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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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

C Name of organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Doing Business As

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

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60637

D Employer identification number
36-3488183

E Telephone number
(773) 702-1998

G Gross receipts $ 1,497,053,405

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ http //www uchospitals edu/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile IL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	39
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	34
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	8,184
6	Total number of volunteers (estimate if necessary)	**6**	1,134
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,703,396
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,092,670	6,222,452
9	Program service revenue (Part VIII, line 2g)	1,330,312,383	1,440,804,426
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,838,929	48,262,005
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,876,286	370,630
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,402,120,268	1,495,659,513
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	569,929,881	586,690,179
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,933,230		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	688,478,653	794,263,398
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,258,408,534	1,380,953,577
19	Revenue less expenses Subtract line 18 from line 12	143,711,734	114,705,936

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,532,650,699	2,657,042,492
21	Total liabilities (Part X, line 26)	1,294,960,788	1,315,140,565
22	Net assets or fund balances Subtract line 21 from line 20	1,237,689,911	1,341,901,927

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2015-05-12

JAMES WATSON CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TRAVIS L PATTON				P00369623

Firm's name ▶ PricewaterhouseCoopers LLP — Firm's EIN ▶

Firm's address ▶ 600 13TH STREET NW SUITE 1000
WASHINGTON, DC 200053005

Phone no (773) 702-1998

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 $ 1,284,898,761 including grants of $ 0) (Revenue $ 1,441,054,606)

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** ▶ 1,284,898,761

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	153		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8,184		
b	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)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	39		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	34		
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	
b	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				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	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	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," 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 ▶ IL

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 60561 (773)834-2065

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

Check if Schedule O contains a response or note to any line 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

(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			

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(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)** . . . . . ▶								14,923,471	5,886,759	3,502,544

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 ▶964

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF CHICAGO, 6054 S DREXEL AVE SUITE 342 CHICAGO IL 60637	PHYSICIAN SERVICES	204,586,000
GILBANEWE O'NEIL A JOINT VENTUR, 8550 W BRYN MAWR AVE SUITE 500 CHICAGO IL 60631	CONSTRUCTION	23,605,482
CLAYCO INC, 2199 INNERBELT BUSSINESS CENTER DRI CHICAGO IL 63114	CONSTRUCTION	11,849,689
GILBANE BUILDING COMPANY, 8550 W BRYN MAWR AVE SUITE 500 CHICAGO IL 60631	CONSTRUCTION	10,251,990
SODEXO MANAGEMENT INCORPORATED, 4880 PAYSPHERE CIRCLE CHICAGO IL 60674	MANAGEMENT SERVICE	8,993,203
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 ▶138		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 481,523				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,740,929				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		6,222,452			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	624100	1,368,327,976	1,368,327,976		
	b CAPITATION REVENUE	900099	36,100,915	36,100,915		
	c PHARMACY	900099	20,706,859			20,706,859
	d MEDICAL CENTER PARKING	812930	7,969,712			7,969,712
	e FOOD SERVICES	900099	3,035,146			3,035,146
	f All other program service revenue		4,663,818		1,694,162	2,969,656
	g **Total.** Add lines 2a–2f		1,440,804,426			
	3 Investment income (including dividends, interest, and other similar amounts)		14,937,898		6,258	14,931,640
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0 / 0				
	d Net rental income or (loss)		0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	31,854,836 / 2,544,081				
	b Less cost or other basis and sales expenses	1,074,810				
	c Gain or (loss)	31,854,836 / 1,469,271				
	d Net gain or (loss)		33,324,107		2,976	33,321,131
Other Revenue	8a Gross income from fundraising events (not including $ 481,523 of contributions reported on line 1c) See Part IV, line 18	a 155,076				
	b Less direct expenses	b 319,082				
	c Net income or (loss) from fundraising events		-164,006			-164,006
	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	534,636	534,636		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		534,636			
	12 **Total revenue.** See Instructions		1,495,659,513	1,404,963,527	1,703,396	82,770,138

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 or note to any line in this Part IX . . . . . ☑

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	14,812,142	8,364,466	6,447,676	
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	433,127,003	400,738,135	30,586,909	1,801,959
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,208,385	40,520,841	3,655,520	32,024
9 Other employee benefits	59,012,561	52,520,140	6,459,344	33,077
10 Payroll taxes	35,530,088	32,566,425	2,937,925	25,738
11 Fees for services (non-employees)				
a Management	6,322,225	6,278,915	43,310	
b Legal	2,000,906	10,757	1,990,149	
c Accounting	868,962		868,962	
d Lobbying	595,102		595,102	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	3,131,027		3,131,027	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	283,119,192	274,582,237	8,536,955	
12 Advertising and promotion	7,395,316		7,395,316	
13 Office expenses	9,829,673	7,518,815	2,243,800	67,058
14 Information technology	14,512,741	13,910,435	602,306	
15 Royalties . .	0			
16 Occupancy	19,036,652	18,067,093	953,544	16,015
17 Travel	1,375,963	836,256	539,299	408
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	33,353,481	33,353,481		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	83,563,563	83,563,563		
23 Insurance	17,252,926	17,252,926		
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	209,982,533	209,982,533		
b IL MEDICAID PROVIDER TAX	46,071,470	46,071,470		
c EQUIP RENTAL/MAINTENANCE	22,406,276	22,151,044	254,933	299
d TRANSPLANT ACQUISITION	7,318,608	7,318,608		
e All other expenses	26,126,782	9,290,621	15,879,509	956,652
25 **Total functional expenses.** Add lines 1 through 24e	1,380,953,577	1,284,898,761	93,121,586	2,933,230
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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		14,968	1	7,463
	2	Savings and temporary cash investments		164,488,577	2	79,691,024
	3	Pledges and grants receivable, net		4,708,306	3	4,490,783
	4	Accounts receivable, net		203,976,951	4	184,474,470
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		302,674	5	290,953
	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		15,475,329	8	17,515,146
	9	Prepaid expenses and deferred charges		7,410,778	9	6,989,383
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,898,247,226			
	b	Less accumulated depreciation	10b 698,339,594	1,189,623,347	10c	1,199,907,632
	11	Investments—publicly traded securities		417,211,920	11	581,537,849
	12	Investments—other securities See Part IV, line 11		380,102,708	12	440,133,781
	13	Investments—program-related See Part IV, line 11		1,380,776	13	2,298,748
	14	Intangible assets		1,334,678	14	1,153,683
	15	Other assets See Part IV, line 11		146,619,687	15	138,551,577
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,532,650,699	16	2,657,042,492
Liabilities	17	Accounts payable and accrued expenses		131,206,441	17	115,092,021
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		830,725,641	20	841,085,254
	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		333,028,706	25	358,963,290
	26	**Total liabilities.** Add lines 17 through 25		1,294,960,788	26	1,315,140,565
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		1,149,626,669	27	1,245,855,800
	28	Temporarily restricted net assets		81,971,128	28	87,953,763
	29	Permanently restricted net assets		6,092,114	29	8,092,364
		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		1,237,689,911	33	1,341,901,927
	34	Total liabilities and net assets/fund balances		2,532,650,699	34	2,657,042,492

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,495,659,513
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,380,953,577
3	Revenue less expenses Subtract line 2 from line 1	3	114,705,936
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,237,689,911
5	Net unrealized gains (losses) on investments	5	66,796,380
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	-77,290,300
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,341,901,927

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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				1,219,105	0	197,606
TRISHA ROONEY ALDEN TRUSTEE	1 0	X						0	0	0
ANDREW M ALPER TRUSTEE (EX OFFICIO)	1 0	X						0	0	0
PAUL F ANDERSON TRUSTEE	1 0	X						0	0	0
DIANE P ATWOOD TRUSTEE	1 0	X						0	0	0
ELLEN BLOCK TRUSTEE	1 0	X						0	0	0
KEVIN J BROWN TRUSTEE	1 0	X						0	0	0
JOHN BUCKSBAUM TRUSTEE	1 0	X						0	0	0
PAUL CARBONE TRUSTEE	1 0	X						0	0	0
BENJAMIN D CHERESKIN TRUSTEE	1 0	X						0	0	0
ROBERT G CLARK TRUSTEE	1 0	X						0	0	0
STEPHANIE COMER TRUSTEE	1 0	X						0	0	0
JAMES S CROWN TRUSTEE	1 0	X						0	0	0
CRAIG J DUCHOSSOIS TRUSTEE, VICE CHAIR	1 0	X						0	0	0
JAMES S FRANK TRUSTEE, VICE CHAIR	1 0	X						0	0	0
STANFORD J GOLDBLATT TRUSTEE	1 0	X						0	0	0
RODNEY L GOLDSTEIN TRUSTEE	1 0	X						0	0	0
STEPHANIE HARRIS TRUSTEE	1 0	X						0	0	0
ERIC ISAACS TRUSTEE (EX OFFICIO), UC PRVST	1 0 40 0	X						0	688,132	81,573
PATRICK KELLY TRUSTEE	1 0	X						0	0	0
P ALLAN KLOCK JR MD TRUSTEE (EX OFFICIO)	1 0 39 0	X						0	503,768	25,744
JONATHAN KOVLER TRUSTEE	1 0	X						0	0	0
CHERYL MAYBERRY-MCKISSACK TRUSTEE	1 0	X						0	0	0
EMILY NICKLIN TRUSTEE, CHAIR	1 0	X						0	0	0
JOSEPH P NOLAN TRUSTEE	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
BRIEN M O'BRIEN TRUSTEE	1.0	X						0	0	0
KENNETH S POLONSKY MD TRUSTEE (EX OFFICIO), DEAN	20.0 20.0	X						0	1,878,980	224,837
NICHOLAS K PONTIKES TRUSTEE	1.0	X						0	0	0
JAMES REYNOLDS JR TRUSTEE	1.0	X						0	0	0
GORDON SEGAL TRUSTEE	1.0	X						0	0	0
BENJAMIN SHAPIRO TRUSTEE	1.0	X						0	0	0
JEFFREY T SHEFFIELD TRUSTEE	1.0	X						0	0	0
JOHN A SVOBODA TRUSTEE	1.0	X						0	0	0
MICHAEL TANG TRUSTEE	1.0	X						0	0	0
TERRY L VAN DER AA TRUSTEE	1.0	X						0	0	0
SCOTT WALD TRUSTEE	1.0	X						0	0	0
KELLY R WELSH TRUSTEE	1.0	X						0	0	0
PAULA WOLFF TRUSTEE	1.0	X						0	0	0
PAUL YOVOVICH TRUSTEE	1.0	X						0	0	0
ROBERT J ZIMMER TRUSTEE (EX OFFICIO), UC PRES	7.0 40.0	X						0	1,206,827	693,442
THOMAS ROSENBAUM TRUSTEE (EX OFFICIO), UC PRVST	1.0 40.0	X						0	678,123	87,388
LISA ANASTOS EVP & CHIEF STRATEGY OFFICER	40.0			X				799,225	0	131,149
KRISTA CURELL VP OF RISK, PT SAFETY & CCO	40.0			X				418,991	0	79,470
JENNIFER A HILL BOARD SEC/DEAN CHIEF OF STAFF	40.0			X				155,875	0	58,515
ANN M MCCOLGAN VP, CHIEF TREASURY OFFICER	40.0			X				271,973	0	62,825
JOHN SATALIC VP & GENERAL COUNSEL	40.0			X				678,760	0	118,302
SUSAN S SHER SR ADVISOR TO EVP MED AFFAIRS	14.0 26.0			X				724,716	0	114,306
JAMES M WATSON VP & CHIEF FINANCIAL OFFICER	40.0			X				923,683	0	152,803
DEBRA ALBERT SVP & CHIEF NURSING OFFICER	40.0				X			428,773	0	86,964
BRENDA BATTLE VP DELIVERY INNOV, URBAN HLTH	40.0				X			391,697	0	57,735

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			
GARY GASBARRA VP FINANCE	40 0				X			505,685	0	86,056
JASON KEELER VP CLINICAL & PROCEDURAL SVCS	40 0				X			415,113	0	68,227
TERRY SOLEM VP & CHIEF HR OFFICER	40 0				X			674,443	0	138,815
JONATHAN STEGNER VP SUPPLY CHAIN & LOGISTICS	40 0				X			349,221	0	73,533
ERIC B YABLONKA VP & CHIEF INFORMATION OFFICER	40 0				X			670,863	0	101,579
CHRISTOPHER KOPS VP CLIN PRAC FIN/ASSOC DEAN	40 0					X		509,436	0	83,596
SUNIL NARULA PHYSICIAN	40 0					X		807,921	0	28,849
VIRGINIA ROBERTS VP SURGICAL SVCS & WOMENS HLTH	40 0					X		670,652	0	160,230
LAWRENCE SCHILDER PHYSICIAN	40 0					X		879,819	0	49,725
DARYL WILKERSON VP SUPPORT SERVICES	40 0					X		453,047	0	71,770
MAYUMI FUKUI VP MANAGED CARE & PRGM DVLPMNT	40 0						X	475,822	0	79,289
BENJAMIN GIBSON ASSOC GEN COUNSEL GOVT AFFAIRS	40 0						X	337,154	0	71,403
MONA SONNENSHEIN FMR CHIEF OPERATING OFFICER	0 0						X	780,435	0	37,003
EVERETT E VOKES MD FMR INTERIM DEAN/CEO	0 0 40 0						X	0	930,929	44,900
ERIC E WHITAKER FMR EXEC VP, STRATG AFFLITNS	0 0						X	156,977	0	17,193
KATHLEEN A DEVRIES VP MARKETING & COMMUNICATION	40 0						X	355,189	0	68,384
DAVID HICKS VP & CHIEF PHARMACY OFFICER	40 0						X	355,431	0	63,833
WILLIAM R HUFFMAN FMR VP FACILITIES & DESIGN	0 0						X	165,759	0	11,667
DEBORAH KULL VP OPERATIONAL EXCELLENCE	40 0						X	347,706	0	73,833

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	Employer identification number
UNIVERSITY OF CHICAGO MEDICAL CENTER	36-3488183

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		670,102
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			670,102
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

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.

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), THE ILLINOIS HOSPITAL ASSOCIATION (IHA), AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). OTHER FEDERAL LOBBYING EFFORTS WERE CONDUCTED BY UCMC PERSONNEL AND A CONTRACTUAL LOBBYIST.

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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 ▶ $ _____

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

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

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

b If "Yes," explain the arrangement in Part 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	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	782,005,870	869,456,284	884,113,272	760,971,586	586,218,979
b	Contributions	156,714,890	25,010,350	10,250	25,011,000	117,021,000
c	Net investment earnings, gains, and losses	110,458,025	64,391,520	26,467,968	140,209,315	95,006,714
d	Grants or scholarships					
e	Other expenditures for facilities and programs	44,120,858	175,354,103	38,285,271	39,643,801	34,437,149
f	Administrative expenses	811,355	1,498,181	2,849,935	2,434,828	2,837,958
g	End of year balance	1,004,246,572	782,005,870	869,456,284	884,113,272	760,971,586

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

- a Board designated or quasi-endowment ▶ 91 780 %
- b Permanent endowment ▶ 0 805 %
- c Temporarily restricted endowment ▶ 7 415 %

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		1,288,213,366	373,026,008	915,187,358
c Leasehold improvements				
d Equipment		515,712,966	307,085,828	208,627,138
e Other		58,312,549	18,227,758	40,084,791
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,199,907,632

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CLOSELY HELD EQUITY INTEREST	123,162,696	F
(B) REAL ASSETS	124,834,581	F
(C) ABSOLUTE RETURN	192,136,504	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	440,133,781	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) CSV INSURANCE	144,827
(2) BOND ISSUE COSTS	7,994,890
(3) OTHER RECEIVABLES	125,363,141
(4) SERP INVESTMENT	3,674,793
(5) SECURITY DEPOSITS	1,373,926
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	138,551,577

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	358,963,290

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,549,199,038
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	66,796,380		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,730,255		
e	Add lines **2a** through **2d**			2e	68,526,635
3	Subtract line **2e** from line **1**			3	1,480,672,403
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	14,987,110		
c	Add lines **4a** and **4b**			4c	14,987,110
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,495,659,513

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,378,141,632
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	319,082		
e	Add lines **2a** through **2d**			2e	319,082
3	Subtract line **2e** from line **1**			3	1,377,822,550
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	3,131,027		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	3,131,027
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,380,953,577

Part XIII Supplemental Information

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

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 4,861,282, INVESTMENT MANAGEMENT FEE (3,131,027)
SCHEDULE D, PART XI, LINE 4B	PERMANENTLY RESTRICTED CONTRIBUTIONS 2,000,250, TEMPORARILY RESTRICTED CONTRIBUTIONS 4,007,903, INVESTMENT GAINS ON TEMPORARILY RESTRICTED CONTRIBUTIONS 9,298,039, SPECIAL EVENT EXPENSES (319,082)
SCHEDULE D, PART XII, LINE 2D	SPECIAL EVENT EXPENSE 319,082

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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	89,805,247
DUE TO UNIVERSITY OF CHICAGO	15,761,373
SELF-INSURANCE LIABILITY	8,241,268
CAPITAL LEASE OBLIGATION	196,555
MUTUAL FUND BENEFIT LIABILITY	3,674,793
FUTURE SETTLEMENTS	16,013,893
PENSION LIABILITY	3,274,274
SWAP INTEREST LIABILITY	95,810,054
MALPRACTICE LIABILITY	115,438,950
OTHER LIABILITIES	10,746,883

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1) Middle East and North Africa		1	Program Services	MARKETING	179,759
(2)					
(3)					
(4)					
(5)					
3a Sub-total		1			179,759
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		1			179,759

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)
(1)								
(2)								
(3)								
(4)								

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

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).

990 Schedule F, Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

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.

		(a) Event #1 COMER 5K RACE (event type)	(b) Event #2 GOLF (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	470,417	100,335	65,847	636,599
	2 Less Contributions	347,573	92,635	41,315	481,523
	3 Gross income (line 1 minus line 2)	122,844	7,700	24,532	155,076
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	182,698	98,623	37,761	319,082
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(319,082)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-164,006

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

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

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

13 Indicate the percentage of gaming activity operated in

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

14 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. 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).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* 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 %	3b	Yes	
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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			25,181,261	0	25,181,261	1 820 %
b Medicaid (from Worksheet 3, column a)			273,220,313	226,324,560	46,895,753	3 400 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			298,401,574	226,324,560	72,077,014	5 220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,448,409	0	2,448,409	0 180 %
f Health professions education (from Worksheet 5)			102,204,179	15,043,343	87,160,836	6 310 %
g Subsidized health services (from Worksheet 6)			500,000	0	500,000	0 040 %
h Research (from Worksheet 7)			48,000,000	0	48,000,000	3 480 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			965,955	0	965,955	0 070 %
j **Total.** Other Benefits			154,118,543	15,043,343	139,075,200	10 080 %
k **Total.** Add lines 7d and 7j			452,520,117	241,367,903	211,152,214	15 300 %

Part II Community Building Activities Complete this 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
1	Physical improvements and housing			0	0	0	0 %
2	Economic development			0	0	0	0 %
3	Community support			35,000	0	35,000	0 %
4	Environmental improvements			0	0	0	0 %
5	Leadership development and training for community members			0	0	0	0 %
6	Coalition building			0	0	0	0 %
7	Community health improvement advocacy			0	0	0	0 %
8	Workforce development			0	0	0	0 %
9	Other						
10	**Total**			35,000	0	35,000	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	13,437,655		
3	Enter 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			
4	Provide 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

5	Enter total revenue received from Medicare (including DSH and IME)	5	232,520,459
6	Enter Medicare allowable costs of care relating to payments on line 5	6	298,707,457
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-66,186,998
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "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 IV Management 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, primary website address, and state license number	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
	See Additional Data Table										

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)

Name of hospital facility or facility reporting group THE UNIV OF CHICAGO MEDICAL CENTER

If reporting on Part V, Section B for a single hospital facility 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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
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 2013			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests 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?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART VI			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☑ 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 as of the end of the tax year)			
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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☐ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☐ Residency			
i ☑ 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?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
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 individual'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 Section C)			
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 individual'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 Section C)			

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 individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Section C)

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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
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 individual 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. 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

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	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

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

Form and Line Reference	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

Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTE TO FINANCIAL STATEMENTS THE PROCESS FOR ESTIMATING THE ULTIMATE COLLECTIBILITY OF RECEIVABLES INVOLVES SIGNIFICANT ASSUMPTIONS AND JUDGEMENT UCMC HAS IMPLEMENTED A STANDARDIZED APPROACH TO THIS ESTIMATION BASED ON THE PAYOR CLASSIFICATION AND AGE OF OUTSTANDING RECEIVABLES ACCOUNT BALANCES ARE WRITTEN OFF AGAINST THE ALLOWANCE WHEN MANAGEMENT FEELS IT IS PROBABLE THE RECEIVABLE WILL NOT BE RECOVERED THE USE OF HISTORICAL COLLECTION EXPERIENCE IS AN INTEGRAL PART OF ESTIMATION OF THE RESERVE FOR DOUBTFUL ACCOUNTS REVISIONS IN THE RESERVE FOR DOUBTFUL ACCOUNTS ARE RECORDED AS ADJUSTMENTS TO THE PROVISION FOR DOUBTFUL ACCOUNTS

Form and Line Reference	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 $68,749,679 ALLOWABLE COSTS RELATING TO ABOVE PAYMENTS $76,441,340 SHORTFALL ($7,691,661) REVENUE RECEIVED FROM MEDICAID INCLUDES ADJUSTMENTS OF $990,000 FOR PRIOR YEARS NOT INCLUDED IN COMPUTATIONS OF SCHEDULE H, PART I, FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS NO ADJUSTMENT IS REPORTED FOR MEDICARE

Form and Line Reference	Explanation
PART III, LINE 6	THE MEDICARE ALLOWABLE COSTS OF CARE ON PART III, LINE 6 ARE BASED ON THE INPATIENT, OUTPATIENT AND ORGAN ACQUISITION COSTS FROM THE FILED FY 14 MEDICARE COST REPORT

Form and Line Reference	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

Form and Line Reference	Explanation
PART III, LINE 9B	UCMC PROVIDES DISCOUNTS FOR A PATIENT WHO QUALIFIES FOR TWELVE (12) MONTHS AFTER HE/SHE QUALIFIES IN ADDITION, UCMC COORDINATES ITS DISCOUNTS WITH UCPG FOR THE PHYSICIAN BILLING, WHICH IS THROUGH THE UNIVERSITY OF CHICAGO IN A 12 MONTH PERIOD FOR MEDICALLY NECESSARY HEALTH CARE SERVICES PROVIDED BY UCMC TO AN UNINSURED OR UNDERINSURED PATIENT, THE PATIENT IS NOT RESPONSIBLE TO PAY FOR MORE THAN THAT AMOUNT OF BILLED CHARGES IN EXCESS OF 20% OF THE PATIENT'S FAMILY INCOME THIS "MEDICAL INDIGENCY DISCOUNT" IS SUBJECT TO THE PATIENT'S CONTINUED ELIGIBILITY DURING THE APPLICABLE TIME PERIOD THE 12 MONTH PERIOD TO WHICH THE MAXIMUM AMOUNT APPLIES SHALL BEGIN ON THE FIRST DATE THE PATIENT RECEIVES MEDICALLY NECESSARY HEALTH CARE SERVICES THAT ARE DETERMINED TO BE ELIGIBLE FOR THE MEDICAL INDIGENCY DISCOUNT AT UCMC IN ORDER FOR UCMC TO DETERMINE THE 12 MONTH MAXIMUM AMOUNT THAT CAN BE COLLECTED FROM A PATIENT DEEMED ELIGIBLE, 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 PART V, SECTION D 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

Form and Line Reference	Explanation
PART VI, LINES 2, 4, & 5	SEE SCHEDULE O

Form and Line Reference	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

Form and Line Reference	Explanation
PART VI, LINE 6	N/A

Form and Line Reference	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/

Additional Data

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

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) 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

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A AND PART I, LINE 7	UCMC PROVIDED VERY LIMITED TAX GROSS-UP PAYMENTS UCMC PROVIDED HOUSING FOR ONE KEY EMPLOYEE, WHICH WAS GROSSED UP, PROVIDED MOVING EXPENSES FOR CERTAIN EMPLOYEES, WHICH WERE GROSSED UP, AND CERTAIN LIMITED BONUSES WERE GROSSED UP THESE LIMITED GROSS-UPS ARE NOT PROVIDED MORE BROADLY UNDER A WRITTEN POLICY, BUT INSTEAD ARE PROVIDED ON A FACTS-AND-CIRCUMSTANCES BASIS DISCRETIONARY SPENDING ACCOUNTS ARE AVAILABLE TO ALL OF THE ORGANIZATION'S OFFICERS AND VICE PRESIDENTS OFFICERS AND VICE PRESIDENTS WHO MADE USE OF THE DISCRETIONARY SPENDING ACCOUNT RECEIVED BETWEEN $1,509 AND $7,500 DURING THE YEAR THESE BENEFITS ARE ALL CONSIDERED TAXABLE COMPENSATION
SCHEDULE J, PART I, LINE 4A	TWO EXECUTIVES (VIRGINIA ROBERTS AND TERRY SOLEM) WERE COMPENSATED IN 2013 IN PART FOR ACTIVE EXECUTIVE-LEVEL SERVICES AND IN PART BY MEANS OF SEVERANCE PAYMENTS FOLLOWING TERMINATION OF EMPLOYMENT ($24,926 TO ROBERTS AND $105,050 TO SOLEM) ONE FORMER (MONA SONNENSHEIN) WAS COMPENSATED IN PART FOR ACTIVE EXECUTIVE-LEVEL SERVICES AND IN PART BY MEANS OF SEVERANCE PAYMENTS FOLLOWING TERMINATION OF EMPLOYMENT ($468,000) 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 UNITL THE INDIVIDUAL SATISFIES A SUBSTANTIAL FUTURE SERVICE REQUIREMENT IN ADDITION, CERTAIN INDIVIDUALS RECEIVED PAYMENTS FROM THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN MAYUMI FUKUI - $38,867 DAVID HICKS - $27,527 TERRY SOLEM - $88,540 MONA SONNENSHEIN - $114,124 VIRGINIA ROBERTS - $216,650 ERIC B YABLONKA - $60,743
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 2013 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 ALL OTHER FORMS OF COMPENSATION PROVIDED TO THESE INDIVIDUALS ARE REASONABLE THE FOLLOWING INDIVIDUALS LISTED IN SCHEDULE J, PART II ARE IDENTIFIED AS FORMER OFFICERS OR KEY EMPLOYEES, BUT THE COMPENSATION LISTED IS THE FAIR MARKET VALUE COMPENSATION PAID TO THEM FOR SERVICES THEY PERFORMED AS ACTIVE EMPLOYEES OF UCMC OR A RELATED ORGANIZATION (AND WAS NOT PAID TO THEM DUE TO THEIR FORMERLY HAVING BEEN LISTED AS OFFICERS OR KEY EMPLOYEES) KATHLEEN DEVRIES, MAYUMI FUKUI, BENJAMIN GIBSON, DAVE HICKS, DEBORAH KULL, AND EVERETT VOKES, MD

Additional Data

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 PRESIDENT/TRUSTEE (EX OFFICIO)	(I) (II)	842,520 0	308,409 0	68,176 0	165,744 0	31,862 0	1,416,711 0	0 0
ERIC ISAACS TRUSTEE (EX OFFICIO), UC PRVST	(I) (II)	0 580,106	0 57,209	0 50,817	0 0	0 81,573	0 769,705	0 0
P ALLAN KLOCK JR MD TRUSTEE (EX OFFICIO)	(I) (II)	0 389,626	0 114,142	0 0	0 20,400	0 5,344	0 529,512	0 0
KENNETH S POLONSKY MD TRUSTEE (EX OFFICIO), DEAN	(I) (II)	0 1,463,573	0 400,000	0 15,407	0 203,781	0 21,056	0 2,103,817	0 0
ROBERT J ZIMMER TRUSTEE (EX OFFICIO), UC PRES	(I) (II)	0 974,462	0 200,000	0 32,365	0 562,400	0 131,042	0 1,900,269	0 0
LISA ANASTOS EVP & CHIEF STRATEGY OFFICER	(I) (II)	550,913 0	191,673 0	56,639 0	109,076 0	22,073 0	930,374 0	0 0
KRISTA CURELL VP OF RISK, PT SAFETY & CCO	(I) (II)	295,202 0	103,440 0	20,349 0	58,865 0	20,605 0	498,461 0	0 0
JENNIFER A HILL BOARD SEC/DEAN CHIEF OF STAFF	(I) (II)	155,875 0	0 0	0 0	12,114 0	46,401 0	214,390 0	0 0
ANN M MCCOLGAN VP, CHIEF TREASURY OFFICER	(I) (II)	210,919 0	54,053 0	7,001 0	35,880 0	26,945 0	334,798 0	0 0
JOHN SATALIC VP & GENERAL COUNSEL	(I) (II)	432,651 0	150,983 0	95,126 0	85,921 0	32,381 0	797,062 0	0 0
SUSAN S SHER SR ADVISOR TO EVP MED AFFAIRS	(I) (II)	517,706 0	179,117 0	27,893 0	101,931 0	12,375 0	839,022 0	0 0
JAMES M WATSON VP & CHIEF FINANCIAL OFFICER	(I) (II)	612,712 0	212,504 0	98,467 0	120,931 0	31,872 0	1,076,486 0	0 0
DEBRA ALBERT SVP & CHIEF NURSING OFFICER	(I) (II)	319,569 0	89,054 0	20,150 0	54,120 0	32,844 0	515,737 0	0 0
BRENDA BATTLE VP DELIVERY INNOV, URBAN HLTH	(I) (II)	283,975 0	54,455 0	53,267 0	47,355 0	10,380 0	449,432 0	0 0
GARY GASBARRA VP FINANCE	(I) (II)	334,485 0	143,581 0	27,619 0	56,104 0	29,952 0	591,741 0	0 0
JASON KEELER VP CLINICAL & PROCEDURAL SVCS	(I) (II)	307,321 0	86,825 0	20,967 0	51,499 0	16,728 0	483,340 0	0 0
TERRY SOLEM VP & CHIEF HR OFFICER	(I) (II)	302,481 0	103,948 0	268,014 0	107,723 0	31,092 0	813,258 0	88,540 0
JONATHAN STEGNER VP SUPPLY CHAIN & LOGISTICS	(I) (II)	258,825 0	76,229 0	14,167 0	51,955 0	21,578 0	422,754 0	0 0
ERIC B YABLONKA VP & CHIEF INFORMATION OFFICER	(I) (II)	411,356 0	153,885 0	105,622 0	81,478 0	20,101 0	772,442 0	60,743 0
CHRISTOPHER KOPS VP CLIN PRAC FIN/ASSOC DEAN	(I) (II)	386,814 0	97,463 0	25,159 0	64,696 0	18,900 0	593,032 0	0 0

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				
SUNIL NARULA PHYSICIAN	(I) (II)	398,018 0	409,126 0	777 0	19,125 0	9,724 0	836,770 0	0 0
VIRGINIA ROBERTS VP SURGICAL SVCS & WOMENS HLTH	(I) (II)	267,572 0	104,029 0	299,051 0	141,744 0	18,486 0	830,882 0	216,650 0
LAWRENCE SCHILDER PHYSICIAN	(I) (II)	393,907 0	483,554 0	2,358 0	19,125 0	30,600 0	929,544 0	0 0
DARYL WILKERSON VP SUPPORT SERVICES	(I) (II)	298,060 0	98,190 0	56,797 0	53,393 0	18,377 0	524,817 0	0 0
MAYUMI FUKUI VP MANAGED CARE & PRGM DVLPMNT	(I) (II)	306,403 0	105,272 0	64,147 0	60,203 0	19,086 0	555,111 0	38,867 0
BENJAMIN GIBSON ASSOC GEN COUNSEL GOVT AFFAIRS	(I) (II)	247,964 0	77,319 0	11,871 0	41,775 0	29,628 0	408,557 0	0 0
MONA SONNENSHEIN FMR CHIEF OPERATING OFFICER	(I) (II)	148,939 0	0 0	631,496 0	11,700 0	25,303 0	817,438 0	114,124 0
EVERETT E VOKES MD FMR INTERIM DEAN/CEO	(I) (II)	0 730,929	0 200,000	0 0	0 20,400	0 24,500	0 975,829	0 0
ERIC E WHITAKER FMR EXEC VP, STRATG AFFLITNS	(I) (II)	110,155 0	0 0	46,822 0	8,400 0	8,793 0	174,170 0	0 0
KATHLEEN A DEVRIES VP MARKETING & COMMUNICATION	(I) (II)	254,761 0	88,656 0	11,772 0	50,452 0	17,932 0	423,573 0	0 0
DAVID HICKS VP & CHIEF PHARMACY OFFICER	(I) (II)	231,756 0	81,154 0	42,521 0	45,955 0	17,878 0	419,264 0	27,527 0
WILLIAM R HUFFMAN FMR VP FACILITIES & DESIGN	(I) (II)	78,826 0	29,870 0	57,063 0	10,161 0	1,506 0	177,426 0	0 0
DEBORAH KULL VP OPERATIONAL EXCELLENCE	(I) (II)	258,525 0	76,229 0	12,952 0	51,955 0	21,878 0	421,539 0	0 0
THOMAS ROSENBAUM TRUSTEE (EX OFFICIO), UC PRVST	(I) (II)	0 641,656	0 26,600	0 9,867	0 20,400	0 66,988	0 765,511	0 0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS HEALTH FACILITIES AUTHORITY	37-0988139	45200PWP8	08-07-2003	70,256,338	REDEEM EARLIER BONDS (1993)		X		X		X
B	ILLINOIS FINANCE AUTHORITY	52-1297563	45200MWS9	09-25-2005	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

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		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 ▶	0 750 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 750 %		0 %		0 %		0 %	
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 %		0 %					
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?	X		X		X		X	
	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 the 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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	REDEEM EARLIER BONDS (1993), ISSUANCE DATE OF 08/07/2003 08/07/2008, CONSTRUCTION - PEDIATRIC ER/CLINIC, ISSUANCE DATE OF 09/25/2005 09/29/2010, CONSTRUCTION AND RENOVATION, ISSUANCE DATE OF 04/19/2007 04/19/2012, CONSTRUCTION AND RENOVATION, ISSUANCE DATE OF 04/19/2007 04/19/2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 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

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		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 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %				0 %		0 %	
6	Total of lines 4 and 5	0 %				0 %		0 %	
7	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?	X		X		X		X	
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		32 4		32 4		32 4		32 4
d	Was the hedge superintegrated?		X		X		X		X
e	Was the 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
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.** Provide additional information for responses to questions on Schedule K (see instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	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

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X		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 ▶	0 470 %		0 470 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 470 %		0 470 %		0 %		0 %	
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?	X		X		X		X	
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								32 4
d	Was the hedge superintegrated?								X
e	Was the hedge terminated?								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
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.** Provide additional information for responses to questions on Schedule K (see instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	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

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		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 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
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?	X		X		X		X	
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		32 4		32 4		32 4		
d	Was the hedge superintegrated?		X		X		X		
e	Was the 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
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.** Provide additional information for responses to questions on Schedule K (see instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	24,705,875		
11	Other spent proceeds	79,674,588	0		
12	Other unspent proceeds	0	49,951,702		
13	Year of substantial completion	2012			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
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 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
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?	X		X					
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 the 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
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. Provide additional information for responses to questions on Schedule K (see instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

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

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

1 (a) Name of disqualified person	(b) 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) ERIC WHITAKER	FORMER OFFICER	PURCHASE RESIDENCE		X	400,000	290,953		No	Yes		Yes	
Total ▶ $						290,953						

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

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART II	WE NOTE THAT MR WHITAKER PAID THE BALANCE IN THE SECOND QUARTER OF FY 2015
SCHEDULE L, PART IV	TRUSTEE ROBERT CLARK IS 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 $27,701,634 TRUSTEE KELLY WELSH WAS 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 CORPORATION PROVIDES TYPICAL BANKING AND INVESTMENT SERVICES TO UCMC THE TOTAL PAYMENTS FOR ADMINISTRATIVE AND TRANSACTIONS FEES WERE $578,295 NOTE TRUSTEE KELLY WELSH RESIGNED FROM THE BOARD BEFORE JUNE 30, 2014 AND THEREFORE WAS NOT INCLUDED IN THE COUNT FOR PART I, LINE 3 AND 4 TRUSTEE ROBERT J ZIMMER IS THE PRESIDENT OF THE UNIVERSITY OF CHICAGO AND IS ALSO ON THE BOARD OF FERMI RESEARCH ALLIANCE, ARGONNE NATIONAL LABORATORY, AND MARINE BIOLOGICAL LABORATORY, RELATED ORGANIZATIONS OF UCMC TRUSTEE KENNETH S POLONSKY, TRUSTEE ERIC ISAACS, AND TRUSTEE P ALLAN KLOCK, JR ARE EMPLOYED BY THE UNIVERSITY OF CHICAGO, A RELATED ORGANIZATION TRUSTEE THOMAS ROSENBAUM WAS EMPLOYED BY THE UNIVERSITY OF CHICAGO, A RELATED ORGANIZATION, UNTIL JUNE 30, 2014

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132017105

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Return Reference	Explanation	
	PART III, LINE 4A AND SCHEDULE H, PART II & PART VI	THE UNIVERSITY OF CHICAGO MEDICAL CENTER ("UCMC") IS A NATIONALLY RECOGNIZED LEADER IN PAT IENT CARE, RESEARCH AND MEDICAL EDUCATION RENOWNED FOR TREATING SOME OF THE MOST COMPLEX MEDICAL CASES, UCMC BRINGS THE VERY LATEST MEDICAL TREATMENTS TO PATIENTS IN CHICAGO'S SOU TH SIDE COMMUNITY, AND THROUGHOUT THE WORLD IN THIS WAY, UCMC FURTHERS ITS COMMITMENT TO PATIENT CARE, CLINICAL PRACTICE AND COMMUNITY HEALTH UCMC PARTNERS WITH THE UNIVERSITY OF CHICAGO PHYSICIANS AND THE PRITZKER SCHOOL OF MEDICINE TO EDUCATE THE NEXT GENERATION OF PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS THE MEDICAL CENTER IS A LEADING PROVIDER O F COMPLEX CARE AND ROUTINELY RANKS AMONG THE TOP PROVIDERS OF MEDICAID SERVICES (BASED ON ADMISSIONS AND INPATIENT DAYS) IN THE STATE OF ILLINOIS COMMUNITY OVERVIEW, COMMUNITY SER VICE THE UCMC SERVICE AREA CONSISTS OF A LARGE, MEDICALLY UNDERSERVED, LOW INCOME POPULATI ON ON CHICAGO'S SOUTH SIDE, A COMMUNITY THAT IS AMONG ONE OF THE MOST ECONOMICALLY CHALLEN GED COMMUNITIES IN THE STATE OF ILLINOIS AND THAT HAS A CRITICAL NEED FOR QUALITY HEALTHCA RE THE POPULATION OF THE SOUTH SIDE IS APPROXIMATELY 87 PERCENT AFRICAN AMERICAN, 6 PERCE NT WHITE AND 4 PERCENT HISPANIC THE SOUTH SIDE IS RELATIVELY POOR COMPARED TO THE CITY OF CHICAGO AS A WHOLE WITH 29 PERCENT OF COMMUNITY RESIDENTS REPORTING FAMILY INCOMES BELOW THE POVERTY LEVEL COMPARED WITH 20 PERCENT FOR THE CITY AS A WHOLE IN ADDITION, JUST UNDE R HALF OF THE SOUTH SIDE COMMUNITY LIVES BELOW 200 PERCENT OF THE POVERTY LEVEL (SOURCE SERVING CHICAGO'S UNDERSERVED REGIONAL HEALTH SYSTEM PROFILES, CHICAGO DEPARTMENT OF PUBL IC HEALTH, CHICAGO HEALTH AND HEALTH SYSTEMS PROJECT (OCT 20, 2005)) THE SOUTH SIDE COMM UNITY IS ONE OF THE UNHEALTHIEST IN COOK COUNTY, WITH HIGH RATES OF DIABETES, ASTHMA, HYPE RTENSION AND OTHER CHRONIC CONDITIONS IN FACT, THE TARGET COMMUNITIES IN UCMC'S SERVICE A REA HAVE SOME OF THE HIGHEST CHRONIC DISEASE AND MORTALITY RATES IN CHICAGO UCMC IS ONE O F THE FEW HOSPITALS--AND THE ONLY ACADEMIC MEDICAL CENTER--LOCATED IN THE SOUTH SIDE OF CH ICAGO 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 PATIE NT DAYS) ON THE SOUTH SIDE OF CHICAGO AND ONE OF THE LARGEST IN THE STATE OF ILLINOIS UCM C PROVIDES A SUBSTANTIAL AMOUNT OF CARE FOR WHICH IT DOES NOT RECEIVE PAYMENT FOR FISCAL YEAR 2014, UCMC PROVIDED $25,793,000 IN CHARITY CARE AND INCURRED LOSSES ON GOVERNMENT PRO GRAMS OF $116,379,000, AND INCURRED UNCOMPENSATED CHARGES--OR BAD DEBT--OF $12,326,000 UC MC ALSO INCURRED $78,916,000 IN UNREIMBURSED EDUCATION EXPENSES DURING FY 2014, PROVIDED R ESEARCH SUPPORT OF $48,309,000 AND INCURRED $1,353,000 FOR OTHER PROGRAMS ADULT PATIENT C ARE IN THE CENTER FOR CARE AND DISCOVERY ("CCD") AND BERNARD A MITCHELL HOSPITAL IN FEBRU ARY 2013, UCMC OPENED THE CENTER FOR CARE AND DISCOVERY, A NEW 10-STORY HOSPITAL THAT SERV ES AS THE NEW CORE OF THE UCMC CAMPUS THE NEW HOSPITAL IS 1 2 MILLION SQUARE FEET AND CON TAINS 240 SINGLE-OCCUPANCY INPATIENT ROOMS, INCLUDING 52 INTENSIVE CARE BEDS, 21 OPERATING ROOMS WITH LEADING-EDGE TECHNOLOGY, AND 7 ADVANCED IMAGING SUITES FOR INTERVENTIONAL PROC EDURES THE CCD PROVIDES A HOME FOR COMPLEX SPECIALTY CARE WITH A FOCUS ON CANCER, GASTROI NTESTINAL DISEASE, NEUROSCIENCE, ADVANCED SURGERY, AND HIGH-TECHNOLOGY MEDICAL IMAGING TH E FACILITY IS DESIGNED FOR FAMILY-CENTERED CARE AND IMPROVED COMMUNICATION AMONG ALL MEMBE RS OF THE PATIENTS CARE TEAM BERNARD A MITCHELL HOSPITAL ("MITCHELL"), WHICH WAS BUILT I N 1983, CONTINUES TO OPERATE 228 INPATIENT BEDS AND INCLUDES THE EMERGENCY DEPARTMENT AND ARTHUR RUBLOFF INTENSIVE CARE TOWER MITCHELL ALSO HOUSES THE UNIVERSITY OF CHICAGO MEDICA L CENTER BURN AND ELECTRICAL TRAUMA UNITS AND INTENSIVE CARE UNITS FOR TRANSPLANTATION, NE UROLOGY AND NEUROSURGERY, CARDIOTHORACIC CARE, GENERAL SURGERY, AND GENERAL MEDICINE PATIE NTS UCMC HOUSES ONE OF ONLY TWO BURN UNITS IN CHICAGO, AT WHICH UCMC PROVIDES CARE TO CRI TICALLY-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 A REAS, INCLUDING TRANSPLANTATION OF THE LIVER, KIDNEY, PANCREAS, LUNG, HEART, BONE MARROW A ND OTHER TISSUES, MULTIPLE-ORGAN TRANSPLANTATION, AND RESEARCH IN TRANSPLANT IMMUNOLOGY U CMC PERFORMED 136 ORGAN TRANSPLANTS IN FY 2014 AND 189 BONE MARROW OR STEM CELL TRANSPLANT PROCEDURES FOR THE TREATMENT OF VARIOUS CANCERS FOR BOTH ADULT AND PEDIATRIC PATIENTS UC MC ADMITTED MORE THAN 21,500 ADULT PATIENTS IN FIS

Return Reference	Explanation	
	PART III, LINE 4A AND SCHEDULE H, PART II & PART VI	CAL YEAR 2014 WITH MORE THAN 430,000 ADULT AND PEDIATRIC VISITS TO THE OUTPATIENT AMBULATO RY CARE FACILITY IN ADDITION, UCMC'S MITCHELL HOSPITAL CONTAINS STATE-OF-THE-ART OBSTETRI CAL AND GYNECOLOGICAL FACILITIES AND HAS A LEADING PROGRAM IN REPRODUCTIVE ENDOCRINOLOGY A ND INFERTILITY THE FACILITIES INCLUDE EIGHT LABOR ROOMS, THREE DELIVERY ROOMS, AND TWO BI RTHING ROOMS, AS WELL AS A 17-BED GYNECOLOGY UNIT AND FOUR OBSTETRIC OPERATING ROOMS UCMC 'S EMERGENCY DEPARTMENT IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK AND IN FY 2014, UCMC PROVIDE D OVER 50,000 ADULT ED VISITS, MAKING IT THE BUSIEST EMERGENCY ROOM ON CHICAGO'S SOUTH SID E 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 R EPRESENTS CHICAGO SOUTH AS A RESOURCE HOSPITAL, UCMC HAS AUTHORITY AND RESPONSIBILITY OVE R THE ENTIRE EMS REGIONAL SYSTEM, INCLUDING THE CLINICAL ASPECTS, OPERATIONS AND EDUCATION AL 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 RE SPONSIBLE FOR REPLACING MEDICAL SUPPLIES AND PROVIDING FOR EQUIPMENT EXCHANGE IN PARTICIPA TING EMS VEHICLES UCMC SPENDS APPROXIMATELY $30,000 PER YEAR ON REPLACEMENT AND RESTOCKIN G CHICAGO COMER CHILDREN'S HOSPITAL AS A MAJOR TERTIARY REFERRAL CENTER, THE UNIVERSITY O F CHICAGO COMER CHILDREN'S HOSPITAL SEES CHILDREN WITH MEDICAL PROBLEMS THAT RANGE FROM SO ME OF THE MOST COMMON TO SOME OF THE MOST COMPLEX IN ITS 155 BED, SEVEN-STORY FACILITY, WH ICH OPENED IN FEBRUARY 2005 FAMILIES OF THESE PEDIATRIC PATIENTS CAN STAY AT THE 30,000 S QUARE-FOOT RONALD MCDONALD HOUSE ON CAMPUS, WHICH UCMC BUILT AND OPENED IN DECEMBER 2007, NEARLY DOUBLING THE SIZE OF THE PRIOR RONALD MCDONALD HOUSE MORE THAN 4,600 CHILDREN WERE ADMITTED AS PATIENTS TO COMER CHILDREN'S HOSPITAL IN FISCAL YEAR 2014 FROM THE CHICAGO AR EA, THE MIDWEST, AND AROUND THE WORLD IN FY 2014, UCMC'S OUTPATIENT CLINICS ACCOMMODATED ALMOST 43,000 GENERAL PEDIATRIC AND SPECIALTY VISITS IN ITS AMBULATORY CARE FACILITY AND O VER 27,000 VISITS WERE MADE TO THE COMER PEDIATRIC EMERGENCY ROOM COMER CHILDREN'S HOSPIT AL IS STAFFED BY MORE THAN 100 PHYSICIANS FROM THE DEPARTMENT OF PEDIATRICS AT THE UNIVERS ITY, AS WELL AS SPECIALTY NURSES AND CARING SUPPORT STAFF THE TEAMS OF HEALTHCARE PROFESS IONALS--INCLUDING MEDICAL STUDENTS, RESIDENTS AND FELLOWS--WORK TOGETHER TO PROVIDE GENERA L AND SPECIALTY MEDICAL CARE FOR NEWBORNS TO YOUNG ADULTS AT COMER CHILDREN'S HOSPITAL AN D THROUGH ITS OUTPATIENT CLINICS, CHILDREN AND TEENS RECEIVE ADVANCED THERAPIES IN VIRTUAL LY 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 CRITI CALLY ILL AND INJURED CHILDREN IN ITS TECHNOLOGICALLY ADVANCED PEDIATRIC INTENSIVE CARE UN IT (''PICU'') THE 30-BED PICU IS FULLY EQUIPPED TO TREAT CHILDREN WITH MULTIPLE TRAUMAS, CO MPLEX MEDICAL PROBLEMS, AND CONDITIONS REQUIRING MAJOR SURGERY, INCLUDING CARDIAC, TRANSPL ANT, AND NEUROSURGERY IN ADDITION, 47 DESIGNATED TERTIARY CARE (LEVEL III) BEDS IN THE NE ONATAL INTENSIVE CARE UNIT AND 24 CONVALESCENT (LEVEL II) BEDS IN THE TRANSITIONAL CARE UN IT PROVIDE PREMATURE AND CRITICALLY ILL INFANTS WITH THE MOST ADVANCED MEDICAL CARE AND LI FE SUPPORT SYSTEMS

Return Reference	Explanation	
	PART III, LINE 4A AND SCHEDULE H, PART II & PART VI CONTINUED	AT THE COMER CHILDREN'S HOSPITAL, INFANTS WHO SPEND TIME IN THE NICU RECEIVE SPECIALIZED F OLLOW-UP CARE AFTER THEY ARE DISCHARGED AT ITS CENTER FOR HEALTHY FAMILIES (''CENTER'') THE CENTER USES A MULTIDISCIPLINARY CARE APPROACH THAT INCLUDES GENERAL PEDIATRICIANS, NEONAT OLOGISTS, NURSE EDUCATORS, PEDIATRIC SOCIAL WORKERS, REGISTERED DIETITIANS, OCCUPATIONAL T HERAPISTS, PHYSICAL THERAPISTS, SPEECH THERAPISTS AND HOME HEALTH NURSES THE CENTER ALSO DRAWS ON THE EXPERTISE OF OTHER PEDIATRIC SPECIALISTS AS NEEDED THE TEAM ADDRESSES A HOST OF CONCERNS, INCLUDING MEDICAL AND PHYSICAL NEEDS, DEVELOPMENT, MOTOR SKILLS, SPEECH, GRO WTH, NUTRITION, AND THE HOME ENVIRONMENT TEAM MEMBERS ARE AVAILABLE BY PAGER 24 HOURS A D AY AND ALSO TEACH PARENTS HOW TO GIVE MEDICATIONS, MONITOR SYMPTOMS, AND TAKE OTHER STEPS TO MEET THEIR CHILD'S SPECIAL NEEDS SOMETIMES, TEAM MEMBERS EVEN VISIT THE CHILD'S HOME T O HELP PARENTS AND CAREGIVERS ADAPT TO THE PHYSICAL AND EMOTIONAL ENVIRONMENT TO SUPPORT T HE CHILD'S NEEDS COMER CHILDREN'S HOSPITAL SERVES AS THE CENTER OF A REGIONAL PERINATAL N ETWORK THAT IS RESPONSIBLE FOR THE ADMINISTRATION AND IMPLEMENTATION OF THE ILLINOIS DEPAR TMENT OF PUBLIC HEALTH'S (''IDPH'') REGIONALIZED PERINATAL HEALTH CARE PROGRAM IN THIS ROLE , UCMC PROVIDES NINE AREA HOSPITALS WITH CONSULTATION AS WELL AS TRANSPORT SERVICES FOR AP PROXIMATELY 16,000 BABIES BORN IN NETWORK HOSPITALS, MORE THAN ONE-THIRD OF THEM CONSIDERE D HIGH-RISK THE NETWORK IS COMMITTED TO REDUCING FETAL AND INFANT MORTALITY THROUGHOUT TH E SURROUNDING URBAN, SUBURBAN, AND RURAL COMMUNITIES UCMC ALSO PROVIDES LEADERSHIP IN THE DESIGN AND IMPLEMENTATION OF IDPH'S CONTINUOUS QUALITY IMPROVEMENT PROGRAM AND PARTICIPAT ES IN CONTINUING EDUCATION FOR OTHER HEALTH PROFESSIONALS MORE THAN 60% OF ALL CARE PROVI DED AT COMER CHILDREN'S HOSPITAL IS PROVIDED TO CHILDREN COVERED BY THE MEDICAID PROGRAM COMER CHILDREN'S HOSPITAL HAS A STRONG COMMITMENT TO ITS COMMUNITY AND SPONSORS A NUMBER O F PROGRAMS AND SERVICES THAT EXTEND BEYOND ITS WALLS FOR EXAMPLE, COMER CHILDREN'S HOSPIT AL TAKES PRIMARY CARE TO CHILDREN IN ITS SURROUNDING NEIGHBORHOODS THROUGH THE PEDIATRIC M OBILE MEDICAL UNIT (THE ''MOBILE UNIT''), WHICH FEATURES TWO FULLY EQUIPPED EXAM ROOMS AND A TEAM COMPRISED OF A PHYSICIAN, A NURSE PRACTITIONER AND A COMMUNITY HEALTH ADVOCATE THE 40-FOOT-LONG MOBILE UNIT PROVIDES A FULL ARRAY OF PEDIATRIC PRIMARY CARE SERVICES TO CHILD REN AGES 3 TO 19 WHO MAY NOT RECEIVE HEALTHCARE ON A REGULAR BASIS AND BRINGS MEDICAL RESO URCES TO THE CHILDREN'S SCHOOL SO PARENTS OR GUARDIANS DON'T HAVE TO WORK THROUGH OBSTACLE S, SUCH AS TRANSPORTATION AT SCHOOLS THROUGHOUT THE COMMUNITY, THE MOBILE UNIT PROVIDES S UCH SERVICES AS IMMUNIZATIONS, PHYSICALS FOR SCHOOL AND SPORTS, SCREENINGS FOR VISION, HEA RING, LEAD POISONING, AND ANEMIA, URINE TESTS, AND BLOOD DRAWS AT HIGH SCHOOLS, THE MOBIL E UNIT OFFERS HEALTH EDUCATION AND TREATMENT FOR MINOR INJURIES WHEN APPROPRIATE, CHILDRE N ARE REFERRED FOR FOLLOW UP CARE AND SPECIALTY SERVICES TO MANAGE CONDITIONS SUCH AS ASTH MA, DIABETES, OR MENTAL HEALTH PROBLEMS CARE DELIVERY INITIATIVES UCMC'S SOUTH SIDE COMMU NITY LACKS NEEDED HEALTH CARE SERVICES CHICAGO'S SOUTH SIDE HAS LOST SEVEN HOSPITALS SINC E 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 MED ICAL SERVICES AND AN INCREASED DEMAND FOR PREVENTATIVE CARE ROOTED IN THE FIRM BELIEF THA T ALL PATIENTS SHOULD HAVE ACCESS TO THE HEALTH CARE SERVICES THEY NEED, UCMC HAS PARTNERE D WITH OTHER HEALTHCARE PROVIDERS THAT SERVE THIS COMMUNITY TO COORDINATE RESOURCES UCMC IS COMMITTED TO BUILDING STRONG AND MEANINGFUL RELATIONSHIPS WITH THE SURROUNDING COMMUNIT Y AND RECOGNIZES THAT THESE RELATIONSHIPS WILL HELP IMPROVE HEALTH OUTCOMES ON THE SOUTH S IDE 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, I NCLUDING RESEARCH ON THE DISEASES THAT HAVE THE GREATEST IMPACT IN THE SOUTH SIDE COMMUNIT Y (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 ONE OF THE KEY COMPONENTS OF THE UHI IS THE SOUTH SIDE HEALTHCARE COLLABORATIVE (SSHC), UN DER WHICH UCMC SUPPORTS A NETWORK OF OVER 30 COMMUNITY-BASED HEALTH CENTERS, FREE CLINICS AND LOCAL HOSPITALS THAT PROVIDE PRIMARY CARE AND SPECIALTY CARE SERVICES TO PATIENTS IN T HE COMMUNITY THE SSHC WAS ESTABLISHED IN 2005, WITH ASSISTANCE FROM A TWO-YEAR HEALTHY CO MMUNITIES ACCESS PROGRAM GRANT FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVI CES, TO HELP EMERGENCY ROOM PATIENTS WHO REPORT NO

Return Reference	Explanation	
	PART III, LINE 4A AND SCHEDULE H, PART II & PART VI CONTINUED	T HAVING A PRIMARY CARE PHYSICIAN FIND APPROPRIATE CARE AT A MEDICAL HOME WHERE THE PATIEN T CAN ESTABLISH AN ONGOING RELATIONSHIP WITH A COMMUNITY CLINIC OR PHYSICIAN AFTER THE GO VERNMENT GRANT ENDED, UCMC UNDERTOOK THE CONTINUED FUNDING OF THE SSHC OPERATIONS THIS NE TWORK HELPS IMPROVE THE HEALTH AND WELL-BEING OF RESIDENTS ACROSS THE CITY TO HELP PATIEN TS CONNECT WITH COMMUNITY HEALTH RESOURCES, UCMC STAFFS ITS EMERGENCY DEPARTMENT WITH PATI ENT 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 COND UCT COMPREHENSIVE SOCIAL SERVICE ASSESSMENTS AND REFERRALS IN THE EMERGENCY DEPARTMENT UC MC PROVIDES INFORMATION TO PATIENTS ABOUT AVAILABLE SSHC RESOURCES AND, SINCE 2010, PATIEN T ADVOCATES HAVE SCHEDULED ALMOST 20,000 PRIMARY OR SPECIALTY CARE APPOINTMENTS FOR PATIEN TS WITH PROVIDERS IN THE COMMUNITY IN FY 2014, PATIENT ADVOCATES WORKED WITH ALMOST 11,00 0 PATIENTS AND SCHEDULED OVER 7,700 APPOINTMENTS FOR PATIENTS TO RECEIVE PRIMARY AND SPECI ALTY CARE FROM COMMUNITY PROVIDERS UCMC ALSO SUPPORTS SEVERAL IMPORTANT INITIATIVES TO HE LP IMPROVE THE HEALTH OF ITS COMMUNITY FOR EXAMPLE, THE CHICAGO CENTER FOR HIV ELIMINATIO N (CCHE), WORKS WITHIN SOME OF THE MOST AT-RISK NEIGHBORHOODS IN CHICAGO TO ADVANCE HIV TE STING AND PREVENTION INTERVENTIONS LOCALLY, PROVIDING TANGIBLE RESULTS TO THOSE MOST AFFEC TED AND IMPROVING THE LIVES OF THOSE LIVING WITH HIV INFECTION THE CCHE WORKS THROUGH NET WORKS AND THE COMMUNITY AT LARGE TO WORK TO REDUCE (AND ULTIMATELY ELIMINATE) HIV TRANSMIS SION AT THE INDIVIDUAL LEVEL IN ADDITION, UCMC AND THE UNIVERSITY OF CHICAGO'S COMPREHENS IVE CANCER CENTER ARE FOCUSED ON ADDRESSING THE GAP BETWEEN ADVANCES IN CANCER CARE AND PA TIENT ACCESSIBILITY TO ACHIEVE THE DESIRED CANCER PREVENTION AND CONTROL OUTCOMES, THE CO MPREHENSIVE 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 IMPRO VING THE QUALITY OF LIFE FOR CANCER PATIENTS AND SURVIVORS, REDUCING RISK FACTORS, INCREAS ING ACCESS TO CARE, REDUCING TOBACCO USE AND INCREASING PARTICIPATION IN CANCER RESEARCH TO THIS END, UCMC AND THE UNIVERSITY OF CHICAGO INITIATED THE OFFICE OF COMMUNITY ENGAGEME NT AND CANCER DISPARITIES (''OCECD''), WITH A GOAL OF ENHANCING PUBLIC AWARENESS OF CANCER P REVENTION, EARLY CANCER DETECTION AND CONTROL, AND THE ROLE OF GENETICS IN CANCER THE PRO GRAM ALSO STRIVES TO PROVIDE SUSTAINED ENGAGEMENT WITH THE SOUTH SIDE COMMUNITY TO INCREAS E LOCAL AWARENESS OF THE LATEST ADVANCES IN CANCER RESEARCH OCECD PARTNERS WITH THE AMERI CAN CANCER SOCIETY IN A STATEWIDE INITIATIVE TO INCREASE COLORECTAL CANCER SCREENINGS SIN CE 2012, UCMC HAS PROVIDED ALMOST 200 COLONOSCOPIES TO UNINSURED RESIDENTS OF ITS COMMUNIT Y

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 E LIGIBLE WOMEN THROUGH UCMC'S PARTICIPATION IN THE IBCCP, UCMC PROVIDES MAMMOGRAPHY AND BR EAST 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 SIN CE UCMC'S PARTNERSHIP WITH IBCCP BEGAN, UCMC HAS PROVIDED CLOSE TO 1,500 SERVICES TO PATIE NTS, INCLUDING SCREENING AND DIAGNOSTIC MAMMOGRAMS, AND ULTRASOUNDS THE ER COMMUNITY PORT AL IS A WEB-BASED SITE THAT GIVES SSHC PHYSICIANS THE ABILITY TO ACCESS THE MEDICAL RECORD S OF PATIENTS REFERRED FROM UCMC'S PEDIATRIC AND ADULT EMERGENCY ROOMS THE PORTAL IS AIME D AT HELPING TO LOWER MEDICAL COSTS BY REDUCING THE NEED TO RE-ORDER REDUNDANT TESTS, REDU CING MEDICAL ERRORS BY GIVING COMMUNITY PHYSICIANS A MORE COMPREHENSIVE VIEW OF PATIENTS' MEDICAL HISTORIES, AND IMPROVING OUTCOMES BY PROVIDING BETTER CONTINUITY OF CARE THE PORT AL IS JUST ONE OF THE MANY STEPS GEARED TOWARDS CREATING A SEAMLESS NETWORK OF INTERCONNEC TED HEALTH CARE AND SOCIAL SERVICE AGENCIES ON THE SOUTH SIDE INNOVATIVE EFFORTS TO BENEF IT UCMC'S COMMUNITY AS PART OF THE UHI, UCMC HAS UNDERTAKEN RESEARCH INITIATIVES THAT ENGA GE 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 RESOURCE S TO THE COMMUNITY AND TO FACILITATE RESEARCH AND DEMONSTRATIONS DONE BY UNIVERSITY INVEST IGATORS IN COLLABORATION WITH SOUTH SIDE RESIDENTS ONE OF THE MAJOR CCHV INITIATIVES IS T HE SOUTH SIDE HEALTH AND VITALITY STUDIES (THE "STUDIES") THE STUDIES ARE GUIDED BY THE F UNDAMENTAL PREMISE THAT SCIENTIFIC INQUIRY IN SERVICE TO COMMUNITY PRIORITIES AND IN COLLA BORATION 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, ENVIRONME NTAL 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 PROGRAM CALLED MAPSCORP (MEANINGFUL ACTIVE PRODUCTIVE SC IENCE IN SERVICE TO THE COMMUNITY) WHICH ENGAGES COMMUNITY MEMBERS IN OBSERVING, COLLECTIN G, CATALOGUING, AND ANALYZING DATA ABOUT BUSINESSES AND ORGANIZATIONS, INCLUDING COMMERCIA L, HEALTHCARE, SOCIAL AND CIVIC RESOURCES IN ALL THIRTY-FOUR (34) SOUTH SIDE NEIGHBORHOODS THIRTEEN NEIGHBORHOODS AND MORE THAN 8,000 ASSETS HAVE BEEN MAPPED SO FAR THE DATA COLL ECTED IS SHARED PUBLICLY AT SOUTHSIDEHEALTH ORG THIS INTERACTIVE WEBSITE ALSO PROVIDES PR OFESSIONALS WITH DETAILED INFORMATION ABOUT AVAILABLE RESOURCES FOR HEALTH AND HUMAN SERVI CES IN CHICAGO'S SOUTH SIDE ANOTHER ONE OF THE STUDIES IS THE HEALTHERX PROGRAM, WHICH US ES INFORMATION COLLECTED THROUGH THE MAPSCORP PROGRAM TO CREATE A PERSONALIZED LIST OF COM MUNITY PROGRAMS AND SERVICES MATCHED TO PATIENTS' HEALTH AND WELLNESS NEEDS HEALTHERX ALS O CONNECTS PATIENTS TO A COMMUNITY HEALTH INFORMATION SPECIALIST, AND OTHER HEALTH, SOCIAL , AND WELLNESS RESOURCES IN THE COMMUNITY A HEALTHERX PERSONALIZED LIST IS PROVIDED TO PA TIENTS FOLLOWING THEIR VISITS TO UCMC'S ADULT AND PEDIATRIC EMERGENCY DEPARTMENTS, AS WELL AS 16 FEDERALLY QUALIFIED HEALTH CENTER SITES (AND SSHC PARTNERS) TWENTY SITES IN TOTAL ARE CURRENTLY USING HEALTHERX IN FY 2014, MORE THAN 40,000 RESIDENTS LEAVING A SOUTH SIDE HEALTH CENTER, CLINIC, OR EMERGENCY DEPARTMENT RECEIVED A PERSONALIZED HEALTHERX PRINTOUT MOREOVER, IN FY 2014, MORE THAN 67,000 HEALTHERX "PRESCRIPTIONS" WERE GENERATED, WITH MO RE THAN 2,700 BEING AIMED AT CHILD OBESITY, 6,300 FOR DIABETES, AND 10,000 FOR ASTHMA THE EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES ("ECHO CHICAGO") MODEL IS AN INNOVATE 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 PRI MARY CARE PROVIDERS IN THE COMMUNITY, ENABLING UNDERSERVED PATIENTS TO RECEIVE STATE-OF-TH E-ART, EVIDENCE-BASED CARE FOR COMPLEX CHRONIC CONDITIONS WITHIN THE FAMILIAR SURROUNDINGS OF THEIR MEDICAL HOME IN FY 2014, ECHO CHICAGO WORKED WITH 15 HEALTH CENTERS ACROSS 34 N EIGHBORHOODS UCMC ALSO PROVIDES COMMUNITY RESIDENTS WITH PRIMARY AND SPECIALTY CARE THROU GH A NUMBER OF ADDITIONAL PROGRAMS FOR EXAMPLE, IN AN EFFORT TO EXPAND THE AVAILABILITY O F HIGH QUALITY MEDICAL CARE IN THE COMMUNITY, UNDER THE UHI, UCMC HAS PLACED SPECIALTY CAR E PROVIDERS AT FEDERALLY QUALIFIED HEALTH CENTERS ("FQHC") IN THE SOUTH SIDE IN THIS WAY, UCMC AIMS TO INCREASE THE AVAILABILITY OF SPECIAL

Return Reference	Explanation	
	PART III, LINE 4A AND SCHEDULE H, PART II & PART VI CONTINUED	TY 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 C ONDITIONS COMMUNITY EDUCATION AND OUTREACH AS A MEMBER OF A DIVERSE NEIGHBORHOOD, UCMC IS INVOLVED IN A VARIETY OF ACTIVITIES WITH COMMUNITY GROUPS, FAITH-BASED ORGANIZATIONS, COM MUNITY LEADERS AND RESIDENTS TO THIS END, UCMC PARTICIPATES IN, AND HOLDS COMMUNITY EVENT S, TO BUILD PARTNERSHIPS WITH LOCAL COMMUNITIES AND ENGAGE DIRECTLY IN PROVIDING INFORMATI ON AND SOLUTIONS THAT ENHANCE HEALTHCARE IN THE NEIGHBORHOODS SURROUNDING UCMC AT THESE C OMMUNITY EVENTS, UCMC CLINICAL AND ADMINISTRATIVE PERSONNEL SPEAK DIRECTLY TO MEMBERS OF T HE COMMUNITY ABOUT A VARIETY OF ISSUES, INCLUDING HOW TO MANAGE PARTICULAR MEDICAL ISSUES AND THE IMPORTANCE OF HAVING A MEDICAL HOME, AND INVITES COMMUNITY RESIDENTS TO PARTICIPAT E IN EVENTS ON SPECIFIC DISEASES AND DIAGNOSES ON A REGULAR BASIS, UCMC HOLDS A UHI SUMMI T, WHICH BRINGS TOGETHER UCMC PHYSICIANS, ADMINISTRATORS AND STAFF, PUBLIC HEALTHCARE OFFI CIALS, REPRESENTATIVES OF VARIOUS COMMUNITY ORGANIZATIONS, AND THE MEDIA TO DISCUSS WAYS T O 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 UC MC PROVIDES FINANCIAL INCENTIVES TO ENCOURAGE ALUMNI TO PRACTICE IN SURROUNDING, UNDERSERV ED COMMUNITIES THROUGH UCMC'S FUNDING OF A PROGRAM CALLED REPAYMENT FOR EDUCATION TO ALUMN I IN COMMUNITY HEALTH, OR REACH REACH ENCOURAGES UP TO FIVE GRADUATES A YEAR FROM THE PRI TZKER SCHOOL OF MEDICINE TO PRACTICE MEDICINE AT A FEDERALLY QUALIFIED HEALTH CLINIC OR CO MMUNITY HOSPITAL ON THE SOUTH SIDE OF CHICAGO, ONCE THEY HAVE COMPLETED A RESIDENCY IN EX CHANGE, STUDENTS RECEIVE FINANCIAL HELP, WHICH CAN BE USED FOR EDUCATION LOAN REPAYMENT, O F $40,000 A YEAR COMMUNITY BENEFIT GRANTS UCMC PROVIDES GRANTS TO COMMUNITY ORGANIZATIONS UNDER THE UHI TO HELP THEM EXPAND THEIR CAPABILITIES TO SERVE MORE PATIENTS WITH MORE RES OURCES AND ALSO PROVIDES SPONSORSHIPS TO COMMUNITY ORGANIZATIONS AND INITIATIVES UCMC DEV ELOPS PARTNERSHIPS WITH COMMUNITY HOSPITALS TO HELP MAKE THE BEST USE OF RESOURCES IN UNDE RUTILIZED HOSPITALS IN FY 2014, UCMC FORMALIZED A COMMUNITY BENEFIT GRANT PROGRAM AND AWA RDED GRANTS AND SPONSORSHIPS TO COMMUNITY ORGANIZATIONS, WHICH WERE USED PRIMARILY TO ADDR ESS THE UCMC HEALTH PRIORITY AREAS TO IMPROVE ACCESS TO CARE, PROMOTE PHYSICAL EXERCISE AN D NUTRITION, ASTHMA EDUCATION AND MANAGEMENT, CANCER SCREENINGS AND EDUCATION, AND VIOLENC E PREVENTION DURING THIS FISCAL YEAR, UCMC AWARDED GRANT FUNDS TO 17 COMMUNITY ORGANIZATI ONS SEEKING TO ADDRESS THESE ISSUES RESEARCH AND EDUCATION UCMC DEDICATES RESOURCES TO A VARIETY OF CLINICAL, RESEARCH AND EDUCATION INITIATIVES THAT ARE DESIGNED TO PROMOTE BETTE R HEALTH RESULTS FOR THE COMMUNITIES IT SERVES UCMC WORKS WITH THE UNIVERSITY TO CONDUCT A WIDE ARRAY OF EXTERNALLY AND INTERNALLY FUNDED BIOLOGIC RESEARCH WITH THE AIM OF FINDING SOLUTIONS TO SOME OF THE COUNTRY'S MOST CRITICAL HEALTH PROBLEMS HUNDREDS OF CLINICAL RE SEARCH PROJECTS ARE BEING CONDUCTED AT UCMC FACILITIES AT ANY ONE TIME AND ARE AVAILABLE T O NEARLY EVERY TYPE OF PATIENT UCMC TREATS AS A RESULT, UCMC PROVIDES THE ONLY COMPREHENS IVE SET OF CLINICAL TRIALS TO PATIENTS IN THE SOUTH SIDE OF CHICAGO

Return Reference	Explanation
PART III, LINE 4A AND SCHEDULE H, PART II & PART VI CONTINUED	FOR EXAMPLE, THE CENTER FOR INTERDISCIPLINARY HEALTH DISPARITIES RESEARCH FOCUSES ON ACHIEVING A TRANS-DISCIPLINARY APPROACH TO UNDERSTANDING POPULATION HEALTH AND HEALTH DISPARITIES AND THE ELIMINATION OF GROUP DIFFERENCES IN HEALTH CURRENTLY THE CENTER FOR INTERDISCIPLINARY HEALTH DISPARITIES RESEARCH IS FOCUSED ON UNDERSTANDING WHY AFRICAN AMERICAN WOMEN DEVELOP BREAST CANCER AT A YOUNGER AGE AND HAVE A HIGHER INCIDENCE OF MORTALITY FROM BREAST CANCER THAN DO WHITE WOMEN IN ADDITION, IN FY 2014, UCMC PUBLISHED A STUDY THROUGH THE SOUTH SIDE HEALTH AND VITALITY STUDIES TITLED "POPULATION-BASED BIOSOCIAL DEMONSTRATION STUDY SOUTH SIDE POPULATION HEALTH STUDY " THIS STUDY PROVIDED DATA ON QUESTIONS TO COMMUNITY RESIDENTS ABOUT THEIR PHYSICAL AND MENTAL HEALTH, HEALTH-RELATED BEHAVIORS, TECHNOLOGY OWNERSHIP AND USE, AND AWARENESS AND USE OF COMMUNITY RESOURCES THE DATA OBTAINED HELPED TO FURTHER EXPLORE AND IDENTIFY THE GREATEST NEEDS IN THE UCMC SERVICE AREA 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

Return Reference	Explanation
PART VI, LINE 2	TRUSTEE PAUL F ANDERSON AND TRUSTEE JAMES S FRANK HAD A BUSINESS RELATIONSHIP TRUSTEE PAUL F ANDERSON AND TRUSTEE STANFORD J GOLDBLATT HAD A BUSINESS RELATIONSHIP TRUSTEE STEPHANIE COMER HAD A BUSINESS RELATIONSHIP WITH TRUSTEE BRIEN O'BRIEN TRUSTEE KELLY R WELSH WAS THE EXECUTIVE VICE PRESIDENT AND GENERAL COUNSEL OF NORTHERN TRUST CORPORATION, WHICH MAY HAVE HAD BUSINESS RELATIONSHIPS WITH ONE OR MORE OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES TRUSTEE PATRICK KELLY AND TRUSTEE JAMES S CROWN HAD A BUSINESS RELATIONSHIP WITH TRUSTEE RODNEY L GOLDSTEIN TRUSTEE CRAIG J DUCHOSSOIS AND TRUSTEE PATRICK KELLY HAD A BUSINESS RELATIONSHIP TRUSTEE JOHN BUCKSBAUM HAS A BUSINESS RELATIONSHIP WITH TRUSTEE RODNEY L GOLDSTEIN THE FOLLOWING UCMC TRUSTEES ARE ALSO ON THE UNIVERSITY OF CHICAGO BOARD OR A UC OFFICER ANDREW M ALPER JAMES S CROWN CRAIG J DUCHOSSOIS JAMES S FRANK RODNEY L GOLDSTEIN EMILY NICKLIN PAULA WOLFF PAUL YOVOVICH ROBERT J ZIMMER

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

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

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 WAS PROVIDED A DRAFT COPY OF 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

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

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.

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

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 -2014 AUDITED FINANCIAL STATEMENTS -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

Return Reference	Explanation
PART VII, SECTION B	THE AMOUNT LISTED FOR FOUR OF THE TOP FIVE INDEPENDENT CONTRACTORS INCLUDE A COMBINATION OF PAYMENT FOR SERVICES (A SIGNIFICANT PORTION OF PAYMENT) AS WELL AS PAYMENT FOR GOODS, CAPITAL ITEMS AND OTHER NON-SERVICE COMPONENTS PROVIDED BY THE CONTRACTOR

Return Reference	Explanation
PART XI, LINE 9	TRANSFER TO UNIVERSITY (72,749,060), CHANGE IN VALUATION OF DERIVATIVE (5,914,338), ADDITIONAL MINIMUM PENSION LIABILITIES 1,336,848, CHANGE IN ACCOUNTING PRINCIPLE 36,250

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 17627458

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 170958031

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROGRAM DEVELOPMENT TOTAL FEES 94533703

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132017105

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO MEDICAL CENTER

Employer identification number
36-3488183

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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	PHYSCIAN SRVC	IL	5,120,508	3,258,901	NA

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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			No

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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 *HARPER COURT HOLDINGS LLC - 5801 S ELLIS AVENUE, CHICAGO, IL 60637, PRIMARY ACTIVITY PROPERTY HOLDING
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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNIVERSITY OF CHICAGO 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-2177139	EDUCATION	IL	501(C)(3)	2	NA		No
(1) UNIVERSITY OF CHICAGO PROP HOLDING CORP 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-6108743	PROP HOLDING	IL	501(C)(2)		UNIV CHICAGO		No
(2) LAKE PARK ASSOCIATES 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-6111317	PROP HOLDING	IL	501(C)(2)		UNIV CHICAGO		No
(3) ARCH DEVELOPMENT CORPORATION 5555 S WOODLAWN CHICAGO, IL 60637 36-3485244	TECH TRNSFR	IL	501(C)(3)	11- TYPE II	UNIV CHICAGO		No
(4) UNIVERSITY OF CHICAGO CHARTER SCHL CORP 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-4225812	EDUCATION	IL	501(C)(3)	2	UNIV CHICAGO		No
(5) COURT THEATRE FUND 5535 S ELLIS AVENUE CHICAGO, IL 60637 36-3203660	ARTS SUPPORT	IL	501(C)(3)	11- TYPE I	UNIV CHICAGO		No
(6) UNIVERSITY OF CHICAGO CANCER RSRCH FDN 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-6056201	SUPP RESRCH	IL	501(C)(3)	11- TYPE I	UNIV CHICAGO		No
(7) UNIVERSITY OF CHICAGO SELF INS TRUST 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-3020034	MALPRACTICE	IL	501(C)(3)	2	UNIV CHICAGO		No
(8) UNIV OF CHICAGO RETIREE MEDICAL TRUST 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-3999692	MEDICAL	IL	501(C)(3)	2	UNIV CHICAGO		No
(9) CHICAGO TUMOR INSTITUTE 5801 S ELLIS AVENUE CHICAGO, IL 60637 23-7136019	SUPP RESRCH	IL	501(C)(3)	11- TYPE I	UNIV CHICAGO		No
(10) NATIONAL OPINION RESEARCH CENTER 55 E MONROE STREET 20TH FLOOR CHICAGO, IL 60603 36-2167808	SURVEYS	IL	501(C)(3)	7	NA		No
(11) THE QUADRANGLE CLUB 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-1655190	SOCIAL CLUB	IL	501(C)(7)		UNIV CHICAGO		No
(12) FERMI RESEARCH ALLIANCE LLC PO BOX 500 BATAVIA, IL 60510 57-1239010	MANAGE LAB	IL	501(C)(3)	7	NA		No
(13) UNIVERSITY OF CHICAGO CENTER IN PARIS 6 RUE THOMAS MANN PARIS 75013 FR	EDUCATION	FR	N/A		UNIV CHICAGO		No
(14) U CHICAGO BOOTH SCHOOL OF BUSINESS LTD 25 BASINGHALL STREET LONDON EC2V5HA UK	EDUCATION	UK	N/A		UNIV CHICAGO		No
(15) U CHICAGO BOOTH SCHOOL OF BUSINESS LTD 101 PENANG ROAD DHOBY GHAUT 238466 SN	EDUCATION	SN	N/A		UNIV CHICAGO		No
(16) UNIVERSITY OF CHICAGO TRUST GB 10-12 REST HOUSE CRESCENT ROAD BANGALORE 560078 IN	FUNDRAISING	IN	N/A		UNIV CHICAGO		No
(17) THE UNIV OF CHICAGO FDN IN HONG KONG LTD 16 HARCOURT ROAD ROOM 1005 ADMIRALITY HK	FUNDRAISING	HK	N/A		UNIV CHICAGO		No
(18) UCHICAGO RESEARCH INTERNATIONAL LTD 5801 S ELLIS AVENUE CHICAGO, IL 60637 26-2741573	RESEARCH	IL	501(C)(3)	11- TYPE I	UNIV CHICAGO		No
(19) UCHICAGO RESEARCH BANGLADESH LTD HOUSE NO 388 ROAD 24 MOHAKHALI, DHAKA 1212 BG	RESEARCH	BG	N/A		UC RSCH INTL		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) SOUTH EAST CHICAGO COMMISSION 1511 EAST 53RD STREET CHICAGO, IL 60615 36-2226282	COMM SVCS	IL	501(C)(3)	7	UNIV CHICAGO		No
(1) THE UNIVERSITY OF CHICAGO CLOISTERS CLUB C/O 5841 S MARYLAND AVENUE CHICAGO, IL 60637	SOCIAL CLUB	IL	501(C)(7)		UNIV CHICAGO		No
(2) PHOENIX OVERLAY FUND LTD C/O 401 N MICHIGAN AVENUE CHICAGO, IL 60611	INVESTING	CJ	N/A		UNIV CHICAGO		No
(3) THE JOHN CRERAR FOUNDATION 5730 S ELLIS AVENUE CHICAGO, IL 60637 36-3155157	LIBRARY SUPRT	IL	501(C)(3)	11 - TYPE I	UNIV CHICAGO		No
(4) CHAPIN HALL CENTER FOR CHILDREN 1313 E 60TH STREET CHICAGO, IL 60637 36-2167012	POLICY RSRCH	IL	501(C)(3)	7	NA		No
(5) HYMEN MILGROM SUPPORTING ORGANIZATION 33 N LASALLE ST STE 2131 CHICAGO, IL 60602 46-6789522	EDUCATN RSRCH	VA			N/A		No
(6) THE MARINE BIOLOGICAL LABORATORY 7 MBL STREET WOODS HOLE, MA 02543 04-2104690	EDUCATN RSRCH	MA	501(C)(3)	7	UNIV CHICAGO		No
(7) UCHICAGO RESEARCH BANGLADESH LLC 5801 S ELLIS AVENUE CHICAGO, IL 60637	RESEARCH	IL	N/A		UC RSCH INTL		No
(8) SEE PART VII					N/A		

The University of Chicago Medical Center

Financial Statements
June 30, 2014 and 2013

The University of Chicago Medical Center
Index
June 30, 2014 and 2013

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 [consolidated] balance sheets as of June 30, 2014 and 2013, and the related statements of operations, of changes in net assets, and 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, 2014 and 2013, 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 15, 2014

PricewaterhouseCoopers LLP, One North Wacker, Chicago, IL 60606
T: (312) 298 2000, F: (312) 298 2001, www.pwc.com/us

The University of Chicago Medical Center
Balance Sheets
June 30, 2014 and 2013
(in thousands of dollars)

	2014	2013
Assets		
Current assets		
Cash and cash equivalents	$ 79,698	$ 164,504
Patient accounts receivable, less allowance for doubtful accounts for 2014 - $41,874 and 2013 - $29,612	184,765	204,279
Current portion of investments limited to use	11	11
Current portion of malpractice self-insurance receivable	19,305	22,502
Current portion of pledges receivable	2,598	2,243
Prepaids, inventory and other current assets	34,176	35,176
Total current assets	320,553	428,715
Investments limited to use, less current portion	1,021,660	797,305
Property, plant and equipment, net	1,199,907	1,189,623
Pledges receivable, less current portion	1,893	2,465
Malpractice self-insurance receivable, less current portion	96,134	98,821
Other assets, net	16,895	15,722
Total assets	$ 2,657,042	$ 2,532,651
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	$ 115,093	$ 131,206
Current portion of long-term debt	10,050	10,385
Current portion of other long-term liabilities	311	2,033
Current portion of estimated third-party payor settlements	89,805	51,836
Current portion of malpractice self-insurance liability	19,305	22,502
Due to University of Chicago	15,761	14,799
Total current liabilities	250,325	232,761
Other liabilities		
Worker's compensation self-insurance liabilities, less current portion	8,241	9,528
Malpractice self-insurance liability, less current portion	96,134	98,821
Long-term debt, less current portion	831,035	820,341
Interest rate swap liability	95,810	88,769
Other long-term liabilities, less current portion	33,595	44,741
Total liabilities	1,315,140	1,294,961
Net assets		
Unrestricted	1,245,856	1,149,627
Temporarily restricted	87,954	81,971
Permanently restricted	8,092	6,092
Total net assets	1,341,902	1,237,690
Total liabilities and net assets	$ 2,657,042	$ 2,532,651

The accompanying notes are an integral part of these financial statements

The University of Chicago Medical Center
Statements of Operations
Years Ended June 30, 2014 and 2013
(in thousands of dollars)

	2014	2013
Operating revenues		
Net patient service revenue	$ 1,409,095	$ 1,303,787
Provision for doubtful accounts	55,169	47,812
Net patient service revenue after provision for doubtful accounts	1,353,926	1,255,975
Other operating revenues and net assets released from restrictions	93,577	81,184
Total operating revenues	1,447,503	1,337,159
Operating expenses		
Salaries, wages and benefits	627,588	595,968
Supplies and other	367,633	332,707
Physician services from the University of Chicago	204,586	191,862
Insurance	15,345	18,382
Interest	33,354	19,883
Medicaid provider tax	46,071	26,691
Depreciation and amortization	83,563	70,466
Total operating expenses	1,378,140	1,255,959
Total operating income	69,363	81,200
Nonoperating gains		
Investment income and unrestricted gifts, net	101,159	57,137
Derivative ineffectiveness gain	535	2,993
Excess of revenues over expenses	171,057	141,330
Other changes in net assets		
Transfers to University of Chicago	(72,749)	(74,544)
Net assets released for capital purchases	2,462	14,277
Liability for pension benefits	1,337	3,878
Changes in valuation of derivatives	(5,914)	36,713
Other, net	36	56
Increase in unrestricted net assets	$ 96,229	$ 121,710

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, 2014 and 2013
(in thousands of dollars)

	2014	2013
Unrestricted net assets		
Excess of revenues over expenses	$ 171,057	$ 141,330
Transfers to University of Chicago	(72,749)	(74,544)
Net assets released for capital purchases	2,462	14,277
Liability for pension benefits	1,337	3,878
Changes in valuation of derivatives	(5,914)	36,713
Other, net	36	56
Increase in unrestricted net assets	96,229	121,710
Temporarily restricted net assets		
Contributions	4,007	3,137
Net assets released from restrictions used for operating purposes	(4,860)	(4,621)
Investment income	9,298	4,604
Net assets released for capital purchases	(2,462)	(14,277)
Other	-	(2,217)
Increase (decrease) in temporarily restricted net assets	5,983	(13,374)
Permanently restricted net assets		
Contributions and other	2,000	-
Increase in net assets	104,212	108,336
Net assets at beginning of year	1,237,690	1,129,354
Net assets at end of year	$ 1,341,902	$ 1,237,690

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, 2014 and 2013
(in thousands of dollars)

	2014	2013
Cash flows from operating activities		
Increase in net assets	$ 104,212	$ 108,336
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Net change in unrealized gains on investments	(65,113)	(1,075)
Transfers to University of Chicago	72,749	74,544
Restricted contributions and other changes	(4,008)	(921)
Realized gains on investments	(45,346)	(60,665)
Net change in valuation of derivatives	7,041	(47,103)
Pension and other changes in unrestricted net assets	(36)	(3,934)
Loss on disposal of assets	1,071	935
Depreciation and amortization	83,170	70,329
Increase (decrease) in cash resulting from a change in		
Patient accounts receivable, net	19,514	4,727
Other assets	(862)	26,429
Accounts payable and accrued expenses	(10,582)	11,545
Due to the University of Chicago	962	(794)
Estimated settlements with third-party payors	39,859	24,504
Self-insurance liabilities	(1,287)	1,312
Other liabilities	(3,153)	11,061
Net cash provided from operating activities	198,191	219,230
Cash flows from investing activities		
Purchases of property, plant and equipment	(100,571)	(209,359)
Uses of construction/capitalized interest funds	19	14,730
Purchases of investments	(422,420)	(224,580)
Sales of investments	308,505	371,690
Net cash used in investing activities	(214,467)	(47,519)
Cash flows from financing activities		
Proceeds from issuance of long-term debt	24,020	686
Payments on long-term obligations	(24,026)	(14,343)
Transfers paid to the University of Chicago, net	(72,749)	(74,544)
Restricted contributions	4,225	6,646
Net cash used in financing activities	(68,530)	(81,555)
Net increase (decrease) in cash and cash equivalents	(84,806)	90,156
Cash and cash equivalents		
Beginning of year	164,504	74,348
End of year	$ 79,698	$ 164,504

The accompanying notes are an integral part of these financial statements

1. Organization and Basis of Presentation

The University of Chicago Medical Center ("UCMC" or the "Medical Center") is an Illinois not-for-profit corporation UCMC operates the 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 A 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 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, and accrued compensation and benefits

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

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

support education, clinical research and other community programs for the years ended June 30, 2014 and 2013, 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 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, 2014 and 2013, 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, 2014 and 2013 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, 2014 and 2013 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, 2014 and 2013, 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 is being amortized into interest expense over the life of the related debt, commencing on February 23, 2013, 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 Management has recognized a net recovery of ineffectiveness of approximately $500 and $3,000 in 2014 and 2013 This movement reflects the spread between tax exempt interest rates and LIBOR during the period The effective portion of these swaps is 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 were $7,900 These payments were accumulated in net assets while the Center for Care and Discovery was under construction, and are being amortized into depreciation expense over the life of the building Amortization

commenced on February 23, 2013, the date the Center for Care and Discovery was placed into service Cash settlement payments after the Center for Care and Discovery was placed into service are recorded in interest expense These payments were $4,300 and $12,400 for 2013 and 2014, respectively

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, 2014 and 2013 $0 was held as collateral If UCMC's credit rating were to be downgraded one level, collateral would need to be provided under the swap with JP Morgan when the liability of that swap exceeds $40,000 and under the Wells Fargo swap when the liability of that swap exceeds $60,000 Upon further downgrade, the collateral requirements increase

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 lives of the facilities 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

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 $10,700 in 2014 and $3,700 in 2013

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 2014, UCMC recognized a gain of $2 5 million from the sale of its investment in VHS Acquisition Subsidiary No 3, Inc and received $2 5 million in cash The investment had been fully reserved at the time that it was acquired

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

Net Patient Service Revenue, Accounts Receivable and Allowance for Doubtful Accounts
UCMC maintains agreements with the Social Security Administration under the Medicare Program, Blue Cross and Blue Shield of Illinois, Inc (Blue Cross), and the State of Illinois under the Medicaid Program and various managed care payors that govern payment to UCMC for services rendered to

patients covered by these agreements The agreements generally provide for per case or per diem rates or payments based on allowable costs, subject to certain limitations, for inpatient care and discounted charges or fee schedules for outpatient care

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

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

Hospital Assessment Program/Medicaid Provider Tax
In December 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. In 2014, the federal government also approved the enhanced Medicaid Assessment Program retroactive to June 10, 2012 The program, including the enhanced assessment program, results in a net increase of $30,200 in income from operations, which represents $76,300 in additional Medicaid payments offset by $46,100 in Medicaid provider tax for 2014 For 2013, the assessment program resulted in a net increase of $28,300 in operating income, which represents $55,000 in additional Medicaid payments offset by $26,700 in Medicaid provider tax

Subsequent Events
UCMC has performed an evaluation of subsequent events through October 15, 2014, which is that date the financial statements were issued, and none were identified

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

(in thousands of dollars)

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, 2014 and 2013, the University charged UCMC approximately $31,100 and $25,200, respectively, for utilities, security, telecommunications, insurance and overhead

The University's Division of Biological Sciences ("BSD") provides physician services to UCMC In 2014 and 2013, UCMC recorded approximately $204,600 and $191,900, 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 2014 and 2013 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, 2014 and 2013, are as follows

	Years Ended June 30, 2014	2013
Uncompensated care		
Medicaid sponsored indigent healthcare	$ 55,371	$ 50,124
Medicare sponsored indigent healthcare - Cost Report	64,671	44,782
Medicare sponsored indigent healthcare - Physician Services	27,365	20,737
Total uncompensated care	147,407	115,643
Provision for doubtful accounts	13,591	12,297
Charity care	25,468	25,731
	186,466	153,671
Unreimbursed education and research		
Education	78,823	78,917
Research	48,000	48,309
Total unreimbursed education and research	126,823	127,226
Total community benefits	$ 313,289	$ 280,897

(in thousands of dollars)

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

	2014				
	Endowments				
	Separately Invested	TRIP	Other	Total	2013
Investments carried at fair value					
Cash Equivalents	$ 8,492	$ 18,900	$ 295	$ 27,687	$ 32,779
Global Public Equities	130,120	128,945	-	259,065	175,047
Private Debt	-	23,055	-	23,055	21,329
Private Equity					
U S Venture Capital	3,834	38,994	-	42,828	32,853
U S Corporate Finance	-	35,858	-	35,858	32,022
International	283	44,442	-	44,725	38,120
Real Assets					
Real Estate	-	59,020	-	59,020	56,978
Natural Resources	-	66,979	-	66,979	58,786
Absolute Return					
Equity Oriented	-	55,327	-	55,327	36,154
Global Macro/Relative Value	-	46,685	-	46,685	35,143
Multi-Strategy	-	60,708	-	60,708	50,457
Credit-Oriented	-	21,035	-	21,035	16,377
Protection-Oriented	-	12,287	-	12,287	11,227
Fixed Income					
U S Treasuries, including TIPS	77,600	49,502	-	127,102	104,869
Other Fixed Income	32,905	89,274	-	122,179	80,371
Funds in Trust	-	-	17,131	17,131	14,804
Total Investments	$ 253,234	$ 751,011	$ 17,426	$ 1,021,671	$ 797,316

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

	2014	2013
Current portion of investments limited to use	$ 11	$ 11
Investments limited to use, less current portion	1,021,660	797,305
Total investments limited to use	$ 1,021,671	$ 797,316

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

(in thousands of dollars)

	2014	2013
Interest and dividend income, net	$ 14,638	$ 13,311
Realized gains on sales of securities	27,097	43,120
Unrealized gains on securities	59,424	706
	$ 101,159	$ 57,137

Outside of TRIP, UCMC also invests in private equity limited partnerships As of June 30, 2014, UCMC has commitments of $1,700 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 Trustee's 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 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

(in thousands of dollars)

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, 2014 and 2013 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

	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	2014 Total Fair Value
Assets				
Investments				
Cash Equivalents	27,687	-	-	27,687
Global Public Equities	149,741	79,272	30,052	259,065
Private Debt	-	-	23,055	23,055
Private Equity				
U S Venture Capital	249	-	42,579	42,828
U S Corporate Finance	-	-	35,858	35,858
International	-	-	44,725	44,725
Real Assets				
Real Estate	1,164	-	57,856	59,020
Natural Resources	-	-	66,979	66,979
Absolute Return				
Equity Oriented	7,861	13,099	34,367	55,327
Global Macro/Relative Value	5,554	11,547	29,585	46,686
Multi-Strategy	-	6,666	54,042	60,708
Credit-Oriented	-	-	21,035	21,035
Protection-Oriented	-	12,288	-	12,288
Fixed Income				
U S Treasuries, including TIPS	59,014	68,087	-	127,101
Other Fixed Income	122,179	-	-	122,179
Funds in Trust	17,130	-	-	17,130
Total investments	390,579	190,959	440,133	1,021,671
Other assets	3,675	-	-	3,675
Total assets at fair value	$ 394,254	$ 190,959	$ 440,133	$ 1,025,346
Liabilities				
Interest rate swap payable	$ -	$ 95,810	$ -	95,810
Total liabilities at fair value	$ -	$ 95,810	$ -	$ 95,810

(in thousands of dollars)

	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	-	-	21,329	21,329
Private Equity				
U S Venture Capital	-	-	32,853	32,853
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	$ 227,103	$ 193,155	$ 380,103	$ 800,361
Liabilities				
Interest rate swap payable	$ -	$ 88,769	$ -	88,769
Total liabilities at fair value	$ -	$ 88,769	$ -	$ 88,769

During 2014 there were no transfers between investment Levels 1 and 2 During fiscal year 2014 and 2013, transfers occurred between investment levels 2 and 3 as a result of changes in observable market data and/or redeemability Changes to the reported amounts of investments measured at fair value using unobservable inputs (Level 3) as of June 30, 2014 and 2013 are as follows

(in thousands of dollars)

	Separately Invested	Invested in TRIP	2014 Total
Fair value, July 1, 2013	$ 4,540	$ 375,563	$ 380,103
Realized gains	-	34,920	34,920
Unrealized gains	774	30,467	31,241
Purchases	30	44,344	44,374
Sales	(1,226)	(49,053)	(50,279)
Transfers	-	(225)	(225)
Fair value, June 30, 2014	$ 4,118	$ 436,016	$ 440,134

	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	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	$ 4,540	$ 375,563	$ 380,103

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

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
Cash	N/A	Daily	None
Global Public Equities:			
Index Funds	NA	Daily	None
Separate Accounts	N/A	Daily with notice periods of 1 to 7 years	Lock-up provisions ranging from 0 to 1 year
Partnerships	N/A	Daily to triennial with notice periods of 2 to 90 days	Lock-up provisions ranging from 0 to 5 years, some investments have a portion of capital held in side pockets with no redemptions permitted
Private Debt:			
Partnerships	N/A	Redemptions not permitted	Capital held in side pockets with no redemption permitted
Drawdown partnerships	1 to 10 years	Redemptions not permitted	N/A
Private Equity	1 to 19 years	Redemptions not permitted	N/A
Real Estate:			
Drawdown partnerships	1 to 18 years	Redemption not permitted	N/A
Separate accounts	N/A	Daily with notice period of 5 days	None
Natural resources	1 to 17 years	Redemptions not permitted	N/A
Absolute Return:			
Partnerships	N/A	Monthly to annually with varying notice periods	Lock-up provisions ranging from 0 to 5 years, some investments have a portion of capital in side pockets with no redemptions permitted
Drawdown Partnerships	1 to 3 years	Redemptions not permitted	N/A
Fixed Income:			
Separate Accounts	N/A	Daily to monthly with notice periods of 1 to 30 days	None
Commingled Funds	N/A	Daily to monthly with notice periods of 1 to 10 days	None
Partnerships	N/A	Quarterly with notice periods of 10 days	Only one-third capital available in any 12-month period
Funds Held in Trust:	N/A	Daily	None

(in thousands of dollars)

6. Endowments

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

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

UCMC has the following donor-restricted endowment activities during the years ended June 30, 2014 and 2013 delineated by net asset class

	Unrestricted Funds Functioning	Temporarily Restricted	Permanently Restricted	2014 Total
Endowment net assets, beginning of year	$ 707,290	$ 68,634	$ 6,082	$ 782,006
Investment return				
Investment income	37,212	1,207	-	38,419
Net appreciation (realized and unrealized)	63,947	8,092	-	72,039
Total investment return	101,159	9,299	-	110,458
Gifts and other additions	87,500	-	2,000	89,500
Appropriation of endowment assets for expenditure	(40,272)	(3,850)	-	(44,122)
Replenishment of endowment assets for capital	67,215			67,215
Other	(1,196)	385	-	(811)
Endowment net assets, end of year	$ 921,696	$ 74,468	$ 8,082	$ 1,004,246

(in thousands of dollars)

	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)	18,700	1,086	-	19,786
Total investment return	57,137	4,604	-	61,741
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	(132,056)			(132,056)
Other	(1,859)	361	-	(1,498)
Endowment net assets, end of year	$ 707,290	$ 68,634	$ 6,082	$ 782,006

Description of amounts classified as permanently restricted net assets and temporarily restricted net assets (Endowments only) as of June 30, 2014 and 2013

	Perpetual	Time-Restricted by Donor	Time-Restricted by Law	2014 Total
Restricted for pediatric health care	$ 1,845	$ -	$ 16,918	$ 18,763
Restricted for adult health care	1,925	-	54,780	56,705
Restricted for educational and scientific programs	4,312	-	2,769	7,081
	$ 8,082	$ -	$ 74,467	$ 82,549

(in thousands of dollars)

	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
	$ 6,092	$ -	$ 68,634	$ 74,726

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 5% for the fiscal years ended June 30, 2014 and 2013 If endowment income received is not sufficient to support the total return objective, the balance is provided from capital gains If income received is in excess of the objective, the balance is reinvested in the endowment

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

7. Property, Plant and Equipment

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

	2014	2013
Land and land rights	$ 36,008	$ 36,008
Buildings and improvements	1,288,213	1,255,542
Equipment	515,713	576,374
Construction in progress	58,313	74,688
	1,898,247	1,942,612
Less accumulated depreciation	(698,340)	(752,989)
Total property, plant and equipment, net	$ 1,199,907	$ 1,189,623

(in thousands of dollars)

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 $17,800 and $19,200 for 2014 and 2013, respectively, 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 included a capital commitment in the amount of $11,800 for equipment and renovations provided by the contractor In 2014 UCMC terminated this food service operation agreement and settled all outstanding balances, including the capital commitment The amount outstanding under this commitment as of June 30, 2014 and 2013 was $0 and $11,300, respectively

The Center for Care and Discovery was placed into service in 2013, approximately $134,800 was spent in 2013 related to the building

Capitalized interest costs in 2014 and 2013 were $60 and $14,600, respectively

8. Long-Term Debt

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

	Final fiscal year maturity	Interest rate	2014	2013
Fixed rate				
Illinois Health Facilities Authority				
Series 2003	2015	5 0	$ 7,410	$ 14,530
Illinois Finance Authority				
Series 2009A and B	2027	4 9	149,330	150,840
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	70,325	72,080
Unamortized premium			9,797	11,163
Total fixed rate			736,862	748,613
Variable rate				
Series 2013A	2020	3 1	24,706	686
Illinois Educational Facilities Authority (IEFA)	2038	0 1	79,517	81,427
Total variable rate			104,223	82,113
Total notes and bonds payable			841,085	830,726
Less current portion of long-term debt			(10,050)	(10,385)
Long-term portion of debt			$ 831,035	$ 820,341

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 $37,400 and $10,729 as of June 30, 2014 and June 30, 2013, respectively, based on the quoted market prices for the same or similar issues

(in thousands of dollars)

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

Year	Amount
2015	$ 10,050
2016	12,778
2017	13,255
2018	13,868
2019	14,513

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, 2014 and 2013

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, 2014

Payment on each of the IEFA bonds is collateralized by a letter of credit maturing November 2017 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, 2014

Included in UCMC's debt is $79,500 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

(in thousands of dollars)

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 $33,500 and $18,300 in 2014 and 2013, respectively

UCMC has a $15,000 line of credit from a commercial bank As of June 30, 2014 and 2013, no amount was outstanding under this line

9. Commitments

Leases

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

	Operating	Capital
2015	$ 2,074	$ 147
2016	2,102	-
2017	548	-
2018	559	-
2019 and thereafter	6,249	-
Total minimum lease payments	$ 11,532	147
Less - Amount representing interest		2
Present value of net minimum capital lease payments		$ 145

The amount of total assets capitalized under these leases at June 30, 2014 and 2013, is $2,300 and $3,000 with related accumulated depreciation of $2,000 and $2,400, respectively Rental expense was approximately $5,500 and $5,500 for the years ended June 30, 2014 and 2013, 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, 2014 and 2013 was $5,000 per claim and unlimited in the aggregate Claims in excess of $5,000 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

(in thousands of dollars)

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, 2014 and 2013, is presented below

	2014	2013
Actuarial present value of self-insurance liability for medical malpractice	$ 238,552	$ 254,328
Total assets available for claims	$ 332,592	$ 352,414

If the present-value method were not used, the ultimate liability for medical malpractice self-insurance claims would be approximately $43,100 higher at June 30, 2014 The interest rate assumed in determining the present value was 4 25% for 2014 and 4 5% for 2013 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 $115,400 at June 30, 2014 and $121,300 at June 30, 2013 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 five years, with no retroactive adjustments, as provided in the operating agreement For fiscal year 2015, the Medical Center expense will be $16,800 related to malpractice

UCMC designated $17,100 and $14,800 as of June 30, 2014 and 2013, respectively, as a workers' compensation self-insurance reserve trust fund The self-insurance program investments consist of approximately 60% bonds and 40% marketable equities The specifically identified claim requirements and actuarially determined reserve requirements for unreported workers' compensation claims were $8,200 and $9,500 as of June 30, 2014 and 2013, 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 2014 and 2013 was $1,000 and $2,800, respectively Contributions of $32,500 were made in the fiscal years ended June 30, 2014 and 2013 UCMC expects to make contributions of $32,500 for the fiscal year ended June 30, 2015 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 $6,700 and $6,400 for the years ended June 30, 2014 and 2013, respectively

(in thousands of dollars)

Plan Name	EIN	Contributions of UCMC	
		2014	2013
University of Chicago Retirement Income Plan for Employees	36-2177139-002	$ 7,920	$ 6,711
University of Chicago Pension Plan for Staff Employees	36-2177139-003	24,580	25,789
		$ 32,500	$ 32,500

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

	2014	2013
Projected benefit obligation	$ 916,791	$ 795,133
Fair value of plan assets	671,793	557,966
Deficit of plan assets over benefit obligation	$ (244,998)	$ (237,167)

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

	2014	2013
Discount rate	4 3 %	4 9 %
Expected return on plan assets	6 5 %	6 5 %
Rate of compensation increase	3 5 %	3 5 %

The weighted average asset allocation for the plan is as follows

	2014	2013
Domestic equities	28 %	29 %
International equity	16 %	15 %
Fixed income	56 %	56 %
	100 %	100 %

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 $39,300 and $36,200 for the fiscal years ended June 30, 2014 and 2013, respectively

Expected future benefit payments excluding plan expenses are as follows

(in thousands of dollars)

Fiscal Year	
2015	70,010
2016	46,975
2017	48,850
2018	50,719
2019	52,682
2020-2024	306,906

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 $5,000 and $4,900 for the years ended June 30, 2014 and 2013, respectively

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, 2014	2013
Net periodic pension cost		
Interest cost	$ 2,485	$ 2,340
Expected return on plan assets	(2,794)	(2,860)
Amortization of unrecognized net actuarial loss	675	817
Net periodic pension cost	366	297
Other changes in plan assets and benefit obligations recognized in unrestricted net assets		
Liability for pension benefits	1,337	3,878
Total recognized in net periodic pension cost and unrestricted net assets	$ (971)	$ (3,581)

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

(in thousands of dollars)

	Years Ended June 30, 2014	2013
Change in projected benefit obligation		
Benefit obligation at beginning of year	$ 54,090	$ 58,098
Interest cost	2,485	2,340
Net actuarial loss (gain)	3,237	(3,029)
Benefits paid	(3,402)	(3,319)
	56,410	54,090
Change in plan assets		
Fair value of plan assets at beginning of year	48,360	47,696
Actual return on plan assets	6,693	2,892
Employer contribution	1,500	1,091
Benefits paid	(3,402)	(3,319)
	53,151	48,360
Funded status at end of year	$ (3,259)	$ (5,730)

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

	2014	2013
Discount rate	4 2 %	4 8 %
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

	2014	2013
Cash	1 %	2 %
Fixed income	56	51
Domestic equities	29	34
International equities	14	13
	100 %	100 %

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

UCMC expects to make contributions of $1,500 to the plan in the fiscal year ending June 30, 2015 Expected future benefit payments are

(in thousands of dollars)

Fiscal Year	
2015	$ 3,635
2016	3,611
2017	3,607
2018	3,609
2019	3,637
2020-2024	18,349

12. Concentration of Credit Risk

As a hospital, UCMC is potentially subject to concentration of credit risk from patient accounts receivable and certain investments Investments, which include government and agency securities, stocks, corporate bonds, real assets, absolute return, and private equities, are not concentrated in any corporation or industry or with any single counter-party UCMC receives a significant portion of its payments for services rendered from a limited number of government and commercial third-party payors, including Medicare, Medicaid, and Blue Cross Medicaid approximated 16% of the Medical Center's net revenue for 2014 and 2013 Medicaid represented 21% and 17% of UCMC's net accounts receivable at June 30, 2014 and 2013, 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

13. Pledges

Pledges receivable at June 30 are shown below

	2014	2013
Unconditional promises expected to be collected in		
Less than one year	$ 2,420	$ 2,272
One year to five years	2,142	2,634
More than five years	-	-
	4,562	4,906
Less unamortized discount (discount rate 5 5%)	(71)	(197)
Total	$ 4,491	$ 4,709

(in thousands of dollars)

14. Restricted Net Assets

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

	2014	2013
Pediatric health care	$ 19,541	$ 17,943
Adult health care	56,505	51,756
Educational and scientific programs	4,774	4,691
Capital and other purposes	7,134	7,581
Total	$ 87,954	$ 81,971

Income from permanently restricted net assets is restricted for

	2014	2013
Pediatric health care	$ 1,855	$ 1,855
Adult health care	1,925	1,925
Educational and scientific programs	4,312	2,312
Total	$ 8,092	$ 6,092

15. Functional Expenses

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

	2014	2013
Health care services	$ 1,285,218	$ 1,177,672
General and administrative	92,922	78,287
Total	$ 1,378,140	$ 1,255,959

16. Contingencies

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