION SERVICES, PROFESSIONALS PROGRAM MR JACK KAPLAN, FROM UNITED WAY METROPOLITAN CHICAGO MS LAURA LEON, CAMPAIGN FOR BETTER HEALTH CARE MS LUCY MULLEN, FROM RUSH OAK PARK HOSPITAL DR MARILYN WIDEMAN, FROM RUSH UNIVERSITY MS PEGGY LUCE, FROM CHICAGOLAND CHAMBER OF COMMERCE MS VICTORIA BIGELOW, FROM ACCESS TO CARE MS ROBYN GOLDEN, FROM RUSH UNIVERSITY MEDICAL CENTER MS SHERRY WEINGART, FROM SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF ILLINOIS AT CHICAGO MS SUSAN KNIGHT, FROM MARCH OF DIMES, ILLINOIS CHAPTER DR SUSAN SWIDER, FROM RUSH UNIVERSITY LINE 4 THE PEDIATRIC HOSPITAL ASSESSMENT WAS CONDUCTED WITH LARABIDA CHILDREN'S HOSPITAL, WHICH IS WITHIN THE UCMC COMMUNITY LINE 5(C) THE RESULTS OF THE REPORT OF HAVE BEEN DISCUSSED AT COMMUNITY MEETINGS, WITH REFERENCE TO THE FULL REPORT'S AVAILABILITY ON THE HOSPITAL'S WEBSITE LINE 6(I) THE HOSPITAL IS ENGAGED WITH A LOCAL UNIVERSITY THAT HAS A NURSING STAFF TO ESTABLISH WAYS IN WHICH THE NURSES CAN PROVIDE CARE IN THE COMMUNITY IN ADDITION, THE HOSPITAL'S NURSING STAFF ARE BECOME MORE ENGAGED IN COMMUNITY OUTREACH LINE 7 TWO NEEDS, INJURY AND VIOLENCE PREVENTION AND SEXUALLY TRANSMITTED DISEASE, WERE NOT SELECTED FOR STRATEGIC IMPLEMENTATION PLANNING IN THIS CYCLE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT BECAUSE OF THE GREAT COMPLEXITY AND THE NEED FOR A SYSTEMIC AND MULTI-CONSTITUENCY APPROACH TO ADDRESSING THESE NEEDS, THEY WERE NOT SELECTED HOWEVER, IN 2014, IT IS THE INTENTION OF THE UNIVERSITY OF CHICAGO MEDICAL CENTER TO CONVENE COMMUNITY LEADERS, POLICY LEADERS AND THE HEALTH CARE COMMUNITY TO BEGIN DISCUSSIONS ABOUT A SYSTEMIC APPROACH TO ADDRESSING BOTH OF THESE NEEDS THE HOSPITAL'S DESIRE IS TO PARTNER WITH OTHER CONSTITUENTS THAT ARE WORKING ON INTERVENTIONS TO ADDRESS THESE COMMUNITY HEALTH NEEDS LINE 12D INSURANCE STATUS AFFECTS THE AMOUNT THAT THE PATIENT OWES, WHICH AFFECTS THE DISCOUNT AND THEREFORE THE AMOUNT CHARGED TO THE PATIENT AFTER APPLICATION OF THE DISCOUNT LINE 12E UNINSURED DISCOUNTS ARE AVAILABLE TO ALL PATIENTS, NOT JUST LOW INCOME INDIVIDUALS LINE 12F MEDICAID/MEDICARE STATUS AFFECTS THAT AMOUNT THAT THE PATIENT OWES, WHICH AFFECTS THE DISCOUNT AND THEREFORE THE AMOUNT CHARGED TO THE PATIENT AFTER APPLICATION OF THE DISCOUNT LINE 12H UCMC RETAINED A THIRD PARTY CREDIT REVIEW SERVICE THAT, BASED UPON ITS DATA, DETERMINES A PATIENT'S ABILITY TO PAY AND RECOMMENDED DISCOUNT UNDER THE HOSPITAL'S POLICY IN ADDITION, UCMC CONSIDERS CASE-BY-CASE SITUATIONS REQUESTED BY PATIENTS OR THEIR REPRESENTATIVES, FOR EXAMPLE, PATIENTS WHO ARE HOMELESS OR VICTIMS OF HOME FIRES OR SIMILAR SITUATIONS WHERE THEIR FINANCIAL DOCUMENTATION WOULD BE BURNED OR PERMANENTLY LOST, ACCEPTING ALTERNATIVE DOCUMENTATION WHERE POSSIBLE LINE 13 THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE IS LOCATED ON UCMC PATIENT EDUCATIONAL MATERIALS, INCLUDING THE HOSPITAL WEBSITE LINE 14 UCMC RESPONDS TO THESE QUESTIONS BASED UPON ITS PUBLICATION OF THE FINANCIAL ASSISTANCE INFORMATION, NOT THE WRITTEN HOSPITAL ADMINISTRATIVE POLICY FOR EXAMPLE, UCMC'S BILL CONTAINS A STATEMENT THAT DIRECTS THE PATIENT TO CALL A TELEPHONE NUMBER TO SEEK ASSISTANCE LINE 14G IN ADDITION, UCMC MAILS BROCHURES TO NEW PATIENTS IF THEIR APPOINTMENT IS MADE FIVE OR MORE DAYS PRIOR TO THE APPOINTMENT DATE LINE 16E THE POLICY ALLOWS FOR UCMC TO ENGAGE A COLLECTION AGENCY TO CONTACT THE PATIENT OR THE PATIENT GUARANTOR LINE 17E A COLLECTION AGENCY CONTACTS THE PATIENT OR THE PATIENT GUARANTOR LINE 18E UCMC SENDS A BILL TO THE PATIENT GUARANTOR NORMALLY AT LEAST THREE TIMES, PERFORMS A CREDIT CHECK TO DETERMINE PRESUMPTIVE ELIGIBILITY UNDER ITS FINANCIAL ASSISTANCE POLICY, AND THEN MAY REFER THE ACCOUNT TO ITS COLLECTION AGENCY AFTER COMPLETING A CHECK WITH AN OUTSIDE CONTRACTED VENDOR THAT EVALUATES WHETHER OR NOT THE PATIENT FALLS WITHIN THE UCMC FINANCIAL ASSISTANCE LIMITS LINE 20D ALL UNINSURED PATIENTS RECEIVE A 25% DISCOUNT IF THEY ALSO QUALIFY FOR FINANCIAL ASSISTANCE, THEN THE PATIENT RECEIVES THE BETTER OF THE UNINSURED DISCOUNT OR THE FINANCIAL ASSISTANCE DISCOUNT THE FINANCIAL ASSISTANCE DISCOUNT INCLUDES A MEDICAL INDIGENCY DISCOUNT LINE 21 UCMC CHARGES CONSISTENTLY IF A PATIENT QUALIFIES UNDER THE FINANCIAL ASSISTANCE POLICY, THE DISCOUNT APPLIES TO THE AMOUNT BILLED SECTION C THE UNIVERSITY OF CHICAGO MEDICINE COMPREHENSIVE CANCER CENTER AT SILVER CROSS HOSPITAL - INFUSION CENTER, 1850 SILVER CROSS BLVD , NEW LENOX, IL 60451, ONCOLOGY INFUSION CENTER OUTPATIENT PHYSICAL THERAPY CENTER, 1301 E 47TH STREET, CHICAGO, IL 60615, PHYSICAL THERAPY CENTER UNIVERSITY OF CHICAGO OUTPATIENT SENIOR CENTER AT SOUTH SHORE, 7107 S EXCHANGE AVE , CHICAGO, IL 60649, OUTPATIENT SERVICES FOR SENIOR CITIZENS
PART VI, LINES 2, 4, & 5		SEE SCHEDULE O

Identifier	ReturnReference	Explanation
PART VI, LINE 3		PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE UCMC HAS INFORMATION ON FINANCIAL ASSISTANCE AND CHARITY CARE IN VARIOUS VENUES AND FORMS, UCMC HAS SIGNS AND BROCHURES VISIBLE IN PATIENT ACCESS AND SERVICE AREAS, FINANCIAL ASSISTANCE AND CHARITY CARE INFORMATION IS ON UCMC'S WEBSITE, GUARANTOR BILLS/STATEMENTS, AND IN ALL UCMC'S ADMISSION PACKETS MAILED TO EACH NEW PATIENT UCMC DISCUSSES FINANCIAL ASSISTANCE AND CHARITY CARE AVAILABILITY WITH PATIENTS WHO CONTACT UCMC UCMC FINANCIAL COUNSELORS ALSO EXPLAIN THESE OPTIONS, INCLUDING DURING THE "MEDICAL ASSISTANCE NO GRANT" (PUBLIC ASSISTANCE FOR MEDICAL COVERAGE) APPLICATION PROCESS
PART VI, LINE 6		N/A

Identifier	ReturnReference	Explanation
PART VI, LINE 7		UCMC FILES A COMMUNITY BENEFIT REPORT WITH THE STATE OF ILLINOIS IMPLEMENTATION STRATEGY A COPY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, AS WELL AS THE IMPLEMENTATION STRATEGIES CAN BE FOUND ON UCMC'S WEBSITE HTTP //WWW UCHOSPITALS EDU/ABOUT/COMMUNITY-BENEFITS/

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☒ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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?		No
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A AND PART I, LINE 7	DISCRETIONARY SPENDING ACCOUNT	DISCRETIONARY SPENDING ACCOUNTS ARE AVAILABLE TO THE ORGANIZATION'S OFFICERS. OFFICERS WHO MADE USE OF THE DISCRETIONARY SPENDING ACCOUNT RECEIVED BETWEEN \$121 AND \$7,500 DURING THE YEAR. THESE BENEFITS ARE ALL CONSIDERED TAXABLE COMPENSATION. SOME OFFICERS DID NOT USE THE DISCRETIONARY SPENDING ACCOUNT.
SCHEDULE J, PART I, LINE 4A		SEVERANCE PAYMENTS WERE MADE AS FOLLOWS DURING THE YEAR: JEFFREY A. FINESILVER - \$223,840; RICHARD B. MILLER - \$204,712; KENNETH SHARIGIAN - \$628,300; CAROLYN WILSON - \$440,325. SOME OF THESE REPORTED AMOUNTS WERE PREVIOUSLY REPORTED ON A PRIOR FORM 990 AS DEFERRED COMPENSATION AS SET FORTH IN COLUMN (F) OF PART II.
SCHEDULE J, PART I, LINE 4B		CERTAIN INDIVIDUALS LISTED IN SCHEDULE J, PART II PARTICIPATE IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN TO WHICH THE HOSPITAL MAKES ANNUAL CONTRIBUTIONS. THESE CONTRIBUTIONS ARE AT RISK AND DO NOT BECOME VESTED AND PAYABLE UNLESS AND UNTIL THE INDIVIDUAL SATISFIES A SUBSTANTIAL FUTURE SERVICE REQUIREMENT. IN ADDITION, CERTAIN INDIVIDUALS RECEIVED PAYMENTS FROM THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: JEFFREY A. FINESILVER - \$54,746; MAYUMI FUKUI - \$37,018; DAVID HICKS - \$109,207; RICHARD B. MILLER - \$44,341; ERIC B. YABLONKA - \$58,799.
SCHEDULE J, PART I, LINE 8		WHILE WE HAVE NOT IDENTIFIED ANY SITUATION IN WHICH WE ARE EXPRESSLY AVAILING OURSELVES OF THE INITIAL CONTRACT EXCEPTION, WE RESERVE THE RIGHT TO AVAIL OURSELVES OF THE EXCEPTION AS WE DEEM APPROPRIATE OR NECESSARY IN THE FUTURE.
SCHEDULE J, PART II		TAXABLE INCOME REPORTED IN COLUMN (B) MAY INCLUDE PAYMENTS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). IN MOST CASES, THESE PAYMENTS WERE EARNED OVER MANY YEARS OF EMPLOYMENT AND THE AMOUNTS HAD PREVIOUSLY BEEN SUBJECT TO VESTING RULES. SERP PAYMENT AMOUNTS EARNED IN PRIOR YEARS WERE PREVIOUSLY REPORTED ON THE FORM 990 AS DEFERRED COMPENSATION AND ARE REPORTED IN THIS 2012 FORM 990 ON SCHEDULE J, PART II, COLUMN (F). AN INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD ANNUALLY REVIEWS THESE BENEFITS IN COMPARISON TO MARKET DATA AND HAS CONCLUDED THAT THESE BENEFITS AND OTHER FORMS OF COMPENSATION PROVIDED TO THESE INDIVIDUALS ARE REASONABLE.

Software ID:

Software Version:

EIN: 36-3488183

Name: UNIVERSITY OF CHICAGO MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SHARON O'KEEFE	(i) (ii)	802,240	241,664	23,347	157,851	34,370	1,259,472	
P ALLAN KLOCK JR MD	(i) (ii)	464,616	6,600		20,000	41,298	532,514	
KENNETH S POLONSKY MD	(i) (ii)	1,407,051	418,000	25,675	388,862	21,429	2,261,017	
THOMAS F ROSENBAUM	(i) (ii)	617,469	22,800	8,875	20,000	69,693	738,837	
ROBERT J ZIMMER	(i) (ii)	916,620	170,000	105,605	524,800	177,631	1,894,656	
LISA ANASTOS	(i) (ii)	535,377	186,425	34,576	105,895	23,182	885,455	
KRISTA CURELL	(i) (ii)	284,241	82,426	3,924	56,615	21,906	449,112	
JENNIFER A HILL	(i) (ii)	151,367			11,761	51,736	214,864	
ANN M MCCOLGAN	(i) (ii)	206,321	36,222	6,849	33,125	27,602	310,119	
JOHN SATALIC	(i) (ii)	421,518	130,232	56,766	83,821	35,450	727,787	
SUSAN S SHER	(i) (ii)	502,583	134,903	22,499	98,963	13,214	772,162	
MONA SONNENSHEIN	(i) (ii)	559,571	150,938	101,503	110,135	22,527	944,674	
JAMES M WATSON	(i) (ii)	594,897	129,466	188,794	117,409	34,316	1,064,882	
ERIC E WHITAKER MD	(i) (ii)	434,239	129,295	107,593	86,091	55,929	813,147	
DEBRA ALBERT	(i) (ii)	150,662	15,000	4,077	23,855	12,473	206,067	
DAVID HICKS	(i) (ii)	223,715	68,986	123,572	44,731	21,532	482,536	109,207
WILLIAM R HUFFMAN	(i) (ii)	285,409	94,975	9,984	48,568	24,679	463,615	
JASON KEELER	(i) (ii)	292,205	62,481	24,997	49,046	15,746	444,475	
CHRISTOPHER KOPS	(i) (ii)	375,430	71,094	45,202	62,807	20,729	575,262	
VIRGINIA ROBERTS	(i) (ii)	289,585	89,732	14,161	57,754	18,319	469,551	

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
TERRY SOLEM	(i) (ii)	396,919	250,167	12,886	66,990	33,883	760,845	
JOHNATHAN STEGNER	(i) (ii)	249,175	56,250	17,590	49,969	32,834	405,818	
DARYL WILKERSON	(i) (ii)	141,743	75,000	54,085	22,364	10,337	303,529	
ERIC B YABLONKA	(i) (ii)	402,437	122,894	96,435	79,493	20,729	721,988	58,799
SARA COVENY	(i) (ii)	224,295	47,172	74,457	37,922	28,240	412,086	
MAYUMI FUKUI	(i) (ii)	292,153	88,209	44,916	57,617	30,193	513,088	37,018
DEBORAH KULL	(i) (ii)	247,875	54,989	32,845	49,969	24,232	409,910	
SUNIL NARULA	(i) (ii)	397,027	135,537	110,985	18,750	11,337	673,636	
LAWRENCE SCHILDER	(i) (ii)	444,478	145,922	122,913	18,751	32,531	764,595	
KATHLEEN A DEVRIES	(i) (ii)	246,127	75,001	10,225	48,750	19,732	399,835	
BENJAMIN GIBSON	(i) (ii)	237,081	64,438	1,996	25,579	32,379	361,473	
JEFFREY A FINESILVER	(i) (ii)	73,187	66,038	335,832	90,882	5,375	571,314	54,746
RICHARD B MILLER	(i) (ii)	65,414	54,607	302,637	86,996	14,554	524,208	34,075
KENNETH SHARIGIAN	(i) (ii)			628,300	18,750		647,050	628,300
CAROLYN WILSON	(i) (ii)			440,325	7,339		447,664	440,325
EVERETT E VOKES MD	(i) (ii)	721,310	100,000	0	20,000	40,768	882,078	

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS HEALTH FACILITIES AUTHORITY	37-0988139	45200PWP8	08-07-2003	70,256,338	REDEEM EARLIER BONDS (1993)		X		X		X
B	ILLINOIS FINANCE AUTHORITY	52-1297563	45200MWS9	09-25-2005	29,000,000	CONSTRUCTION - PEDIATRIC ER/CLINIC		X		X		X
C	ILLINOIS FINANCE AUTHORITY	52-1297563	45200MC28	04-19-2007	10,000,000	CONSTRUCTION AND RENOVATION		X		X		X
D	ILLINOIS FINANCE AUTHORITY	52-1297563	45200MC36	04-19-2007	31,000,000	CONSTRUCTION AND RENOVATION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	70,256,338		29,000,000		10,000,000		31,000,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	729,409		162,000		46,068		142,812	
8	Credit enhancement from proceeds	1,124,000		23,780		15,517		48,103	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		28,814,220		9,938,415		30,809,085	
11	Other spent proceeds	68,402,929		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2003		2006		2008		2008	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
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?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
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?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0%		0 00000%		0 00000%		0 00000%	
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 00000%		0 00000%		0 00000%		0 00000%	
6	Total of lines 4 and 5	0%		0 00000%		0 00000%		0 00000%	
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 00000%		0 00000%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X		X		X		X	
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

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

Identifier	Return Reference	Explanation
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Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FZR3	08-20-2009	35,000,000	CONSTRUCTION, EQUIP, INTEREST		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FZT9	08-20-2009	35,000,000	CONSTRUCTION, EQUIP, INTEREST		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FZV4	08-20-2009	60,000,000	CONSTRUCTION, EQUIP, INTEREST		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FZX0	08-20-2009	10,000,000	CONSTRUCTION, EQUIP, INTEREST		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	35,000,000		35,000,000		60,000,000		10,000,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	283,697		283,697		486,338		81,057	
8	Credit enhancement from proceeds	35,495		35,495		60,848		10,141	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	34,680,808		34,680,808		59,452,814		9,908,802	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2013		2013		2013		2013	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
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?								
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 00000%		0%		0 00000%		0 00000%	
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 00000%		%		0 00000%		0 00000%	
6	Total of lines 4 and 5	0 00000%		%		0 00000%		0 00000%	
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b	Name of provider	WELLS FARGO BANK		WELLS FARGO BANK		WELLS FARGO BANK			
c	Term of hedge	3 2 4		3 2 4		3 2 4		3 2 4	
d	Was the hedge superintegrated?		X		X		X		X
e	Was a hedge terminated?		X		X		X		X

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

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

Identifier	Return Reference	Explanation
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Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FX20	04-08-2010	75,194,738	REDEEM EARLIER BONDS (1994 & 1998)		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FX46	04-08-2010	89,965,722	REDEEM EARLIER BONDS (1994 & 1998)		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FZP7	08-20-2009	82,892,238	CONSTRUCTION, EQUIP, INTEREST		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45200F6J3	11-09-2010	46,250,000	CONSTRUCTION, EQUIP, INTEREST		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	75,194,738		89,965,722		82,892,238		46,250,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		2,644,599	
7	Issuance costs from proceeds	914,738		845,723		1,215,838		470,234	
8	Credit enhancement from proceeds	0		0		0		17,600	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		81,676,400		43,117,567	
11	Other spent proceeds	74,280,000		89,119,999		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2010		2010		2013		2013	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X		X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X			X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X		X
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?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
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?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0%		0%		0 00000%		0 00000%	
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 00000%		0 00000%		0 00000%		0 00000%	
6	Total of lines 4 and 5	0%		0%		0 00000%		0 00000%	
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X	X	
b	Name of provider	0		0		0			
c	Term of hedge	3 2 4						3 2 4	
d	Was the hedge superintegrated?		X						X
e	Was a hedge terminated?		X						X

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

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

Identifier	Return Reference	Explanation
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Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45200F6G9	11-09-2010	46,250,000	CONSTRUCTION, EQUIP, INTEREST		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HAH5	05-20-2011	46,250,000	CONSTRUCTION, EQUIP, INTEREST		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HAZ5	05-20-2011	46,250,000	CONSTRUCTION, EQUIP, INTEREST		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HAK8	05-20-2011	89,161,152	CONSTRUCTION, EQUIP, INTEREST		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	46,250,000		46,250,000		46,250,000		89,161,152	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	2,644,599		2,536,628		2,536,628		7,904,905	
7	Issuance costs from proceeds	450,033		413,179		413,497		1,303,276	
8	Credit enhancement from proceeds	17,601		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	43,137,767		43,300,193		43,299,875		79,952,970	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2013		2013		2013		2013	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
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?								
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 00000%		0 00000%		0 00000%		0 00000%	
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 00000%		0 00000%		0 00000%		0 00000%	
6	Total of lines 4 and 5	0 00000%		0 00000%		0 00000%		0 00000%	
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
b	Name of provider	WELLS FARGO BANK		WELLS FARGO BANK		WELLS FARGO BANK			
c	Term of hedge	3 2 4		3 2 4		3 2 4			
d	Was the hedge superintegrated?		X		X		X		
e	Was a hedge terminated?		X		X		X		

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

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

Identifier	Return Reference	Explanation
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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HJJ2	06-28-2012	80,945,011	REDEEM EARLIER BONDS (2001 SERIES)		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967		01-24-2013	75,000,000	CONSTRUCTION, EQUIP, INTEREST		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	80,945,011		75,000,000					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	1,270,423		342,423					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		686,349					
11	Other spent proceeds	79,674,588		0					
12	Other unspent proceeds	0		73,971,228					
13	Year of substantial completion	2012							
		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?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				
b	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?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
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?								
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 00000%		0 00000%		%		%	
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 00000%		0 00000%		%		%	
6	Total of lines 4 and 5	0 00000%		0 00000%		%		%	
7	Does the bond issue meet the private security or payment test?	X		X					
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI

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

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e)Original principal amount	(f)Balance due	(g) In default?		(h) Approved by board or committee?		(i)Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) ERIC WHITAKER	OFFICER	PURCHASE RESIDENCE		X	400,000	302,674		No	Yes		Yes	
Total ▶ \$						302,674						

Part III

Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV		TRUSTEE ROBERT CLARK WAS A SHAREHOLDER OF A COMPANY, CLAYCO, INC , THAT HAD A BUSINESS TRANSACTION WITH UCMC THE TRANSACTION WAS THE RESULT OF A COMPETITIVE BID THE TRANSACTION IS FOR SERVICES IN THE ORDINARY COURSE OF BUSINESS CLAYCO PROVIDES CONSTRUCTION SERVICES TO UCMC THEY WERE PAID \$7,637,746 UCMC TRUSTEE KELLY WELSH IS THE EXECUTIVE VICE PRESIDENT AND GENERAL COUNSEL OF NORTHERN TRUST CORPORATION, WHICH HAS A BUSINESS RELATIONSHIP WITH UCMC IN THE ORDINARY COURSE OF BUSINESS NORTHERN TRUST PROVIDES TYPICAL BANKING AND INVESTMENT SERVICES TO UCMC THE TOTAL PAYMENTS FOR ADMINISTRATION AND TRANSACTIONS FEE WERE \$890,283

2012

Open to Public
Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number

36-3488183

Identifier	Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART II & PART VI		THE UNIVERSITY OF CHICAGO MEDICAL CENTER ("UCMC") IS A NATIONALLY RECOGNIZED LEADER IN PATIENT CARE, RESEARCH AND MEDICAL EDUCATION. RENOWNED FOR TREATING SOME OF THE MOST COMPLEX MEDICAL CASES, UCMC BRINGS THE VERY LATEST MEDICAL TREATMENTS TO PATIENTS IN CHICAGO'S SOUTH SIDE COMMUNITY, AND THROUGHOUT THE WORLD. IN THIS WAY, UCMC FURTHERS ITS COMMITMENT TO PATIENT CARE, CLINICAL PRACTICE AND COMMUNITY HEALTH. UCMC PARTNERS WITH THE UNIVERSITY OF CHICAGO PHYSICIANS AND THE PRITZKER SCHOOL OF MEDICINE TO EDUCATE THE NEXT GENERATION OF PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS. THE MEDICAL CENTER IS A LEADING PROVIDER OF COMPLEX CARE AND ROUTINELY RANKS AMONG THE TOP PROVIDERS OF MEDICAID SERVICES (BASED ON ADMISSIONS AND INPATIENT DAYS) IN THE STATE OF ILLINOIS. COMMUNITY OVERVIEW, COMMUNITY SERVICE: THE UCMC SERVICE AREA CONSISTS OF A LARGE, MEDICALLY UNDERSERVED, LOW INCOME POPULATION ON CHICAGO'S SOUTH SIDE, A COMMUNITY THAT IS AMONG ONE OF THE MOST ECONOMICALLY CHALLENGED COMMUNITIES IN THE STATE OF ILLINOIS AND THAT HAS A CRITICAL NEED FOR QUALITY HEALTHCARE. THE POPULATION OF THE SOUTH SIDE IS APPROXIMATELY 87 PERCENT AFRICAN AMERICAN, 6 PERCENT WHITE AND 4 PERCENT HISPANIC. THE SOUTH SIDE IS RELATIVELY POOR COMPARED TO THE CITY OF CHICAGO AS A WHOLE WITH 29 PERCENT OF COMMUNITY RESIDENTS REPORTING FAMILY INCOMES BELOW THE POVERTY LEVEL COMPARED WITH 20 PERCENT FOR THE CITY AS A WHOLE. IN ADDITION, JUST UNDER HALF OF THE SOUTH SIDE COMMUNITY LIVES BELOW 200 PERCENT OF THE POVERTY LEVEL. (SOURCE: SERVING CHICAGO'S UNDERSERVED REGIONAL HEALTH SYSTEM PROFILES, CHICAGO DEPARTMENT OF PUBLIC HEALTH, CHICAGO HEALTH AND HEALTH SYSTEMS PROJECT (OCT 20, 2005).) THE SOUTH SIDE COMMUNITY IS ONE OF THE UNHEALTHIEST IN COOK COUNTY, WITH HIGH RATES OF DIABETES, ASTHMA, HYPERTENSION AND OTHER CHRONIC CONDITIONS. IN FACT, THE TARGET COMMUNITIES IN UCMC'S SERVICE AREA HAVE SOME OF THE HIGHEST CHRONIC DISEASE AND MORTALITY RATES IN CHICAGO. UCMC IS ONE OF THE FEW HOSPITALS-AND THE ONLY ACADEMIC MEDICAL CENTER-LOCATED IN THE SOUTH SIDE OF CHICAGO. AT THE SAME TIME, HOSPITALIZATION RATES IN UCMC'S SERVICE AREA ARE MUCH HIGHER THAN THE METROPOLITAN AVERAGE. THE SOUTH SIDE OF CHICAGO HAS THE HIGHEST INCIDENCE IN CHICAGO OF ADMISSIONS THROUGH THE EMERGENCY ROOM. THESE HIGH RATES OF ADMISSION THROUGH EMERGENCY DEPARTMENTS MAY BE ATTRIBUTED TO THE HIGH NUMBER OF UNINSURED, UNDERINSURED AND LOW INCOME RESIDENTS IN THE COMMUNITY WHICH LEADS TO A LACK OF ACCESS FOR THESE RESIDENTS TO PRIMARY CARE SERVICES. UCMC IS THE LARGEST PROVIDER OF MEDICAID SERVICES (BY ADMISSIONS AND PATIENT DAYS) ON THE SOUTH SIDE OF CHICAGO AND ONE OF THE LARGEST IN THE STATE OF ILLINOIS. UCMC PROVIDES A SUBSTANTIAL AMOUNT OF CARE FOR WHICH IT DOES NOT RECEIVE PAYMENT. FOR FISCAL YEAR 2013, UCMC PROVIDED \$25,793,000 IN CHARITY CARE, INCURRED LOSSES ON GOVERNMENT PROGRAMS OF \$113,486,000 AND LOSSES ON EDUCATION OF \$78,822,000, PROVIDED RESEARCH SUPPORT OF \$48,000,000 AND \$1,353,000 FOR OTHER PROGRAMS, AND INCURRED UNCOMPENSATED CHARGES - OR BAD DEBT - OF \$12,326,000. ADULT PATIENT CARE IN THE CENTER FOR CARE AND DISCOVERY ("CCD") AND BERNARD A. MITCHELL HOSPITAL. IN FEBRUARY 2013, UCMC OPENED THE CENTER FOR CARE AND DISCOVERY, A NEW 10-STORY HOSPITAL THAT SERVES AS THE NEW CORE OF THE UCMC CAMPUS. THE NEW HOSPITAL IS 1.2 MILLION SQUARE FEET AND CONTAINS 240 SINGLE-OCCUPANCY INPATIENT ROOMS, INCLUDING 52 INTENSIVE CARE BEDS, 21 OPERATING ROOMS WITH LEADING-EDGE TECHNOLOGY, AND 7 ADVANCED IMAGING SUITES FOR INTERVENTIONAL PROCEDURES. THE CCD PROVIDES A HOME FOR COMPLEX SPECIALTY CARE WITH A FOCUS ON CANCER, GASTROINTESTINAL DISEASE, NEUROSCIENCE, ADVANCED SURGERY, AND HIGH-TECHNOLOGY MEDICAL IMAGING. THE FACILITY IS DESIGNED FOR FAMILY-CENTERED CARE AND IMPROVED COMMUNICATION AMONG ALL MEMBERS OF THE PATIENTS CARE TEAM. BERNARD A. MITCHELL HOSPITAL ("MITCHELL"), WHICH WAS BUILT IN 1983, CONTINUES TO OPERATE 220 INPATIENT BEDS AND INCLUDES THE EMERGENCY DEPARTMENT AND ARTHUR RUBLOFF INTENSIVE CARE TOWER. MITCHELL ALSO HOUSES THE UNIVERSITY OF CHICAGO MEDICAL CENTER BURN AND ELECTRICAL TRAUMA UNITS AND INTENSIVE CARE UNITS FOR TRANSPLANTATION, NEUROLOGY AND NEUROSURGERY, CARDIOTHORACIC CARE, GENERAL SURGERY, AND GENERAL MEDICINE PATIENTS. UCMC HOUSES ONE OF ONLY TWO BURN UNITS IN CHICAGO, AT WHICH UCMC PROVIDES CARE TO CRITICALLY-INJURED ADULT AND PEDIATRIC PATIENTS, MANY OF WHOM SPEND MONTHS IN THIS INTENSIVE CARE FACILITY. THE MEDICAL CENTER OFFERS WORLD-CLASS TRANSPLANTATION PROGRAMS IN SEVERAL AREAS, INCLUDING TRANSPLANTATION OF THE LIVER, KIDNEY, PANCREAS, LUNG, HEART, BONE MARROW AND OTHER TISSUES, MULTIPLE-ORGAN TRANSPLANTATION, AND RESEARCH IN TRANSPLANT IMMUNOLOGY. UCMC PERFORMED 120 ORGAN TRANSPLANTS IN FY 2013 AND 167 BONE MARROW OR STEM CELL TRANSPLANT PROCEDURES FOR THE TREATMENT OF VARIOUS CANCERS FOR BOTH ADULT AND PEDIATRIC PATIENTS. UCMC ADMITTED MORE THAN 21,000 ADULT PATIENTS IN FISCAL YEAR 2013 WITH MORE THAN 425,000 ADULT AND PEDIATRIC

Identifier	Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART II & PART VI		C VISITS TO THE OUTPATIENT AMBULATORY CARE FACILITY IN ADDITION, UCMC'S MITCHELL HOSPITAL CONTAINS STATE-OF-THE-ART OBSTETRICAL AND GYNECOLOGICAL FACILITIES AND HAS A LEADING PROGRAM IN REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY THE FACILITIES INCLUDE EIGHT LABOR ROOMS, THREE DELIVERY ROOMS, AND TWO BIRTHING ROOMS, AS WELL AS A 17-BED GYNECOLOGY UNIT AND FOUR OBSTETRIC OPERATING ROOMS OVER 1,660 BABIES WERE DELIVERED AT UCMC DURING FY 2013, MANY TO WOMEN WITH HIGH-RISK PREGNANCIES UCMC'S EMERGENCY DEPARTMENT IS OPEN 24 HOURS A DAY , 7 DAYS A WEEK AND IN FY 2013, UCMC PROVIDED ALMOST 47,000 ADULT ED VISITS, MAKING IT THE BUSIEST EMERGENCY ROOM ON CHICAGO'S SOUTH SIDE IN ADDITION, UCMC SERVES AS A RESOURCE HOSPITAL FOR ONE OF THE EMERGENCY MEDICAL SYSTEM ("EMS") REGIONS IN ILLINOIS UCMC IS ONE OF THREE (3) RESOURCE HOSPITALS IN CHICAGO AND REPRESENTS CHICAGO SOUTH AS A RESOURCE HOSPITAL, UCMC HAS AUTHORITY AND RESPONSIBILITY OVER THE ENTIRE EMS REGIONAL SYSTEM, INCLUDING THE CLINICAL ASPECTS, OPERATIONS AND EDUCATIONAL PROGRAMS UCMC PROVIDES THE ENTIRE BUDGET FOR ITS PARTICIPATION AS A RESOURCE HOSPITAL AND SPENDS OVER \$300,000 PER YEAR ON THIS SERVICE AS A RESOURCE HOSPITAL, UCMC ALSO IS RESPONSIBLE FOR REPLACING MEDICAL SUPPLIES AND PROVIDING FOR EQUIPMENT EXCHANGE IN PARTICIPATING EMS VEHICLES UCMC SPENDS APPROXIMATELY \$30,000 PER YEAR ON REPLACEMENT AND RESTOCKING CHICAGO COMER CHILDREN'S HOSPITAL AS A MAJOR TERTIARY REFERRAL CENTER, THE UNIVERSITY OF CHICAGO COMER CHILDREN'S HOSPITAL SEES CHILDREN WITH MEDICAL PROBLEMS THAT RANGE FROM SOME OF THE MOST COMMON TO SOME OF THE MOST COMPLEX IN ITS 155 BED, SEVEN-STORY FACILITY, WHICH OPENED IN FEBRUARY 2005 FAMILIES OF THE SE PEDIATRIC PATIENTS CAN STAY AT THE 30,000 SQUARE-FOOT RONALD MCDONALD HOUSE ON CAMPUS, WHICH UCMC BUILT AND OPENED IN DECEMBER 2007, NEARLY DOUBLING THE SIZE OF THE PRIOR RONALD MCDONALD HOUSE MORE THAN 5,000 CHILDREN WERE ADMITTED AS PATIENTS TO COMER CHILDREN'S HOSPITAL IN FISCAL YEAR 2013 FROM THE CHICAGO AREA, THE MIDWEST, AND AROUND THE WORLD IN FY 2013, UCMC'S OUTPATIENT CLINICS ACCOMMODATED MORE THAN 43,800 GENERAL PEDIATRIC AND SPECIALTY VISITS IN ITS AMBULATORY CARE FACILITY AND ALMOST 29,000 VISITS WERE MADE TO THE COMER PEDIATRIC EMERGENCY ROOM COMER CHILDREN'S HOSPITAL IS STAFFED BY MORE THAN 100 PHYSICIANS FROM THE DEPARTMENT OF PEDIATRICS AT THE UNIVERSITY, AS WELL AS SPECIALTY NURSES AND CLINICAL SUPPORT STAFF THE TEAMS OF HEALTHCARE PROFESSIONALS-INCLUDING MEDICAL STUDENTS, RESIDENTS AND FELLOWS-WORK TOGETHER TO PROVIDE GENERAL AND SPECIALTY MEDICAL CARE FOR NEWBORNS TO YOUNG ADULTS AT COMER CHILDREN'S HOSPITAL AND THROUGH ITS OUTPATIENT CLINICS, CHILDREN AND TEENS RECEIVE ADVANCED THERAPIES IN VIRTUALLY ALL CLINICAL AREAS COMER CHILDREN'S HOSPITAL IS A PEDIATRIC LEVEL-I TRAUMA CENTER THAT TREATS CHILDREN WITH SEVERE INJURIES FOR EMERGENCY TRAUMA CARE UCMC ALSO CARES FOR CRITICALLY ILL AND INJURED CHILDREN IN ITS TECHNOLOGICALLY ADVANCED PEDIATRIC INTENSIVE CARE UNIT ("PICU") THE 30-BED PICU IS FULLY EQUIPPED TO TREAT CHILDREN WITH MULTIPLE TRAUMAS, COMPLEX MEDICAL PROBLEMS, AND CONDITIONS REQUIRING MAJOR SURGERY, INCLUDING CARDIAC, TRANSPLANT, AND NEUROSURGERY IN ADDITION, 47 DESIGNATED TERTIARY CARE (LEVEL III) BEDS IN THE NEONATAL INTENSIVE CARE UNIT AND 24 CONVALESCENT (LEVEL II) BEDS IN THE TRANSITIONAL CARE UNIT PROVIDE PREMATURE AND CRITICALLY ILL INFANTS WITH THE MOST ADVANCED MEDICAL CARE AND LIFE SUPPORT SYSTEMS

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

Identifier	Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART II & PART VI CONTINUED		AND GET MORE EFFECTIVE CARE FOR THE PREVENTION AND TREATMENT OF NON-URGENT CONDITIONS, ROUTINE CARE AND MANAGEMENT OF HEALTH ISSUES, AND REFERRALS TO SPECIALISTS OR HOSPITALS FOR MORE COMPLEX CARE AS NEEDED. ONE OF THE KEY COMPONENTS OF THE UHI IS THE SOUTH SIDE HEALTHCARE COLLABORATIVE (SSHCC), A NETWORK OF OVER 30 COMMUNITY-BASED HEALTH CENTERS, FREE CLINICS AND LOCAL HOSPITALS. THE SSHCC WAS ESTABLISHED IN 2005, WITH ASSISTANCE FROM A TWO-YEAR HEALTHY COMMUNITIES ACCESS PROGRAM GRANT FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO HELP EMERGENCY ROOM PATIENTS WHO REPORT NOT HAVING A PRIMARY CARE PHYSICIAN FIND APPROPRIATE CARE AT A MEDICAL HOME WHERE THE PATIENT CAN ESTABLISH AN ONGOING RELATIONSHIP WITH A COMMUNITY CLINIC OR PHYSICIAN. AFTER THE GOVERNMENT GRANT ENDED, UCMC UNDERTOOK THE CONTINUED FUNDING OF THE SSHCC OPERATIONS. TO HELP PATIENTS CONNECT WITH COMMUNITY HEALTH RESOURCES, UCMC STAFFS ITS EMERGENCY DEPARTMENT WITH PATIENT ADVOCATES WHOSE GOAL IS TO MEET WITH PATIENTS WHO DO NOT HAVE A PRIMARY CARE PROVIDER. THROUGH THE MEDICAL HOME AND SPECIALTY CARE CONNECTIONS PROGRAM, UCMC SOCIAL WORKERS CONDUCT COMPREHENSIVE SOCIAL SERVICE ASSESSMENTS AND REFERRALS IN THE EMERGENCY DEPARTMENT. SINCE 2005, UCMC HAS BEEN PROVIDING INFORMATION TO PATIENTS ABOUT AVAILABLE SSHCC RESOURCES AND PATIENT ADVOCATES HAVE SCHEDULED ALMOST 10,000 PRIMARY OR SPECIALTY CARE APPOINTMENTS FOR PATIENTS WITH PROVIDERS IN THE COMMUNITY. IN FY 2013, PATIENT ADVOCATES WORKED WITH OVER 10,000 PATIENTS AND MADE OVER 4,500 APPOINTMENTS FOR PATIENTS TO RECEIVE PRIMARY AND SPECIALTY CARE FROM COMMUNITY PROVIDERS. THE EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES ("ECHO CHICAGO") MODEL IS AN INNOVATIVE EFFORT BY UHI TO EXPAND ACCESS TO SPECIALIZED CARE FOR VULNERABLE, UNDERSERVED COMMUNITIES. ECHO CHICAGO USES ADVANCED COMMUNICATIONS TECHNOLOGY TO BRING TOGETHER UCMC'S EXPERTISE AND PRIMARY CARE PROVIDERS IN THE COMMUNITY, ENABLING UNDERSERVED PATIENTS TO RECEIVE STATE-OF-THE-ART, EVIDENCE-BASED CARE FOR COMPLEX CHRONIC CONDITIONS WITHIN THE FAMILIAR SURROUNDINGS OF THEIR MEDICAL HOME. THE ER COMMUNITY PORTAL IS A WEB-BASED SITE THAT GIVES SSHCC PHYSICIANS THE ABILITY TO ACCESS THE MEDICAL RECORDS OF PATIENTS REFERRED FROM UCMC'S PEDIATRIC AND ADULT EMERGENCY ROOMS. THE PORTAL IS AIMED AT HELPING TO LOWER MEDICAL COSTS BY REDUCING THE NEED TO RE-ORDER REDUNDANT TESTS, REDUCING MEDICAL ERRORS BY GIVING COMMUNITY PHYSICIANS A MORE COMPREHENSIVE VIEW OF PATIENTS' MEDICAL HISTORIES, AND IMPROVING OUTCOMES BY PROVIDING BETTER CONTINUITY OF CARE. THE PORTAL IS JUST ONE OF THE MANY STEPS GEARED TOWARDS CREATING A SEAMLESS NETWORK OF INTERCONNECTED HEALTH CARE AND SOCIAL SERVICE AGENCIES ON THE SOUTH SIDE. UCMC ALSO PROVIDES COMMUNITY RESIDENTS WITH PRIMARY AND SPECIALTY CARE THROUGH A NUMBER OF ADDITIONAL PROGRAMS. FOR EXAMPLE, IN AN EFFORT TO EXPAND THE AVAILABILITY OF HIGH QUALITY MEDICAL CARE IN THE COMMUNITY, UNDER THE UHI, UCMC HAS PLACED SPECIALTY CARE PROVIDERS AT FEDERALLY QUALIFIED HEALTH CENTERS ("FQHC") IN THE SOUTH SIDE. IN THIS WAY, UCMC AIMS TO INCREASE THE AVAILABILITY OF SPECIALTY SERVICES TO PATIENTS LIVING IN THE COMMUNITY, AS THE ABSENCE OF SPECIALTY CARE CAN LEAD TO GREATER MORBIDITY AND PERHAPS MORTALITY AMONG PATIENTS FROM THEIR UNDERLYING MEDICAL CONDITIONS. UCMC HAS PARTNERED WITH THE PUBLIC HEALTH SYSTEM ON THE IRIS FOR KIDS PROGRAM, WHICH IS DESIGNED TO EXPAND ACCESS TO PEDIATRIC SPECIALTY CARE AND DIAGNOSTIC SERVICES. THIS AUTOMATED, INTERNET-BASED SCHEDULING SYSTEM ALLOWS PARENTS TO BOOK SPECIALTY CARE APPOINTMENTS FOR CHILDREN AT THE PUBLIC HOSPITAL. OFTEN THE WAIT FOR THESE APPOINTMENTS IS LENGTHY ON THE SOUTH SIDE AND THIS SYSTEM PROVIDES MUCH-NEEDED ADDITIONAL CAPACITY.

Identifier	Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART II & PART VI CONTINUED		SIMILARLY, UCMC PARTICIPATES IN THE ILLINOIS BREAST AND CERVICAL CANCER PROGRAM ("IBCCP"), A STATE FUNDED PROGRAM OFFERING MAMMOGRAMS, BREAST EXAMS, PELVIC EXAMS AND PAP TESTS TO ELIGIBLE WOMEN THROUGH UCMC'S PARTICIPATION IN THE IBCCP, UCMC PROVIDES MAMMOGRAPHY AND BREAST CANCER SCREENING SERVICES THROUGH A REFERRAL PROCESS IN PARTNERSHIP WITH THE ILLINOIS DEPARTMENT OF HEALTH AND CHICAGO FAMILY HEALTH CENTER, THE LEAD AGENCY FOR THE IBCCP. IN FY 2013, UCMC PROVIDED OVER 700 SERVICES TO PATIENTS IN THE IBCCP, INCLUDING SCREENING AND DIAGNOSTIC MAMMOGRAMS, AND ULTRASOUNDS. UCMC PROVIDES GRANTS TO COMMUNITY HEALTH CARE PROVIDERS UNDER THE UHI TO HELP THEM EXPAND THEIR CAPABILITIES TO SERVE MORE PATIENTS WITH MORE RESOURCES AND ALSO PROVIDES SPONSORSHIPS TO COMMUNITY ORGANIZATIONS AND INITIATIVES. UCMC DEVELOPS PARTNERSHIPS WITH COMMUNITY HOSPITALS TO HELP MAKE THE BEST USE OF RESOURCES IN UNDERUTILIZED HOSPITALS. IN ADDITION, UCMC PHYSICIANS OFTEN PROVIDE CARE AT THESE COMMUNITY PROVIDERS AND HOSPITALS. IN FY 2013, UCMC PROVIDED \$398,000 IN GRANTS AND SPONSORSHIPS TO COMMUNITY ORGANIZATIONS, WHICH WERE USED FOR, AMONG OTHER INITIATIVES, PROMOTING PHYSICAL EXERCISE, NUTRITION AND YOUTH EDUCATION. AS PART OF THE UHI, UCMC HAS UNDERTAKEN RESEARCH INITIATIVES THAT ENGAGE SOUTH SIDE RESIDENTS IN FINDING INNOVATIVE, COMMUNITY-BASED SOLUTIONS TO ONGOING HEALTH CARE NEEDS. FOR EXAMPLE, UHI LAUNCHED THE CENTER FOR COMMUNITY HEALTH AND VITALITY ("CCHV"), WHICH PROVIDES A COMMUNITY BASE FOR UHI TO OFFER UNIVERSITY DATA AND RESEARCH RESOURCES TO THE COMMUNITY AND TO FACILITATE RESEARCH AND DEMONSTRATIONS DONE BY UNIVERSITY INVESTIGATORS IN COLLABORATION WITH SOUTH SIDE RESIDENTS. ONE OF THE MAJOR CCHV INITIATIVES IS THE SOUTH SIDE HEALTH AND VITALITY STUDIES (THE "STUDIES"). THE STUDIES ARE GUIDED BY THE FUNDAMENTAL PREMISE THAT SCIENTIFIC INQUIRY IN SERVICE TO COMMUNITY PRIORITIES AND IN COLLABORATION WITH COMMUNITY PARTNERS IS NEEDED TO ELIMINATE THE MOST IMPENETRABLE BARRIERS TO HEALTH AND VITALITY. THE SOUTH SIDE HEALTH AND VITALITY STUDIES FOCUS ON SOCIAL, ENVIRONMENTAL AND TECHNOLOGICAL DETERMINANTS OF HEALTH. MORE SPECIFICALLY, THE STUDIES AIM TO TRACK SEVERAL THOUSAND SOUTH SIDE HOUSEHOLDS OVER A GENERATION TO DISCOVER WAYS TO ENSURE LONG-TERM HEALTH AND WELLNESS. THESE DISCOVERIES WILL INFORM EFFECTIVE HEALTH POLICY AND ACTION. THE FIRST OF THESE STUDIES IS A COMMUNITY ASSET MAPPING PROJECT THAT ENGAGES COMMUNITY MEMBERS IN KEEPING CURRENT INFORMATION ABOUT THE AVAILABILITY AND DISTRIBUTION OF COMMERCIAL, HEALTHCARE, SOCIAL AND CIVIC RESOURCES IN ALL THIRTY-FOUR (34) SOUTH SIDE COMMUNITIES. THE GOAL OF THE COMMUNITY ASSET MAPPING PROJECT IS TO GIVE AREA RESIDENTS RELIABLE INFORMATION TO HELP THEM FIND QUALITY SERVICES, TO IDENTIFY GAPS IN SUCH SERVICES, AND TO INFORM NEW COMMUNITY INVESTMENTS. RESIDENTS MAY VIEW AND GIVE FEEDBACK ON THE COMMUNITY ASSET MAPPING PROJECT AT SOUTHSIDEHEALTH.ORG. THIS INTERACTIVE WEBSITE ALSO PROVIDES PROFESSIONALS WITH DETAILED INFORMATION ABOUT AVAILABLE RESOURCES FOR HEALTH AND HUMAN SERVICES IN CHICAGO'S SOUTH SIDE. COMMUNITY OUTREACH AND EDUCATION AS A MEMBER OF A DIVERSE NEIGHBORHOOD, UCMC IS INVOLVED IN A VARIETY OF ACTIVITIES WITH COMMUNITY GROUPS, FAITH-BASED ORGANIZATIONS, COMMUNITY LEADERS AND RESIDENTS. TO THIS END, UCMC HAS LAUNCHED A SERIES OF INITIATIVES TO BUILD PARTNERSHIPS WITH LOCAL COMMUNITIES AND ENGAGE DIRECTLY IN PROVIDING INFORMATION AND SOLUTIONS THAT ENHANCE HEALTHCARE IN THE NEIGHBORHOODS. SURROUNDING UCMC, UCMC ROUTINELY HOLDS COMMUNITY EVENTS ON SPECIFIC DISEASES AND DIAGNOSES AND INVITES COMMUNITY RESIDENTS TO PARTICIPATE THROUGH OUTREACH EFFORTS VIA CHURCHES AND OTHER COMMUNITY-BASED ORGANIZATIONS. AT THESE COMMUNITY EVENTS, UCMC CLINICAL AND ADMINISTRATIVE PERSONNEL SPEAK DIRECTLY TO MEMBERS OF THE COMMUNITY ABOUT A VARIETY OF ISSUES, INCLUDING HOW TO MANAGE PARTICULAR MEDICAL ISSUES AND THE IMPORTANCE OF HAVING A MEDICAL HOME. ON A REGULAR BASIS, UCMC HOLDS A UHI SUMMIT, WHICH BRINGS TOGETHER UCMC PHYSICIANS, ADMINISTRATORS AND STAFF, PUBLIC HEALTHCARE OFFICIALS, REPRESENTATIVES OF VARIOUS COMMUNITY ORGANIZATIONS, AND THE MEDIA TO DISCUSS WAYS TO ADVANCE HEALTH IN THE COMMUNITY. UCMC PHYSICIANS ALSO LEAD A WEEKLY RADIO BROADCAST ON A LOCAL RADIO STATION FOCUSED ON DISEASE-SPECIFIC HEALTH TOPICS IMPACTING THE COMMUNITY. IN ADDITION, UCMC AND THE UNIVERSITY OF CHICAGO'S COMPREHENSIVE CANCER CENTER ARE FOCUSED ON ADDRESSING THE GAP BETWEEN ADVANCES IN CANCER CARE AND PATIENT ACCESSIBILITY. TO ACHIEVE THE DESIRED CANCER PREVENTION AND CONTROL OUTCOMES, THE COMPREHENSIVE CANCER CENTER'S PRIORITY IS TO IDENTIFY THE PARTS OF CHICAGO MOST AFFECTED BY CANCER AND PROVIDE RESOURCES THAT MAXIMIZE THE IMPACT OF ITS SERVICES. THIS INCLUDES IMPROVING THE QUALITY OF LIFE FOR CANCER PATIENTS AND SURVIVORS, REDUCING RISK FACTORS, INCREASING ACCESS TO CARE, REDUCING TOBACCO USE AND INCREASING PARTICIPATION IN CANCER RESEARCH. TO THIS END, UCMC AND THE UNIVERSITY OF CHI

Identifier	Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART II & PART VI CONTINUED		CAGO INITIATED THE OFFICE OF COMMUNITY ENGAGEMENT AND CANCER DISPARITIES ("OCECD"), WITH A GOAL OF ENHANCING PUBLIC AWARENESS OF CANCER PREVENTION, EARLY CANCER DETECTION AND CONTR OL, AND THE ROLE OF GENETICS IN CANCER THE PROGRAM ALSO STRIVES TO PROVIDE SUSTAINED ENGA GEMENT WITH THE SOUTH SIDE COMMUNITY TO INCREASE LOCAL AWARENESS OF THE LATEST ADVANCES IN CANCER RESEARCH UCMC ALSO PROVIDES BEST OF THE BEST TOURS TO CHILDREN AND TEENS IN GRADE S 6 THROUGH 12 THE BEST OF THE BEST TOURS PROVIDE A HANDS-ON LOOK AT WHAT GOES ON INSIDE THE MEDICAL CENTER AND A PERSONAL INTRODUCTION TO THE MANY JOB OPPORTUNITIES AVAILABLE AT UCMC, ONE OF THE SOUTH SIDE'S LARGEST EMPLOYERS STUDENTS VISIT AN ARRAY OF CRITICAL AREAS WHERE THEY LOOK AT HUMAN ORGANS TO LEARN ABOUT DISEASE, THEY LEARN ABOUT THE IMPACT OF EX ERCISE ON THE BODY , AND THEY SEE HOW TECHNOLOGY IS USED IN ALL FACETS OF MEDICAL CARE - BO TH DIAGNOSTICALLY AND ADMINISTRATIVELY IT'S A DAY OF FUN AND INSPIRATION AS STUDENTS LEAR N ABOUT CAREERS AS STERILE TECHNICIANS, PATHOLOGISTS, NURSES, PHLEBOTOMISTS, INFORMATION S YSTEMS ANALYSTS, HUMAN RESOURCES SPECIALISTS AND OTHER JOB ROLES SINCE 2003, THE MEDICAL CENTER HAS PROVIDED BETWEEN THREE AND TEN BEST OF THE BEST TOURS PER YEAR RESEARCH AND ED UCATION UCMC DEDICATES RESOURCES TO A VARIETY OF CLINICAL, RESEARCH AND EDUCATION INITIATI VES THAT ARE DESIGNED TO PROMOTE BETTER HEALTH RESULTS FOR THE COMMUNITIES IT SERVES UCMC WORKS WITH THE UNIVERSITY TO CONDUCT A WIDE ARRAY OF EXTERNALLY AND INTERNALLY FUNDED BIO LOGIC RESEARCH WITH THE AIM OF FINDING SOLUTIONS TO SOME OF THE COUNTRY'S MOST CRITICAL HE ALTH PROBLEMS HUNDREDS OF CLINICAL RESEARCH PROJECTS ARE BEING CONDUCTED AT UCMC FACILITI ES AT ANY ONE TIME AND ARE AVAILABLE TO NEARLY EVERY TYPE OF PATIENT UCMC TREATS AS A RES ULT, UCMC PROVIDES THE ONLY COMPREHENSIVE SET OF CLINICAL TRIALS TO PATIENTS IN THE SOUTH SIDE OF CHICAGO FOR EXAMPLE, THE CENTER FOR INTERDISCIPLINARY HEALTH DISPARITIES RESEARCH FOCUSES ON ACHIEVING A TRANS-DISCIPLINARY APPROACH TO UNDERSTANDING POPULATION HEALTH AND HEALTH DISPARITIES AND THE ELIMINATION OF GROUP DIFFERENCES IN HEALTH CURRENTLY THE CENT ER FOR INTERDISCIPLINARY HEALTH DISPARITIES RESEARCH IS FOCUSED ON UNDERSTANDING WHY AFRIC AN AMERICAN WOMEN DEVELOP BREAST CANCER AT A YOUNGER AGE AND HAVE A HIGHER INCIDENCE OF MO RTALITY FROM BREAST CANCER THAN DO WHITE WOMEN

Identifier	Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART II & PART VI CONTINUED		UCMC ALSO INVESTS IN RESEARCH CONDUCTED UNDER A CLINICAL AND TRANSLATIONAL SCIENCE AWARD (CTSA) - FUNDED BY FEDERAL GRANTS TO THE UNIVERSITY WITH ADDITIONAL INVESTMENT BY UCMC - TO PROVIDE MORE EFFECTIVE COMMUNITY HEALTH CARE BY HELPING TO TRANSLATE BASIC SCIENCE RESEARCH INTO PROGRAMS THAT BENEFIT THE COMMUNITY THE CTSA INITIATIVE IS LED BY THE NATIONAL CENTER FOR RESEARCH RESOURCES AT THE NATIONAL INSTITUTES OF HEALTH AND IS AIMED AT IMPROVING THE WAY BIOMEDICAL RESEARCH IS CONDUCTED ACROSS THE COUNTRY, REDUCING THE TIME IT TAKES FOR LABORATORY DISCOVERIES TO BECOME TREATMENTS FOR PATIENTS, ENGAGING COMMUNITIES IN CLINICAL RESEARCH EFFORTS, AND TRAINING THE NEXT GENERATION OF CLINICAL AND TRANSLATIONAL RESEARCHERS IN AN EFFORT TO MARSHAL AVAILABLE INTELLECTUAL RESOURCES, THIS RESEARCH INCLUDES THE INVOLVEMENT OF UNIVERSITY SOCIAL SCIENTISTS AND SOCIAL WORKERS TO HELP RESEARCHERS AND PRACTITIONERS BETTER UNDERSTAND HOW TO OVERCOME SOCIAL AND/OR CULTURAL HURDLES AND IMPROVE COMMUNITY HEALTH UCMC IS DEEPLY COMMITTED TO PROVIDING HEALTH CARE SOLUTIONS AND SERVICES FOR PATIENTS, THE COMMUNITY AND THE REGION WITH A CONTINUED FOCUS ON ITS THREE CRITICAL MISSIONS - PATIENT CARE, RESEARCH AND EDUCATION - UCMC STRIVES BE A LEADER IN COMPLEX CARE AND TO HAVE A LASTING IMPACT ON THE HEALTH AND VITALITY OF CHICAGO'S SOUTH SIDE

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

Identifier	Return Reference	Explanation
PART VI, LINE 2		TRUSTEE PAUL ANDERSON SERVED ON THE BOARD OF TRUSTEE JAMES FRANK'S FAMILY OWNED BUSINESS TRUSTEE PAUL ANDERSON AND TRUSTEE STANFORD GOLDBLATT BOTH SERVED ON THE BOARD OF TRUSTEE BARRY MACLEAN'S FAMILY OWNED BUSINESS TRUSTEE STEPHANIE COMER HAD A BUSINESS RELATIONSHIP WITH TRUSTEE BRIEN O'BRIEN TRUSTEE CRAIG DUCHOISSOIS HAD BUSINESS RELATIONSHIPS WITH TRUSTEE JAMES FRANK AND WITH TRUSTEE RODNEY GOLDSTEIN'S COMPANY TRUSTEE PATRICK KELLY HAD A BUSINESS RELATIONSHIP WITH TRUSTEE RODNEY GOLDSTEIN'S COMPANY TRUSTEE CRAIG DUCHOISSOIS AND TRUSTEE PATRICK KELLY HAD BUSINESS RELATIONSHIPS THE FOLLOWING UCMC TRUSTEES ARE ALSO ON THE UNIVERSITY OF CHICAGO BOARD OR A UC OFFICER ANDREW ALPER JAMES CROWN CRAIG DUCHOSSOIS JAMES FRANK RODNEY GOLDSTEIN EMILY NICKLIN PAULA WOLFF PAUL YOVOVICH ROBERT ZIMMER TRUSTEE ROBERT ZIMMER WAS THE PRESIDENT OF THE UNIVERSITY OF CHICAGO AND WAS ALSO ON THE BOARD OF FERMI RESEARCH ALLIANCE, LLC AND ARGONNE NATIONAL LABORATORY, RELATED ORGANIZATIONS OF UCMC TRUSTEE THOMAS ROSENBAUM WAS THE PROVOST OF AND EMPLOYED BY, AND TRUSTEE KENNETH POLONSKY AND TRUSTEE P ALLAN KLOCK, JR , MD ARE EMPLOYED BY, THE UNIVERSITY OF CHICAGO, A RELATED ORGANIZATION

Identifier	Return Reference	Explanation
PART VI, LINE 6		THE SOLE MEMBER OF UCMC IS THE UNIVERSITY OF CHICAGO, A NOT-FOR-PROFIT ENTITY UCMC PROVIDES HEALTHCARE, RESEARCH, AND EDUCATION PRIMARILY ON THE UNIVERSITY CAMPUS, AND THE BULK OF ITS MEDICAL STAFF MEMBERS ARE UNIVERSITY OF CHICAGO FACULTY

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

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

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

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

Identifier	Return Reference	Explanation
PART VI, LINE 16A & 16B		ITS JOINT VENTURE WITH A TAXABLE ENTITY IS WITH VANGUARD HEALTH FINANCIAL COMPANY, INC , UCMC HOLDS A LESS THAN 20% INTEREST IN VHS ACQUISITION SUBSIDIARY NUMBER 3, INC , WHICH DOES BUSINESS AS LOUIS A WEISS MEMORIAL HOSPITAL

Identifier	Return Reference	Explanation
PART VI, LINE 19		UCMC'S BYLAWS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION, AUDITED FINANCIALS ARE AVAILABLE TO THE PUBLIC THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBSITE, AND THE FOLLOWING DOCUMENTS WERE, AS OF THE TIME OF COMPLETION OF THIS QUESTION, ON UCMC'S WEBSITE -UNIVERSITY OF CHICAGO MEDICINE UNAUDITED FINANCIAL INFORMATION -UTILIZATION STATISTICS -2013 AUDITED FINANCIAL STATEMENTS -2012 AUDITED FINANCIAL STATEMENTS -2011 AUDITED FINANCIAL STATEMENTS -2010 AUDITED FINANCIAL STATEMENTS - 2009 C OFFICIAL STATEMENT -2009 D & E OFFICIAL STATEMENT

Identifier	Return Reference	Explanation
PART VII, SECTION B		THE AMOUNT LISTED FOR THE TOP FIVE INDEPENDENT CONTRACTORS MAY INCLUDE A COMBINATION OF PAYMENT FOR SERVICES AND SIGNIFICANT PAYMENT FOR FEES, GOODS, CAPITAL ITEMS AND OTHER NON-SERVICES COMPONENTS

Identifier	Return Reference	Explanation
PART XI, LINE 9		TRANSFER TO UNIVERSITY (74,543,676), CHANGE IN VALUATION OF DERIVATIVE 36,712,985, ADDITIONAL MINIMUM PENSION LIABILITIES 3,878,275, CHANGE IN ACCOUNTING PRINCIPLE 55,595, NET LOSSES FROM UNCOLLECTABLE PLEDGES (2,216,500)

Identifier	Return Reference	Explanation
OTHER FEES FOR SERVICES FOR NON-EMPLOYEES	FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING TOTAL FEES 7796085

Identifier	Return Reference	Explanation
OTHER FEES FOR SERVICES FOR NON-EMPLOYEES	FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES TOTAL FEES 5221133

Identifier	Return Reference	Explanation
OTHER FEES FOR SERVICES FOR NON-EMPLOYEES	FORM 990 PART IX LINE 11G	DESCRIPTION SECURITY TOTAL FEES 4217576

Identifier	Return Reference	Explanation
OTHER FEES FOR SERVICES FOR NON-EMPLOYEES	FORM 990 PART IX LINE 11G	DESCRIPTION LAUNDRY SERVICES TOTAL FEES 2591604

Identifier	Return Reference	Explanation
OTHER FEES FOR SERVICES FOR NON-EMPLOYEES	FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 243618547

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UCMC COMMUNITY PHYSICIANS LLC 5481 SOUTH MARYLAND AVE CHICAGO, IL 60637	PHYSICIAN SRVC	IL	3,262,603	2,245,190	NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) UCHICAGO (BEIJING) CONSULTING CO LTD UNIT 1-10 CULTURE PL REMMIN UNIV BEIJING CH	CONSULTING	CH	NA	C CORP	0	0			No
(2) UCHICAGO CENTER IN INDIA PRIVATE LIMITED 2/11 B JANGPURA A NEW DELHI IN	CONSULTING	IN	N/A		0	0	0 %		No

Part V

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

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

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, PART I-II		FOR PURPOSES OF COMPLETION, THE RELATED ORGANIZATIONS LISTED BELOW ARE DISREGARDED ENTITIES OF THE UNIVERSITY OF CHICAGO, A 501(C)(3) ORGANIZATION, WITH LINE 2 (SCHOOL) PUBLIC CHARITY STATUS THE FOLLOWING RELATED ORGANIZATIONS' DIRECT CONTROLLING ENTITY IS THE UNIVERSITY OF CHICAGO THE UNIVERSITY OF CHICAGO IS A RELATED ENTITY TO THE UNIVERSITY OF CHICAGO MEDICAL CENTER *MAROON INVESTMENTS, LLC - 5801 S ELLIS AVENUE, CHICAGO, IL 60637, PRIMARY ACTIVITY HOLDING COMPANY, LEGAL DOMICILE DELAWARE, *THEORY AND COMPUTING SCIENCE BUILDING TRUST - 51-6596577, 5801 S ELLIS AVENUE, CHICAGO, IL 60637, PRIMARY ACTIVITY RESEARCH BLDG, LEGAL DOMICILE ILLINOIS, *UCHICAGO ARGONNE LLC - 68-0628477, 5801 S ELLIS AVENUE, CHICAGO, IL 60637, PRIMARY ACTIVITY MANAGE LAB, LEGAL DOMICILE ILLINOIS, *UCHICAGO IMPACT LLC - 61-1682394, 5801 S ELLIS AVENUE, CHICAGO, IL 60637, PRIMARY ACTIVITY EDUCATION CONSULTING, LEGAL DOMICILE ILLINOIS, *UCHICAGO TRADING - 30-0517735, 5801 S ELLIS AVENUE, CHICAGO, IL 60637, PRIMARY ACTIVITY INVESTING, LEGAL DOMICILE ILLINOIS, *UNIVERSITY OF CHICAGO FOUNDATION LIMITED (UK) - 98-0525557, 5T FL ALDER CASTER, 10 NOBLE, LONDON, UNITED KINGDOM, PRIMARY ACTIVITY FUNDRAISING, LEGAL DOMICILE UNITED KINGDOM
SCHEDULE R, PART III		FOR PURPOSES OF COMPLETION, UCMC IS ALSO A MEMBER IN A JOINT VENTURE WITH ANOTHER TAX EXEMPT ENTITY UCMC/SCH ONCOLOGY JV LLC, EIN 32-2436795 PROVIDES HEALTHCARE SERVICES UCMC DOES NOT OWN MORE THAN 50% OF THE VENTURE AND IS NOT THE MANAGING MEMBER

The University of Chicago
Medical Center
Financial Statements
June 30, 2013 and 2012

**The University of Chicago
Medical Center
Index
June 30, 2013 and 2012**

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Independent Auditor's Report

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

We have audited the accompanying financial statements of The University of Chicago Medical Center, which comprise the balance sheets as of June 30, 2013 and 2012, and the related statements of operations, of changes in net assets, and of cash flows for the years then ended.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the 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 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Company's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The University of Chicago Medical Center at June 30, 2013 and 2012, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP

October 10, 2013

The University of Chicago Medical Center
Balance Sheets
June 30, 2013 and 2012
(in thousands of dollars)

	2013	2012
Assets		
Current assets		
Cash and cash equivalents	\$ 164,504	\$ 74,348
Patient accounts receivable, less allowance for doubtful accounts for 2013 - \$29,612 and 2012 - \$30,796	204,279	209,006
Current portion of investments limited to use	11	27,033
Current portion of malpractice self-insurance receivable	22,502	17,629
Current portion of pledges receivable	2,243	4,799
Other current assets	35,176	23,627
Total current assets	428,715	356,442
Investments limited to use, less current portion	797,305	897,405
Property, plant and equipment, net	1,189,623	1,066,494
Pledges receivable, less current portion	2,465	5,634
Malpractice self-insurance receivable, less current portion	98,821	100,524
Other assets, net	15,722	27,349
Total assets	<u>\$ 2,532,651</u>	<u>\$ 2,453,848</u>
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	\$ 131,206	\$ 117,678
Current portion of long-term debt	10,385	11,290
Current portion of other long-term liabilities	2,033	688
Current portion of estimated third-party payor settlements	51,836	27,379
Current portion of malpractice self-insurance liability	22,502	17,629
Due to University of Chicago	14,799	15,593
Total current liabilities	232,761	190,257
Other liabilities		
Worker's compensation self-insurance liabilities, less current portion	9,528	8,216
Malpractice self-insurance liability, less current portion	98,821	100,524
Long-term debt, less current portion	820,341	833,255
Interest rate swap liability	88,769	135,872
Other long-term liabilities, less current portion	44,741	56,370
Total liabilities	<u>1,294,961</u>	<u>1,324,494</u>
Net assets		
Unrestricted	1,149,627	1,027,917
Temporarily restricted	81,971	95,345
Permanently restricted	6,092	6,092
Total net assets	<u>1,237,690</u>	<u>1,129,354</u>
Total liabilities and net assets	<u>\$ 2,532,651</u>	<u>\$ 2,453,848</u>

The accompanying notes are an integral part of these financial statements

The University of Chicago Medical Center
Statements of Operations
Years Ended June 30, 2013 and 2012
(in thousands of dollars)

	2013	2012
Operating revenues		
Net patient service revenue	\$ 1,303,787	\$ 1,267,104
Provision for doubtful accounts	47,812	45,133
Net patient service revenue after provision for doubtful accounts	1,255,975	1,221,971
Other operating revenues and net assets released from restrictions	81,184	67,914
Total operating revenues	1,337,159	1,289,885
Operating expenses		
Salaries, wages and benefits	595,968	532,949
Supplies and other	335,358	324,844
Physician services from the University of Chicago	191,862	185,026
Insurance	18,382	20,902
Interest	19,883	12,789
Medicaid provider tax	26,691	26,691
Depreciation and amortization	70,466	67,522
Total operating expenses	1,258,610	1,170,723
Total operating income	78,549	119,162
Nonoperating gains		
Investment income and unrestricted gifts, net	59,788	24,857
Derivative ineffectiveness gain (loss)	2,993	(3,679)
Excess of revenues over expenses	141,330	140,340
Other changes in net assets		
Transfers to University of Chicago, net	(74,544)	(90,396)
Net assets released for capital purchases	14,277	225
Liability for pension benefits	3,878	(2,659)
Changes in valuation of derivatives	36,713	(85,079)
Other, net	56	562
Increase (decrease) in unrestricted net assets	\$ 121,710	\$ (37,007)

The accompanying notes are an integral part of these financial statements

The University of Chicago Medical Center
Statements of Changes in Net Assets
Years Ended June 30, 2013 and 2012
(in thousands of dollars)

	2013	2012
Unrestricted net assets		
Excess of revenues over expenses	\$ 141,330	\$ 140,340
Transfers to University of Chicago	(74,544)	(90,396)
Net assets released for capital purchases	14,277	225
Liability for pension benefits	3,878	(2,659)
Changes in valuation of derivatives	36,713	(85,079)
Other, net	56	562
Increase (decrease) in unrestricted net assets	<u>121,710</u>	<u>(37,007)</u>
Temporarily restricted net assets		
Contributions	3,137	3,345
Net assets released from restrictions used for operating purposes	(4,621)	(4,539)
Investment Income	4,604	2,825
Net assets released for capital purchases	(14,277)	(225)
Other	(2,217)	-
Increase (decrease) in temporarily restricted net assets	<u>(13,374)</u>	<u>1,406</u>
Permanently restricted net assets		
Contributions and other	<u>-</u>	<u>(20)</u>
Increase (decrease) in net assets	108,336	(35,621)
Net assets at beginning of year	<u>1,129,354</u>	<u>1,164,975</u>
Net assets at end of year	<u>\$ 1,237,690</u>	<u>\$ 1,129,354</u>

The accompanying notes are an integral part of these financial statements

The University of Chicago Medical Center
Statements of Cash Flows
Years Ended June 30, 2013 and 2012
(in thousands of dollars)

	2013	2012
Cash flows from operating activities		
Increase (decrease) in net assets	\$ 108,336	\$ (35,621)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Net change in unrealized gains on investments	(1,108)	13,425
Transfers to University of Chicago	74,544	90,396
Restricted contributions and other changes	(921)	(3,344)
Realized gains on investments	(63,284)	(41,941)
Net change in valuation of derivatives	(47,103)	77,808
Pension and other changes in unrestricted net assets	(3,934)	2,566
Loss on disposal of assets	935	388
Loss on extinguishment of debt	-	2,891
Depreciation and amortization	70,329	67,522
Increase (decrease) in cash resulting from a change in		
Patient accounts receivable, net	4,727	(69,641)
Other assets	26,429	(7,369)
Accounts payable and accrued expenses	11,545	12,072
Due to the University of Chicago	(794)	2,658
Estimated settlements with third-party payors	24,504	(8,622)
Self-insurance liabilities	1,312	20
Other liabilities	11,061	(6,758)
Net cash provided from operating activities	<u>216,578</u>	<u>96,450</u>
Cash flows from investing activities		
Purchases of property, plant and equipment	(209,359)	(240,737)
Decrease in construction/capitalized interest funds	14,730	125,620
Acquisition of business purchased	-	(2,607)
Purchases of investments	(221,928)	(146,314)
Sales of investments	371,690	186,875
Net cash used in investing activities	<u>(44,867)</u>	<u>(77,163)</u>
Cash flows from financing activities		
Proceeds from issuance of long-term debt	686	80,945
Payments on long-term obligations	(14,343)	(90,631)
Transfers paid to the University of Chicago, net	(74,544)	(90,396)
Restricted contributions	6,646	6,936
Net cash used in financing activities	<u>(81,555)</u>	<u>(93,146)</u>
Net increase (decrease) in cash and cash equivalents	90,156	(73,859)
Cash and cash equivalents		
Beginning of year	74,348	148,207
End of year	<u>\$ 164,504</u>	<u>\$ 74,348</u>

The accompanying notes are an integral part of these financial statements

The University of Chicago Medical Center
Notes to Financial Statements
June 30, 2013 and 2012
(in thousands of dollars)

1. Organization and Basis of Presentation

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

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

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

2. Summary of Significant Accounting Policies

New Accounting Pronouncements

During 2012, the Medical Center adopted the provisions of Accounting Standards Update 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision of Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* (“ASU 2011-07”). ASU 2011-07 requires health care entities to change the presentation of the statements of operations by reclassifying the provision for doubtful accounts from an operating expense to a deduction from patient service revenues.

During 2013, the Medical Center adopted the provisions of Accounting Standards Update 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS* (“ASU 2011-04”), ASU 2011-04 requires entities to provide additional disclosures related to fair value measurements of assets and liabilities classified as level 3 within the fair value hierarchy. See Note 5 for related fair value disclosures.

Use of Estimates

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

Community Benefits

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

The University of Chicago Medical Center
Notes to Financial Statements
June 30, 2013 and 2012
(in thousands of dollars)

UCMC developed a Financial Assistance Policy (the "Policy") under which patients are offered discounts of up to 100% of charges on a sliding scale. The policy is based both on income as a percentage of the Federal Poverty Level guidelines and the charges for services rendered. The policy also contains provisions that are responsive to those patients subject to catastrophic healthcare expenses. Since UCMC does not pursue collection of these amounts, they are not reported as net patient service revenue. The cost of providing care under this policy, along with the unreimbursed cost of government sponsored indigent healthcare programs, unreimbursed cost to support education, clinical research and other community programs for the years ended June 30, 2013 and 2012, are reported in Note 4.

Fair Value of Financial Instruments

Fair value is defined as the price that the Medical Center would receive upon selling an asset or pay to settle a liability in an orderly transaction between market participants.

The Medical Center uses a framework for measuring fair value that includes a hierarchy that categorizes and prioritizes the sources used to measure and disclose fair value. This hierarchy is broken down into three levels based on inputs that market participants would use in valuing the financial instruments based on market data obtained from sources independent of the Medical Center. Inputs refer broadly to the assumptions that market participants would use in pricing the asset, including assumptions about risk. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset developed based on the best information available. The three tier hierarchy of inputs is summarized in the three broad levels as follows:

Level 1 – quoted market prices in active markets for identical investments

Level 2 – inputs other than quoted prices for similar investments in active markets, quoted prices for identical or similar investments in markets that are not active, or inputs other than quoted prices that are observable including model-based valuation techniques

Level 3 – valuation techniques that use significant inputs that are unobservable because they trade infrequently or not at all

Cash and Cash Equivalents

Cash equivalents include U.S. Treasury notes, commercial paper, and corporate notes with original maturities of three months or less, except that such instruments purchased with endowment assets or funds on deposit with bond trustees are classified as investments. Cash equivalents are considered Level 1 in the fair value hierarchy.

Inventory

UCMC values inventories at the lower of cost or market, using the first-in first-out method.

Investments

Investments are recorded in the consolidated financial statements at estimated fair value. If an investment is held directly by the Medical Center and an active market with quoted prices exists, the market price of an identical security is used as reported fair value. Reported fair values for shares in mutual funds are based on share prices reported by the funds as of the last business day.

The University of Chicago Medical Center
Notes to Financial Statements
June 30, 2013 and 2012
(in thousands of dollars)

of the fiscal year. The Medical Center's interests in alternative investment funds such as private debt, private equity, real estate, natural resources, and absolute return are generally reported at the net asset value (NAV) reported by the fund managers, which is used as a practical expedient to estimate the fair value, unless it is probable that all or a portion of the investment will be sold for an amount different from NAV. As of June 30, 2013 and 2012, the Medical Center had no plans to sell investments at amounts different from NAV.

A summary of the inputs used in valuing the Medical Center's investments as of June 30, 2013 and 2012 is included in Note 5.

A significant portion of UCMC's investments are part of the University's Total Return Investment Pool (TRIP). UCMC accounts for its investments in TRIP based on its share of the underlying securities and records the investment activity as if UCMC owned the investments directly. The University does not engage directly in unhedged speculative investments, however, the Board of the University of Chicago has authorized the use of derivative investments to adjust market exposure within asset class ranges.

A summary of the inputs used in valuing the Medical Center's investments as of June 30, 2013 and 2012 is included in Note 5.

Endowment Funds with Deficits

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the value of the initial and subsequent donor gift amounts (deficit). When donor endowment deficits exist, they are classified as a reduction of unrestricted net assets. As of June 30, 2013 and 2012, there were no endowments in a deficit position.

Investments Limited as to Use

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

Derivative Instruments

In August 2006, UCMC entered into a forward starting swap transaction against contemplated variable rate borrowing for the Center for Care and Discovery. This is a cash flow hedge against interest on the variable rate debt. The fair value of these swap agreements is the estimated amount that the Medical Center would have to pay or receive to terminate the agreements as of the consolidated balance sheet date, taking into account current interest rates and the current creditworthiness of the swap counterparty. The swap values are based on the London Interbank Rate ("LIBOR"). The inputs to the fair value estimate are considered Level 2 in the fair value hierarchy. The effective date of the swap was August 2011. In July 2011, UCMC novated the original swap agreement to divide the original notional amount in two equal parts between financial institutions. The fair value of the terminated portion of the hedge on the date of the novation was recorded in net assets in the amount of \$35,123 and will be amortized into interest expense over the life of the related debt, commencing on the date the Center for Care and Discovery was placed into service. The new agreement is being accounted for as a hedge. The combined notional amount of the swap is \$325,000 and the effective start date was August 2011. Management determined that the interest rate swaps are effective, and have qualified for hedge accounting.

The University of Chicago Medical Center
Notes to Financial Statements
June 30, 2013 and 2012
(in thousands of dollars)

Management has recognized a net recovery (loss) of ineffectiveness of approximately \$3,000 and \$(3,700) in 2013 and 2012. This movement reflects the spread between tax exempt interest rates and LIBOR during the period. The effective portion of these swaps are included in other changes in unrestricted net assets. The interest rate swaps terminate on February 1, 2044. Cash settlement payments related to the swaps for 2013 and 2012 were \$7,900 and \$10,900, respectively. These payments were accumulated in net assets while the Center for Care and Discovery was under construction, and will be amortized into depreciation expense over the life of the building, commencing on the date the Center for Care and Discovery was placed into service.

UCMC is required to provide collateral on one of the interest rate swap agreements when the liability of that swap exceeds \$50,000. At June 30, 2013 and 2012 approximately \$0 and \$26,400, respectively, was held as collateral and classified as current portion of investments limited to use.

Property, Plant and Equipment

Property, plant and equipment are reported on the basis of cost less accumulated depreciation and amortization. Donated items are recorded at fair market value at the date of contribution. The carrying value of property, plant and equipment is reviewed if the facts and circumstances suggest that it may be impaired. Depreciation of property, plant and equipment is calculated by use of the straight-line method at rates intended to depreciate the cost of assets over their estimated useful lives, which generally range from three to eighty years. Interest costs incurred on borrowed funds during the period of construction of capital assets, net of any interest earned, are capitalized as a component of the cost of acquiring those assets. During 2013, UCMC evaluated the remaining useful lives of the buildings based on their condition by performing detailed assessments of the facilities and modifying estimated useful lives where appropriate to properly reflect the remaining useful life of the facility. Based on these changes, depreciation expense recorded was approximately \$5,800 less in 2013 than if the estimated useful lives were not modified.

Asset Retirement Obligation

UCMC recognizes a liability for the fair value of a legal obligation to perform asset retirement activities that are conditional on a future event if the amount can be reasonably estimated. Upon recognition of a liability, the asset retirement cost is recorded as an increase in the carrying value of the related long-lived asset and then depreciated over the life of the asset. The UCMC asset retirement obligations arise primarily from regulations that specify how to dispose of asbestos if facilities are demolished or undergo major renovations or repairs. UCMC's obligation to remove asbestos was estimated using site-specific surveys where available and a per square foot estimate where surveys were unavailable. These inputs to the fair value estimate are considered Level 3 in the fair value hierarchy.

Pledges Receivable

Unconditional promises to give are recognized initially at fair value as private gift revenue in the period the promise is made by a donor. Fair value of the pledge is estimated based on anticipated future cash receipts (net of an allowance for uncollectible amounts), discounted using a risk-adjusted rate commensurate with the duration of the payment plan. These inputs to the fair value estimate are considered Level 3 in the fair value hierarchy. In subsequent periods, the discount rate is unchanged and the allowance for uncollectible amounts is reassessed and adjusted if necessary.

The University of Chicago Medical Center
Notes to Financial Statements
June 30, 2013 and 2012
(in thousands of dollars)

Other Assets and Liabilities

Other assets and liabilities, including deferred financing costs, which are amortized over the term of the related obligations, do not differ materially from their estimated fair value and are considered Level 1 in the fair value hierarchy

Net Assets

Permanently restricted net assets include the historical dollar amounts of gifts that are required by donors to be permanently retained. Temporarily restricted net assets include gifts, which can be expended but for which restrictions have not yet been met. Such restrictions include purpose restrictions where donors have specified the purpose for which the net assets are to be spent, or time restrictions imposed by donors or implied by the nature of the gift (such as pledges to be paid in the future) or by interpretations of law. Unrestricted net assets include all the remaining net assets of UCMC. See Note 15 for further information on the composition of restricted net assets.

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

Gifts and Grants

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

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

Statement of Operations

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

UCMC recognizes changes in accounting estimates related to third-party payor settlements as more experience is acquired. Adjustments to prior year estimates for these items resulted in an increase in net patient service revenues of \$3,700 in 2013 and \$6,000 in 2012.

In 2013, UCMC recognized a gain of \$2,400 related to the unwinding of the Weiss Liquidation Trust and received \$16,000 in cash from the liquidation. In 2012, UCMC recognized a gain of \$5,500 as a result of a favorable settlement with Medicare relating to the rural floor budget neutrality adjustment for fiscal years 1999 through 2011. UCMC recognized a gain of \$21,000 in 2012 relating to the flow through of the 1996 IME and GME FTE caps for years 2006 through 2011.

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

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

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

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

The process for estimating the ultimate collectability of receivables involves significant assumptions and judgment. UCMC has implemented a standardized approach to this estimation based on the payor classification and age of outstanding receivables. Account balances are written off against the allowance when management feels it is probable the receivable will not be recovered. The use of historical collection experience is an integral part of the estimation of the reserve for doubtful accounts. Revisions in the reserve for doubtful accounts are recorded as adjustments to the provision for doubtful accounts.

Hospital Assessment Program/Medicaid Provider Tax

In December 2008, the State of Illinois, after receiving approval by the federal government, implemented a hospital assessment program. The program assessed hospitals a provider tax based on occupied bed days and provided increases in hospitals' Medicaid payments. The program results in a net increase of \$28,300 in income from operations, which represents \$55,000 in additional Medicaid payments offset by \$26,700 in Medicaid provider tax for 2013. For 2012, the assessment program resulted in a net increase of \$30,300 in operating income, which represents \$57,000 in additional Medicaid payments offset by \$26,700 in Medicaid provider tax.

Subsequent Events

UCMC has performed an evaluation of subsequent events through October 10, 2013, which is that date the financial statements were issued.

3. Agreements and Transactions with the University

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

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

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

UCMC purchases various services from the University, including certain employee benefits, utilities, security, telecommunications and insurance. In addition, certain UCMC accounting records are maintained by the University. During the years ended June 30, 2013 and 2012, the University charged UCMC approximately \$25,200 and \$22,500, respectively, for utilities, security, telecommunications, insurance and overhead.

The University's Division of Biological Sciences ("BSD") provides physician services to UCMC. In 2013 and 2012, UCMC recorded approximately \$192,000 and \$185,000, respectively, in expense related to these services.

UCMC's Board of Trustees adopted a plan of support under which it would provide annual net asset transfers to the University for support of academic programs in biology and medicine. All commitments under this plan are subject to the approval of UCMC's Board of Trustees and do not represent legally binding commitments until that approval. Unpaid portions of commitments approved by the UCMC Board of Trustees are reflected as current liabilities. UCMC recorded net asset transfers of \$71,750 in 2013 and \$63,000 in 2012 for this support.

4. Community Benefits

The unreimbursed cost of providing care under the Financial Assistance Policy, along with the unreimbursed cost of government sponsored indigent healthcare programs, unreimbursed cost to support education, clinical research and other community programs for the years ended June 30, 2013 and 2012, are as follows:

	Years Ended June 30,	
	2013	2012
Uncompensated care		
Medicaid sponsored indigent healthcare	\$ 49,623	\$ 40,223
Medicare sponsored indigent healthcare - Cost Report	45,685	38,520
Medicare sponsored indigent healthcare - Physician Services	16,580	11,431
Total uncompensated care	111,888	90,174
Provision for doubtful accounts	12,270	11,995
Charity care	25,676	20,310
	149,834	122,479
Unreimbursed education and research		
Education	86,157	81,735
Research	48,000	48,000
Total unreimbursed education and research	134,157	129,735
Total community benefits	\$ 283,991	\$ 252,214

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The Medical Center determines the costs associated with providing charity care by aggregating the applicable direct and indirect costs, including salaries, wages, and benefits, supplies, and other operating expenses, based on data from its costing system to determine a cost-to-charge ratio. The cost to charge ratio is applied to the charity care charge to calculate the charity care amount reported above.

5. Investments Limited as to Use

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

	2013				2012
	Endowments Separately Invested	TRIP	Other	Total	
Investments carried at fair value					
Cash Equivalents	\$ 19,024	\$ 13,250	\$ 505	\$ 32,779	\$ 15,423
Global Public Equities	79,915	95,132	-	175,047	235,444
Private Debt	-	21,328	-	21,328	22,848
Private Equity					
U S Venture Capital	4,187	28,667	-	32,854	33,918
U S Corporate Finance	-	32,022	-	32,022	33,196
International	353	37,767	-	38,120	40,233
Real Assets					
Real Estate	-	56,978	-	56,978	57,296
Natural Resources	-	58,786	-	58,786	59,953
Absolute Return					
Equity Oriented	-	36,155	-	36,155	28,983
Global Macro/Relative Value	-	35,143	-	35,143	40,235
Multi-Strategy	-	50,457	-	50,457	50,350
Credit-Oriented	-	16,376	-	16,376	11,214
Volatility-Oriented	-	11,227	-	11,227	9,975
Fixed Income					
U S Treasuries, including TIPS	66,151	38,718	-	104,869	149,665
Other Fixed Income	4,162	76,209	-	80,371	81,482
Funds in Trust	-	-	14,804	14,804	54,223
Total Investments	<u>\$ 173,792</u>	<u>\$ 608,215</u>	<u>\$ 15,309</u>	<u>\$ 797,316</u>	<u>\$ 924,438</u>

Investments classified as other consist of construction and debt proceeds to pay interest, donor restricted, worker's compensation, self-insurance, and trustee-held funds. Investments are presented in the financial statements as follows:

	2013	2012
Current portion of investments limited to use	\$ 11	\$ 27,033
Investments limited to use, less current portion	<u>797,305</u>	<u>897,405</u>
Total investments limited to use	<u>\$ 797,316</u>	<u>\$ 924,438</u>

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

	2013	2012
Interest and dividend income, net	\$ 13,311	\$ 14,831
Realized gains on sales of securities	45,738	23,970
Unrealized gains (losses) on securities	739	(13,944)
	<u>\$ 59,788</u>	<u>\$ 24,857</u>

Outside of TRIP, UCMC also invests in private equity limited partnerships. As of June 30, 2013, UCMC has commitments of \$1,711 remaining to fund private equity limited partnerships.

Fair Value of Financial Instruments

The overall investment objective of the Medical Center is to invest its assets in a prudent manner that will achieve a long-term rate of return sufficient to fund a portion of its annual operating activities and increase investment value after inflation. The Medical Center diversifies its investments among various asset classes incorporating multiple strategies and external investment managers, including the University of Chicago Investment Office. Major investment decisions for investments held in TRIP and managed by the University are authorized by the University Board of Trustees' Investment Committee, which oversees the University's investment program in accordance with established guidelines.

Cash equivalent investments include cash equivalents and fixed-income investments, with maturities of less than one year, which are valued based on quoted market prices in active markets. The majority of these investments are held in U.S. money market accounts. Global public equity investments consist of separate accounts, commingled funds with liquidity ranging from daily to monthly, and limited partnerships. Securities held in separate accounts and daily-traded commingled funds are generally valued based on quoted market prices in active markets. Commingled funds with monthly liquidity are valued based on independently determined NAV. Limited partnership interests in equity-oriented funds are valued based upon NAV provided by external fund managers.

Investments in private debt, private equity, real estate, and natural resources are in the form of limited partnership interests, which typically invest in private securities for which there is no readily determinable market value. In these cases, market value is determined by external managers based on a combination of discounted cash flow analysis, industry comparables, and outside appraisals. Where private equity, real estate, and natural resources managers hold publicly traded securities, these securities are generally valued based on market prices. The value of the limited partnership interests are held at the manager's reported NAV, unless information becomes available indicating the reported NAV may require adjustment. The methods used by managers to assess the NAV of these external investments vary by asset class. The University's Investment Office on behalf of the Medical Center monitors the valuation methodologies and practices of managers.

The absolute return portfolio is comprised of investments of limited partnership interests in hedge funds and drawdown private equity style partnerships whose managers have the authority to invest in various asset classes at their discretion, including the ability to invest long and short. The majority of the underlying holdings are marketable securities. The remainder of the underlying

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holdings is held in marketable securities that trade infrequently or in private investments, which are valued by the manager on the basis of an appraised value, discounted cash flow, industry comparables, or some other method. Most hedge funds that hold illiquid investments designate them in special side pockets, which are subject to special restrictions on redemption.

Fixed-income investments consist of directly held actively traded treasuries, separately managed accounts, commingled funds, and bond mutual funds that hold securities, the majority of which have maturities greater than one year. These are valued based on quoted market prices in active markets.

Funds in trust investments consist primarily of project construction funds, worker's compensation trust funds, and externally managed endowments.

The Medical Center believes that the reported amount of its investments is a reasonable estimate of fair value as of June 30, 2013 and 2012. Because of the inherent uncertainties of valuation, these estimated fair values may differ significantly from values that would have been used had a ready market existed.

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	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	2013 Total Fair Value
Assets				
Investments				
Cash Equivalents	\$ 32,779	\$ -	\$ -	\$ 32,779
Global Public Equities	95,960	50,134	28,953	175,047
Private Debt	-	-	21,328	21,328
Private Equity				
U S Venture Capital	-	-	32,854	32,854
U S Corporate Finance	-	-	32,022	32,022
International	-	-	38,120	38,120
Real Assets				
Real Estate	-	-	56,978	56,978
Natural Resources	-	-	58,786	58,786
Absolute Return				
Equity Oriented	6,369	6,169	23,617	36,155
Global Macro/Relative Value	6,125	5,740	23,278	35,143
Multi-Strategy	-	2,666	47,791	50,457
Credit-Oriented	-	-	16,376	16,376
Volatility-Oriented	-	11,227	-	11,227
Fixed Income				
U S Treasuries, including TIPS	58,129	46,740	-	104,869
Other Fixed Income	9,892	70,479	-	80,371
Funds in Trust	14,804	-	-	14,804
Total investments	224,058	193,155	380,103	797,316
Other assets	3,045	-	-	3,045
Total assets at fair value	<u>\$ 227,103</u>	<u>\$ 193,155</u>	<u>\$ 380,103</u>	<u>\$ 800,361</u>
Liabilities				
Interest rate swap payable	\$ -	\$ 88,769	\$ -	88,769
Total liabilities at fair value	<u>\$ -</u>	<u>\$ 88,769</u>	<u>\$ -</u>	<u>\$ 88,769</u>

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	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	2012 Total Fair Value
Assets				
Investments				
Cash Equivalents	\$ 15,422	\$ -	\$ -	\$ 15,422
Global Public Equities	125,953	72,801	36,691	235,445
Private Debt	-	-	22,848	22,848
Private Equity				
U S Venture Capital	-	-	33,918	33,918
U S Corporate Finance	-	-	33,196	33,196
International	-	-	40,232	40,232
Real Assets				
Real Estate	-	-	57,296	57,296
Natural Resources	-	-	59,953	59,953
Absolute Return				
Equity Oriented	5,728	5,448	17,808	28,984
Global Macro/Relative Value	5,764	5,538	28,933	40,235
Multi-Strategy	-	-	50,350	50,350
Credit-Oriented	-	-	11,214	11,214
Volatility-Oriented	-	9,975	-	9,975
Fixed Income				
U S Treasuries, including TIPS	74,878	74,787	-	149,665
Other Fixed Income	81,482	-	-	81,482
Funds in Trust	54,223	-	-	54,223
Total investments	363,450	168,549	392,439	924,438
Other assets	41,580	-	-	41,580
Total assets at fair value	<u>\$ 405,030</u>	<u>\$ 168,549</u>	<u>\$ 392,439</u>	<u>\$ 966,018</u>
Liabilities				
Interest rate swap payable	\$ -	\$ 135,872	\$ -	135,872
Total liabilities at fair value	<u>\$ -</u>	<u>\$ 135,872</u>	<u>\$ -</u>	<u>\$ 135,872</u>

During 2013 there were no transfers between investment Levels 1 and 2. During fiscal year 2013 and 2012, transfers occurred between investment levels 2 and 3 as a result of changes in observable market data. Changes to the reported amounts of investments measured at fair value using unobservable inputs (Level 3) as of June 30, 2013 and 2012 are as follows:

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	Separately Invested	Invested in TRIP	2013 Total
Fair value, July 1, 2012	\$ 6,233	\$ 386,206	\$ 392,439
Realized gains	-	33,429	33,429
Unrealized gains (losses)	166	(23,415)	(23,249)
Purchases	-	29,498	29,498
Sales	(1,859)	(50,278)	(52,137)
Transfers	-	123	123
Fair value, June 30, 2013	<u>\$ 4,540</u>	<u>\$ 375,563</u>	<u>\$ 380,103</u>

	Separately Invested	Invested in TRIP	2012 Total
Fair value, July 1, 2011	\$ 7,510	\$ 366,077	\$ 373,587
Realized gains	18	23,569	23,587
Unrealized gains (losses)	297	(3,815)	(3,518)
Purchases	80	48,080	48,160
Sales	(1,672)	(50,008)	(51,680)
Transfers	-	2,303	2,303
Fair value, June 30, 2012	<u>\$ 6,233</u>	<u>\$ 386,206</u>	<u>\$ 392,439</u>

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

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

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

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

	Remaining Life	Redemption Terms	Redemption Restrictions and terms	Redemption Restrictions in Place at June 30, 2013
Cash	N/A	Daily	None	None
Global Public Equity:				
Separate accounts	N/A	Daily	None	None
Commingled funds	N/A	Daily to monthly with notice periods of 1 to 14 days	None	None
Partnerships	N/A	Quarterly to annually with notice periods of 30 to 180 days	Lock-up provisions ranging from 0 to 5 years, some investments have a portion of capital in side pockets with no redemptions permitted	None
Private debt	1 to 10 years	Redemptions not permitted	N/A	N/A
Private equity	1 to 19 years	Redemptions not permitted	N/A	N/A
Real assets	1 to 18 years	Redemptions not permitted	N/A	N/A
Absolute return:				
Partnerships	N/A	Monthly to annually with varying notice periods	Lock-up provisions ranging from 0 to 5 investments have a portion of capital in side pockets with no redemptions permitted	Approximately \$46.5 million of investments are in gated or liquidating funds
Drawdown partnerships	1 to 4 years	Redemptions not permitted	N/A	N/A
Fixed income:				
Separate accounts	N/A	Daily	None	None
Commingled funds	N/A	Daily	None	None
Partnerships	N/A	Quarterly with notice periods of 90 days	Only one-third capital available in any 12-month period	None
Funds held in trust	N/A	Daily	None	None

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6. Endowments

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

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

UCMC has the following donor-restricted endowment activities during the years ended June 30, 2013 and 2012 delineated by net asset class:

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	Unrestricted Funds Functioning	Temporarily Restricted	Permanently Restricted	2013 Total
Endowment net assets, beginning of year	\$ 796,105	\$ 67,279	\$ 6,072	\$ 869,456
Investment return				
Investment income	38,437	3,518	-	41,955
Net appreciation (realized and unrealized)	21,351	1,086	-	22,437
Total investment return	59,788	4,604	-	64,392
Gifts and other additions	25,000	-	10	25,010
Appropriation of endowment assets for expenditure	(37,037)	(3,610)	-	(40,647)
Appropriation of endowment assets for capital	(134,707)			(134,707)
Other	(1,859)	361	-	(1,498)
Endowment net assets, end of year	<u>\$ 707,290</u>	<u>\$ 68,634</u>	<u>\$ 6,082</u>	<u>\$ 782,006</u>
	Unrestricted Funds Functioning	Temporarily Restricted	Permanently Restricted	2012 Total
Endowment net assets, beginning of year	\$ 810,184	\$ 67,857	\$ 6,072	\$ 884,113
Investment return				
Investment income	36,192	3,140	-	39,332
Net appreciation (realized and unrealized)	(11,335)	(305)	-	(11,640)
Total investment return	24,857	2,835	-	27,692
Appropriation of endowment assets for expenditure	(37,343)	(3,792)	-	(41,135)
Other	(1,593)	379	-	(1,214)
Endowment net assets, end of year	<u>\$ 796,105</u>	<u>\$ 67,279</u>	<u>\$ 6,072</u>	<u>\$ 869,456</u>

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Description of amounts classified as permanently restricted net assets and temporarily restricted net assets (Endowments only) as of June 30, 2013 and 2012

	Perpetual	Time- Restricted by Donor	Time- Restricted by Law	2013 Total
Restricted for pediatric health care	\$ 1,855	\$ -	\$ 15,580	\$ 17,435
Restricted for adult health care	1,925	-	50,715	52,640
Restricted for educational and scientific programs	2,312	-	2,339	4,651
	<u>\$ 6,092</u>	<u>\$ -</u>	<u>\$ 68,634</u>	<u>\$ 74,726</u>

	Perpetual	Time- Restricted by Donor	Time- Restricted by Law	2012 Total
Restricted for pediatric health care	\$ 1,835	\$ -	\$ 15,273	\$ 17,108
Restricted for adult health care	1,925	-	49,751	51,676
Restricted for educational and scientific programs	2,312	-	2,255	4,567
	<u>\$ 6,072</u>	<u>\$ -</u>	<u>\$ 67,279</u>	<u>\$ 73,351</u>

Investment and Spending Policies

UCMC has adopted endowment investment and spending policies that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of endowment assets. UCMC expects its endowment funds over time, to provide an average rate of return of approximately 6% annually. To achieve its long-term rate of return objectives, UCMC relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized gains) and current yield (interest and dividends). Actual returns in any given year may vary from this amount.

For endowments invested in TRIP, the Board of Trustees of UCMC has adopted the University's method to be used to appropriate endowment funds for expenditure, including following the University's payout formula. The University utilizes the total return concept in allocating endowment income. In accordance with the University's total return objective, between 4.5% and 5.5% of a 12-quarter moving average of the fair value of endowment investments, lagged by one year, is available each year for expenditure in the form of endowment payout. The exact payout percentage, which is set each year by the Board of Trustees with the objective of a 5% average payout over time, was 5% for the fiscal years ended June 30, 2013 and 2012. If endowment income received is not sufficient to support the total return objective, the balance is provided from capital gains. If income received is in excess of the objective, the balance is reinvested in the endowment.

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

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7. Property, Plant and Equipment

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

	2013	2012
Land and land rights	\$ 36,008	\$ 36,008
Buildings and improvements	1,255,542	649,565
Equipment	576,374	479,832
Construction in progress	74,688	610,211
	<u>1,942,612</u>	<u>1,775,616</u>
Less accumulated depreciation	(752,989)	(709,122)
Total property, plant and equipment, net	<u>\$ 1,189,623</u>	<u>\$ 1,066,494</u>

UCMC's net property, plant and equipment cost includes \$10,600 representing assets under capital leases with the University, which are stated at the UCMC's historical cost. The cost of buildings that are jointly used by the University and UCMC is allocated based on the lease provisions. In addition, land and land rights includes \$19,200, which represents the unamortized portion of initial lease payments made to the University. UCMC entered into a services agreement in 2013 for the exclusive right to operate certain food service operations at the Medical Center, which includes a capital commitment in the amount of \$11,800 for equipment and renovations provided by the contractor. The amount outstanding as of June 30, 2013 was \$11,300.

The Center for Care and Discovery was placed into service in 2013, approximately \$134,800 was spent in 2013 related to the building. In 2013 and 2012, approximately \$0 and \$16,800 were capitalized related to software implementation of an electronic medical records system.

Capitalized interest costs in 2013 and 2012 were \$14,600 and \$10,000, respectively.

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8. Long-Term Debt

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

	<u>Final fiscal year maturity</u>	<u>Interest rate</u>	<u>2013</u>	<u>2012</u>
Fixed rate				
Illinois Health Facilities Authority				
Series 2003	2015	5.0	\$ 14,530	\$ 21,235
Illinois Finance Authority				
Series 2009A and B	2027	4.9	150,840	152,350
Series 2009C	2037	5.4	85,000	85,000
Series 2009D-1 and 2 (synthetically fixed rate)	2044	3.9	70,000	70,000
Series 2009E-1 and 2 (synthetically fixed rate)	2044	3.9	70,000	70,000
Series 2010 A and B (synthetically fixed rate)	2045	3.9	92,500	92,500
Series 2011 A and B (synthetically fixed rate)	2045	3.9	92,500	92,500
Series 2011C	2042	5.5	90,000	90,000
Series 2012A	2037	4.5	72,080	75,155
Unamortized premium			11,163	12,528
Total fixed rate			<u>748,613</u>	<u>761,268</u>
Variable rate				
Series 2013A	2020	1.0	686	-
Illinois Educational Facilities Authority (IEFA)	2038	0.2	81,427	83,277
Total variable rate			<u>82,113</u>	<u>83,277</u>
Total notes and bonds payable			830,726	844,545
Less current portion of long-term debt			(10,385)	(11,290)
Long-term portion of debt			<u>\$ 820,341</u>	<u>\$ 833,255</u>

The fair value of long-term debt is based on the pricing of fixed-rate bonds of market participants, including assumptions about the present value of current market interest rates, and loans of comparable quality and maturity. The fair value of long-term debt would be a Level 2 hierarchy. The carrying value of long-term debt is below the estimated fair value of the debt by \$10,729 and \$34,439 as of June 30, 2013 and June 30, 2012, respectively, based on the quoted market prices for the same or similar issues.

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

<u>Year</u>	<u>Amount</u>
2014	\$ 10,385
2015	10,050
2016	12,778
2017	13,255
2018	13,868

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Under its various indebtedness agreements, the Medical Center is subject to certain financial covenants, including maintaining a minimum debt service coverage ratio, maintaining minimum levels of days cash on hand, maintaining debt to capitalization at certain levels, limitations on selling, leasing, or otherwise disposing of Medical Center property, and certain other nonfinancial covenants. Each of the bond series is collateralized by unrestricted receivables under a Master Trust Indenture and subject to certain restrictions. The Medical Center was in compliance with its debt covenants as of June 30, 2013 and 2012.

Recent Financing Activity

In January 2013, the Medical Center entered into an issuance of a tax-exempt direct purchase loan with a financial institution, issued as \$75,000 of Series 2013A bonds, allocated to the Medical Center for the purpose of constructing a new parking garage. This bond functions similar to a construction loan with principal being drawn down as construction proceeds. Interest at LIBOR plus 60 basis points is payable each month based on the outstanding principal balance. A mandatory purchase date of repayment is established for January 24, 2020.

Letters of Credit

Payment on each of the variable rate demand revenue bonds is also collateralized by a letter of credit. The letters of credit that support the Series 2009D and the Series 2009E bonds were due to expire in August 2012. The Medical Center replaced the letter of credit that supports the Series 2009D bonds with a new letter of credit in June 2012, which expires in June 2017. The letter of credit that supports the 2009E bonds was extended subsequent to June 30, 2012 and now expires in December 2014. The letters of credit that support the Series 2010A and Series 2010B bonds expire in November 2015 and the letters of credit that support the Series 2011A and Series 2011B bonds expire in May 2016. The letters of credit are subject to certain restrictions, which include financial ratio requirements and consent to future indebtedness. The most restrictive financial ratio is to maintain a debt service coverage ratio of 1.25:1. UCMC was in compliance with all applicable debt covenants at June 30, 2013.

Payment on each of the IEFA bonds is collateralized by a letter of credit maturing November 2014. The letter of credit is subject to certain restrictions, which include financial ratio requirements. The most restrictive financial ratio is to maintain a debt service coverage ratio of 1.75:1. UCMC was in compliance with all applicable debt covenants at June 30, 2013.

Included in UCMC's debt is \$81,427 of commercial paper revenue notes and \$325,000 of variable rate demand bonds. In the event that UCMC's remarketing agents are unable to remarket the bonds, the trustee of the bonds will tender them under the letters of credit. Scheduled repayments under the letters of credit are between 1 and 3 years, beginning after a grace period of at least one year, and bear interest rates different from those associated with the original bond issue. Any bonds tendered are still eligible to be remarketed. Bonds subsequently remarketed would be subject to the original bond repayment schedules.

UCMC paid interest, net of capitalized interest, of approximately \$18,300 and \$13,000 in 2013 and 2012, respectively.

UCMC has a \$15,000 line of credit from a commercial bank. As of June 30, 2013 and 2012, no amount was outstanding under this line.

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9. Commitments

Leases

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

	Operating	Capital
2014	\$ 2,232	\$ 303
2015	2,074	172
2016	2,102	-
2017	548	-
2018 and thereafter	6,808	-
Total minimum lease payments	<u>\$ 13,764</u>	<u>475</u>
Less - Amount representing interest		11
Present value of net minimum capital lease payments		<u>\$ 464</u>

The amount of total assets capitalized under these leases at June 30, 2013 and 2012, is \$3,000 and \$3,200 with related accumulated depreciation of \$2,400 and \$2,100, respectively. Rental expense was approximately \$5,500 and \$4,700 for the years ended June 30, 2013 and 2012, respectively, including a \$500 annual rental of a parking garage from the University.

10. Insurance

UCMC is included under certain of the University's insurance programs. Since 1977, UCMC, in conjunction with the University, has maintained a self-insurance program for its medical malpractice liability. This program is supplemented with commercial excess insurance above the University's self-insurance retention, which for the years ended June 30, 2013 and 2012 was \$7,500 per claim and unlimited in the aggregate. Claims in excess of \$7,500 are subject to an additional self-insurance retention limited to \$12,500 per claim and \$12,500 in aggregate.

The estimated liability for medical malpractice self-insurance is actuarially determined based upon estimated claim reserves and various assumptions, and represents the estimated present value of self-insurance claims that will be settled in the future. It considers anticipated payout patterns as well as interest to be earned on available assets prior to payment. The discount rate used to value the self-insurance liability is a risk-adjusted rate commensurate with the duration of anticipated payments. These inputs to the fair value estimate of the liability are considered Level 2 in the fair value hierarchy.

A comparison of the estimated liability for incurred malpractice claims (filed and not filed) and net assets for the combined University and UCMC self-insurance program as of June 30, 2013 and 2012, is presented below:

	2013	2012
Actuarial present value of self-insurance liability for medical malpractice	<u>\$ 254,328</u>	<u>\$ 246,700</u>
Total assets available for claims	<u>\$ 352,414</u>	<u>\$ 330,431</u>

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If the present-value method were not used, the ultimate liability for medical malpractice self-insurance claims would be approximately \$47,200 higher at June 30, 2013. The interest rate assumed in determining the present value was 4.5% for 2013 and 3.75% for 2012. The Medical Center has recorded its pro-rata share of the malpractice self-insurance liability as required under ASU 2010-24 in the amount of \$121,300 at June 30, 2013 and \$118,153 at June 30, 2012 with an offsetting receivable from the malpractice trust to cover any related claims.

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

UCMC recognizes as malpractice expense its negotiated pro-rata share of the actuarially determined normal contribution, with gains and losses amortized over six years, with no retroactive adjustments, as provided in the operating agreement. For fiscal year 2014, the Medical Center expense will be \$15,300 related to malpractice.

UCMC designated \$14,800 and \$12,400 as of June 30, 2013 and 2012, respectively, as a workers' compensation self-insurance reserve trust fund. The self-insurance program investments consist of 65% bonds and 35% marketable equities. The specifically identified claim requirements and actuarially determined reserve requirements for unreported workers' compensation claims were \$9,500 and \$8,200 as of June 30, 2013 and 2012, respectively. The University also charges UCMC for its portion of other commercial insurance and self-insurance costs.

11. Pension Plans

Active Plans

A majority of UCMC's personnel participate in the University's defined benefit and contribution pension plan. Under the defined benefit portion of this plan, benefits are based on years of service and the employee's compensation for the five highest paid consecutive years within the last ten years of employment. UCMC and the University make annual contributions to this portion of the plan at a rate necessary to maintain plan funding on an actuarially recommended basis. UCMC recognizes its share of net periodic pension cost as expense and any difference in the contribution amount as a transfer of unrestricted net assets. The reduction to net assets for 2013 was \$2,800. Contributions of \$32,500 and \$52,700 were made in the fiscal years ended June 30, 2013 and 2012, respectively. UCMC expects to make contributions of \$32,500 for the fiscal year ended June 30, 2014 that will be entirely expensed as net periodic pension costs.

Under the defined contribution portion of the plan, UCMC and plan participants make contributions that accrue to the benefit of the participants at retirement. UCMC's contributions, which are based on a percentage of each covered employee's salary, totaled approximately \$6,400 and \$6,100 for the years ended June 30, 2013 and 2012, respectively.

Plan Name	EIN	Contributions of UCMC	
		2013	2012
University of Chicago Retirement Income Plan for Employees	36-2177139-002	\$ 6,711	\$ 35,000
University of Chicago Pension Plan for Staff Employees	36-2177139-003	25,789	17,700
		<u>\$ 32,500</u>	<u>\$ 52,700</u>

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

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	2013	2012
Projected benefit obligation	\$ 795,133	\$ 780,797
Fair value of plan assets	557,966	496,657
Deficit of plan assets over benefit obligation	<u>\$ (237,167)</u>	<u>\$ (284,140)</u>

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

	2013	2012
Discount rate	4.9%	4.5%
Expected return on plan assets	7.0%	7.1%
Rate of compensation increase	3.5%	3.5%

The weighted average asset allocation for the plan is as follows

	2013	2012
Domestic equities	29 %	27 %
International equity	15 %	16 %
Fixed income	56 %	57 %
	<u>100 %</u>	<u>100 %</u>

The pension and other postretirement benefit obligation considers anticipated payout patterns as well as investment returns on available assets prior to payment. The discount rate used to value the pension and other postretirement benefit obligation is a risk-adjusted rate commensurate with the duration of anticipated payments. These inputs to the fair value estimate are considered Level 2 in the fair value hierarchy.

Total benefits and plan expenses paid by the plan were \$36,200 and \$32,200 for the fiscal years ended June 30, 2013 and 2012, respectively.

Expected future benefit payments excluding plan expenses are as follows

Fiscal Year

2014	42,109
2015	37,761
2016	40,072
2017	42,672
2018	45,160
2019-2023	265,818

Certain UCMC personnel participate in a contributory pension plan. Under this plan, UCMC and plan participants make annual contributions to purchase annuities equivalent to retirement benefits earned. UCMC's pension expense for this plan was \$4,900 and \$5,000 for the years ended June 30, 2013 and 2012, respectively.

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Curtailed and Frozen Plan

In June 2002, UCMC assumed sponsorship of the Louis A Weiss Memorial Hospital Pension Plan (Employer Identification Number 36-3488183, Plan Number 003), which covers employees of a former affiliate. Participation and benefit accruals are frozen. All benefit accruals are fully vested.

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

	Years Ended June 30,	
	2013	2012
Net periodic pension cost		
Interest cost	\$ 2,340	\$ 2,719
Expected return on plan assets	(2,860)	(2,921)
Amortization of unrecognized net actuarial loss	817	684
	<u>297</u>	<u>482</u>
Net periodic pension cost		
Other changes in plan assets and benefit obligations recognized in unrestricted net assets		
Liability for pension benefits	3,878	(2,659)
Total recognized in net periodic pension cost and unrestricted net assets	<u>\$ (3,581)</u>	<u>\$ 3,141</u>

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

	Years Ended June 30,	
	2013	2012
Change in projected benefit obligation		
Benefit obligation at beginning of year	\$ 58,098	\$ 55,219
Interest cost	2,340	2,719
Net actuarial loss (gain)	(3,029)	3,425
Benefits paid	(3,319)	(3,264)
	<u>54,090</u>	<u>58,099</u>
Change in plan assets		
Fair value of plan assets at beginning of year	47,696	41,717
Actual return on plan assets	2,892	3,003
Employer contribution	1,091	6,240
Benefits paid	(3,319)	(3,264)
	<u>48,360</u>	<u>47,696</u>
Funded status at end of year	<u>\$ (5,730)</u>	<u>\$ (10,403)</u>

Amounts recognized in the balance sheet are included in noncurrent liabilities.

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

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	2013	2012
Discount rate	4.8 %	4.2 %
Expected return on plan assets	6.0 %	6.0 %
Rate of compensation increase	N/A	N/A

Weighted average asset allocations for plan assets are as follows

	2013	2012
Cash	2 %	8 %
Fixed income	51	53
Domestic equities	34	28
International equities	13	11
	<u>100 %</u>	<u>100 %</u>

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

UCMC expects to make contributions of \$1,500 to the plan in the fiscal year ending June 30, 2014. Expected future benefit payments are:

Fiscal Year

2014	\$	3,565
2015		3,547
2016		3,535
2017		3,535
2018		3,559
2019-2023		18,206

12. Acquisitions

On September 30, 2011, the Medical Center entered into an Asset Purchase Agreement, whereby the Medical Center acquired the operations of Midwest Center for Hematology/Oncology, S.C., a professional service corporation that specializes in oncology. The purchase price was \$2,607 and there are no earn-out provisions with the agreements. The acquisition is accounted for under the purchase method of accounting and, accordingly, the cost has been allocated on the basis of estimated fair value of assets acquired and liabilities assumed. This resulted in \$746 of the purchase price being allocated to goodwill and \$905 being allocated to non-compete agreements. The non-compete agreements are amortized over a 5 year period.

13. Concentration of Credit Risk

As a hospital, UCMC is potentially subject to concentration of credit risk from patient accounts receivable and certain investments. Investments, which include government and agency securities, stocks, corporate bonds, real assets, absolute return, and private equities, are not concentrated in any corporation or industry or with any single counter-party. UCMC receives a

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significant portion of its payments for services rendered from a limited number of government and commercial third-party payors, including Medicare, Medicaid, and Blue Cross. For 2013 and 2012, Medicaid approximated 15% and 17% of the Medical Center's net revenue for the year. Medicaid represented 16% and 30% of UCMC's net accounts receivable at June 30, 2013 and 2012, respectively. Management does not anticipate any collection risk related to the Medicaid accounts receivable at June 30, 2013. UCMC has not historically incurred any significant credit losses outside the normal course of business.

14. Pledges

Pledges receivable at June 30 are shown below

	2013	2012
Unconditional promises expected to be collected in		
Less than one year	\$ 2,272	\$ 4,959
One year to five years	2,634	6,001
More than five years	-	-
	<u>4,906</u>	<u>10,960</u>
Less unamortized discount (discount rate 5.5%)	<u>(197)</u>	<u>(527)</u>
Total	<u>\$ 4,709</u>	<u>\$ 10,433</u>

15. Restricted Net Assets

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

	2013	2012
Pediatric health care	\$ 17,943	\$ 17,751
Adult health care	51,756	50,743
Educational and scientific programs	4,691	4,187
Capital and other purposes	7,581	22,664
Total	<u>\$ 81,971</u>	<u>\$ 95,345</u>

Income from permanently restricted net assets is restricted for

	2013	2012
Pediatric health care	\$ 1,855	\$ 1,845
Adult health care	1,925	1,935
Educational and scientific programs	2,312	2,312
Total	<u>\$ 6,092</u>	<u>\$ 6,092</u>

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16. Functional Expenses

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

	2013	2012
Health care services	\$ 1,177,672	\$ 1,103,904
General and administrative	<u>80,938</u>	<u>66,819</u>
Total	<u>\$ 1,258,610</u>	<u>\$ 1,170,723</u>

17. Contingencies

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