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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Rush University Medical Center

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1700 West Van Buren Street No 153

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60612

D Employer identification number
36-2174823

E Telephone number
(312) 942-8054

G Gross receipts $ 2,774,957,810

F Name and address of principal officer
John P Mordach
1700 W Van Buren St
Chicago,IL 60612

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: ▶ www rush edu

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

L Year of formation 1863

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The mission of Rush University Medical Center is to provide the very best care for our patients Our education and research endeavors, community service programs and relationships with other hospitals are dedicated to enhancing excellence in patient care for the diverse communities of the Chicago area now and in the future The true impact of our mission isn't only visible within the boundaries of our Medical Center campus We also see our mission take shape in the community health clinics, outreach and mentoring programs, and countless other community-based initiatives led by doctors, nurses, students and others at Rush

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	96
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	92
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	10,643
6	Total number of volunteers (estimate if necessary)	**6**	850
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	618,800
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	87,099,982	85,419,469
9	Program service revenue (Part VIII, line 2g)	1,473,381,154	1,583,422,880
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94,424,095	68,128,091
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,137,439	24,709,218
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,673,042,670	1,761,679,658
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,995,845	9,695,307
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)	810,572,881	845,659,668
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,529,733		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	719,639,941	793,776,782
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,539,208,667	1,649,131,757
19	Revenue less expenses Subtract line 18 from line 12	133,834,003	112,547,901

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	2,905,318,713	2,998,176,768
21	Total liabilities (Part X, line 26)	1,238,571,117	1,388,857,135
22	Net assets or fund balances Subtract line 21 from line 20	1,666,747,596	1,609,319,633

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: 2016-05-13

John P Mordach Senior VP and 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
Anne Fulton	Anne Fulton			P00941863

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 S Wacker Drive, Chicago, IL 606064301 — Phone no (312) 486-1000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Rush provides the best health care for the individuals and diverse communities we serve through the integration of outstanding patient care, education, research, and community partnerships

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 $ 1,298,716,527 including grants of $) (Revenue $ 1,371,910,977)

Health Care Rush University Medical Center ("Rush") is an academic medical center that brings together excellence in clinical care and research to address major health problems Rush's new 376-bed hospital building is part of the Medical Center's major renovation of its campus and is the largest new health care project in the world to be LEED Gold certified In FY15, patient care was provided to over 32,000 inpatients, and the emergency room that handled 68,000 visits Rush offers various financial assistance programs to thousands of patients A unique combination of research and patient care in FY15 has earned Rush national rankings in 7 of 16 specialty areas This accomplishment is presented in U S News & World Report's 2015-16 America's Best Hospitals issue Our nurses are at the forefront of our efforts to provide quality care, receiving the four-year Magnet status (the highest honor in nursing) three consecutive times

4b (Code) (Expenses $ 71,459,297 including grants of $ 9,516,017) (Revenue $ 66,757,146)

Education Rush University is home to one of the first medical colleges in the Midwest and one of the nation's top-ranked nursing colleges, as well as graduate programs in allied health, health systems management and biomedical research The Medical Center also offers many highly selective residency and fellowship programs in medical and surgical specialties and subspecialties Rush's unique practitioner-teacher model for health sciences education and research gives its students the opportunity to learn from world-renowned instructors who practice what they teach With more than 40 degree and certificate options, Rush educated over 2,300 students in FY15 The state-of-the-art new hospital building features nursing stations in clear view of the patient rooms and a spacious area for students to confer with practitioner-teachers and other medical staff about current cases

4c (Code) (Expenses $ 130,977,888 including grants of $) (Revenue $ 100,243,568)

Research Because Rush is an academic medical center, research and clinical care come together in innovative and inspiring ways that have the power to transform lives Even if research work starts in a lab, it won't stay there Discoveries in the labs lead to advances in patient care, while observations in clinical settings inspire research studies designed to improve the way we treat patients This approach, known as translational research, has led to breakthroughs in patient care at Rush throughout the years Investigators at Rush are involved in more than 1,700 projects, including hundreds of clinical studies to test the effectiveness and safety of new therapies and medical devices, as well as to expand scientific and medical knowledge Total research awards in FY15 topped $75 million In June 2013, the Association for the Accreditation of Human Research Protection Programs, Inc awarded Rush full accreditation with distinction in community programs

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 65,605,507 including grants of $ 179,290) (Revenue $ 44,511,189)

4e **Total program service expenses** ▶ 1,566,759,219

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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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	Yes	
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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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	1,182		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	6		
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	10,643		
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	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring 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**	96		
	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**	92		
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**	Yes	
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**		No
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**		No
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**		No
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, address, and telephone number of the person who possesses the organization's books and records

▶ Richard W Casey
1700 West Van Buren Street Ste 153
Chicago, IL 60612 (312) 942-8054

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)** . . . . . ▶	25,889,985	0	3,957,155

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 ▶ 1,272

			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
DIRECT ENERGY SERVICES LLC PO BOX 11836 NEWARK, NJ 71018	GAS & ELECTRIC SUPPLY	10,388,466
BULLEY & ANDREWS LLC 1755 W ARMITAGE AVENUE CHICAGO, IL 60622	CONSTRUCTION	5,980,859
RUSH RADIOSURGERY LLC PO BOX 6600 NEWPORT BEACH, CA 92658	ONCOLOGY SERVICES	4,655,000
HEALTHCARE TRUST OF AMER INC 16435 N SCOTTSDALE ROAD 320 SCOTTSDALE, AZ 85254	REAL ESTATE ACQUISITION & MANAGEMENT	4,548,923
WALSH CONSTRUCTION COMPANY 929 W ADAMS STREET CHICAGO, IL 60607	CONSTRUCTION	4,069,764

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 ▶ 116

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	1,726,177			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	50,987,117			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	32,706,175			
	g	Noncash contributions included in lines 1a-1f $		2,246,658			
	h	**Total.** Add lines 1a-1f			85,419,469		
Program Service Revenue			Business Code				
	2a	Medicare/Medicaid	541900	649,157,000	649,157,000		
	b	Patient Services	900099	471,545,271	471,545,271		
	c	Physician Practices	621110	251,208,706	251,208,706		
	d	Research	621500	100,243,568	100,243,568		
	e	Tuition	900099	66,757,146	66,757,146		
	f	All other program service revenue		44,511,189	44,511,189		
	g	**Total.** Add lines 2a–2f		1,583,422,880			
	3	Investment income (including dividends, interest, and other similar amounts)		65,634,090			65,634,090
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		289,041			289,041
			(i) Real / (ii) Personal				
	6a	Gross rents	9,940,412				
	b	Less rental expenses	12,481,723				
	c	Rental income or (loss)	-2,541,311				
	d	Net rental income or (loss)		-2,541,311		-326,678	-2,214,633
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	954,549,000				
	b	Less cost or other basis and sales expenses	952,054,999				
	c	Gain or (loss)	2,494,001				
	d	Net gain or (loss)		2,494,001			2,494,001
Other Revenue	8a	Gross income from fundraising events (not including $ 1,726,177 of contributions reported on line 1c) See Part IV, line 18	a 326,744				
	b	Less direct expenses	b 814,136				
	c	Net income or (loss) from fundraising events		-487,392			-487,392
	9a	Gross income from gaming activities See Part IV, line 19	a 70,503				
	b	Less direct expenses	b 12,700				
	c	Net income or (loss) from gaming activities		57,803			57,803
	10a	Gross sales of inventory, less returns and allowances	a 74,360,193				
	b	Less cost of goods sold	b 47,914,594				
	c	Net income or (loss) from sales of inventory		26,445,599			26,445,599
		Miscellaneous Revenue	Business Code				
	11a	Investment UBI	900003	492,030		492,030	
	b	Vyridian	541900	254,666		254,666	
	c	Laboratories	621500	168,894		168,894	
	d	All other revenue		29,888		29,888	
	e	**Total.** Add lines 11a–11d		945,478			
	12	**Total revenue.** See Instructions		1,761,679,658	1,583,422,880	618,800	92,218,509

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 domestic organizations and domestic governments See Part IV, line 21	179,290	179,290		
2 Grants and other assistance to domestic individuals See Part IV, line 22	9,516,017	9,516,017		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	25,492,173	5,210,128	19,822,403	459,642
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	680,782,804	664,409,846	12,770,322	3,602,636
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,165,138	21,784,574	3,112,391	268,173
9 Other employee benefits	70,380,301	66,915,516	2,995,483	469,302
10 Payroll taxes	43,839,252	42,036,640	1,582,327	220,285
11 Fees for services (non-employees)				
a Management	75,898,417	65,432,740	10,008,600	457,077
b Legal	5,565,310	2,292,383	3,272,927	
c Accounting	737,619	25,995	711,624	
d Lobbying	525,250	525,250		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	3,779,735		3,779,735	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,415,852	49,943,156	455,456	17,240
12 Advertising and promotion	4,524,286	4,126,839	397,447	
13 Office expenses	9,410,919	7,955,131	1,243,591	212,197
14 Information technology	16,396,581	14,545,933	1,797,073	53,575
15 Royalties	112,537	112,537		
16 Occupancy	33,095,073	28,558,632	4,153,689	382,752
17 Travel	5,638,531	4,895,584	571,682	171,265
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,215,984	1,922,198	150,829	142,957
20 Interest	30,524,323	30,524,323		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	98,449,307	92,543,842	5,905,465	
23 Insurance	35,801,546	33,233,476	2,568,070	
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 Supplies	260,003,067	259,703,344	299,394	329
b Operational Charges	77,399,767	77,191,724	146,215	61,828
c Medicare Provider Tax	35,220,407	35,220,407		
d Bad Debt	34,233,799	34,233,799		
e All other expenses	13,828,472	13,719,915	98,082	10,475
25 **Total functional expenses.** Add lines 1 through 24e	1,649,131,757	1,566,759,219	75,842,805	6,529,733
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		655,481	1	665,260
	2	Savings and temporary cash investments		115,198,683	2	125,216,704
	3	Pledges and grants receivable, net		26,784,806	3	25,454,575
	4	Accounts receivable, net		217,951,711	4	227,898,510
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		22,034,901	8	21,988,764
	9	Prepaid expenses and deferred charges		13,371,152	9	13,896,804
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,267,139,592			
	b	Less accumulated depreciation	10b 1,079,118,849	1,186,956,946	10c	1,188,020,743
	11	Investments—publicly traded securities		1,032,937,287	11	1,002,287,644
	12	Investments—other securities See Part IV, line 11		252,129,913	12	355,066,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		37,297,833	15	37,681,764
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,905,318,713	16	2,998,176,768
Liabilities	17	Accounts payable and accrued expenses		409,760,546	17	422,667,076
	18	Grants payable		23,489,294	18	22,396,810
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		489,169,837	20	544,806,993
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		252,768,365	23	323,478,272
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		63,383,075	25	75,507,984
	26	**Total liabilities.** Add lines 17 through 25		1,238,571,117	26	1,388,857,135
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		1,051,751,139	27	994,926,156
	28	Temporarily restricted net assets		364,574,602	28	359,376,100
	29	Permanently restricted net assets		250,421,855	29	255,017,377
		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		1,666,747,596	33	1,609,319,633
	34	Total liabilities and net assets/fund balances		2,905,318,713	34	2,998,176,768

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	1,761,679,658
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,649,131,757
3	Revenue less expenses Subtract line 2 from line 1	3	112,547,901
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,666,747,596
5	Net unrealized gains (losses) on investments	5	-128,543,224
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	-41,432,640
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,609,319,633

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	Yes	
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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 36-2174823
Name: Rush University Medical Center

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 65,605,507 including grants of $ 179,290) (Revenue $ 44,511,189)

Other program services Rush provides various services for the benefit of its patients and visitors, such as parking, food service and interpreter services Rush also sponsors a number of programs in the community focused on improving health, expanding education in health-related careers, community-based research to reduce health disparities and initiatives to provide economic development and job creation Rush programs influenced tens of thousands of lives in FY15

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			
(1) Connie Busse Ashline Trustee	1 00 0 00	X						0	0	0
(1) James A Bell Trustee	1 00 0 00	X						0	0	0
(2) Matthew F Bergmann Trustee	1 00 0 00	X						0	0	0
(3) John M Boler Trustee	1 00 0 00	X						0	0	0
(4) Matthew J Boler Trustee	1 00 0 00	X						0	0	0
(5) Harry Bond Trustee	1 00 0 00	X						0	0	0
(6) John L Brennan Trustee	1 00 0 00	X						0	0	0
(7) Marca L Bristo Trustee	1 00 0 00	X						0	0	0
(8) Carole L Brown Trustee	1 00 0 00	X						0	0	0
(9) Peter C B Bynoe Esq Trustee	1 00 0 00	X						0	0	0
(10) Karen B Case Trustee	1 00 0 00	X						0	0	0
(11) E David Coolidge III Trustee	1 00 0 00	X						0	0	0
(12) Kelly McNamara Corley Trustee	1 00 0 00	X						0	0	0
(13) Christopher M Crane Trustee	1 00 0 00	X						0	0	0
(14) Susan Crown Trustee	1 00 0 00	X		X				0	0	0
(15) Robert M Davis Trustee	1 00 0 00	X						0	0	0
(16) James W DeYoung Trustee	1 00 0 00	X		X				0	0	0
(17) Bruce W Dienst Trustee	1 00 0 00	X						0	0	0
(18) Catherine Dimou MD Trustee	40 00 0 00	X						310,166	0	34,548
(19) William A Downe Trustee	1 00 0 00	X						0	0	0
(20) Bruce W Duncan Trustee	1 00 0 00	X						0	0	0
(21) Christine A Edwards Trustee	1 00 0 00	X						0	0	0
(22) Francesca Maher Edwardson Trustee	1 00 0 00	X						0	0	0
(23) Charles L Evans PhD Trustee	1 00 0 00	X						0	0	0
(24) Margaret Faut-Callahan PhD Trustee	1 00 0 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Larry Field ..... Trustee	1 00 ..... 0 00	X						0	0	0
(1) Robert F Finke ..... Trustee	1 00 ..... 0 00	X						0	0	0
(2) William J Friend ..... Trustee	1 00 ..... 0 00	X						0	0	0
(3) Ronald J Gidwitz ..... Trustee	1 00 ..... 0 00	X						0	0	0
(4) H John Gilbertson ..... Trustee	1 00 ..... 0 00	X						0	0	0
(5) Sue Ling Gin ..... Trustee	1 00 ..... 0 00	X						0	0	0
(6) Steven Gitelis ND ..... Trustee	1 00 ..... 0 00	X						0	0	0
(7) Richard W Gochnauer ..... Trustee	1 00 ..... 0 00	X						0	0	0
(8) William M Goodyear ..... Trustee	1 00 ..... 0 00	X		X				0	0	0
(9) Sandra P Guthman ..... Trustee	1 00 ..... 0 00	X						0	0	0
(10) William J Hagenah ..... Trustee	1 00 ..... 0 00	X						0	0	0
(11) William K Hall ..... Trustee	1 00 ..... 0 00	X						0	0	0
(12) Christie Hefner ..... Trustee	1 00 ..... 0 00	X						0	0	0
(13) Marcie B Hemmelstein ..... Trustee	1 00 ..... 0 00	X						0	0	0
(14) Jay L Henderson ..... Trustee	1 00 ..... 0 00	X						0	0	0
(15) Marvin J Herb ..... Trustee	1 00 ..... 0 00	X						0	0	0
(16) John W Higgins ..... Trustee	1 00 ..... 0 00	X						0	0	0
(17) David W Hines MD ..... Trustee	1 00 ..... 0 00	X						0	0	0
(18) Jerald W Hoekstra ..... Trustee	1 00 ..... 0 00	X						0	0	0
(19) John L Howard ..... Trustee	1 00 ..... 0 00	X						0	0	0
(20) Ron Huberman ..... Trustee	1 00 ..... 0 00	X						0	0	0
(21) Anthony D Ivankovich MD ..... Trustee	1 00 ..... 0 00	X						0	0	0
(22) Richard M Jaffee ..... Trustee	1 00 ..... 0 00	X						0	0	0
(23) Peter Kasper Jakobsen ..... Trustee	1 00 ..... 0 00	X						0	0	0
(24) John P Keller ..... Trustee	1 00 ..... 0 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) Catherine J King Trustee	1 00 0 00	X						0	0	0
(1) Kip Kirkpatrick Trustee	1 00 0 00	X						0	0	0
(2) Anthony M Kotin Trustee	1 00 0 00	X						0	0	0
(3) Frederick A Krehbiel Trustee	1 00 0 00	X						0	0	0
(4) Sheldon Lavin Trustee	1 00 0 00	X						0	0	0
(5) The Rt Rev Jeffrey D Lee Trustee	1 00 0 00	X						0	0	0
(6) Aylwin B Lewis Trustee	1 00 0 00	X						0	0	0
(7) Susan R Lichtenstein Trustee	1 00 0 00	X						0	0	0
(8) Pamela Forbes Lieberman Trustee	1 00 0 00	X						0	0	0
(9) Donald G Lubin Esq Trustee	1 00 0 00	X		X				0	0	0
(10) Robert A Mariano Trustee	1 00 0 00	X						0	0	0
(11) Mary K McCarthy JD Trustee	1 00 0 00	X						0	0	0
(12) Gary E McCullough Trustee	1 00 0 00	X						0	0	0
(13) Andrew J McKenna Jr Trustee	1 00 0 00	X						0	0	0
(14) James S Metcalf Trustee	1 00 0 00	X						0	0	0
(15) Mark C Metzger Trustee	1 00 0 00	X						0	0	0
(16) Mimi Mitchell Trustee	1 00 0 00	X						0	0	0
(17) Wayne L Moore Trustee	1 00 0 00	X						0	0	0
(18) Robert S Morrison Trustee	1 00 0 00	X						0	0	0
(19) Marcia P Murphy PhD Trustee	40 00 0 00	X						102,924	0	26,644
(20) William A Mynatt Jr Trustee	1 00 0 00	X						0	0	0
(21) Martin H Nesbitt Trustee	1 00 0 00	X						0	0	0
(22) Michael J O'Connor Trustee	1 00 0 00	X						0	0	0
(23) Abby McCormick O'Neil Trustee	1 00 0 00	X						0	0	0
(24) William H Osborne Trustee	1 00 0 00	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			
(76) Karl A Palasz ..... Trustee	1 00 ..... 0 00	X						0	0	0
(1) Aurie A Pennick ..... Trustee	1 00 ..... 0 00	X						0	0	0
(2) Sheila A Penrose ..... Trustee	1 00 ..... 0 00	X						0	0	0
(3) Perry R Pero ..... Trustee	1 00 ..... 0 00	X						0	0	0
(4) Stephen N Potter ..... Trustee	1 00 ..... 0 00	X						0	0	0
(5) Richard S Price ..... Trustee	1 00 ..... 0 00	X						0	0	0
(6) Eric A Reeves ..... Trustee	1 00 ..... 0 00	X						0	0	0
(7) Karen C Reid ..... Trustee	1 00 ..... 0 00	X						0	0	0
(8) Angelique L Richard PhD ..... Trustee	1 00 ..... 0 00	X						0	0	0
(9) Thomas E Richards ..... Trustee	1 00 ..... 0 00	X						0	0	0
(10) John W Rogers Jr ..... Trustee	1 00 ..... 0 00	X						0	0	0
(11) Jesse H Ruiz ..... Trustee	1 00 ..... 0 00	X						0	0	0
(12) Dino Rumoro DO ..... Trustee	40 00 ..... 0 00	X						488,579	0	39,328
(13) John J Sabl ..... Trustee	1 00 ..... 0 00	X						0	0	0
(14) John F Sandner ..... Trustee	1 00 ..... 0 00	X						0	0	0
(15) E Scott Santi ..... Trustee	1 00 ..... 0 00	X						0	0	0
(16) Gloria Santona Esq ..... Trustee	1 00 ..... 0 00	X						0	0	0
(17) Charles A Schrock ..... Trustee	1 00 ..... 0 00	X						0	0	0
(18) Carole Browe Segal ..... Trustee	1 00 ..... 0 00	X						0	0	0
(19) Alejandro Silva ..... Trustee	1 00 ..... 0 00	X						0	0	0
(20) Jennifer W Steans ..... Trustee	1 00 ..... 0 00	X						0	0	0
(21) Joan E Steel ..... Trustee	1 00 ..... 0 00	X						0	0	0
(22) Carl W Stern ..... Trustee	1 00 ..... 0 00	X						0	0	0
(23) Jonathan W Thayer ..... Trustee	1 00 ..... 0 00	X						0	0	0
(24) Charles A Tribbett III ..... Trustee	1 00 ..... 0 00	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			
(101) Greg Welch Trustee	1 00 0 00	X						0	0	0
(1) John R Willis Trustee	1 00 0 00	X						0	0	0
(2) Thomas J Wilson Trustee	1 00 0 00	X						0	0	0
(3) Robert A Wislow Trustee	1 00 0 00	X						0	0	0
(4) Barbara Jil Wu PhD Trustee	1 00 0 00	X						0	0	0
(5) Larry J Goodman MD Chief Executive Officer	40 00 0 00	X		X				1,675,080	0	450,924
(6) David A Ansell MD SVP, System Integration	39 00 1 00			X				1,327,844	0	166,324
(7) Cynthia Bargmere DNP VP Clinical Nursing & Chief Nursing Officer	40 00 0 00			X				422,800	0	65,332
(8) Cynthia Boyd MD VP & CCO	40 00 0 00			X				385,251	0	114,236
(9) Peter W Butler President	40 00 0 00			X				1,630,878	0	310,629
(10) Edward W Conway VP Clinical Affairs for Admin	40 00 0 00			X				319,140	0	70,653
(11) Melissa Coverdale VP Finance	32 00 8 00			X				352,746	0	64,408
(12) Michael J Dandorph EVP & COO	40 00 0 00			X				929,859	0	168,494
(13) Richard B Davis VP HR Operations	40 00 0 00			X				273,344	0	48,923
(14) Richard K Davis VP University Affairs	40 00 0 00			X				391,021	0	81,962
(15) Thomas A Deutsch MD Provost Rush Univ & Dean Med College	40 00 0 00			X				862,681	0	248,714
(16) Bruce M Elegant VP Hospital Operations	1 00 39 00			X				432,681	0	90,996
(17) Brent Estes SVP Business & Network Development	40 00 0 00			X				497,539	0	104,487
(18) Marquis D Foreman PhD Dean College of Nursing	40 00 0 00			X				266,864	0	26,348
(19) Lois K Halstead PhD RN VP University Affairs	40 00 0 00			X				237,080	0	63,265
(20) Joan E Kurtenbach VP Strategic Planning & Marketing	39 00 1 00			X				319,310	0	73,734
(21) Michael E LaMont VP Facilities Management	40 00 0 00			X				302,533	0	54,917
(22) Omar B Lateef VP Clinical Affairs & Chief Medical Officer	40 00 0 00			X				531,282	0	31,051
(23) John Lowenberg VP Philanthropy	40 00 0 00			X				306,826	0	58,820
(24) Diane M McKeever SVP Philanthropy	40 00 0 00			X				452,050	0	103,613

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			
(126) Herb J Miller PhD	40 00			X				101,939	0	0
Acting Dean, College of Health Sciences	0 00									
(1) John P Mordach	39 00			X				984,020	0	172,336
SVP, Finance & CFO	1 00									
(2) Mike J Mulroe	40 00			X				347,470	0	75,678
VP Hospital Operations	0 00									
(3) James L Mulshine MD	40 00			X				833,045	0	82,386
Acting Dean, Graduate College	0 00									
(4) Anne M Murphy JD	40 00			X				619,447	0	128,247
SVP Legal Affairs & General Counsel	0 00									
(5) Denise Nedza	40 00			X				341,618	0	59,610
VP Revenue Cycle	0 00									
(6) Kurt Olson PhD	40 00			X				265,940	0	62,693
VP Talent Mngnt & Leadership Development	0 00									
(7) Patricia S O'Neil	40 00			X				309,324	0	60,585
VP CIO & Treasurer	0 00									
(8) Jaime B Parent	40 00			X				341,704	0	72,615
VP Information Technology	0 00									
(9) Brian D Patty MD	40 00			X				0	0	0
VP Clinical Systems	0 00									
(10) Anthony Perry MD	40 00			X				311,660	0	20,133
VP Ambulatory Care & Population Health	0 00									
(11) Terry Peterson	40 00			X				364,236	0	54,576
VP Corporate & External Affairs	0 00									
(12) Mary Ellen Schopp	40 00			X				456,069	0	106,676
SVP Human Resources	0 00									
(13) Brian T Smith	40 00			X				479,898	0	87,635
VP Med Affairs-Clinical Practice	0 00									
(14) Scott E Sonnenschein	40 00			X				390,527	0	83,546
VP Hospital Operations	0 00									
(15) Lac Van Tran	40 00			X				679,123	0	106,343
SVP Information Services	0 00									
(16) Judson Vosburg	40 00			X				0	0	0
VP Financial Planning & Decision Support	0 00									
(17) Vincent Trayelis MD	40 00					X		1,112,423	0	32,370
Physician	0 00									
(18) Lorenzo Munoz MD	40 00					X		1,077,003	0	36,633
Physician	0 00									
(19) Michael Liptay MD	40 00					X		1,033,105	0	44,145
Physician	0 00									
(20) Richard Byrne MD	40 00					X		1,003,973	0	39,324
Physician	0 00									
(21) Demetrius Lopes MD	40 00					X		941,408	0	34,724
Physician	0 00									
(22) Bradley G Hinrichs	40 00						X	161,459	0	20,075
Former VP Transformation	0 00									
(23) Melanie C Dreher	40 00						X	107,822	0	5,812
Former Dean, College of Nursing	0 00									
(24) Sheri L Marker-Bednarz	40 00						X	692,929	0	41,617
Former VP Human Resources	0 00									

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			
(151) David C Shelledy ..... Former Dean College Health Sciences	40 00 ..... 0 00						X	115,365	0	31,046

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
Rush University Medical Center	36-2174823

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		646,159
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		132,451
j	Total Add lines 1c through 1i			778,610
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	Lobbying activities consistes of promoting legislation that would protect and promote the continued ability of the organization to further its exempt purpose of providing exellence in healthcare A portion of the lobbying expenditure stems from dues to hospital organizations that lobby on behalf of the healthcare industry

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

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 value of contributions to (during year)		
3 Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	521,793,095	475,694,471	435,858,404	439,974,344	380,542,000
b	Contributions	4,864,889	6,566,825	5,587,306	9,454,670	9,238,740
c	Net investment earnings, gains, and losses	11,650,065	56,203,563	50,675,689	2,456,570	65,348,174
d	Grants or scholarships	1,830,428	1,782,744	1,682,157	1,796,055	428,631
e	Other expenditures for facilities and programs	14,809,823	14,424,023	14,323,141	13,819,062	14,725,939
f	Administrative expenses	503,786	464,997	421,630	412,063	0
g	End of year balance	521,164,012	521,793,095	475,694,471	435,858,404	439,974,344

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

- a Board designated or quasi-endowment ▶ 1 000 %
- b Permanent endowment ▶ 50 000 %
- c Temporarily restricted endowment ▶ 49 000 %

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

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		17,567,508		17,567,508
b Buildings		1,795,247,004	766,989,295	1,028,257,709
c Leasehold improvements				
d Equipment		454,325,080	312,129,554	142,195,526
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,188,020,743

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	355,066,000	C
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	355,066,000	

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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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	
Swap Valuation	18,090,976
Pension Liabilities	48,521,964
IMD Loan	612,083
Securities Lending Liabilities	7,702,821
Annuities-Philanthropy	580,140
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	75,507,984

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	1,647,709,644
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-106,127,011		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-106,127,011
3	Subtract line **2e** from line **1**			3	1,753,836,655
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	7,843,003		
c	Add lines **4a** and **4b**			4c	7,843,003
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,761,679,658

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	1,670,430,280
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			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	1,670,430,280
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-21,298,523		
c	Add lines **4a** and **4b**			4c	-21,298,523
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,649,131,757

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
Part XI, Line 4b - Other Adjustments	Investment Expense booked as reduction of revenue 3,779,735 Bad Debt Expense booked as reduction of revenue 34,233,799 Restricted investment gains 31,531,141 Restricted contributions -2,389,615 Cost of Goods reported in revenue section of 990 -47,914,594 Rental Expense reported in revenue section of 990 -11,397,463
Part XII, Line 4b - Other Adjustments	Investment expenses booked as reduction of revenue 3,779,735 Bad Debt Expense booked as reduction in revenue 34,233,799 Cost of Goods reported in revenue section of 990 -47,914,594 Rental expesne reported in revenue section of 990 -11,397,463
Schedule D Part V Line 4	-The endowments are used to fund professorships (41%), research (13%), free care (9%), student financial aid (11%), education and fellowships (12%) and other programs (14%)

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

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) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			4,503,268
b Total from continuation sheets to Part I	0	0			54,011,316
c **Totals** (add lines 3a and 3b)	0	0			58,514,584

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; do not file with Form 990)*	☐ 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; do not file with Form 990)*	☐ 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
Part I, Line 2	RUMC did not issue grants to foreign organizations or individuals The amounts presented w ere for foreign travel to assist countries in time of need and for participation in foreig n held seminars and conferences There w ere also payments to foreign vendors for purchases and to foreign individuals for services rendered These were verified through purchase re quisitions, validations and invoices

Additional Data

Software ID:
Software Version:
EIN: 36-2174823
Name: Rush University Medical Center

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Service	Self Insurance	2,528,550
Central America and the Caribbean	0	0	Program Service	Charitable Health Care	11,934
East Asia and the Pacific	0	0	Program Service	Charitable Health Care	46,188

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland & Greenland)	0	0	Program Service	Charitable Health Care	876,439
Middle East and North Africa	0	0	Program Service	Charitable Health Care	83,872
North America	0	0	Program Service	Charitable Health Care	923,294

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America	0	0	Program Service	Charitable Health Care	31,459
South Asia	0	0	Program Service	Charitable Health Care	1,532
Sub-Saharan Africa	0	0	Program Service	Charitable Health Care	6,778

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		54,002,538
Russia and Neighboring States	0	0	Program Services	Charitable Health Care	2,000

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

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.

Revenue / Direct Expenses		(a) Event #1 Rush Neurobehavioral Event (event type)	(b) Event #2 Fashion Show (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	605,373	700,305	747,243	2,052,921
Revenue	2 Less Contributions	577,873	597,576	550,728	1,726,177
Revenue	3 Gross income (line 1 minus line 2)	27,500	102,729	196,515	326,744
Direct Expenses	4 Cash prizes	0			
Direct Expenses	5 Noncash prizes	0			
Direct Expenses	6 Rent/facility costs	45,960	33,179	44,423	123,562
Direct Expenses	7 Food and beverages		90,597	199,960	290,557
Direct Expenses	8 Entertainment	9,800	2,000	37,469	49,269
Direct Expenses	9 Other direct expenses	65,708	213,448	71,592	350,748
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(814,136)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-487,392

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.

Revenue / Direct Expenses		(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			70,503	70,503
Direct Expenses	2 Cash prizes			5,000	5,000
Direct Expenses	3 Non-cash prizes			7,700	7,700
Direct Expenses	4 Rent/facility costs				
Direct Expenses	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100.000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				12,700
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				57,803

9 Enter the state(s) in which the organization conducts gaming activities IL

a Is the organization licensed to conduct 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 conduct 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 activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	100 000 %

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

Name ▶ Patty Ruiz Ostrow Reisin Berk Ab

Address ▶ 455 N Cityfront Plaza Dr Suite 1500
Chicago,IL 60611

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 ▶ Catherine Kenyon

Gaming manager compensation ▶ $ 0

Description of services provided ▶ Record Keeping and Bank Deposit

☐ 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 ▶ $ 37,247

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 provide any additional information (see instructions).

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

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 30000 0000000000 %	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 _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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)			26,849,382		26,849,382	1 790 %
b Medicaid (from Worksheet 3, column a)			267,256,152	201,078,436	66,177,716	4 420 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			294,105,534	201,078,436	93,027,098	6 210 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		46,786	4,692,379	879,954	3,812,425	0 250 %
f Health professions education (from Worksheet 5)			138,897,359	87,782,755	51,114,604	3 410 %
g Subsidized health services (from Worksheet 6)			235,745,308	199,056,950	36,688,358	2 450 %
h Research (from Worksheet 7)			132,243,904	102,624,604	29,619,300	1 980 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			179,290		179,290	0 010 %
j **Total.** Other Benefits		46,786	511,758,240	390,344,263	121,413,977	8 100 %
k **Total.** Add lines 7d and 7j		46,786	805,863,774	591,422,699	214,441,075	14 310 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			63,639		63,639	0 %
3	Community support		1,871	83,135		83,135	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members		386	8,927		8,927	0 %
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development		6,064	3,047,844		3,047,844	0 200 %
9	Other						
10	**Total**		8,321	3,203,545		3,203,545	0 210 %

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	Yes	
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	10,047,720		
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	233,906,883		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	219,186,563		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	14,720,320		
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	1 Rush Surgicenter	Healthcare	51 090 %		48 910 %
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	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 letter of facility reporting group Rush University Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2012			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	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	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2012			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) See Part VI			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, 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)*

Name of hospital facility or letter of facility reporting group Rush University Medical Center

			Yes	No
Financial Assistance Policy (FAP)				
13	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	☑ The FAP was widely available on a website (list url) www rush edu/sites/default/files/financial-assistance-policy_0 pdf			
b	☑ The FAP application form was widely available on a website (list url) www rush edu/sites/default/files/financial-assistance-application pdf			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www rush edu/sites/default/files/financial-assistance-application pdf			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Rush University Medical Center

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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? _____

Name and address	Type of Facility (describe)
1	
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 3c	All uninsured patients whose income is at or below 200% of FPG are automatically granted free care under Rush's Presumptive Charity Care Program Rush utilizes data received from a third party vendor that is filed with the major credit bureaus to determine whether the patient's income meets the income threshold Charges for services rendered to patients meeting this threshold are written off in full prior to a bill being sent to the patient A patient may also be eligible for presumptive charity care if the patient is eligible for Medicaid for other dates of service or services deemed non-covered by Medicaid, the patient is enrolled in, or eligible for, an assistance program for low income individuals, or the patient is homeless, deceased with no estate, or mentally incapacitated with no one to act on the patient's behalf All uninsured patients not meeting the requirements of presumptive charity care are automatically granted an uninsured patient discount ranging from 68% to 33%, based on income level The uninsured patient discount is an Illinois state mandated discount based on Rush's cost to charge ratio which is updated annually Patients may complete an application to determine eligibility under Rush's Charity Care and Limited Income Programs, one of the programs included in the Financial Assistance Policy Both programs are income-based and utilize an asset test to determine eligibility Patients meeting the asset test whose income is 201-300% of FPG qualify for 100% discount to their hospital bill, patients meeting the asset test whose income is 301-400% FPG qualify for a 75% discount to their hospital bill Discounts under both programs may be applied after primary insurance payment to cover deductibles, coinsurance, and copays

Form and Line Reference	Explanation
Part I, Line 6a	The Community Benefit Report for Rush University Medical Center (RUMC) is a separate report prepared by Rush Rush prepares and files the Annual Non-Profit Community Benefit Plan Report with the Attorney General's Office of the State of Illinois which report includes Schedule H information about ROMC and ROPH For the purpose of Schedule H, only financial information for RUMC is reported There is no data included for ROPH

Form and Line Reference	Explanation
Part I, Line 7	The calculation of the ratio of patient cost to charges was determined utilizing RUMC's 2015 As-Filed Medicare Cost Report and follows the format based on Worksheet 2 of the Instructions to Schedule H Medicare revenues and costs were extracted from the FY15 As-Filed Medicare Cost Report

Form and Line Reference	Explanation
Part I, Line 7g	Rush has included Rush owned physician clinics in subsidized health There is $175,599,932 in costs in line 7g which represents these clinics

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	Part I, Line 7, Column F -- Total expenses reported on Form 990, Part IX, line 25, column (A) include bad debt expense However, for the purposes of Schedule H this expense has been removed from the denominator when calculating the percent of total expense considered the net community benefit expense and reported on Part I, Line 7, column (f) The amount of bad debt expense excluded from this percentage calculation is $34,233,799

Form and Line Reference	Explanation
Part I, Line 7	The calculation of the ratio of patient cost to charges was based on Rush's FY15 filed Medicare Cost Report This cost to charge ratio is applied to Part I, line 7a and 7b Rush calculates a separate cost to charge ratio for subsidized health services which more accurately portrays those services Rush utilizes a cost accounting system to calculate a separate cost to charge ratio for physician clinics and hospital service lines Those services are then combined to derive a unique cost to charge ratio for subsidized health services The cost accounting system was used to calculate Lines 7e, 7f, 7h, and 7i

Form and Line Reference	Explanation
Part II, Community Building Activities	Community Health Needs Assessment Website www rush edu/quality-care/commitment/community- benefits/ community-health-needsassessmentThe Road Home Program provides care for the "inv isible wounds of war" for veterans and their families Services for veterans deployed in I raq and Afghanistan include an adult mental health clinic that specializes in post-trauma tic stress disorder, child and family services such as support groups, counseling and guid ance for parenting, traumatic brain injury clinic, and a military sexual trauma clinic Th is past year the Road Home program provided services to over 500 veterans Rush has a 30-ye ar history of providing health care at School-Based Health Centers (SBHC) Rush currently has three SBHCs located within Chicago Public Schools that include, Orr Academy, R T Cran e Medical Preparatory High School and Simpson Academy for Young Women Crane and Orr have students in grades nine to 12 and Simpson Academy is for girls in grades six to 12 that ar e pregnant, parenting or both All three schools, have student bodies from underserved pop ulations, and are located in neighborhoods with high poverty levels The Rush SBHCs act as health safety nets for these vulnerable students Wide-ranging clinic services are provide d by advanced practice nurses, registered nurses, collaborating physicians and large numbe rs of Rush's inter-professional students The services include physicals, immunizations, t reatment of injuries, primary care, intermittent care, mental health services, prenatal ca re, pregnancy prevention programs, heath education programs and health care for the childr en of the students Outcomes of this health care and education collaboration include impro ved immunization rates, decreased incidence of infectious disease, decreased emergency roo m usage, detecting and treating illness, healthy baby deliveries, increased access to ment al health services, success in pregnancy prevention programs, and students establishing he althy living patterns aimed at chronic disease prevention and improved graduation rates I n FY2015, these health centers provided close to 3,500 healthcare encounters RUMC provided health education community-based programs at no cost to approximately 32,000 individuals this past year All of Rush's health education programs address one of more of the needs i dentified in Rush's CHNA Examples of these programs include The RCSIP Wellness Center at Facing Forward is part of RUMC's Building Healthy Urban Communities project Facing Forwar d provides permanent housing to homeless women and children in Chicago Many of the women at Facing Forward have chronic physical and mental health conditions, 100% of the populati on is recovering from substance abuse issues The Wellness Center sessions provides routine health screenings, weight checks, health-life coach sessions, health education groups, he althy cooking demonstrations and an exercise group In addition, a walking group and knitt ing group have been formed as adjunct programs for the Center Rush volunteer students rec eive specialized training to act as health/life coaches and to run the program alongside R ush faculty Outcomes show 93 percent of the Wellness Center participants have adapted hea lthier eating habits, 93 percent have either started or increased exercising, 53 percent l ost weight with a mean weight loss of 8 pounds, 57 percent of the participants that smoke have reduced the amount they smoke and 36 percent are actively working on smoking cessatio n Knitting group participants report that this activity has helped them with stress manag ement and smoking reduction Outcomes for Rush volunteer students include, 100 percent rep ort they have a better understanding of healthcare challenges for the underserved, 100 per cent report a greater awareness of their personal role in supporting healthcare in the com munity, 100 percent report a better understanding of how interdisciplinary teams work towa rd common goals, 98 percent report improved communication skills with individuals of diver se backgrounds, and 100 percent report an enhanced ability to perform community healthcare skills Rush's Professional Nursing Staff's (PNS) organization provides Mini Health Fairs for patients receiving care at Thresholds, an organization that provides services to indiv iduals with chronic mental illness The Mini Health Fairs provide health education and scr eenings This is important since those with chronic mental illness have a lifespan that is 25 years less than the general population related to chronic medical diseases In FY2015, 90 patients received services through the Health Fairs 5 + 1 = 20, a RCSIP program, aims t o educate high school students at Chicago Public Schools on the five diseases prevalent in the surrounding underserved community (asthma, hypertension, HIV, diabetes, and cancer) 5 + 1 =20 is based on the idea that knowledge of these 5 common conditions plus 1 informed high school student (or person) can extend one's

Form and Line Reference	Explanation
Part II, Community Building Activities	life by 20 years (individuals without health insurance have a life expectancy of 20 years less than the general US population) Twice a month, Rush student volunteers teach a healt h topic related to the five diseases to high school students The content of the interacti ve health lectures ranges from disease prevention to practical skills such checking blood pressure The high school students have opportunities to spread their knowledge through 5+1=20 health fairs at their schools Health fair activities include BMI calculations, blood pressure screenings, vision screenings, glucose level checks, referrals, and health educa tion Health fair participants include families and friends of the students as well as oth er members of their communities This past year, 5 + 1 = 20 provided health education and screenings to over 300 community members The RUMC Wellness Program with the Chicago Depart ment of Family and Support Services primarily serves minority older adults and has been in existence since 1985 Advanced practice nurses, dietitians, pharmacists, and social worke rs provided by RUMC provide health education and healthcare for older adults at five Chica go senior centers During FY2015, RUMC healthcare professionals provided 16,010 free servi ce encounters for low-income older adults which included health consultations, screenings such as blood pressure, bone density, cholesterol, diabetes, and PSA levels and health tal ks on topics such as weight loss and fall prevention The majority of the Rush health prof essionals' time, as well as all travel expenses and travel time, supplies and educational materials were donated to this program by Rush The Anne Byron Waud Center at RUMC offers a n array of programs and services open to the public that promote healthy aging Patients, their families and the community have the opportunity to receive free consultations from l icensed social workers on health and aging issues, attend social and support groups, parti cipate in free computer training, and use the health library The Center provides a place to turn in times of need

Form and Line Reference	Explanation
Part III, Line 2	During FY15, Rush's reported provision for bad debts was a total of $34,233,799 which equates to $10,047,720 at cost based on an overall cost to charge ratio

Form and Line Reference	Explanation
Part III, Line 3	There can be times when a patient is reluctant to complete a financial assessment to determine their ability to qualify for Charity Care It is possible that because of these circumstances, there could be a portion of RUMC's bad debt expense that represents patients that do not have the financial ability to pay We are unable to determine an accurate estimate of this portion of the patient population

Form and Line Reference	Explanation
Part II, Line 2	Economic Development refers to the Community Building Activity CaseThis program headed up by John Andrews fosters strategic relationships between anchor institutions (universities, cultural institutions, hospitals, government, businesses, etc) and small businesses who can supply their needs, to build economic vitality across Chicago's neighborhoods Rush contributed $63,639

Form and Line Reference	Explanation
Part II, Lines 3	Rush University Medical Center is involved in numerous community building activities which promote the health of the communities it serves Numerous community concerns are addressed, including health improvement, education, workforce development and access to care We also encourage our employees to serve on community collaboration boards, health advocacy programs, and physical improvement projects to promote the health of the communities we serve As well, we work with neighborhood programs, including schools, work sites and safety net providers to promote health and wellness and prevent disease Specific Programs In order to promote the health of the community we serve, our hospital participates in extensive community building activities which are not a part of Part I Charity Care and Other Community Benefits These activities include Economic development creating new employment opportunities in an area with traditionally high jobless rates Case - Chicago Anchors for a Strong EconomyCommunity support operation of a reduced cost childcare center and public health emergency activities Adopt-A-Family ProgramCoalition of HopeMLK Day of Service and Memorial ServiceEmergency PreparednessRush Heart WalkRush United Way CampaignSankofa InitiativeThe Albert Schweitzer Fellows ProgramsLeadership development and training for community members providing medical interpretation skills training for area residents Chicago United Equal OpportunityCommunity Outreach InitiativesOther Contributions to area missions of expired equipment and supplies

Form and Line Reference	Explanation
Part II, Line 8	There are a number of Workforce development expenses this year A total of $3,047,844 dollars were contributed to Workforce Development Building Healthy Urban Communities (BMO Grant) Health Systems Management - $767,514 Chicago Public Schools Career and Technical Education - $2,429Groundhog Job Shadow Day - $1,349 INROADS - $56,941 Mini Medical School - $481 RUMC Summer Internship Patient Ambassador - $21,390SAME Early Childhood Enhancement Program - $14,046SAME High School Intern Program - $32,639SAME College Preparatory Enrichment Program CPEP - $39,228 SAME College Program - $56,516 SAME Network Primary Education Program - $14,212 Science And Math Excellence (SAME) Network - $711,227 Tuition Forgiveness Program - $1,329,872

Form and Line Reference	Explanation
Part III, Line 4	During FY15, Rush's reported provision for bad debts was a total of $34,233,799 which equates to $10,047,720 at cost based on an overall cost to charge ratio RUMC provides additional information on the bad debt expense in footnote #2 of the financial statements RUMC provides a significant amount of uncompensated care to uninsured and underinsured patients

Form and Line Reference	Explanation
Part III, Line 8	The calculation of the ratio of patient cost to charges was calculated utilizing RUMC's 2015 As-Filed Medicare Cost Report and follows the format based on Worksheet 2 of the Instructions to Schedule H Medicare revenues and costs were extracted from the FY15 As-Filed Medicare Cost report There is a Medicare surplus of $14,720,320

Form and Line Reference	Explanation
Part III, Line 9b	Rush grants presumptive charity care to all uninsured patients whose income is below 200% FPG Rush utilizes data received from a third party vendor to make this determination and, once determined to be eligible for presumptive charity care, the patient's charges are written off in full prior to a bill being sent Patients not eligible for financial assistance through this presumptive process must submit an application, along with any required documentation Rush's billing statements provide notification to patients of the availability of financial assistance Accounts of patients who have been approved for financial assistance, who have applied for financial assistance, or who have requested an application for financial assistance are removed from the bad debt collection process Before sending accounts to collections that do not meet these criteria, RUMC makes a second attempt to determine eligibility for presumptive financial assistance using the process described above

Form and Line Reference	Explanation
Part VI, Line 2	As an academic medical center, RUMC performs many community benefit activities in neighborhoods within and surrounding the Illinois Medical District (IMD) and throughout the Chicago area For the purposes of this plan, the federally required Community Health Needs Assessment and future planning initiatives, RUMC's defined service area consists of communities surrounding the hospital identified through a patient origin zip code analysis The RUMC service area is comprised of seven zip codes which include the Chicago community areas of Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale, and South Lawndale This is an area of high poverty levels, high crime rates and great health disparities These geographical areas encompass the location of the medical center as well as the locations of sites for a significant number of community outreach efforts, such as health access programs, wellness centers and healthcare pipeline and workforce development programs Chicago, like any large urban city, surveys the health services it provides to its citizens The Chicago Department of Public Health (CDPH) established a strategic planning process aimed to focus the energies of the department, set organizational priorities and guide the allocation of public health resources Many of RUMC's community benefits activities align with CDPH's strategic priorities such as health promotion and prevention of chronic disease, promoting access to services, and ensuring Chicago is prepared to quickly and effectively respond to public health emergencies and epidemics To further our efforts to identify and address the existing health needs within our community, RUMC developed its first Community Health Needs Assessment (CHNA) and corresponding Community Health Implementation Plan (CHIP) as required by the Internal Revenue Service in compliance with the Affordable Care Act The CHNA and implementation plan were completed during fiscal year 2013 and board approved by June 2013 A copy of the CHNA is available online The CHIP is closely monitored on an ongoing basis through outcome indicators and continuous data collection

Form and Line Reference	Explanation
Part VI, Line 3	In keeping with RUMC's mission to provide comprehensive, coordinated health care services to our patients, RUMC offers several financial assistance programs to help patients with their hospital bill RUMC uses a patient eligibility service to proactively enroll patients, who present for service without insurance coverage, for coverage under various state and federal programs The maintenance of this service for our patients has a significant impact on decreasing the amount of financial assistance provided because patients who otherwise have qualified for financial assistance are obtaining insurance coverage for their care In addition to achieving appropriate, available coverage for our patients' medical services, this eligibility service also obtains eligibility for SSI or SSA benefits for applicable patients Guiding the patient through this often time-consuming and arduous process is extremely beneficial to the patient, as once SSI/SSA eligibility is approved, the patient will begin receiving a monthly assistance check which provided a benefit well beyond their health care at RUMC To assist the patient in deciding which is the right program for them, RUMC offers the services of Financial Counselors and Billing Customer Service Representatives These individuals will assist patients with completing financial application forms, obtaining an estimated cost of anticipated hospital services, providing an explanation and copy of their hospital bill, and obtaining notary services RUMC makes all financial assistance information and policies available on its website In order to widely publicize the document, Rush makes the financial assistance information available in a number of formats Rush provides a plain language summary in the Emergency Department as well as the main Registration areas The plain language summary explains the different types of charity care In addition, all uninsured patients are provided a financial assistance application when being discharged from the Emergency Department At our registration sites, it is our policy to have all uninsured patients informed of our financial assistance policy, and we recommend that they speak with a financial counselor In addition, the policy, application, and plain language summary are available on-line for patients and guarantors to view

Form and Line Reference	Explanation
Part VI, Line 4	RUMC provides patient care services to a much broader audience than is defined in its CHNA RUMC purposely chose to define its community for the CHNA as the geographic area around RUMC since this is an area of great need Rush's patient population is varied in regard to ethnicity, economic status and insured status Rush's defined community for its CHNA is primarily African American, with populations living at or below poverty level, with lower high school graduation rates than Illinois benchmarks and with higher rates of chronic disease than the U S general population

Form and Line Reference	Explanation
Part VI, Line 5	RUMC has provided high quality services to underserved populations for many years through ongoing successful community-based programs and partnerships Examples include opening the Rush Adolescent Family (AFC) center 41 years ago to provide reproductive health care, pre natal care and pregnancy prevention services to underserved adolescents Over 25 years ago , Rush opened two school health centers at Chicago Public Schools (CPS) to provide safety- net care to vulnerable adolescents living in high poverty communities These health center s continue to thrive and Rush has added a third school health center at a school for pregn ant and/or parenting girls in sixth through twelfth grade The Science and Math Excellence (SAME) network was started 25 years ago to narrow the gap in math and science test scores between schools on the South and West sides of Chicago and schools in more affluent neigh borhoods Another example of Rush's commitment is the development of Rush Community Servic e Initiative Program (RCSIP) 23 years ago This all volunteer program was developed to mee t the health needs of Chicago's West side residents RUMC is a founding member of the Medic al Home Network The Medical Home Network (MHN) is a Section 501(c)3 organization founded by the Comer Science and Education Foundation to address problems accessing health care in populations with Medicaid living on Chicago's South and Southwest sides MHN partners col laborate to transform the current care delivery system to improve patient care coordinatio n and access to health care services, while reducing cost and fragmentation The MHN consi sts of safety net hospitals, one tertiary care hospital (Rush) and several Federally Quali fied Health Centers RUMC takes a leadership role in the MHN through RUMC's CEO serving as co-chairman, providing the Better Care Teams education program to MHN clinicians and more recently by providing complex care coordination for the most at-risk MHN patients RUMC an d the Cook County Health and Hospitals System collaborated to create the Ruth M Rothstein CORE Center in 1998 The CORE Center is the nation's first public-private outpatient faci lity dedicated to the care of people with HIV/AIDS Today, it is the largest, most compreh ensive provider of HIV/AIDS treatment in the Midwest Faculty members from Rush and Stroge r Hospital work side-by-side delivering care to this population The Center also serves pa tients with tuberculosis, hepatitis and other infectious diseases Clinical research proje cts at the center seek new answers in screening, treating and halting the spread of infect ious diseases RUMC is also a founding and active member of the Illinois Medical District H ospital Emergency Preparedness Coalition (IMD HEPC) The mission of this coalition is to c reate and maintain a community wide emergency management interoperability within one of th e nation's largest urban healthcare, educational, research and technology districts result ing in minimal loss of life and reduced collateral damage to surrounding structures and th e environment during a disaster This past year, RUMC provided over 18,000 clinic visits to the most at-risk underserved populations through numerous community based programs and pa rtnerships at no charge to the patients Examples of some of these services are detailed b elow Rush Community Service Initiative Program (RCSIP) Clinics are run by RUMC physicians and Rush student volunteers The clinics offer physical exams, health education, free basi c medications, procedures such as wound care and use referrals to help patients establish primary and/or specialty care relationships that are affordable or available through chari ty care Examples of these clinics include (1) The RCSIP Clinic at Franciscan House is l ocated within the Franciscan House homeless shelter for adult men and women Approximately 100 patients are seen weekly, over 2,000 healthcare encounters were provided during FY 20 15 (2) The RCSIP Clinic at Freedom Center serves adult males that are in rehabilitation for substance abuse issues The clinic is housed within the Salvation Army's Harbor Light Center and provided healthcare to approximately 200 men during FY 2015 (3) The RCSIP Cli nic at Chicago City Church serves homeless and other at-risk adults Over 100 patients wer e seen at this clinic during FY 2015 The Department of Pediatrics has several long-standin g programs for underserved children Examples of these programs include, since its incepti on in 1997, Rush's Kids-SHIP initiative has provided healthcare services to homeless child ren and adolescents through a medical outreach team The team also provides any necessary follow-up care at the Pediatric Primary Care Center at Rush The Chicago Coalition for the Homeless estimates that approximately 26,000 youth experience homelessness in Illinois ov er the course of a year The majority of these children and adolescents have no primary ca re physician and no medical home Many of these ch

Form and Line Reference	Explanation
Part VI, Line 5	ildren do not receive routine childhood immunizations and, because of the irregularity of their medical care, have no record of their medical history Due to their desperate need f or comprehensive healthcare tailored to their physical, emotional and logistical needs, th ese underserved pediatric populations are the focus of Rush's Kids-Shelter Health Improvem ent Project (Kids-SHIP) The Kids-SHIP medical outreach team is made up of an attending pe diatrician from Rush, pediatric residents from Rush Medical College and Stroger Hospital, and medical students from Rush who travel to nine homeless shelters on the West and South Sides of Chicago to provide on-site medical services to children and adolescents In FY201 5, the Kids-SHIP physicians completed approximately 540 patient visits By initiating cont act with homeless children and providing onsite medical care, this program has reduced bar riers to care and improved the overall health status of this homeless population Addition ally, Kids-SHIP has encouraged the use of available healthcare resources, including provis ion of a medical home at Rush, among homeless families Rush provides Pediatric Subspecialt y physician services at or below cost to Stroger Hospital in order to provide advanced, hi gh-quality, subspecialty medical care to the patients there through the Rush-Stroger Affil iation Agreement-Pediatrics Program The Pediatric subspecialty medical services include Pediatric Allergy/Immunology, Pediatric Critical Care, Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Infectious Disease, Pediatric Neurology, Pediatric Nephrology, and Pediatric Pulmonary Medicine The Rush Section of Pediatric Critical Care provides th e majority of physician coverage for the Stroger Pediatric ICU The Department of Pediatri cs at Rush volunteers with the Chicago Department of Public Health (CDPH) to provide care for complex tuberculosis patients at West Town Neighborhood Health Centers for half days e very other week The Pediatric Infectious Disease Faculty Outreach program provides access to specialized medical expertise for immigrant, minority, and underserved populations wit h tuberculosis For almost two decades, the Department of Pediatrics has provided medical supervision for children with HIV at Children's Place, a Chicago residence and day care ce nter for children infected with or affected by HIV Pediatric Infectious Disease subspecia lists from Rush provide HIV evaluations and care for children with HIV who are adopted fro m foreign countries through dedicated adoption agencies such as Adoption-Link During FY20 15, approximately 500 individuals received services through this outreach program In addit ion to RCSIP and the Pediatric Department, other community based programs are sponsored by Rush for at-risk individuals Examples of these include The RUMC AFC provides reproductiv e healthcare, prenatal care, gynecological care, pregnancy prevention programs, STD testin g and treatment, and community health education to underserved Chicago area youth All of the AF''s services are provided regardless of income or ability to pay for care Although the AFC draws patients from over 107 Chicago area zip codes, the majority of patients serv ed reside in Chicago Westside communities of high poverty As part of the AFC's community education program, staff regularly travels off-site to Chicago area high schools and middl e schools to provide community education on pregnancy prevention, reproductive anatomy, co ntraception, sexually transmitted infection prevention and reproductive health AFC also o ffers free prenatal education classes to pregnant teens and their partners The year, the AFC provided clinic services to 800 youth and several thousand community education encount ers

Form and Line Reference	Explanation
Part VI, Line 6	RUMC has an affiliation with Rush Oak Park Hospital Rush Oak Park Hospital (ROPH) consists of 296 beds located in Oak Park, Illinois The affiliation between RUMC and Rush Oak Park Hospital provides patients with access to advanced medical treatments without having to leave their neighborhoods ROPH is committed to balancing clinical excellence with compassionate care and greater community outreach programs in order to provide a lifetime of care for individuals and their entire family For the purposes of Schedule H, only financial information for RUMC is reported ROPH separately reports this information on its own Schedule H

Form and Line Reference	Explanation
Part VI, Line 4	The Waud Center and the services it provides have also been the inspiration and driving fo rce behind the development of older adult programming throughout the Medical Center One s uch program is Rush Generations, a free membership program that promotes health and well-b eing for older adults and those who care for them Through monthly educational seminars on a wide range of topics related to health and aging, Rush Generations has reached out to o ver 7,000 members and growing Educational programs and wellness classes offered include A Matter of Balance is an evidence-based program that emphasizes practical strategies to re duce the fear of falling, manage falls and increase physical activity levels (1) Connect ed Living is designed to impart basic computer skills for older adults (2) Diabetes Self -Management Program is a free, interactive, six-week workshop that helps those with type 2 diabetes to improve skills to manage their health Participants learn about the importanc e of healthy eating, physical activity, stress management and medications among other self -management strategies Workshops take place at Rush and in community settings (3) The R ush Generations program plans a robust, year-round calendar of classes, workshops and heal th screenings that enhance physical and emotional wellbeing of adults and older adults Ea ch month, Rush Generations offers a lecture on a different health topic including Stroke A wareness, Understanding Medicare, Prostate Health and more (4) The Health Promotion Dise ase Prevention team present to local senior groups as well as groups of health and social service professionals and students about their work and expertise in the areas of health, aging and social work Several members of the team are Master Trainers for three evidence- based health promotion programs, and in this role, train facilitators of these workshops The team also provides training to the Senior Companions program through the Chicago Depar tment of Family and Support Services, Senior Services Division (5) The RUMC Mothers' Mil k Club was developed to address the social, emotional, demographic and physiologic barrier s to mothers' providing their milk for their infants in the Neonatal Intensive Care Unit These mothers are disproportionately low-income and African American, the two demographic groups that are least likely to initiate and maintain lactation in the United States The Club provides these women with the necessary guidance and resources that they need to prov ide milk for their infants, including state-of-the-art hospital-grade electric breast pum ps, taxi service to attend weekly educational luncheon meetings, educational materials, an d post-infant discharge home visits to help breastfeeding get off to a good start These s ervices are provided on a complimentary or sliding-scale basis to all families who qualify for Women Infants & Children (WIC) benefits Rush invests in developing and supporting hea lthcare pipeline and workforce development programs during FY2015 These programs consist of the RCISP pipeline program for the R T Crane (RTC) Medical Preparatory High School, M alcolm X City College (MXC) partnership, tuition forgiveness programs, the RCSIP Mini Medi cal School for CPS students living in the Lawndale neighborhood, the Building Health Urban Communities project, and the SAME network Descriptions of these programs follow RTC Medi cal Preparatory High School is part of the Chicago Public Schools (CPS) Career and Technic al Education (CTE) Program The CPS CTE Program was established by the Cook County Preside nt's and the City of Chicago Mayor's offices to increase the number of Chicago's youth rec ruited into Chicago's healthcare workforce Rush is a part of the CPS CTE program and part ners with RTC Medical Preparatory High School RUMC faculty and staff provide mentorship a nd activities to facilitate the Crane students' efforts to successfully pursue their inter est in health careers CPS CTE activities are focused on awareness, exploration, and appli cation of the health sciences In addition to mentorship and educational services to all s tudents at Crane (student capacity of 1,330), over 30 freshman students had paid internshi ps in the nursing department at RUMC this past year Malcolm X City College (MXC) and RUMC have a rich, multi-year history of interactions and cooperative activities These include hosting health occupation students' clinical rotations in nursing, surgical technology, ra diologic technology, EMT/paramedic, and respiratory care at RUMC and providing anatomy lab s for MXC health occupations students RUMC also provides guest lecturers and recently beg an offering a monthly inter-professional lunch and learn series for MXC students and facul ty on issues and trends related to health care Recently, the City Colleges of Chicago iden tified MXC as the leading city college for health careers and Rush as a lead partner for i ts health career programs MXC wants to ensure tha

Form and Line Reference	Explanation
Part VI, Line 4	t its graduates have the knowledge, skills and professional attributes they will need to f unction in the healthcare system, both now and in the future To help achieve that goal, R ush participates in MXC advisory committees and provides transfer programs for graduates o f the MXC radiologic technology and respiratory care programs to allow students the opport unity to obtain a bachelor's degree in their fields To further develop upper division coll ege transfer opportunities for MXC graduates, Rush is working with representatives of MXC to develop an innovative new Bachelor of Science in health sciences A program development steering committee consisting of representatives from MXC and the four Rush colleges (Col lege of Medicine, College of Nursing, College of Health Sciences and Graduate College) has recommended the development of the following Bachelor of Science degree options or tracks (1) Undergraduate preparation for graduate level health science programs in allied heal th, medicine, nursing and the biomedical sciences (2) Leadership program for students ho lding the associate degree in a health occupation (3) Health-wellness focus for students interested in a career related to corporate health, community health or medical home care coordination Rush subsidizes the education and training many students that will comprise the next generation of doctors, nurses, allied health care professionals and healthcare re search scientist whose tuition and grants do not fully cover the associated costs through select tuition forgiveness programs Rush is committed to providing programs to educate an d train the healthcare workforce of the future It is widely recognized that workforce dem ands in healthcare will rapidly escalate as the U S population ages During FY2015, RUMC provided tuition forgiveness for several students coming to Rush from Malcolm X City Colle ge and to other students pursuing health science research degrees It is an essential part of RUMC's corporate mission that education programs continue to receive this operational support in order to supply highly trained physicians, nurses, allied health professionals and research scientist to the healthcare community The Mini Medical School is a five-week summer day camp for 40 grade school students (4th-6th) from Chicago Public Schools in the Lawndale neighborhood The program exposes young students to the health sciences The summ er camp is held at Rush University and is complete with an orientation, anatomy and physio logy lectures, activities on five major body systems, dissections, homework, and a complet ion celebration Rush student and physician volunteers plan the curriculum, implement acti vities, and assist the youth during the camp The Building Health Urban Communities project fosters public-private partnership between Rush Malcolm X City College (MXC), and the Med ical Home Network (MHN) The goals of this project are to improve education, employment an d health outcomes of the underserved Westside and Southside communities of Chicago served by Rush This is being achieved through creating new models of care that focus on interpro fessional teams and proactive care coordination, developing and training a workforce from the community that supports these new models of care, and rigorously measuring and evaluat ing each project component for sustainability and replication

Form and Line Reference	Explanation
Part VI, Line 4	One of the major focuses of this project is developing and training a workforce to deliver high value population-based health care Embedding training opportunities within existing models of care will improve quality, efficiency, and reduce costs There are five compone nts of workforce development that include the Rush Community Investments Initiative, and C urriculum Development for Allied Health Professionals, Scholarships and Internships for Ru sh Bachelor of Science in Health Sciences, Continuing Education Training for existing heal thcare providers, and Health Disparities Research and Evaluation Fellowships These compon ents target different types and levels of healthcare workforce thus creating a pipeline of educational programs The program components are listed below Health Disparities Fellowsh ips The Health Disparities Fellowship program is designed to develop a cadre of well-trai ned health care researchers with a passion for creating sustainable ways for providing acc ess to high-quality care for individuals in underserved communities, with a particular foc us on improving health in the communities served by Rush These mentored fellowships invol ve development and evaluation of new ways to educate and deploy community-based providers, and evaluation of the new models of care in which they will be working Fellowships span over a five-year period, and currently five fellows and one health disparity scholar are w orking on projects in various specialties including Allied Health Sciences, Preventive Med icine, Nursing, and Curriculum Development, with a timeframe ranging from two-three years Fellows with a Master's degree are encouraged to enroll in the PhD program and take advan tage of the educational benefits offered by Rush Curriculum Development for Allied Health Professionals Fellows are working on developing new curriculum streams for educating and training allied health professionals to meet the current and future workforce needs The i nitial focus is on developing a curriculum for community health workers which is competenc y and assessment based The goal is to allow students graduating from these programs to en roll and transfer credits to a bachelors program, thus creating career ladders for these s tudents The community health worker basic certificate program has already been launched a t MXC as a result of this work Scholarships and Internships for Rush Bachelor of Science i n Health Sciences In an attempt to create career ladders for individuals from low-income underserved communities, a "pipeline program" is funded through this project Individuals from the Malcolm X City College can enroll and transfer credits to the Rush Bachelor of Sc ience in Health Sciences program These students will be offered scholarships and part-tim e paid internships for two years Internships will allow them to gain both academic and cl inical hands-on experience before graduation Rush Community Investments Initiative A one- year student led pilot program for community benefits has been initiated by developing a R ush Wellness Center at Facing Forward Facing Forward is a housing first facility located on the west side of Chicago that provides permanent housing for homeless individuals with a history of substance abuse This pilot is designed to decrease cardiovascular risk and i mprove respiratory health for the residents and enhance students' ability to provide need based care to underserved populations, work in teams, develop long-term patient relationsh ips, and care for diverse populations This will serve as a model for future student-led w ellness initiatives that can have a long term impact on participants Continuing Education Training Better Care Teams training is based on an in-depth needs assessment on the needs of existing care coordinators, outreach workers, and clinicians within the Medical Home N etwork clinics, to prepare them for future healthcare needs The primary focus of this tra ining is high value team-based care Motivational Interview training has been launched wit h other training topic areas to follow in the next year The Science and Math Excellence (S AME) Network was developed in 1990 and is a large-scale community service enterprise opera ted through the Department of Community Affairs at Rush to improve the science, math, and reading test scores in Chicago schools on the West and Southwest sides of the city The Ne twork provides students in these neighborhoods with the same opportunities to learn math a nd science as are available to their peers in more affluent areas RUMC spearheaded the SA ME Network's first effort long perform others recognized the importance of STEM (science, technology, engineering, and math) programs to improve education by raising funds from Chi cago's business community to build state-of-the-art science laboratories in local schools that lacked these facilities Since then, the SAME Network has grown to become a collabora tion between Rush and 34 elementary schools, 11 hi

Form and Line Reference	Explanation
Part VI, Line 4	gh schools and many local businesses Rush's dedication to promoting a healthy community h as fostered a strong commitment to supporting the growth and development of our local neig hborhoods Rush conducts a variety of programs through the SAME Network that include the p rograms below College Internship Program The College Internship Program supports SAME stu dents as they matriculate through college Eligible students receive scholarship assistanc e and academic support The students are given an opportunity to work at Rush University M edical Center in an area closely related to their career choice The students return from colleges and universities across the United States during the holiday season and summer br eak to learn, work and interact with patients, peers, and management College students rec eive mentoring through preceptor relationships with professionals at Rush University Medic al Center During FY2015, 21 college students benefited from this program College Preparat ory Enrichment Program (CPEP) SAME Network collaborated on an enrichment program with Chi cago Public Schools and Benedictine University in Lisle, Illinois The CPEP offers student s an opportunity to participate in year-round after-school and summer learning activities The intent of the CPEP is to provide students with the experiences they need to pique the ir interest in science and math, pursue college entrance and, potentially, a science-relat ed career Students who participate in the CPEP have the opportunity to become involved wi th the SAME Network's High School Internship Program when they graduate from elementary sc hool The program is geared toward students entering fifth grade that also attend a SAME N etwork school The students are recommended by their school principals and teachers becaus e they show academic promise in the areas of science and math During the summer, students are exposed to one or two week campus living at Benedictine University, which provides th em with the experience of living away from home Coupled with campus life, the students re ceive instruction in math, science, and technology Field trips to educational institution s in the western suburbs and fun outings are a part of the experience Students work indep endently, collaboratively, and cooperatively on inquiry-based science tasks emphasizing hi gh-order thinking skills while integrating math and technology Families participate in a variety of activities throughout the year In FY2015, 438 students participated in this pr ogram

Form and Line Reference	Explanation
Part VI, Line 4	High School Internship Program In conjunction with Chicago Public Schools through the SAM E Network, the program provides a variety of internship experiences to high school student s The objectives of SAME's internship program are to encourage students to pursue educati on and careers in math, science, and technology fields, provide students with hands-on exp erience, classes and mentoring, and develop good work habits, ethics and job readiness ski lls A mentoring relationship was developed between the internship students and Rush's Hea lth Systems Management faculty and staff After graduating from high school, students are eligible to transition into the College Internship Program Throughout high school, the st udents work at Rush University Medical Center in various departments Preschool Program In 1998, SAME Network developed this program to introduce preschool children to science, mat h, and literacy skills The program currently operates in 28 public and private schools T he goal of the SAME Preschool Program is to provide a stimulating environment for guiding children in the development of science, math, and literacy skills by providing science lab s and materials appropriate for young children Children begin to understand fundamental s cience concepts and develop inquiry skills by using their natural curiosity to motivate ex ploration of their surroundings The ultimate objective of the science program is to have the preschool children achieve science literacy, which is necessary for them to succeed in a world filled with science SAME Network offers workshops to parents of children partici pating in SAME Network sponsored preschool program SAME believes early parental involveme nt is crucial for children to be successful in school As an academic medical center, RUMC subsidizes health and medical research to improve patient care, now and for future generat ions, by covering expenses not funded by private or government grants Many of the researc h studies directly address health need findings in RUMC's CHNA Last year pilot funding wa s provided to numerous beginning career Rush researchers to stimulate new research at Rush and to develop the new researchers Two of the research pilots funded are community based and 17 of the pilots directly address one of the eight problem areas identified in Rush's CHNA findings Experienced Rush research scientist are currently conducting 83 community based research studies, a majority of these studies address the CHNA findings Examples of some of these studies are described below The Rush Institute for Healthy Aging, RIHA and the Rush Alzheimer's Disease Center, RADC, were created in the early 1990s to investigate common chronic health problems of older people especially cognitive decline and Alzheimer' s disease The RIHA conducts only research activities with no clinical activities, and is typically interested in health problems as they occur in the general population rather tha n in a clinical setting such as a hospital or nursing home The RADC provides patient care and support services, conducts randomized clinical trials, and sponsors multicultural out reach programs to engage the Chicago community in research Rush research includes multipl e, longitudinal community-based cohorts, large, distinct groups of people, in the City of Chicago and nationwide The RIHA and RADC projects includeThe Religious Orders Study, star ted in 1993, has enrolled nearly 1,200 older priests, nuns and brothers from more than 40 sites around the country, about a third of who reside in Cook and the collar counties Rec ruitment and retention includes numerous educational programs on healthy aging and the pre vention of common chronic neurologic conditions of aging and the importance of partici pati ng in research These presentations are provided for participants and non-participants and their friends and family members Detailed clinical evaluations are performed annually on participants A total of 12,114 evaluations have been performed at no charge Routine blo od tests have been drawn on 2,353 participants without charge Test results have been prov ided to the participants All study participants are organ donors and a complete neuropath ologic evaluation has been performed without charge on 603 participants and a report provi ded to family members The Memory and Aging Project, started in 1997, is a cohort study tha t has enrolled more than 1,700 older residents of retirement communities and individuals i n their homes from Cook and the collar counties Recruitment and retention includes numero us educational programs on healthy aging and the prevention of common chronic neurologic c onditions of aging and the importance of participating in research These presentations ar e provided for participants and non-participants and their friends and family members Det ailed clinical evaluations are performed annually on those who have enrolled A total of 1 0,103 evaluations have been performed on participa

Form and Line Reference	Explanation
Part VI, Line 4	nts at no charge Routine blood tests have been drawn on 8,620 participants without charge Test results have been provided to the participants All study participants are organ do nors and a complete neuropathologic evaluation has been performed without charge on 523 pa rticipants and a report provided to family members Participants have recently been offere d brain MRI scans at no charge and 799 scans have been performed The Minority Aging Resear ch Study began in 2004 and includes 615 older community-dwelling African Americans in the Chicago area Detailed clinical evaluations are performed annually A total of 2,869 evalu ations and blood tests have been performed on residents in Cook and the collar counties at no charge with all results provided to the participants The Rush Department of Preventive Medicine has a long history of community research, teaching, training, and service dating back to the 1970s Since 1990, the Department has received well over $50 million in Natio nal Institute for Health funding to conduct community-based translational research The Ru sh Center for Urban Health Equity is a NIH-sponsored $10 million center grant This Center is devoted to reducing cardiopulmonary disparities in underserved Chicago residents throu gh research, training, education, and service The Department of Preventive Medicine facul ty and staff also generously donate their time and skills, both within and outside the Med ical Center, to give back to our communities Their efforts include numerous presentations and seminars where they collaborate with neighborhood clinics, churches, schools and othe r organizations to provide health education in a wide array of topics from diabetes care t o asthma in children Additionally, the department assists the Humboldt Park community thr ough generous subsidies to its Diabetes Empowerment Center, and supports national programs like the American Heart Association annual Heart Walk Rush continues to strengthen its c ommitment to the communities we serve through efforts of the Department of Preventive Medi cine like Block-by-Block, an NIH-sponsored study conducted using community based partici pa tory research and has provided services to over 13,000 individuals Examples of studies co nducted by the Department of Preventive Medicine that directly address Rush's CHNA finding s include The BRIGHTEN Heart trial is testing the hypothesis that an enhanced primary care delivery system intervention can reduce the risk of development of cardiovascular disease in low income elderly blacks and Hispanics The overall purpose of the study is to reduce racial disparities in cardiovascular morbidity and mortality in black and Hispanic elderl y by effectively controlling behavioral and psychosocial risk factors The CHART study test s the value of a culturally-sensitive, multilevel, chronic care intervention for low-incom e patients hospitalized with heart failure The Community United to Challenge Asthma (CURA) is a research study that compares a community health worker (CHW) self-management interve ntion to standard asthma education in high-risk Puerto Rican children in elementary and hi gh school During home visits, the family will be educated using a standard asthma core cu rriculum which is tailored to individual needs, strengths, and beliefs The first aim is t o assess the ability of the CHW intervention to reduce home asthma triggers and increase m edication adherence in Puerto Rican children and adolescents with asthma The second aim i s to determine if any changes in triggers and adherence associated with this intervention are sustained 8 months after the completion of the active intervention

Form and Line Reference	Explanation
Part VI, Line 4	Rush works with many community partners to provide healthcare and other resources to the community Some of these partnerships entail the provision of resources to assist other organizations meet their strategic goals of addressing community health needs Examples of some of these partnerships are detailed below Charitable Contributions are a series of donations from the Executive Leadership of Rush University Medical Center, this past year RUMC gave funding to over 40 organizations RUMC provides a full range of medical services to the community including an emergency department that is never closed and is open to everyone regardless of their ability to pay as well as numerous services that operate at a loss While the emergency department is a key driver of providing care to the uninsured in a hospital setting, RUMC continues to emphasize primary and preventive care for uninsured individuals and families This approach relies on the services provided within physician clinics at RUMC as well as the community service projects operated by patient care staff In this way, RUMC hopes to have an impact on the health of patients before they get to the point of visiting the emergency department To ensure that RUMC is delivering on its patient care mission to the diverse communities of Chicago, RUMC incurred $1 2 million in costs to maintain a staff of Spanish language interpreters and to supply other-language and sign language interpreter services These financial commitments are critical to facilitating accessibility of patient care to the diverse communities of the Chicago area As a not-for-profit organization, RUMC reinvests any excess revenue after paying expenses back into our institution in order to provide care for patients A significant part of this reinvestment includes the following support services that benefit patients free care for patients who qualify under our financial assistance program, care for patients whose government insurance does not pay all of our costs, and critical medical services that operate at a financial loss but are necessary for the community's overall health As an academic medical center, RUMC subsidizes health and medical research to improve patient care, now and for future generations by covering expenses not funded by private or government grants We also subsidize the education and training of the next generation of doctors, nurses and other allied health care professionals whose tuition and grants do not fully cover the associated costs Additionally, we fund a variety of vital outreach programs that address the specific health needs of our community and beyond RUMC is committed to providing programs to educate and train the health care workforce of the future It is widely recognized that workforce demands in health care will rapidly escalate as the U S population ages To help meet this need, RUMC trains future physicians, nurses and allied health professionals During FY2015, RUMC provided $51 million in unreimbursed costs to maintain these education programs It is an essential part of RUMC's corporate mission that education programs continue to receive this operational support in order to supply highly trained physicians, nurses, and allied health professionals to RUMC and to the larger health care community

Form and Line Reference	Explanation
Part VI, Line 7	List of States Receiving Community Benefit Report IL

Additional Data

Software ID:
Software Version:
EIN: 36-2174823
Name: Rush University Medical Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Rush University Medical Center	Part V, Section B, Line 5 The Community Health Needs Assessment (CHNA) process included the internal CHNA steering committee collecting, analyzing and prioritizing data that was collected from the Chicago Department of Public Health and other public health sources, Metropolitan Chicago Healthcare Council (MCHC) and Rush's internal data as well as in person interviews with community residents and community health leaders The CHNA steering committee also obtained public health expert interview data from the MCHC that included close to 100 local experts interviews The interviewees consisted of government officials, community organization leaders, church leaders, school leaders, physicians, public health officials and nurses By virtue of their positions and professional training, these individuals have considerable expertise related to their constituent groups and have provided invaluable insights throughoutRUMC's CHNA process

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Rush University Medical Center	Part V, Section B, Line 6b Rush's CHNA includes quantitative data input from Metropolitan Chicago Healthcare Council (MCHC) by Professional Research Consultants, Inc (PRC)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Rush University Medical Center	Part V, Section B, Line 7d Additional ways Rush has made the CHNA widely available is by presenting it in front of various stakeholders

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
Rush University Medical Center	Part V, Section B, Line 11 The top eight health needs identified and described in the Rus h University Medical Center's CHNA included the following social determinants of health, access to health care services, physical activity, nutrition and weight control, diabetes, heart disease and cardiovascular risk factors, women's health, mental health and asthma a nd respiratory health To address these needs, Rush University Medical Center applies five main strategies 1 Direct Patient Care2 Health Education and Promotion3 Healthcare Pipel ine Training Programs4 Community-Based Research Studies5 Allocation of Corporate Resourc es and Building Corporate PartnershipsDirect Patient Care This strategy includes any dire ct patient care, both preventive and acute care, provided by Rush faculty, staff or studen ts to disadvantaged populations This includes Health care services provided by students i n real-life teaching scenarios at community practice sites and community centersScreening and diagnostic servicesSocial work services integrated into primary care settingsExamples of those programs are The Community Health clinic provides free preventive and primary hea lth care services to members of the community who cannot afford or are ineligible for medi cal insurance This service improves access to care by offering health services ranging fr om routine physicals and immunization programs to a full laboratory and pharmacy First- a nd -second-year medical students triage patients at CommunityHealth inquire about the natu re and course of patient illnesses, perform laboratory procedures, and observe and partici pate while patients are examined and treated Third- and fourth-year medical students exam ine patients as well as diagnose and recommend a treatment plan under the close supervisio n of attending physicians The Faculty Practice and Outreach administered by the College of Nursing and the Office of Community Engagement, provides healthcare services to underserv ed individuals, families, and communities at a variety of diverse community practice sites These sites include School-Based Health Centers, employee wellness programs, women's hea lth clinics, nurse practitioner primary care, and case management programs for mental illn ess and substance abuse Health Education and Promotion This strategy includes any program providing educational resources or opportunities that promote preventive lifestyle behavi ors and/or the self-management of disease This includes CounselingHealth fairs, classes a nd workshopsLectures and presentationsExamples of those programs are The Health Promotion Chronic Disease Self-Management Program through Rush's Department of Health and Aging off ers interactive, six-week workshops to help those with ongoing health conditions - such as arthritis, heart or lung disease and asthma - maintain control and confidence in managing their health while doing the things that matter most in life The Mexican Consulate Health Outreach program plans quarterly health education and screening events to address social health disparities in the Latino population This interdisciplinary program educates atten dees on a wide range of topics including nutrition, diabetes management and hypertension T he Rush Generations program in Rush's Department of Health and Aging plans a robust, year- round calendar of classes, workshops and health screenings that enhance physical and emoti onal wellbeing of adults and older adults This program increase physical activity levels of older adults by offering fitness classes such as Zumba, Yoga, and Tai Chi Pipeline trai ning programs This strategy includes directing existing and future programs that train an d educate people of all age groups on careers in health science, focusing on building the pipeline for future health care careerists This can include Educational events for young children on job opportunities and training in a health care settingEducational events and on-the-job training for adults interested in pursuing a career in health related field Exa mples of those programs are Malcolm X College (MXC) and Rush have a rich, multi-year histo ry of interactions and cooperative activities These include hosting health occupation stu dents' clinical rotations in nursing, surgical technology, radiologic technology, EMT/para medic, and respiratory care at Rush and providing anatomy labs for MXC health occupations students Rush also provides guest lecturers and recently began offering a monthly interdi sciplinary professional lunch and learn series for MXC students and faculty on issues and trends related to health care This partnership, which RUMC enhanced under its FY2015-2016 Implementation Strategy addresses social determinants of health through the promotion of workforce training and education The Rush Center for Urban Health Equity merges expertise from a broad range of scientific disciplines (including medical, biological, and behaviora l sciences) to develop interventions and programs

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
Rush University Medical Center	that reduce health disparities and address social determinants of health This program als o provides training opportunities for promising individuals from underrepresented and unde rserved communities to pursue careers in multidisciplinary research on health disparities Community-based Research Studies This strategy focuses on finding internal and external m eans to fund community-based research or studies developing evidence-based approaches to a ddressing top health needs This can include Investigations on the reasons for health disp arities between vulnerable populationsDevelopment and testing of innovative interventionsE xamples of those programs are The CHART Study will test the value of a culturally-sensitiv e, multilevel, chronic care intervention for low-income patients hospitalized with heart f ailure The Community United to Challenge Asthma (CURA) is a research study that compares a community health worker (CHW) self-management intervention to standard asthma education i n high-risk Puerto Rican children in elementary and high school During home visits, the f amily will be educated using a standard asthma core curriculum which is tailored to indivi dual needs, strengths, and beliefs The first aim is to assess the ability of the CHW inte rvention to reduce home asthma triggers and increase medication adherence in Puerto Rican children and adolescents with asthma The second aim is to determine if any changes in tri ggers and adherence associated with this intervention are sustained 8 months after the com pletion of the active intervention Allocation of corporate resources and building corporat e partnerships This strategy will focus on the overall organizational and corporate resou rces that are dedicated to building partnerships and support organizations that address he alth needs in the community This can include Direct funding to community programs or part nershipsOrganizational-wide initiatives to raise money on behalf of community partnersExam ples of those programs are Rush Charitable Contributions is a program where Rush's senior management allocates corporate funds to non-profit organizations who have a focus on healt h and other needs of their community Donations are made based on the alignment of the req uesting partner's mission with Rush's focus on the health needs of the community The Scien ce and Math Excellence (SAME) Network is a large-scale community service enterprise to imp rove the social determinants of health by focusing on education Formed in 1990, the SAME Network provides students in these neighborhoods with the same opportunities to learn math and science as are available to their peers in more affluent areas At the time of its fo rmation, Rush Community Affairs staff spearheaded the SAME Network's first effort to impro ve education in the area by raising funds from the community to build state-of-the-art sci ence laboratories in local schools that lacked these facilities Since then, the SAME Netw ork has grown into a collaborative between Rush and 45 elementary schools, six high school s and many Chicago-area businesses Several of its specific programs are mentioned in this plan as well

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Rush University Medical Center	Part V, Section B, Line 13h The State of Illinois requires that hospitals make a good faith effort to identify "presumptive" charity care for uninsured patients under 200% of FPL We complete this process by receiving FPL information from a 3rd party vendor for all uninsured patients

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Rush University Medical Center	Part V, Section B, Line 20e Rush conducts all of the efforts described in lines 20a-d prior to initiating any of the extraordinary collection activities (ECA) identified by line 19 The only ECA that Rush engages in is to report unpaid balances to credit agencies, which generally occurs no sooner than 540 days after the date on which the service giving rise to the unpaid balance was provided In addition to meeting financial and residency requirements, individuals applying for financial assistance must cooperate with Rush and provide information and documentation truthfully and in a timely manner, make a good faith effort to honor the terms of reasonable payment terms on open balances if the individual qualifies only for a partial discount, notify Rush of any change in financial situation which may impact the individual's eligibility for financial assistance or payment plan, AND agree to apply for local, state or federal assistance for which the individual may be eligible to help pay for some or all of the individual's hospital bill

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Rush University Medical Center	Part V, Section B, Line 22d The uninsured patient discount for patients at or below 600% FPG for emergent and medically necessary care is set at 68% Rush calculates this discount in accordance with the calculation prescribed by Illinois state law, which is based on the hospital's cost to charge ratio The calculation as of December 2014 yielded a 66% discount Rush elected to retain the discount at 68%, which is higher than what is required Uninsured patients with incomes greater than 600% FPG are granted discounts at a lower level ranging from 50% to 33% No individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed for individuals who have insurance covering such care The basis to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable) Rush determines the amount generally billed (AGB) to individuals who have insurance covering their care by multiplying its charges for any emergency or other medically necessary care it provides by certain percentages using the Internal Revenue Service look-back method as described in Treas Reg 1 501(r)-5 The look back method, analyzes a recent 12-month period of allowed claims to determine the actual payment rate that Medicare and private insurers are collectively allowing The intent is to ensure that the discount provided to financial assistance eligible patients is equal to or greater than the discount provided to patients with insurance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, Section B Line 10	https //www rush edu/sites/default/files/pdf/ImplementationStrategyFY14-16FINAL pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, Section B, Line 16	Financial Assistance Policy Website Availability

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Rush University Medical Center Part V, Section B, line 16a website	www rush edu/sites/default/files/financial-assistance-policy_0 pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Rush University Medical Center Part V, Section B, line 16b website	www rush edu/sites/default/files/financial-assistance-application pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Rush University Medical Center Part V, Section B, line 16c website	www rush edu/sites/default/files/financial-assistance-summary pdf

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 16

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Scholarships to attend Rush University Medical Center	998	9,516,017			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

Software ID:
Software Version:
EIN: 36-2174823
Name: Rush University Medical Center

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Snow City Arts1653 W Congress Parkway Chicago,IL 60612	36-4240513	501(c)(3)	39,040				General Support
American Heart Association PO Box 4002902 Des Moines,IA 50340	13-5613797	501(c)(3)	15,000				General Support
Access Living115 W Chicago Ave Chicago,IL 60610	36-3310774	501(c)(3)	13,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bears Care1000 Football Drive Lake Forest,IL 60045	20-3902715	501(c)(3)	11,000				General Support
Arthritis Foundation35 E Wacker Drive Chicago,IL 60601	26-4639290	501(c)(3)	5,000				General Support
National Center for Healthcare Leadership1700 W Van Buren Street Chicago,IL 60612	36-4483505	501(c)(3)	5,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Casa Central Social Services Corporation1343 N California Ave Chicago,IL 60622	36-2728618	501(c)(3)	5,000				General Support
Metropolitan Chicago Breast Cancer Task Force1645 W Jackson Chicago,IL 60612	26-2264895	501(c)(3)	5,000				General Support
March of Dimes111 W Jackson 22nd floor Chicago,IL 606043503	36-2169156	501(c)(3)	5,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cook County Health Foundaton100 E Walton Chicago,IL 60611	45-4607769	501(c)(3)	5,000				General Support
Chicago United Inc co PJH & Assoc205 W Wacker Dr 1400 Chicago,IL 60606	36-2770509	501(c)(3)	5,000				General Support
Gildas Club of Chicago205 W Wacker Drive Chicago,IL 60606	36-4115144	501(c)(3)	5,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Red Cross of Greater Chicago2200 W Harrison St Chicago,IL 60612	36-0728727	501(c)(3)	5,000				General Support
Community Health Clinic 2611 W Chicago Ave Chicago,IL 60622	36-3831793	501(c)(3)	5,000				General Support
American Indian College Fund8333 Greenwood Blvd Denver,CO 80021	52-1573446	501(c)(3)	5,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
B'Nai B'rith4506 Lonkershim Blvd North Hollywood,CA 91602	53-0179971	501(c)(3)	5,000				General Support

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

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**	Yes	
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**		No
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in 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 in column(B) 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
Part I, Line 1a	- Housing allowance or residence for personal use - Rush owns the Sessions house which is used by the President & CEO for Rush business activities Occasionally there is incidental personal use, the value of which is included in compensation - Health or social club dues or initiation fees - membership is maintained for the Senior Vice President of Philanthropy & Chief Development Officer at the University Club, the President & CEO at the Chicago Club, and the Vice President of Government Affairs at the Executive Club All memberships are used for Rush fundraising and/or business activities
Part I, Line 4b	-Rush offers a supplemental employee retirement plan to all employees who participate in the executive benefits program and whose compensation exceeds the IRS allowable limit for a qualified pension plan The amounts paid out from this plan were as follows David A Ansell, MD-$605,880, Sheri L Marker-Bednarz-$464,158, Peter W Butler-$422,927, Melanie C Dreher-$87,597, James L Mulshine-$368,594, David C Shelledy-$74 and Lac Van Tran-$148,333 The amounts listed in Schedule J, Part II, Column F reflect these distributions less the accrued earnings (which were not previously reported)
Part I, Line 7	- Incentive payments are based upon a formula The amounts are calculated after certain performance and operating goals are achieved The plan provides limited discretionary parameters if needed
Frm 990, Schedule J, Part III	The Rush Executive Retirement Plan (the "Rush ERP or the "Plan") provides supplemental retirement benefits to eligible executives of Rush University Medical Center (the "Medical Center") These benefits are in addition to those provided under the Retirement Plan (a tax-qualified defined benefit pension plan), the 403(b) Retirement Savings Plan, and the 457(b) Supplemental Retirement Savings Plan The Rush ERP is effective January 1, 2014, and replaces the Supplemental Executive Retirement Plan (the "SERP"), which was frozen effective December 31, 2013 Any benefits earned under SERP will be preserved The Rush ERP is a defined contribution plan designed to provide funds to participants that can be used to provide supplemental retirement income Once vested, the amount contributed plus investment gains (and minus losses) is paid

Additional Data

Software ID:
Software Version:
EIN: 36-2174823
Name: Rush University Medical Center

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Catherine Dimou MD, Trustee	(I)	256,258	53,733	175	20,800	13,748	344,714	0
	(II)	0	0	0	0	0	0	0
Dino Rumoro DO, Trustee	(I)	437,113	41,416	10,050	17,935	21,393	527,907	0
	(II)	0	0	0	0	0	0	0
Larry J Goodman MD, Chief Executive Officer	(I)	1,054,482	552,823	67,775	433,292	17,632	2,126,004	0
	(II)	0	0	0	0	0	0	0
David A Ansell MD, SVP, System Integration	(I)	498,519	184,883	644,442	165,582	742	1,494,168	471,770
	(II)	0	0	0	0	0	0	0
Cynthia Barginere DNP, VP Clinical Nursing & Chief Nursing	(I)	331,868	82,684	8,248	59,995	5,337	488,132	0
	(II)	0	0	0	0	0	0	0
Cynthia Boyd MD, VP & CCO	(I)	297,016	76,068	12,167	113,182	1,054	499,487	0
	(II)	0	0	0	0	0	0	0
Peter W Butler, President	(I)	791,350	362,722	476,806	299,122	11,507	1,941,507	227,817
	(II)	0	0	0	0	0	0	0
Edward W Conway, VP Clinical Affairs for Admin	(I)	241,297	63,760	14,083	52,207	18,446	389,793	0
	(II)	0	0	0	0	0	0	0
Melissa Coverdale, VP Finance	(I)	284,262	63,221	5,263	53,472	10,936	417,154	0
	(II)	0	0	0	0	0	0	0
Michael J Dandorph, EVP & COO	(I)	677,772	218,814	33,273	151,230	17,264	1,098,353	0
	(II)	0	0	0	0	0	0	0
Richard B Davis, VP HR Operations	(I)	225,378	26,414	21,552	26,780	22,143	322,267	0
	(II)	0	0	0	0	0	0	0
Richard K Davis, VP University Affairs	(I)	297,177	80,691	13,153	62,198	19,764	472,983	0
	(II)	0	0	0	0	0	0	0
Thomas A Deutsch MD, Provost Rush Univ & Dean Med College	(I)	589,867	235,602	37,212	229,284	19,430	1,111,395	0
	(II)	0	0	0	0	0	0	0
Bruce M Elegant, VP Hospital Operations	(I)	322,036	89,706	20,939	77,889	13,107	523,677	0
	(II)	0	0	0	0	0	0	0
Brent Estes, SVP Business & Network Development	(I)	371,993	117,541	8,005	92,227	12,260	602,026	0
	(II)	0	0	0	0	0	0	0
Marquis D Foreman PhD, Dean College of Nursing	(I)	224,237	40,704	1,923	20,800	5,548	293,212	0
	(II)	0	0	0	0	0	0	0
Lois K Halstead PhD RN, VP University Affairs	(I)	189,282	47,648	150	46,931	16,334	300,345	0
	(II)	0	0	0	0	0	0	0
Joan E Kurtenbach, VP Strategic Planning & Marketing	(I)	249,414	62,823	7,073	50,516	23,218	393,044	0
	(II)	0	0	0	0	0	0	0
Michael E LaMont, VP Facilities Management	(I)	230,816	54,573	17,144	49,670	5,247	357,450	0
	(II)	0	0	0	0	0	0	0
Omar B Lateef, VP Clinical Affairs & Chief Medical	(I)	417,032	85,000	29,250	15,600	15,451	562,333	0
	(II)	0	0	0	0	0	0	0

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
John Lowenberg, VP Philanthropy	(I)	247,670	51,015	8,141	52,828	5,992	365,646	0
	(II)	0	0	0	0	0	0	0
Diane M McKeever, SVP Philanthropy	(I)	332,211	106,316	13,523	90,318	13,295	555,663	0
	(II)	0	0	0	0	0	0	0
John P Mordach, SVP, Finance & CFO	(I)	688,755	269,561	25,704	155,480	16,856	1,156,356	0
	(II)	0	0	0	0	0	0	0
Mike J Mulroe, VP Hospital Operations	(I)	270,651	68,409	8,410	55,626	20,052	423,148	0
	(II)	0	0	0	0	0	0	0
James L Mulshine MD, Acting Dean, Graduate College	(I)	343,802	77,943	411,300	63,862	18,524	915,431	259,194
	(II)	0	0	0	0	0	0	0
Anne M Murphy JD, SVP Legal Affairs & General Counsel	(I)	460,266	149,114	10,067	110,780	17,467	747,694	0
	(II)	0	0	0	0	0	0	0
Denise Nedza, VP Revenue Cycle	(I)	270,861	65,416	5,341	52,273	7,337	401,228	0
	(II)	0	0	0	0	0	0	0
Kurt Olson PhD, VP Talent Mngnt & Leadership Develop	(I)	209,621	53,972	2,347	42,858	19,835	328,633	0
	(II)	0	0	0	0	0	0	0
Patricia S O'Neil, VP CIO & Treasurer	(I)	240,549	63,534	5,241	51,781	8,804	369,909	0
	(II)	0	0	0	0	0	0	0
Jaime B Parent, VP Information Technology	(I)	266,156	60,267	15,281	53,878	18,737	414,319	0
	(II)	0	0	0	0	0	0	0
Anthony Perry MD, VP Ambulatory Care & Population Heal	(I)	263,283	48,227	150	0	20,133	331,793	0
	(II)	0	0	0	0	0	0	0
Terry Peterson, VP Corporate & External Affairs	(I)	278,198	74,019	12,019	53,522	1,054	418,812	0
	(II)	0	0	0	0	0	0	0
Mary Ellen Schopp, SVP Human Resources	(I)	340,797	109,375	5,897	87,043	19,633	562,745	0
	(II)	0	0	0	0	0	0	0
Brian T Smith, VP Med Affairs-Clinical Practice	(I)	371,876	99,022	9,000	66,014	21,621	567,533	0
	(II)	0	0	0	0	0	0	0
Scott E Sonnenschein, VP Hospital Operations	(I)	301,680	81,895	6,952	60,257	23,289	474,073	0
	(II)	0	0	0	0	0	0	0
Lac Van Tran, SVP Information Services	(I)	380,826	123,493	174,804	99,746	6,597	785,466	73,038
	(II)	0	0	0	0	0	0	0
Vincent Trayelis MD, Physician	(I)	962,623	149,750	50	18,200	14,170	1,144,793	0
	(II)	0	0	0	0	0	0	0
Lorenzo Munoz MD, Physician	(I)	751,387	162,116	163,500	18,200	18,433	1,113,636	0
	(II)	0	0	0	0	0	0	0
Michael Liptay MD, Physician	(I)	1,031,855	1,250	0	18,200	25,945	1,077,250	0
	(II)	0	0	0	0	0	0	0
Richard Byrne MD, Physician	(I)	1,002,723	1,250	0	20,800	18,524	1,043,297	0
	(II)	0	0	0	0	0	0	0

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Demetrius Lopes MD, Physician	(I)	750,381	191,027	0	15,600	19,124	976,132	0
	(II)	0	0	0	0	0	0	0
Bradley G Hinrichs, Former VP Transformation	(I)	161,459	0	0	14,828	5,247	181,534	0
	(II)	0	0	0	0	0	0	0
Melanie C Dreher, Former Dean, College of Nursing	(I)	20,225	0	87,597	5,231	581	113,634	72,738
	(II)	0	0	0	0	0	0	0
Sheri L Marker-Bednarz, Former VP Human Resources	(I)	166,406	55,760	470,763	40,899	718	734,546	293,052
	(II)	0	0	0	0	0	0	0
David C Shelledy, Former Dean College Health Sciences	(I)	109,677	0	5,688	24,708	6,338	146,411	72
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

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	45203HP71	02-11-2015	457,240,239	Series 2015A (See Part VI)		X		X		X
B	Illinois Finance Authority	86-1091967	NoCUSIPNo	12-16-2011	56,000,000	Series 2011 (See Part VI)		X		X		X
C	Illinois Finance Authority	86-1091967	45200FSE0	12-09-2008	50,000,000	Series 2008A (See Part VI)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		16,065,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	457,240,239	56,000,000	50,011,044	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds			42,012	
6	Proceeds in refunding escrows	444,435,055			
7	Issuance costs from proceeds	3,662,582		874,123	
8	Credit enhancement from proceeds			140,424	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			48,954,486	
11	Other spent proceeds	9,142,602	56,000,000		
12	Other unspent proceeds				
13	Year of substantial completion	2015	2012	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			X		
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	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			
c	Are there any research agreements that may result in private business use of bond-financed property?	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?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 790 %		2 690 %		0 400 %			
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	0 790 %		2 690 %		0 400 %			
7	Does the bond issue meet the private security or payment test?		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		
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?								
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			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X			X		
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X	X			
	If "Yes" to 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			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			
b	Name of provider					See Part VI			
c	Term of hedge								
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		
b	Name of provider								
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		
7	Has the organization established written procedures to monitor the requirements of section 148?	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			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Part I	Rush University Medical Center's ("RUMC") long-term debt is issued under a master trust indenture which established the Rush University Medical Center obligated group ("OG") which, as of 6/30/15, was comprised of RUMC, Rush Oak Park Hospital (ROPH) and Copley Memorial Hospital, Inc ("Copley") and its affiliates The OG is jointly and severally liable for the obligations issued under the master trust indenture Each OG member is expected to pay its allocated share of the debt issued on its behalf The debt listed on lines A-C were issued for RUMC

Return Reference	Explanation
Part I Line A --Column f	Proceeds were used to refund the Series 2009C bonds issued 7/29/2009, the Series 2009A bonds issued 2/10/2009, and the Series 2006B bonds issued 5/28/2008

Return Reference	Explanation
Part I Line B --Column f	Proceeds were used to refund the Series 1998A bonds issued 12/2/1998

Return Reference	Explanation
Part I Line C --Column f	RUMC is using the proceeds of the Series 2008A bonds to finance healthcare and related facilities

Return Reference	Explanation
Part IV Line 2 Column C	The opinion letter date for the 2008A rebate calculation was 1/30/2014

Return Reference	Explanation
Part IV Line 4 b & c Column C	The providers of the hedge concerning the bond issue are Morgan Stanley Capital Services, Inc and Citibank, NA The terms of the hedge are 27 3 years from Morgan Stanley and 29 2 years from Citibank

Return Reference	Explanation
Part II, Line 3, Column C	Differences between the issue price (Part I) and total proceeds (Part II, line 3) are due to investment earnings

Return Reference	Explanation
Part IV, Line 6, Column A	This question is being answered without regard to a yield-restricted advance refunding escrow financed with proceeds of the bonds

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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

Total ▶ $			

Part III Grants or Assistance Benefiting 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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2174823
Name: Rush University Medical Center

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) Affiliated Radiologist	Substantial Contributor	339,502	Services rendered in the ordinary courseof business		No
(2) Anderson Rasor & Partners	Substantial Contributor	655,400	Services rendered in the ordinary courseof business		No
(3) Chicago Office Technology Group	Substantial Contributor	967,026	Sale of goods & services in the ordinary course of business		No
(4) Crothall Healthcare	Substantial Contributor	3,151,775	Services rendered in the ordinary courseof business		No
(5) Epic Systems Corp	Substantial Contributor	5,852,747	Sale of goods & services in the ordinary course of business		No
(6) Universty Anesthesiologists	Substantial Contributor	152,885	Services rendered in the ordinary courseof business		No
(7) University Pathologists	Substantial Contributor	785,109	Services rendered in the ordinary courseof business		No
(8) Weiner Insurance	Substantial Contributor	241,907	Services rendered in the ordinary courseof business		No
(9) Acumed LLc	Substantial Contributor	103,329	Services rendered in the ordinary courseof business		No
(10) Arthrex Inc	Substantial Contributor	450,961	Purchase of goods in the ordinary course of business		No
(11) Grove Masonry Maintenance	Substantial Contributor	446,861	Services rendered in the ordinary courseof business		No
(12) Kroeschel Corporate Services	Substantial Contributor	6,615,613	Services rendered in the ordinary courseof business		No
(13) Precision Wall Systems	Substantial Contributor	926,551	Purchase of goods and services in the ordinary course of business		No
(14) Tornier Inc	Substantial Contributor	557,646	Services rendered in the ordinary courseof business		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	60	2,237,215	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	1	4,350	Appraisal
19 Food inventory	X	1	313	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Computer board and equipment for X_rays)	X	1	3,500	FMV
26 Other ▶ (Other)	X	1	1,280	FMV
27 Other ▶(_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column (b)	Securities - 60 individual donations of various securities Collectibles - 1 donation of antique examination table Food inventory - 1 donation of various food items Computer board and equipment - 1 donation of computer and peripherals Other - 1 donation of 128 self-assessment exams
Part I, Line 32b	All securities that are donated to RUMC are immediately sold by The Northern Trust Proceeds are forwarded to RUMC and the value of the donated securities at the date of sale is communicated to the donor All other contributions other than securities are used for their intended purpose

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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

2014

Open to Public Inspection

Name of the organization	Employer identification number
Rush University Medical Center	36-2174823

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	
Form 990, Part VI, Section A, line 4	New By-Law Section 15 A Trustee may be removed, with or without cause A Trustee may submit a request to remove a Trustee to the Chairman or a Vice Chairman of the Board The Chairman or Vice Chairman will forward such recommendation to the Nominations and Governance Committee for consideration, and, following its review, the Nominations and Governance Committee shall forward its recommendation to the Executive Committee for consideration In the event the Executive Committee recommends removal of a Trustee, the recommendation shall go to the Board for vote A Trustee may be formally removed by the affirmative vote of a majority of the Trustees then in office, present, and voting at a meeting of the Trustees at which a quorum is present If the vote for the removal of a Trustee is to take place at a special meeting called pursuant to Article V, Section 6 of these Bylaws, written notice of the proposed removal must be prepared and delivered to all Trustees pursuant to Article V, Section 7, no fewer than twenty (20) days prior to the special meeting Such notice must both include the purpose of the meeting (i e , Removal of Trustee) and list the Trustee or Trustees sought to be removed
Form 990, Part VI, Section B, line 11	Form 990, Part VI, Section B, Line 11 The information is compiled and reviewed internally by Corporate Finance The return is reviewed by Deloitte Tax LLP before being submitted to the Audit Committee of the Board of Directors of Rush for review and approval The return is distributed to the entire Board of Directors before it is filed
Form 990, Part VI, Section B, line 12c	On an annual basis, members of the Rush Board of Trustees and Rush corporate officers shall complete and return a disclosure of conflicts form The disclosures will be reviewed by the Secretary of the Board and the General Counsel, who will thereafter submit their reports to the Audit Committee, which shall make any final determinations as deemed appropriate or necessary
Form 990, Part VI, Section B, line 15	The Compensation and Human Resources Committee uses an independent review, comparability data and contemporaneous substantiation to establish compensation packages for the CEO, Executive Director and other top management officials All such officer compensation packages are approved by the Compensation and Human Resources Committee
Form 990, Part VI, Section C, line 19	Rush does not make its governing documents or conflict of interest policy available to the public The financial statements are available through the Illinois Attorney General's office
Form 990,Part VII, Section A, Line 1a	Payments to Catherine Dimou, MD and Larry J Goodman, MD, Dino Rumoro and Marcia P Murphy were compensated for their roles as employees not as trustees
Form 990, Part XI, line 9	Post Retirement Related Changes -41,466,852 Non Controlling interest in subsidiary 34,212

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

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) Health Delivery Management 1700 W Van Buren Street Chicago, IL 60612 36-4085751	Healthcare	IL	59,187,847	9,465,427	Rush University Medical Center
(2) Vyridian 820 W Jackson Blvd Chicago, IL 60607 36-4208577	Billing Services	IL	9,171,980	970,056	Rush University Medical Center
(3) Oak Park Imaging 610 S Maple Street Oak Park, IL 60304 36-4437483	Diagnostic Imaging	IL	6,262,624	2,753,240	Rush University Medical Center

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	(g) 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Circle Imaging Partners LP 1725 W Harrison Street Chicago, IL 60612 36-3539382	Operation Imaging	IL	Circle Imaging Management Inc	Related	573,497	1,368,914		No			No	71 430 %
(2) Rush Surgicenter at the Professional Office Building LP 1725 W Harrison Street Chicago, IL 60612 36-3853026	Surgery Center	IL	Rush University Medical Center	Related	1,357,761	3,677,748		No		Yes		51 090 %

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	(i) No
See Additional Data Table									

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	Yes	
f Dividends from related organization(s)	1f		No
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	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
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		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
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
See Additional Data Table			

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

Additional Data

Software ID:
Software Version:
EIN: 36-2174823
Name: Rush University Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Rush Copley Health Care System Inc 2000 Ogden Ave Aurora, IL 60504 36-3584043	Healthcare	IL	501(c)(3)	11A	Rush University Medical Center	Yes	
(1) Copley Ventures 2000 Ogden Ave Aurora, IL 60504 36-3370216	Property & Healthplex Owner	IL	501(c)(3)	3	Rush Copley Medical Center Inc	Yes	
(2) Rush Copley Foundation 2000 Ogden Ave Aurora, IL 60504 36-3093877	Contribution Solicitation	IL	501(c)(3)	7	Rush Copley Medical Center Inc	Yes	
(3) Copley Memorial Hospital 2000 Ogden Ave Aurora, IL 60504 36-2170840	Healthcare	IL	501(c)(3)	3	Rush Copley Medical Center Inc	Yes	
(4) Rush Copley Medical Center Inc 2000 Ogden Ave Aurora, IL 60504 36-3193787	Healthcare	IL	501(c)(3)	11A	Rush Copley Health Care System Inc	Yes	
(5) Rush Oak Park Hospital 520 S Maple Ave Oak Park, IL 60304 36-2183812	Healthcare	IL	501(c)(3)	3	Rush University Medical Center	Yes	
(6) Rush System for Health 1653 W Congress Parkway Chicago, IL 60612 36-4046278	Healthcare	IL	501(c)(3)	11C	Rush University Medical Center	Yes	
(7) Riverside Health System 350 N Wall Street Kankakee, IL 60901 36-3167726	Healthcare	IL	501(c)(3)	11C	Riverside Rush Corporation	Yes	
(8) Oakside Corporation 350 N Wall Street Kankakee, IL 60901 36-3166804	Healthcare	IL	501(c)(3)	11B	Riverside Rush Corporation	Yes	
(9) Riverside Medical Center 350 N Wall Street Kankakee, IL 60901 36-2414944	Healthcare	IL	501(c)(3)	3	Riverside Rush Corporation	Yes	
(10) Riverside Senior Living Center 350 N Wall Street Kankakee, IL 60901 36-3670744	Healthcare	IL	501(c)(3)	9	Riverside Rush Corporation	Yes	
(11) Riverside Medical Health Care Foundation 350 N Wall Street Kankakee, IL 60901 36-3166033	Healthcare	IL	501(c)(3)	11B	Riverside Rush Corporation	Yes	
(12) The Core Foundation 2020 W Harrison Street Chicago, IL 60612 36-3991833	Real Estate Holding	IL	501(c)(3)	11A	None	Yes	
(13) Rush University Medical Center Professional Liability Loss Trust 1700 W Van Buren Street Chicago, IL 60612 36-6673233	Healthcare Insurance	IL	501(c)(3)	11C	Rush University Medical Center	Yes	
(14) Auxiliary of Rush Oak Park Hospital 520 S Maple Ave Chicago, IL 60304 36-2255350	Hospital Support	IL	501(c)(3)	11A	Rush Oak Park Hospital	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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**								
Room Five Hundred 1700 West Van Buren Street Chicago, IL 60612 23-7139832	Dining Room	IL	Rush University Medical Center	C	2,653,610	64,912	100 000 %	Yes	
Rush University Medical Center Insurance Co PO Box 1051 Grand Cayman CJ	Insurance	CJ	Rush University Medical Center	C	71,178	10,534,552	100 000 %	Yes	
Rush Copley Medical Group NFP (Copley Services) 2000 Ogden Ave Aurora, FL 60504 36-3235315	Healthcare	IL		C					No
Rush Health 1653 W Congress Parkway Chicago, IL 60612 36-3972171	Healthcare	IL	Rush University Medical Center	C	7,190,265	7,159,531	29 700 %		No
Pooled Income Fund (9)	Investments	MA	Rush University Medical Center					Yes	
Perpetual Trusts (7)	Trust	IL	Rush University Medical Center					Yes	
Perpetual Trusts (2)	Trust	NY	Rush University Medical Center					Yes	
Perpetual Trusts (2)	Trust	RI	Rush University Medical Center					Yes	
Perpetual Trust	Trust	MN	Rush University Medical Center					Yes	
Perpetual Trust	Trust	MO	Rush University Medical Center					Yes	
Perpetual Trust	Trust	TX	Rush University Medical Center					Yes	
Charitable Remainder Trust	Trust	CA	Rush University Medical Center					Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Circle Imaging	S	642,857	FMV
Circle Imaging	O	2,180,726	FMV
Circle Imaging	P	120,707	FMV
Rush Master Retirement Trust	Q	36,124,998	FMV
Copley Memorial Hospital	K	24,728	FMV
Copley Memorial Hospital	Q	376,261	FMV
Copley Memorial Hospital	E	4,107,556	FMV
CORE Foundation	B	200,000	FMV
CORE Foundation	O	580,267	FMV
Rush University Medical Center Insurance Co	Q	2,528,550	FMV
Rush Surgicenter	O	33,007	FMV
Rush Surgicenter	S	846,000	FMV
Rush Surgicenter	Q	122,778	FMV
Rush System for Health	M	18,460	FMV
Rush System for Health	P	1,152,752	FMV
Rush Health	M	4,748,702	FMV
Rush Health	Q	9,035,038	FMV
Rush Health	S	9,109,367	FMV
Rush Health	R	4,299,922	FMV
Rush Oak Park Hospital	Q	6,948,968	FMV
Rush Oak Park Hospital	K	814,763	FMV
Rush Oak Park Hospital	P	38,192	FMV
Rush Oak Park Hospital	O	937,800	FMV
Oak Park Imaging	S	90,000	FMV