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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

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 $ 2,662,272,005

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 improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships 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 As a nonprofit charitable medical center, we offer several financial assistance programs to help patients with their health care costs for medically necessary or emergent services At Rush, all patients are treated with dignity regardless of their ability to pay

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	95
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	89
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	11,158
6	Total number of volunteers (estimate if necessary)	**6**	825
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-586,419
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)	85,419,469	54,966,347
9	Program service revenue (Part VIII, line 2g)	1,583,422,880	1,556,012,247
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,128,091	23,057,757
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,709,218	48,823,437
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,761,679,658	1,682,859,788
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,695,307	11,135,369
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)	845,659,668	849,921,853
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶7,369,063		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	793,776,782	741,740,388
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,649,131,757	1,602,797,610
19	Revenue less expenses Subtract line 18 from line 12	112,547,901	80,062,178
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	2,998,176,768	2,920,106,156
21	Total liabilities (Part X, line 26)	1,388,857,135	1,367,839,109
22	Net assets or fund balances Subtract line 21 from line 20	1,609,319,633	1,552,267,047

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: 2017-05-15

John P Mordach Senior V P 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 ▶ 50 South Sixth Street Suite 2800
Minneapolis, MN 55402 — Phone no (612) 397-4000

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 $ 1,236,197,195 including grants of $) (Revenue $ 1,340,569,325)

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 hospital building, that opened in 2012, is the beginning 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 FY16, patient care was provided to over 32,000 inpatients, and the emergency room has the capacity to handle more than 65,000 visits Rush offers various financial assistance programs to thousands of patients A unique combination of research and patient care in FY16 has earned Rush national rankings as among the top 50 hospitals in 9 of 16 specialty areas This accomplishment is presented in U S News & World Report's 2016-17 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) four consecutive times

4b (Code) (Expenses $ 74,384,767 including grants of $ 10,904,061) (Revenue $ 75,915,369)

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 2,500 students in FY16 Rush University provides outstanding health sciences education and conducts impactful research in a culture of inclusion, focused on the promotion and preservation of the health and well being of our diverse communities

4c (Code) (Expenses $ 140,741,965 including grants of $) (Revenue $ 103,410,600)

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 1,600 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 FY16 topped $75 million

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 68,050,177 including grants of $ 231,308) (Revenue $ 36,116,953)

4e **Total program service expenses ▶** 1,519,374,104

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	1,218		
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	11,158		
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	95		
	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	89		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			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 ▶ Melissa Coverdale 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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								27,595,598	0	4,290,419

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 ▶ 1,398

			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
BULLEY & ANDREWS LLC 1755 W ARMITAGE AVENUE CHICAGO, IL 60622	CONSTRUCTION	18,632,223
WALSH CONSTRUCTION COMPANY 929 W ADAMS STREET CHICAGO, IL 60607	CONSTRUCTION	9,027,361
HURON CONSULTING SERVICES LLC 3005 MOMENTUM PLACE CHICAGO, IL 60689	CONSULTING	8,551,754
DIRECT ENERGY SERVICES LLC PO BOX 11836 NEWARK, NJ 71018	GAS & ELECTRIC SUPPLY	5,880,086
HEALTHCARE TRUST OF AMER INC 16435 N SCOTTSDALE ROAD 320 SCOTTSDALE, AZ 85254	REAL ESTATE ACQUISITION & MANAGEMENT	4,677,210

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 ▶ 119

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 1,039,262				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 10,726,067				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 43,201,018				
	g	Noncash contributions included in lines 1a-1f $ 9,941,061				
	h	**Total.** Add lines 1a-1f . . . . . ▶	54,966,347			
Program Service Revenue		Business Code				
	2a	Medicare/Medicaid 541900	685,914,000	685,914,000		
	b	Patient Services 900099	402,822,679	402,822,679		
	c	Physician Practices 621110	251,832,646	251,832,646		
	d	Research 621500	103,410,600	103,410,600		
	e	Tuition 900099	75,915,369	75,915,369		
	f	All other program service revenue	36,116,953	36,116,953		
	g	**Total.** Add lines 2a-2f . . . . . ▶	1,556,012,247			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	19,651,920			19,651,920
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 9,341,176				
	b	Less rental expenses 12,207,136				
	c	Rental income or (loss) -2,865,960				
	d	Net rental income or (loss) . . . . . ▶	-2,865,960		25,308	-2,891,268
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 933,905,000				
	b	Less cost or other basis and sales expenses 930,499,163				
	c	Gain or (loss) 3,405,837				
	d	Net gain or (loss) . . . . . ▶	3,405,837			3,405,837
	8a	Gross income from fundraising events (not including $ 1,039,262 of contributions reported on line 1c) See Part IV, line 18 . . a 465,602				
	b	Less direct expenses . . . b 763,704				
	c	Net income or (loss) from fundraising events . . ▶	-298,102			-298,102
	9a	Gross income from gaming activities See Part IV, line 19 . . . a 80,090				
	b	Less direct expenses . . . b 12,850				
	c	Net income or (loss) from gaming activities . . . ▶	67,240			67,240
	10a	Gross sales of inventory, less returns and allowances . a 88,461,350				
	b	Less cost of goods sold . . b 35,929,364				
	c	Net income or (loss) from sales of inventory . . ▶	52,531,986			52,531,986
		Miscellaneous Revenue / Business Code				
	11a	Vyridian 541900	222,778		222,778	
	b	Laboratories 621500	52,942		52,942	
	c	Parking 531190	24,622		24,622	
	d	All other revenue	-912,069		-912,069	
	e	**Total.** Add lines 11a-11d . . . . . ▶	-611,727			
	12	**Total revenue.** See Instructions . . . . . ▶	1,682,859,788	1,556,012,247	-586,419	72,467,613

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	231,308	231,308		
2 Grants and other assistance to domestic individuals See Part IV, line 22	10,904,061	10,904,061		
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	32,270,453	5,584,271	25,713,425	972,757
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	675,793,338	662,779,244	9,337,773	3,676,321
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,542,472	22,098,732	3,296,161	147,579
9 Other employee benefits	68,630,585	63,721,398	4,006,498	902,689
10 Payroll taxes	47,685,005	45,887,807	1,731,687	65,511
11 Fees for services (non-employees)				
a Management	10,933,438	10,414,778	460,552	58,108
b Legal	5,077,440	2,190,904	2,886,536	
c Accounting	823,327	246,998	576,329	
d Lobbying	522,864	522,864		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	3,448,241		3,448,241	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	59,837,075	53,103,810	6,356,404	376,861
12 Advertising and promotion	4,529,942	4,104,276	425,666	
13 Office expenses	7,922,032	6,509,184	1,203,494	209,354
14 Information technology	23,114,915	21,322,107	1,742,123	50,685
15 Royalties	62,359	62,359		
16 Occupancy	34,369,958	29,405,193	4,511,139	453,626
17 Travel	2,299,513	1,680,769	319,787	298,957
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,023,634	3,023,634		
20 Interest	19,078,691	19,078,691		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,146,765	78,564,167	6,582,598	
23 Insurance	50,106,970	50,106,970		
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	325,049,408	324,073,140	913,151	63,117
b Medicare Provider Tax	31,650,200	31,650,200		
c Bad Debt	25,533,834	25,533,834		
d Equipment Rent/Purchase	24,594,780	24,295,285	251,006	48,489
e All other expenses	24,615,002	22,278,120	2,291,873	45,009
25 **Total functional expenses.** Add lines 1 through 24e	1,602,797,610	1,519,374,104	76,054,443	7,369,063
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		665,260	1	137,223
	2	Savings and temporary cash investments		125,216,704	2	105,335,227
	3	Pledges and grants receivable, net		25,454,575	3	18,451,542
	4	Accounts receivable, net		227,898,510	4	279,821,200
	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		21,988,764	8	23,591,086
	9	Prepaid expenses and deferred charges		13,896,804	9	10,895,567
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,187,019,077			
	b	Less accumulated depreciation	10b 1,049,999,923	1,188,020,743	10c	1,137,019,154
	11	Investments—publicly traded securities		1,002,287,644	11	920,413,458
	12	Investments—other securities See Part IV, line 11		355,066,000	12	388,986,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		37,681,764	15	35,455,699
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,998,176,768	16	2,920,106,156
Liabilities	17	Accounts payable and accrued expenses		422,667,076	17	415,969,958
	18	Grants payable		22,396,810	18	
	19	Deferred revenue			19	13,436,657
	20	Tax-exempt bond liabilities		544,806,993	20	533,566,813
	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		323,478,272	23	325,855,862
	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		75,507,984	25	79,009,819
	26	**Total liabilities.** Add lines 17 through 25		1,388,857,135	26	1,367,839,109
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		994,926,156	27	951,227,673
	28	Temporarily restricted net assets		359,376,100	28	343,719,589
	29	Permanently restricted net assets		255,017,377	29	257,319,785
		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		1,609,319,633	33	1,552,267,047
	34	Total liabilities and net assets/fund balances		2,998,176,768	34	2,920,106,156

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	1,682,859,788
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,602,797,610
3	Revenue less expenses Subtract line 2 from line 1	3	80,062,178
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,609,319,633
5	Net unrealized gains (losses) on investments	5	-9,446,610
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-48,210,823
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-79,457,331
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,552,267,047

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 - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 68,050,177 including grants of $ 231,308) (Revenue $ 36,116,953)

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 FY16

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			
James A Bell Trustee	1 00 0 00	X						0	0	0
Matthew F Bergmann Trustee	1 00 0 00	X						0	0	0
Matthew J Boler Trustee	1 00 0 00	X						0	0	0
Harry Bond Trustee	1 00 0 00	X						0	0	0
John L Brennan Trustee	1 00 0 00	X						0	0	0
Marca L Bristo Trustee	1 00 0 00	X						0	0	0
Carole L Brown Trustee	1 00 0 00	X						0	0	0
Peter C B Bynoe Trustee	1 00 0 00	X						0	0	0
Karen B Case Trustee	1 00 0 00	X						0	0	0
E David Coolidge 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			
Susan Crown Trustee	1 00 0 00	X		X				0	0	0
James W DeYoung Trustee	1 00 0 00	X		X				0	0	0
Bruce W Dienst Trustee	1 00 0 00	X						0	0	0
William A Downe Trustee	1 00 0 00	X						0	0	0
Bruce W Duncan Trustee	1 00 0 00	X						0	0	0
Christine A Edwards Trustee	1 00 0 00	X						0	0	0
Francesca Maher Edwardson Trustee	1 00 0 00	X						0	0	0
Charles L Evans PhD Trustee	1 00 0 00	X						0	0	0
Larry Field Trustee	1 00 0 00	X						0	0	0
Robert F Finke 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			
William J Friend Trustee	1 00 0 00	X						0	0	0
Ronald J Gidwitz Trustee	1 00 0 00	X						0	0	0
H John Gilbertson Trustee	1 00 0 00	X						0	0	0
Steven Gitelis MD Trustee	1 00 0 00	X						0	0	0
Richard W Gochnauer Trustee	1 00 0 00	X						0	0	0
William M Goodyear Trustee	1 00 0 00	X		X				0	0	0
Sandra P Guthman Trustee	1 00 0 00	X						0	0	0
William J Hagenah Trustee	1 00 0 00	X						0	0	0
William K Hall Trustee	1 00 0 00	X						0	0	0
Christie Hefner 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			
Marcie B Hemmelstein Trustee	1 00 0 00	X						0	0	0
Jay L Henderson Trustee	1 00 0 00	X						0	0	0
Marvin J Herb Trustee	1 00 0 00	X						0	0	0
John W Higgins Trustee	1 00 0 00	X						0	0	0
David W Hines MD Trustee	1 00 0 00	X						0	0	0
Jerald W Hoekstra Trustee	1 00 1 00	X						0	0	0
John L Howard Trustee	1 00 0 00	X						0	0	0
Ron Huberman Trustee	1 00 0 00	X						0	0	0
Anthony D Ivankovich MD Trustee	1 00 0 00	X						0	0	0
Richard M Jaffee 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			
P Kasper Jakobsen Trustee	1 00 0 00	X						0	0	0
John P Keller Trustee	1 00 0 00	X						0	0	0
Catherine J King Trustee	1 00 0 00	X						0	0	0
Kip Kirkpatrick Trustee	1 00 0 00	X						0	0	0
Anthony M Kotin MD Trustee	1 00 0 00	X						0	0	0
Fred A Krehbiel Trustee	1 00 0 00	X						0	0	0
Sheldon Lavin Trustee	1 00 0 00	X						0	0	0
The Rt Rev Jeffrey D Lee Trustee	1 00 0 00	X						0	0	0
Aylwin B Lewis Trustee	1 00 0 00	X						0	0	0
Susan R Lichtenstein 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			
Pamela Forbes Lieberman Trustee	1 00 0 00	X						0	0	0
Todd W Lillibridge Trustee	1 00 0 00	X						0	0	0
Donald G Lubin Esq Trustee	1 00 0 00	X		X				0	0	0
Robert A Mariano Trustee	1 00 0 00	X						0	0	0
Paul E Martin Trustee	1 00 0 00	X						0	0	0
Mary K McCarthy JD Trustee	1 00 0 00	X						0	0	0
Gary E McCullough Trustee	1 00 0 00	X						0	0	0
Andrew J McKenna Jr Trustee	1 00 0 00	X						0	0	0
Kelly McNamara Corley Trustee	1 00 0 00	X						0	0	0
James S Metcalf 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			
Mark C Metzger Trustee	1 00 0 00	X						0	0	0
Wayne L Moore Trustee	1 00 0 00	X						0	0	0
Marcia Murphy DNP Trustee	40 00 0 00	X						108,053	0	29,846
William A Mynatt Jr Trustee	1 00 0 00	X						0	0	0
Martin H Nesbitt Trustee	1 00 0 00	X						0	0	0
Michael J O'Connor Trustee	1 00 0 00	X						0	0	0
Abby McCormick O'Neil Trustee	1 00 0 00	X						0	0	0
William H Osborne Trustee	1 00 0 00	X						0	0	0
Karl A Palasz Trustee	1 00 0 00	X						0	0	0
Aune A Pennick 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			
Sheila A Penrose Trustee	1 00 0 00	X						0	0	0
Perry R Pero Trustee	1 00 1 00	X						0	0	0
Stephen N Potter Trustee	1 00 0 00	X						0	0	0
Richard S Price Trustee	1 00 0 00	X						0	0	0
Eric A Reeves Trustee	1 00 0 00	X						0	0	0
Karen C Reid Trustee	1 00 1 00	X						0	0	0
Angelique L Richard PhD RN Trustee	1 00 0 00	X						0	0	0
Thomas E Richards Trustee	1 00 0 00	X						0	0	0
John W Rogers Jr Trustee	1 00 0 00	X						0	0	0
Jesse H Ruiz 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			
Dino Rumoro DO Trustee	40 00 0 00	X						505,439	0	43,016
John J Sabl Trustee	1 00 0 00	X						0	0	0
John F Sandner Trustee	1 00 0 00	X						0	0	0
E Scott Santi Trustee	1 00 0 00	X						0	0	0
Gloria Santona Esq Trustee	1 00 0 00	X						0	0	0
Carole Browe Segal Trustee	1 00 0 00	X						0	0	0
Alejandro Silva Trustee	1 00 0 00	X						0	0	0
Jennifer W Steans Trustee	1 00 0 00	X						0	0	0
Joan E Steel Trustee	1 00 0 00	X						0	0	0
Carl W Stern 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			
Carole W Streicher Trustee	1 00 0 00	X						0	0	0
Jonathan W Thayer Trustee	1 00 0 00	X						0	0	0
Charles A Tnbbett III Trustee	1 00 0 00	X						0	0	0
Greg Welch Trustee	1 00 0 00	X						0	0	0
John R Willis Trustee	1 00 0 00	X						0	0	0
Thomas J Wilson Trustee	1 00 0 00	X						0	0	0
Robert A Wislow Trustee	1 00 0 00	X						0	0	0
Barbara Jil Wu PhD Trustee	1 00 0 00	X						0	0	0
Larry J Goodman MD Chief Executive Officer	40 00 3 00	X		X				2,313,090	0	497,620
David A Ansell MD SVP, Community Health Equity	39 00 1 00			X				852,404	0	178,909

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			
Cynthia Barginere DNP SVP & Chief Operating Officer,	40 00 0 00			X				453,153	0	81,796
Carl T Bergetz JD V P Legal Affairs & Acting Gen Counsel	40 00 0 00			X				222,347	0	20,297
Antonio C Bianco MD SVP Clinical Affairs	40 00 0 00			X				570,896	0	24,432
Cynthia Boyd MD VP & Chief Compliance Officer	40 00 0 00			X				388,924	0	114,842
Edward W Conway VP, Clinical Affairs-Admin & Finance	40 00 0 00			X				325,582	0	73,844
Melissa Coverdale VP, Finance	32 00 8 00			X				357,920	0	65,760
Michael J Dandorph President & Chief Operating Officer	40 00 0 00			X				993,938	0	181,559
Richard B Davis VP, Human Resources Operations	40 00 0 00			X				341,904	0	75,323
Richard K Davis VP, University Affairs	40 00 0 00			X				405,967	0	84,121
Thomas A Deutsch MD Provost, Rush University	40 00 0 00			X				862,815	0	248,580

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			
Bruce M Elegant VP, Hospital Operations	1 00 39 00			X				1,034,219	0	86,693
Brent J Estes SVP, Business and Network Development	40 00 0 00			X				515,247	0	95,059
Marquis D Foreman PhD Dean, College of Nursing	40 00 0 00			X				288,807	0	55,927
Ranga R Krishnan MB ChB Dean, Rush Medical College	40 00 0 00			X				258,462	0	16,305
Joan E Kurtenbach VP, Strategic Planning, Mrktng & Comm	39 00 1 00			X				331,881	0	69,692
Michael E LaMont VP, Facilities Management	40 00 0 00			X				314,017	0	56,743
Omar B Lateef VP, Clinical Affairs and CMO	40 00 0 00			X				605,425	0	90,480
John Lowenberg VP, Philanthropy	40 00 0 00			X				321,872	0	59,192
Diane M McKeever SVP, Philanthropy	40 00 0 00			X				483,002	0	108,691
John P Mordach SVP, Finance & CFO	39 00 1 00			X				1,098,694	0	174,547

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			
Mike J Mulroe VP, Hospital Operations	40 00 0 00			X				350,621	0	75,160
James L Mulshine MD Acting Dean,Graduate College	40 00 0 00			X				492,406	0	83,815
Patricia G Nedved VP, Professional Nursing Practice	40 00 0 00			X				206,600	0	35,065
Patricia S O'Neil VP Chief Invstmnt Officer & Treasurer	40 00 0 00			X				310,425	0	61,276
Jaime B Parent VP, Information Technology	40 00 0 00			X				342,494	0	76,096
Brian D Patty MD VP, Clinical Information Systems	40 00 0 00			X				297,692	0	51,339
Anthony Perry MD VP, Ambulatory Care & Population Health	40 00 0 00			X				379,809	0	78,356
Terry Peterson VP, Corporate and External Affairs	40 00 0 00			X				364,967	0	57,596
Charlotte Royeen Dean, College of Health Sciences	40 00 0 00			X				142,693	0	20,140
Mary Ellen Schopp SVP, HR & Chief HR Officer	40 00 0 00			X				483,055	0	111,920

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			
Brian T Smith VP, Clinical Affairs-Clinical Practice	40 00 0 00			X				480,007	0	89,386
Scott E Sonnenschein VP, Hospital Operations	40 00 0 00			X				403,663	0	83,436
Denise Szalko VP, Revenue Cycle	40 00 0 00			X				356,258	0	62,026
Judson Vosburg VP, Financial Planning & Decision Support	40 00 0 00			X				241,085	0	37,263
Peter W Butler President & COO	40 00 0 00			X				1,560,408	0	323,122
Lois K Halstead PhD RN V P University Affairs	40 00 0 00			X				260,472	0	45,455
Bradley G Hinrichs VP, Transformation	40 00 0 00			X				88,461	0	5,791
Anne M Murphy JD SVP Legal Affairs & General Counsel	40 00 0 00			X				627,062	0	129,247
Kurt Olson PhD VP Talent Mngnt & Leadership Dvlpmnt	40 00 0 00			X				246,734	0	37,291
Lac Van Tran SVP, Infrmtion Srvces	40 00 0 00			X				608,957	0	106,763

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			
Demetrius Lopes MD Physician	40 00 0 00					X		1,161,427	0	34,824
Richard Byrne MD Physician	40 00 0 00					X		1,114,763	0	40,124
Vincent Traynelis MD Physician	40 00 0 00					X		1,099,152	0	29,122
Michael Liptay MD Physician	40 00 0 00					X		1,047,687	0	45,058
Lorenzo Munoz MD Physician	40 00 0 00					X		974,642	0	37,474

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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

2015

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 (Form 990 or 990-EZ))

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

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

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

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

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

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

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

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

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

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Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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-
2					
3					
4					
5					
6					

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) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on 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		677,283
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		73,019
j	Total Add lines 1c through 1i			750,302
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 consist of promoting legislation that would protect and promote the continued ability of the organization to further its exempt purpose of providing excellence in healthcare A portion of the lobbying expenditure stems from dues to hospital organizations that lobby on behalf of the healthcare industry

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

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" on 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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	521,164,012	521,793,095	475,694,471	435,858,404	439,974,344
b	Contributions	4,047,128	4,864,889	6,566,825	5,587,306	9,454,670
c	Net investment earnings, gains, and losses	-2,040,476	11,650,065	56,203,563	50,675,689	2,456,570
d	Grants or scholarships	2,629,194	1,830,428	1,782,744	1,682,157	1,796,055
e	Other expenditures for facilities and programs	14,807,856	14,809,823	14,424,023	14,323,141	13,819,062
f	Administrative expenses	454,944	503,786	464,997	421,630	412,063
g	End of year balance	505,278,670	521,164,012	521,793,095	475,694,471	435,858,404

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 on 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" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		8,643,691		8,643,691
b Buildings		1,623,593,310	676,027,174	947,566,136
c Leasehold improvements		42,864,835	35,531,042	7,333,793
d Equipment		498,929,338	338,441,707	160,487,631
e Other		12,987,903		12,987,903
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,137,019,154

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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	388,986,000	F
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	388,986,000	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on 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' on 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' on 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	23,141,140
Pension Liabilities	27,862,156
IMD Loan	329,583
Securities Lending Liabilities	7,427,757
Annuities-Philanthropy	580,140
Asset Retirement Cost	19,669,043
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	79,009,819

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,689,961,391
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-7,701,891		
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	-7,701,891
3	Subtract line **2e** from line **1**			3	1,697,663,282
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	3,448,241		
b	Other (Describe in Part XIII)	4b	-18,251,735		
c	Add lines **4a** and **4b**			4c	-14,803,494
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	1,682,859,788

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,613,472,977
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	1,613,472,977
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,448,241		
b	Other (Describe in Part XIII)	4b	-14,123,608		
c	Add lines **4a** and **4b**			4c	-10,675,367
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,602,797,610

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	Bad Debt Expense booked as reduction of revenue 25,533,834 Restricted investment losses - 3,206,817 Net assets released from restriction -921,310 Cost of Goods reported in revenue section of 990 -35,929,364 Rental Expense reported in revenue section of 990 -11,079,629 Fundraising expenses booked as reduction in revenue 7,351,551

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
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%)

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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

2015

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			66,088,885
b Total from continuation sheets to Part I	0	0			20,448
c **Totals** (add lines 3a and 3b)	0	0			66,109,333

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 w ere 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 - Antigua & Barbuda, Aruba, Bahamas,	0	0	Program Service	Self Insurance	2,179,000
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Program Service	Charitable Health Care and healthcare related conferences	23,607
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Program Service	Charitable Health Care and healthcare related conferences	103,718

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) - Albania, Andorra, Austria, Belgium	0	0	Program Service	Charitable Health Care and healthcare related conferences	508,248
Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	0	0	Program Service	Charitable Health Care and healthcare related conferences	89,626
North America - Canada and Mexico, but not the United States	0	0	Program Service	Charitable Health Care and healthcare related conferences	670,439

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 - Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador,	0	0	Program Service	Charitable Health Care and healthcare related conferences	19,989
Central America and the Caribbean	0	0	Investments		62,494,258
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina Faso,	0	0	Program Service	Charitable Health Care and healthcare related conferences	14,448

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
Russia and Neighboring States - Armenia, Azerbijan, Belarus,	0	0	Program Services	Charitable Health Care and healthcare related conferences	6,000

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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" on 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

2015

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" on 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" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Fashion Show (event type)	(b) Event #2 Associates Board Gala (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	695,429	304,567	479,919	1,479,915
	2 Less Contributions	463,881	304,567	270,814	1,039,262
	3 Gross income (line 1 minus line 2)	231,548		209,105	440,653
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		42,380		42,380
	6 Rent/facility costs	58,119	12,760	32,918	103,797
	7 Food and beverages	71,855	62,653	87,094	221,602
	8 Entertainment	2,000	9,395	99,179	110,574
	9 Other direct expenses	200,211	28,571	56,569	285,351
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				763,704
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-323,051

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			80,090	80,090
Direct Expenses	2 Cash prizes			5,000	5,000
	3 Noncash prizes			7,850	7,850
	4 Rent/facility costs				
	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) ▶				12,850
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				67,240

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 activity 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 ▶ $ 67,240

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on 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

2015

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	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 30000 0000000000 %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
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		No
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		
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)			27,055,249		27,055,249	1 720 %
b	Medicaid (from Worksheet 3, column a)			279,491,416	202,880,144	76,611,272	4 860 %
c	Costs of other means-tested government programs (from Worksheet 3, column b)						
d	**Total** Financial Assistance and Means-Tested Government Programs			306,546,665	202,880,144	103,666,521	6 580 %
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)		461,934	6,601,670	1,142,827	5,458,843	0 350 %
f	Health professions education (from Worksheet 5)			143,991,327	91,504,508	52,486,819	3 330 %
g	Subsidized health services (from Worksheet 6)			258,897,613	217,118,540	41,779,073	2 650 %
h	Research (from Worksheet 7)			142,120,479	102,903,472	39,217,007	2 490 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			231,308		231,308	0 010 %
j	**Total.** Other Benefits		461,934	551,842,397	412,669,347	139,173,050	8 830 %
k	**Total.** Add lines 7d and 7j		461,934	858,389,062	615,549,491	242,839,571	15 410 %

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			58,500		58,500	0 %
3	Community support		944	70,454		70,454	0 %
4	Environmental improvements						
5	Leadership development and training for community members		1,700	74,841		74,841	0 %
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development		4,411	4,617,919		4,617,919	0 290 %
9	Other						
10	**Total**		7,055	4,821,714		4,821,714	0 290 %

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 Healthcare 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	7,905,115		
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	271,423,045		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	259,353,894		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	12,069,151		
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)	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 20 15			
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	Yes	
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 V Section C			
b	☑ Other website (list url) http //healthimpactcc org/			
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 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) See Part V Section C			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

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

			Yes	No
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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
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?	15	Yes	
	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)			
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?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) www rush edu/sites/default/files/financial-assistance-policy-2016 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)*

Rush University Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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 19 (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

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 2016 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 FY16 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 $205,150,444 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 $25,533,834 The calculation of the ratio of patient cost to charges was based on Rush's FY16 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 III, Line 2	The cost for the total bad debt provision of $25,533,834 was calculated using the FY16 As-Filed Medicare Cost report as a source for computing an overall cost-to-charge ratio This reduces the bad debt expense of $25,533,834 to cost of $7,905,115 Due to the process that Rush and other hospitals must facilitate to prove a patient's eligibility for discounted or free care, the precise amount of charity care often can be indistinguishable from other categories of uncompensated care Without the cooperation of the patient in providing appropriate documentation, Rush cannot correctly distinguish patients who meet the defined charity care policies and appropriately categorize those individuals as charity care write-offs Instead these patient cases can be classified as bad debt write-offs due to a lack of support information This can create a reported charity care amount that is not representative of the true amount of free care provided to low income and indigent patients This can create a situation in which patients can be mistakenly classified as bad debt that could actually be classified as charity care, but cannot be confirmed As a matter of policy, this wouldn't happen, but can on occasion

Form and Line Reference	Explanation
Part II, Line 2	Economic Development refers to the Community Building Activity CaseThis program 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 $58,500

Form and Line Reference	Explanation
Part II, Line 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 $4,617,919 dollars were contributed to Workforce Development Building Healthy Urban Communities (BMO Grant) Health Systems Management - $724,170 INROADS - $223,532 Mini Medical School - $3,423 SAME Early Childhood Enhancement Program - $77,669SAME High School Intern Program - $72,410SAME College Preparatory Enrichment Program CPEP - $117,074 SAME College Program - $69,061 SAME Network Primary Education Program - $79,059 Science And Math Excellence (SAME) Network - $331,901 Tuition Forgiveness Program - $1,293,292Health Ambassadors Club - $13,643

Form and Line Reference	Explanation
Part III, Line 4	During FY16, Rush's reported provision for bad debts was a total of $25,533,834 which equates to $7,905,115 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

Form and Line Reference	Explanation
Part III, Line 8	The calculation of the ratio of patient cost to charges was calculated utilizing RUMC's 2016 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 FY16 As-Filed Medicare Cost report There is a Medicare surplus of $12,069,151

Form and Line Reference	Explanation
Part III, Line 9b	Rush attempts to notify patients of our financial assistance policy by means of our billing statements that are issued to patients when a balance is due There is language in all billing statements that financial assistance is available In addition our collection agencies will make an effort on our behalf to notify patients of Rush's financial assistance policy before placing accounts with the credit bureau Accounts are not placed with the credit bureau until such action as occurred

Form and Line Reference	Explanation
Part VI, Line 2	As an academic health system, Rush assessed the health needs of the communities which it s erves in a very collaborative approach As described in our Community Health Needs Assessm ent (CHNA), https //www rush edu/sites/default/files/rush-chna-august-2016 PDF, Rush took a very comprehensive, collaborative approach for its new CHNA, working as part of the Heal th Impact Collaborative of Cook County (http //healthimpactcc org/) one of the largest CHN A collaboratives in the country - consisting of 26 hospitals, 7 health departments, and 10 0+ community based organizations Rush recognized the importance of collaborating and alig ning to improve health, and helped organize numerous community focus groups and a county-w ide survey to discuss health needs of our constituents and ways in which we would improve with the community at the center of the approach Rush defined its service area on the com munities spanning between its two hospitals, Rush University Medical Center and Rush Oak P ark Hospital For its second CHNA, Rush decided to approach its community assessment by lo oking at community areas rather than specific zip-codes, as communities are more connected to their respective neighborhoods rather than zip-codes that might split communities and not completely align RUMC and ROPH's service area includes the communities of the west si de communities in Chicago Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale, South Lawndale, Austin, Oak Park, River Forest, and F orest Park The west side of Chicago faces some of the greatest hardship in the entire cit y of Chicago - for example, one might travel three stops on the El train and the life expe ctancy can vary by 10-15 years strictly based on the community which you might be in Thes e 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 pr ograms, wellness centers and healthcare pipeline and workforce development programs Chicag o, 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 into a plan, Healthy Chicago 2 0, which set organ izational priorities and guides the allocation of public health resources Rush worked to align around these areas of improvement and is consistently meeting about Healthy Chicago 2 0 within the workgroups to assess needs Rush recently adopted its second Community Healt h 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 2016 and the board approved the CHNA for FY17-19 and the CHIP was approved in November 2016 A copy of the CHNA and C HIP is available online as described above The CHIP is closely monitored on an ongoing ba sis through outcome indicators and continuous data collection and will be further detailed in future Schedule H's as we embark on our continued journey While Rush completed its mos t recent CHNA in 2016, it continuously plans to monitor and evaluate needs outside of the defined CHNA tax years Rush is an active member for the steering committee of the Health Impact Collaborative of Cook County (HICCC), and will remain engaged in a leadership role to ensure that we assess the needs of our communities collaboratively, continuously, and b eyond our CHNA required years We have plans to evaluate our programs each year with commo n denominators across the health systems when possible for those institutions that partici pate in the HICCC Rush is also actively engaging its community stakeholder groups across the entire West Side and having continuous "listening sessions" to reflect on needs and ou r actions to alleviate hardship In addition, Rush participates in aldermanic and communit y town halls to get community feedback on our efforts, as the system aims to ensure that o ur efforts align with the needs and desires of our community stakeholders We have also en sured that our newly defined community health needs are being brought to the broadest of s takeholders to get their feedback about our work - patients, community residents, employee s that live on Chicago's West Side, community based organizations, the city/county, and ot her healthcare facilities We also have begun to set evaluation plans internally and exter nally to assess our current three year CHNA cycle and the associated improvements Our CHI P workgroups include stakeholders from the aforementioned communities, as we must complete this work together to truly make a difference Rush is also actively assessing needs of th e west side through its anchor mission work, which has been adopted by the Board of Truste es as the end of tax year 2015 This involves asse

Form and Line Reference	Explanation
Part VI, Line 2	ssing the economic wellbeing of our neighborhoods and determining if Rush can do more to h elp the Wesr Side of Chicago through investment, hiring, and locally-based economic activi ty Rush will continue to work on this with partner stakeholders to develop goals to impro ve the economic wellbeing of Chicago's West Side given the high unemployment and poverty r ates

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 Through utilization of a patient eligibility service RUMC is extremely proactive in enrolling patients, who present for service without insurance coverage, for coverage under various state and federal programs The maintenance of this service for our patients has a significant impact on decreasing the amount of charity care provided and ensuring that patients have the opportunity to obtain insurance 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 in completion of financial application forms, obtaining an estimated cost of anticipated hospital services, providing an explanation and copy of their hospital bill, and notary services RUMC makes all financial assistance information and policies available on the hospital's website

Form and Line Reference	Explanation
Part VI, Line 4	Rush provides patient care services to a much broader audience than is defined in its CHNA, but Rush defines its respective community as the West Side of Chicago Rush purposely chose to define its community for the CHNA as the geographic area between the hospitals because this is an area of great need and some hardship and we are in their backyard Rush's patient population is varied in regard to ethnicity, economic status and insurance status, but many on the west side face hardship and are members of more vulnerable populations - racial/ethnic minorities, lower socio-economic status, crowded housing, higher levels of joblessness and less access to education, transportation, and other community resources such as grocery stores and healthcare centers Rush's defined community, the West Side of Chicago, while incredibly resilient, faces some of the greatest hardship and health disparities in the City of Chicago - Rush hopes to serve as an anchor to alleviate some of these issues through the empowerment of communities and the wonderful individuals that call the West Side home Some of the general population demographics are that we are seeing a great deal of diversity in our communities served For example, there are approximately 500,000 people living in our defined west sides communities The racial / ethnic breakdowns of our communities are quite diverse, with Austin, West and East Garfield Park, and North Lawndale averaging at least 85% of the population identifying as black, South Lawndale and Lower West Side being over 80% Hispanic/Latino and Forest Park, Oak Park, and River Forest being more varied, with whites making up the majority We also recognize that there are a great number of youth in our communities, with 19 and under making up in some communities close to a third of the population The City of Chicago's hardship index ranks each community area's socioeconomic hardship on a scale of 0-100, with a higher number representing a greater level of hardship The index measures socioeconomic indicators of public health significance, the percentage of occupied housing units with more than one person per room, the percentage of households living below the federal poverty level, the percentage of people over 16 who are unemployed, the percentage of people over 25 without a high school diploma, the percentage of the population that is under 18 or over 64, per capita income We know that most of our communities fall under the definition of "high hardship" in particular East Garfield Park, West Garfield Park, Austin, North Lawndale, South Lawndale, Lower West Side, and Austin Some highlighted demographic information of our respective communities is that they face some of the greatest hardship in the City of Chicago For example, life expectancy varies widely on the West Side of Chicago, as if you travel from the Loop to the West Side, in particular the West Garfield Park Community, life expectancy goes from 85 years to just under 69 years If you look at issues such as insurance status, we have some of the highest need communities, with 34 8% of the population in South Lawndale lacking health insurance Income segregation and employment is also of high need in some of our areas, with North Lawndale having a median household income of $23,066 and an unemployment rate of 27 4 in West Garfield Park There are many other hospitals serving these communities, but we know that access to care and community resources is still of great need and that we must work together to improve the health of our communities Based on market scan and our community health needs assessment, we have identified 15+ hospitals located in our communities For more information on our neighborhood breakdowns and specific demographic information, please visit our FY17-FY19 CHNA at https //www rush edu/quality-care/commitment/community-benefits/community-health-needs-assessment

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 42 years ago to provide reproductive health care, prenatal 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 centers continue to thrive and Rush has added a third school health center at a school for pregnant and/or parenting girls in sixth through twelfth grade The Science and Math Excellence (SAME) network was started over 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 neighborhoods Another example of Rush's commitment is the development of Rush Community Service Initiative Program (RCSIP) 26 years ago This all volunteer program was developed to meet the health needs of Chicago's West side residents RUMC is a founding member of the Medical Home Network Accountable Care Organization The Medical Home Network (MHN) Accountable Care Organization (ACO) spawned out of the Medical Home Network, a 501c3 data and technology collaborative 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 The goal of both the MHN and MHN ACO is to collaborate to transform the current care delivery system to improve patient care coordination and access to health care services, while reducing cost and fragmentation The MHN ACO consists of three west side hospitals (including Rush University Medical Center) and nine Federally Qualified Health Centers Rush takes a leadership role in the MHN through board representation, 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 within the ACO covered lives panel of 80,000+ patients RUMC and 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 facility dedicated to the care of people with HIV/AIDS Today, it is the largest, most comprehensive provider of HIV/AIDS treatment in the Midwest Faculty members from Rush and Stroger Hospital work side-by-side delivering care to this population The Center also serves patients with tuberculosis, hepatitis and other infectious diseases Clinical research projects at the center seek new answers in screening, treating and halting the spread of infectious diseases RUMC is also a founding and active member of the Illinois Medical District Hospital Emergency Preparedness Coalition (IMD HEPC) The mission of this coalition is to create and maintain a community wide emergency management interoperability within one of the nation's largest urban healthcare, educational, research and technology districts resulting in minimal loss of life and reduced collateral damage to surrounding structures and the environment during a disaster This past year, RUMC provided over 12,200 clinic visits to the most at-risk underserved populations through numerous community based programs and partnerships at no charge to the patients

Form and Line Reference	Explanation
Part VI, Line 5	Rush Community Service Initiatives Program (RCSIP) Clinics are run by RUMC clinicians and Rush student volunteers The clinics offer physical exams, health education, free basic me dications, procedures such as wound care and use referrals to help patients establish prim ary and/or specialty care relationships that are affordable or available through charity c are Examples of these clinics include (1) The RCSIP Clinic at Franciscan House is locat ed within the Franciscan House homeless shelter for adult men and women Approximately 100 patients are seen weekly, over 2,300 healthcare encounters were provided during FY 2016 (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 Cent er and provided healthcare to approximately 200 men during FY 2016 (3) The RCSIP Clinic at Chicago City Church serves homeless and other at-risk adults Over 200 patients were se en at this clinic during FY 2016 The Department of Pediatrics has several long-standing pr ograms for underserved children Examples of these programs include, since its inception i n 1997, Rush's Kids-SHIP initiative has provided healthcare services to homeless children and adolescents through a medical outreach team The team also provides any necessary foll ow-up care at the Pediatric Primary Care Center at Rush The Chicago Coalition for the Hom eless estimates that approximately 26,000 youth experience homelessness in Illinois over t he course of a year The majority of these children and adolescents have no primary care p hysician and no medical home Many of these children do not receive routine childhood immu nizations and, because of the irregularity of their medical care, have no record of their medical history Due to their desperate need for comprehensive healthcare tailored to thei r physical, emotional and logistical needs, these underserved pediatric populations are th e focus of Rush's Kids-Shelter Health Improvement Project (Kids-SHIP) The Kids-SHIP medic al outreach team is made up of an attending pediatrician from Rush, pediatric residents fr om 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 FY2016, the Kids-SHIP physicians completed approx imately 600 patient visits By initiating contact with homeless children and providing ons ite medical care, this program has reduced barriers to care and improved the overall healt h status of this homeless population Additionally, Kids-SHIP has encouraged the use of av ailable healthcare resources, including provision of a medical home at Rush, among homeles s families Rush provides Pediatric Subspecialty physician services at or below cost to Str oger Hospital in order to provide advanced, high-quality, subspecialty medical care to the patients there through the Rush-Stroger Affiliation Agreement-Pediatrics Program The Ped iatric subspecialty medical services include Pediatric Allergy/Immunology, Pediatric Crit ical Care, Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Infectious Disea se, Pediatric Neurology, Pediatric Nephrology, and Pediatric Pulmonary Medicine The Rush Section of Pediatric Critical Care provides the majority of physician coverage for the Str oger Pediatric ICU The Department of Pediatrics at Rush volunteers with the Chicago Depar tment of Public Health (CDPH) to provide care for complex tuberculosis patients at West To wn Neighborhood Health Centers for half days every other week The Pediatric Infectious Di sease Faculty Outreach program provides access to specialized medical expertise for immigr ant, minority, and underserved populations with tuberculosis For almost two decades, the Department of Pediatrics has provided medical supervision for children with HIV at Childre n's Place, a Chicago residence and day care center for children infected with or affected by HIV Pediatric Infectious Disease subspecialists from Rush provide HIV evaluations and care for children with HIV who are adopted from foreign countries through dedicated adopti on agencies such as Adoption-Link During FY2016, approximately 600 individuals received s ervices through this outreach program In addition to RCSIP and the Pediatric Department, o ther community based programs are sponsored by Rush for at-risk individuals Examples of t hese include The RUMC Adolescent Family Center (AFC) provides reproductive healthcare, pre natal care, gynecological care, pregnancy prevention programs, STD testing and treatment, and community health education to underserved Chicago area youth All of the AFC's service s are provided regardless of income or ability to pay for care Although the AFC draws pat ients from over 107 Chicago area zip codes, the majority of patients served reside in Chic ago Westside communities of high poverty As part

Form and Line Reference	Explanation
Part VI, Line 5	of the AFC's community education program, staff regularly travels off-site to Chicago area high schools and middle schools to provide community education on pregnancy prevention, r eproductive anatomy, contraception, sexually transmitted infection prevention and reproduc tive health AFC also offers free prenatal education classes to pregnant teens and their p artners The year, the AFC provided clinic services to 621 youth and several thousand comm unity education encounters The Road Home Program provides care for the "invisible wounds o f war" for veterans and their families Services for veterans deployed in Iraq and Afghani stan include an adult mental health clinic that specializes in post-traumatic stress diso rder, child and family services such as support groups, counseling and guidance for parent ing, traumatic brain injury clinic, and a military sexual trauma clinic This past year th e Road Home program provided services to over 200 veterans Rush has a 30-year history of p roviding health care at School-Based Health Centers (SBHC) Rush currently has three SBHCs located within Chicago Public Schools that include, Orr Academy, R T Crane Medical Prepa ratory High School and Simpson Academy for Young Women Crane and Orr have students in gra des nine to twelfth and Simpson Academy is for girls in grades six to twelfth that are pre gnant, parenting or both All three schools, have student bodies from underserved populati ons, and are located in neighborhoods with high poverty levels The Rush SBHCs act as healt h safety nets for these vulnerable students Wide-ranging clinic services are provided by advanced practice nurses, registered nurses, collaborating physicians and large numbers of Rush's inter-professional students The services include physicals, immunizations, treatm ent of injuries, primary care, intermittent care, mental health services, prenatal care, p regnancy prevention programs, heath education programs and health care for the children of the students Outcomes of this health care and education collaboration include improved i mmunization rates, decreased incidence of infectious disease, decreased emergency room usa ge, detecting and treating illness, healthy baby deliveries, increased access to mental he alth services, success in pregnancy prevention programs, and students establishing healthy living patterns aimed at chronic disease prevention and improved graduation rates In FY2 016, these health centers provided close to 3,700 healthcare encounters

Form and Line Reference	Explanation
Part VI, Line 5	RUMC provided health education community-based programs at no cost to approximately 49,000 individuals this past year All of Rush's health education programs address one of more o f the needs identified in Rush's CHNA Examples of these programs include The RCSIP Wellne ss Center at Facing Forward is part of RUMC's Building Healthy Urban Communities project Facing Forward 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 population is recovering from substance abuse issues The Rush Community Service Initi ative Program (RCSIP) Wellness Center at Facing Forward to End Homelessness is part of Rus h's Building Healthy Urban Communities project, a partnership project supported by BMO Har ris Bank, Rush University, the Medical Home Network, and the City Colleges of Chicago Fac ing Forward is a housing first program that provides permanent housing to homeless individ uals with histories of substance abuse In addition to their substance abuse histories app roximately 65% have other mental health issues and a high burden of chronic diseases The Wellness Center utilizes a holistic and diverse approach to address the mental and physica l health issues of the population The weekly sessions are supported by inter-professional student volunteers and faculty from Rush University in addition to other community partne rs The Rush University students receive training in motivational interviewing to enhance their skills as life coaches when assisting participants in their decisions to make health ier life-style choices The two hour weekly sessions incorporate blood pressures and weigh t checks, life coach counseling, health education lectures, healthy cooking demonstrations and 30 minutes of exercise Twice annually the American Heart Association's Life Simple 7 screening tool along with pulmonary health screenings are accomplished for the purpose of metrics and charting individual progress A crocheting/knitting program started by a Rush medical student is sustained to date as an adjunct program that was birthed from the Well ness Center This program has assisted many of the women in decreasing tobacco use and red ucing anxiety Outcomes to date include an increased consciousness of the importance of ta king control of one's health, healthier eating habits, increased activity, sustained weigh t loss, and smoking reduction Rush's Professional Nursing Staff's (PNS) organization provi des Mini Health Fairs for patients receiving care at Thresholds, an organization that prov ides services to individuals with chronic mental illness The Mini Health Fairs provide he alth education and screenings This is important since those with chronic mental illness h ave a lifespan that is 25 years less than the general population related to chronic medica l diseases In FY2016, 62 patients received services through the Health Fairs 5 + 1 = 20, a RCSIP program, aims to educate high school students at Chicago Public Schools on the five diseases prevalent in the surrounding underserved community (asthma, hypertension, HIV, d iabetes, and cancer) 5 + 1 =20 is based on the idea that knowledge of these 5 common cond itions plus 1 informed high school student (or person) can extend one's life by 20 years (individuals without health insurance have a life expectancy of 20 years less than the gene ral US population) Twice a month, Rush student volunteers teach a health topic related to the five diseases to high school students The content of the interactive 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 screenin gs, vision screenings, glucose level checks, referrals, and health education Health fair participants include families and friends of the students as well as other members of thei r communities This past year, 5 + 1 = 20 provided health education and screenings to over 1,800 community members The RUMC Wellness Program with the Chicago Department of Family a nd Support Services primarily serves minority older adults and has been in existence since 1985 Advanced practice nurses, dietitians, pharmacists, and social workers provided by R UMC provide health education and healthcare for older adults at five Chicago senior center s During FY2016, RUMC healthcare professionals provided 17,906 free service encounters fo r low-income older adults which included health consultations, screenings such as blood pr essure, bone density, cholesterol, diabetes, and PSA levels and health talks on topics suc h as weight loss and fall prevention The majority of the Rush health professionals' time, as well as all travel expenses and travel time, supplies and educational materials were d onated to this program by Rush The Anne Byron Waud

Form and Line Reference	Explanation
Part VI, Line 5	Center at RUMC offers an array of programs and services open to the public that promote h ealthy aging Patients, their families and the community have the opportunity to receive f ree consultations from licensed social workers on health and aging issues, attend social a nd support groups, participate in free computer training, and use the health library The Center provides a place to turn in times of need The Waud Center and the services it provi des have also been the inspiration and driving force behind the development of older adult programming throughout the Medical Center One such program is Rush Generations, a free m embership program that promotes health and well-being 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 over 7,000 members and growing Educationa l programs and wellness classes offered include A Matter of Balance is an evidence-based p rogram that emphasizes practical strategies to reduce the fear of falling, manage falls an d increase physical activity levels (1) Connected Living is designed to impart basic com puter skills for older adults (2) Diabetes Self-Management Program is a free, interactiv e, six-week workshop that helps those with type 2 diabetes to improve skills to manage the ir health Participants learn about the importance of healthy eating, physical activity, s tress management and medications among other self-management strategies Workshops take pl ace at Rush and in community settings (3) The Rush Generations program plans a robust, y ear-round calendar of classes, workshops and health screenings that enhance physical and e motional wellbeing of adults and older adults Each month, Rush Generations offers a lectu re on a different health topic including Stroke Awareness, Understanding Medicare, Prostat e Health and more (4) The Health Promotion Disease Prevention team present to local seni or 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 t his role, train facilitators of these workshops The team also provides training to the Se nior Companions program through the Chicago Department of Family and Support Services, Sen ior Services Division (5) The RUMC Mothers' Milk Club was developed to address the socia l, emotional, demographic and physiologic barriers to mothers' providing their milk for th eir 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 necess ary guidance and resources that they need to provide milk for their infants, including st ate-of-the-art hospital-grade electric breast pumps, taxi service to attend weekly educati onal luncheon meetings, educational materials, and post-infant discharge home visits to he lp breastfeeding get off to a good start These services are provided on a complimentary o r sliding-scale basis to all families who qualify for Women Infants & Children (WIC) benef its Rush invests in developing and supporting healthcare pipeline and workforce developmen t programs during FY2016 These programs consist of the RCISP pipeline program for the R T Crane (RTC) Medical Preparatory High School, Malcolm X City College (MXC) partnership, tuition forgiveness programs, the RCSIP Mini Medical School for CPS students living in the Lawndale neighborhood, the Building Health Urban Communities project, and the SAME networ k Descriptions of these programs follow

Form and Line Reference	Explanation
Part VI, Line 5	RTC Medical Preparatory High School is part of the Chicago Public Schools (CPS) Career and Technical Education (CTE) Program The CPS CTE Program was established by the Cook County President's and the City of Chicago Mayor's offices to increase the number of Chicago's y outh recruited into Chicago's healthcare workforce Rush is a part of the CPS CTE program and partners with RTC Medical Preparatory High School RUMC faculty and staff provide ment orship and activities to facilitate the Crane students' efforts to successfully pursue the ir interest in health careers CPS CTE activities are focused on awareness, exploration, a nd application of the health sciences In addition to mentorship and educational services to all students at Crane, over 80 freshman students had paid internships in the nursing de partment at RUMC this past year Malcolm X City College (MXC) and RUMC have a rich, multi-y ear history of interactions and cooperative activities These include hosting health occup ation students' clinical rotations in nursing, surgical technology, radiologic technology, EMT/paramedic, and respiratory care at RUMC and providing anatomy labs for MXC health occ upations students RUMC also provides guest lecturers and recently began offering a monthl y inter-professional lunch and learn series for MXC students and faculty on issues and tre nds related to health care Recently, the City Colleges of Chicago identified MXC as the le ading city college for health careers and Rush as a lead partner for its health career pro grams MXC wants to ensure that its graduates have the knowledge, skills and professional attributes they will need to function in the healthcare system, both now and in the future To help achieve that goal, Rush participates in MXC advisory committees and provides tra nsfer programs for graduates of the MXC radiologic technology and respiratory care program s to allow students the opportunity to obtain a bachelor's degree in their fields To furth er develop upper division college transfer opportunities for MXC graduates, Rush is workin g with representatives of MXC to develop an innovative new Bachelor of Science in health s ciences A program development steering committee consisting of representatives from MXC a nd the four Rush colleges (College of Medicine, College of Nursing, College of Health Scie nces and Graduate College) has recommended the development of the following Bachelor of Sc ience degree options or tracks (1) Undergraduate preparation for graduate level health s cience programs in allied health, medicine, nursing and the biomedical sciences (2) Lead ership program for students holding the associate degree in a health occupation (3) Heal th-wellness focus for students interested in a career related to corporate health, communi ty health or medical home care coordination Rush subsidizes the education and training man y students that will comprise the next generation of doctors, nurses, allied health care p rofessionals and healthcare research scientist whose tuition and grants do not fully cover the associated costs through select tuition forgiveness programs Rush is committed to pr oviding programs to educate and train the healthcare workforce of the future It is widely recognized that workforce demands in healthcare will rapidly escalate as the U S populat ion ages During FY2016, RUMC provided tuition forgiveness for several students coming to Rush from Malcolm X City College and to other students pursuing health science research de grees It is an essential part of RUMC's corporate mission that education programs continu e 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 summer camp is held at Rush University and is complete with an o rientation, anatomy and physiology lectures, activities on five major body systems, dissec tions, homework, and a completion celebration Rush student and physician volunteers plan the curriculum, implement activities, and assist the youth during the camp The Building He alth Urban Communities project fosters public-private partnership between Rush Malcolm X C ity College (MXC), and the Medical Home Network (MHN) The goals of this project are to im prove education, employment and 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 interprofessional teams and proactive care coordination, developing and training a workforce from the community that supports these new models of care, and ri gorously measuring and evaluating each project component for sustainability and replicatio n One of the major focuses of this project is deve

Form and Line Reference	Explanation
Part VI, Line 5	loping and training a workforce to deliver high value population-based health care Embedd ing training opportunities within existing models of care will improve quality, efficiency , and reduce costs There are five components of workforce development that include the Ru sh Community Investments Initiative, and Curriculum Development for Allied Health Professi onals, Scholarships and Internships for Rush Bachelor of Science in Health Sciences, Conti nuing Education Training for existing healthcare providers, and Health Disparities Researc h and Evaluation Fellowships These components target different types and levels of health care workforce thus creating a pipeline of educational programs The program components ar e listed below Health Disparities Fellowships The Health Disparities Fellowship program i s designed to develop a cadre of well-trained health care researchers with a passion for c reating sustainable ways for providing access to high-quality care for individuals in unde rserved communities, with a particular focus on improving health in the communities served by Rush These mentored fellowships involve development and evaluation of new ways to edu cate and deploy community-based providers, and evaluation of the new models of care in whi ch they will be working Fellowships span over a five-year period, and currently five fell ows and one health disparity scholar are working on projects in various specialties includ ing Allied Health Sciences, Preventive Medicine, Nursing, and Curriculum Development, with a timeframe ranging from two-three years Fellows with a Master's degree are encouraged t o enroll in the PhD program and take advantage 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 initial focus is on developing a curriculum for c ommunity health workers which is competency and assessment based The goal is to allow stu dents graduating from these programs to enroll and transfer credits to a bachelors program , thus creating career ladders for these students The community health worker basic certi ficate program has already been launched at MXC as a result of this work Scholarships and Internships for Rush Bachelor of Science in Health Sciences In an attempt to create caree r 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 t ransfer credits to the Rush Bachelor of Science in Health Sciences program These students will be offered scholarships and part-time paid internships for two years Internships wi ll allow them to gain both academic and clinical hands-on experience before graduation Con tinuing Education Training Better Care Teams training is based on an in-depth needs asses sment on the needs of existing care coordinators, outreach workers, and clinicians within the Medical Home Network clinics, to prepare them for future healthcare needs The primary focus of this training is high value team-based care Motivational Interview training has been launched with other training topic areas to follow in the next year

Form and Line Reference	Explanation
Part VI, Line 5	The Science and Math Excellence (SAME) Network was developed in 1990 and is a large-scale community service enterprise operated through the Department of Community Affairs at Rush to improve the science, math, and reading test scores in Chicago schools on the West and S outhwest sides of the city The Network provides students in these neighborhoods with the same opportunities to learn math and science as are available to their peers in more afflu ent areas RUMC spearheaded the SAME Network's first effort long perform others recognized the importance of STEM (science, technology, engineering, and math) programs to improve e ducation by raising funds from Chicago's business community to build state-of-the-art scie nce laboratories in local schools that lacked these facilities Since then, the SAME Netwo rk has grown to become a collaboration between Rush and 22 elementary schools, 11 high sch ools and many local businesses Rush's dedication to promoting a healthy community has fos tered a strong commitment to supporting the growth and development of our local neighborho ods Rush conducts a variety of programs through the SAME Network that include the program s below College Internship Program The College Internship Program supports SAME students as they matriculate through college Eligible students receive scholarship assistance and academic support The students are given an opportunity to work at Rush University Medical Center in an area closely related to their career choice The students return from colleg es and universities across the United States during the holiday season and summer break to learn, work and interact with patients, peers, and management College students receive m entoring through preceptor relationships with professionals at Rush University Medical Cen ter During FY2016, 16 college students benefited from this program College Preparatory En richment Program (CPEP) SAME Network collaborated on an enrichment program with Chicago P ublic Schools and Benedictine University in Lisle, Illinois The CPEP offers students an o pportunity to participate in year-round after-school and summer learning activities The i ntent of the CPEP is to provide students with the experiences they need to pique their int erest in science and math, pursue college entrance and, potentially, a science-related car eer Students who participate in the CPEP have the opportunity to become involved with the SAME Network's High School Internship Program when they graduate from elementary school The program is geared toward students entering fifth grade that also attend a SAME Network school The students are recommended by their school principals and teachers because they show academic promise in the areas of science and math During the summer, students are e xposed to one or two week campus living at Benedictine University, which provides them wit h the experience of living away from home Coupled with campus life, the students receive instruction in math, science, and technology Field trips to educational institutions in t he western suburbs and fun outings are a part of the experience Students work independent ly, collaboratively, and cooperatively on inquiry-based science tasks emphasizing high-ord er thinking skills while integrating math and technology Families participate in a variet y of activities throughout the year In FY2016, 133 students participated in this program 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

Form and Line Reference	Explanation
Part VI, Line 5	workshops to parents of children participating in SAME Network sponsored preschool program SAME believes early parental involvement is crucial for children to be successful in sch ool 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 o r government grants Many of the research studies directly address health need findings in RUMC's CHNA Last year pilot funding was provided to numerous beginning career Rush resea rchers to stimulate new research at Rush and to develop the new researchers Two of the re search 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 scientis t are currently conducting 83 community based research studies, a majority of these studie s address the CHNA findings Examples of some of these studies are described below The Rus h Institute for Healthy Aging, RIHA and the Rush Alzheimer's Disease Center, RADC, were cr eated in the early 1990s to investigate common chronic health problems of older people esp ecially cognitive decline and Alzheimer's disease The RIHA conducts only research activit ies with no clinical activities, and is typically interested in health problems as they oc cur in the general population rather than in a clinical setting such as a hospital or nurs ing home The RADC provides patient care and support services, conducts randomized clinica l trials, and sponsors multicultural outreach programs to engage the Chicago community in research Rush research includes multiple, longitudinal community-based cohorts, large, di stinct groups of people, in the City of Chicago and nationwide The RIHA and RADC projects include The Religious Orders Study, started in 1993, has enrolled nearly 1,400 older prie sts, nuns and brothers from more than 47 sites around the country, about a third of who re side in Cook and the collar counties Recruitment and retention includes numerous educatio nal programs on healthy aging and the prevention of common chronic neurologic conditions o f aging and the importance of participating in research These presentations are provided for participants and non-participants and their friends and family members Detailed clini cal evaluations are performed annually on participants A total of 13,647 evaluations have been performed at no charge Routine blood tests have been drawn on 2,932 participants wi thout charge Test results have been provided to the participants All study participants are organ donors and a complete neuropathologic evaluation has been performed without char ge on 680 participants and a report provided to family members Participants have recently been offered MRI scans of the brain at no charge - and 86 scans have been performed and r eports provided The Memory and Aging Project, started in 1997, is a cohort study that has enrolled more than 1,900 older residents of retirement communities and individuals in thei r homes from Cook and the collar counties Recruitment and retention includes numerous edu cational programs on healthy aging and the prevention of common chronic neurologic conditi ons of aging and the importance of participating in research These presentations are prov ided for participants and non-participants and their friends and family members Detailed clinical evaluations are performed annually on those who have enrolled A total of 12,749 evaluations have been performed on participants at no charge Routine blood tests have bee n drawn on 9,088 participants without charge Test results have been provided to the parti cipants All study participants are organ donors and a complete neuropathologic evaluation has been performed without charge on 680 participants and a report provided to family mem bers

Form and Line Reference	Explanation
Part VI, Line 5	Participants have recently been offered brain MRI scans at no charge and 1,266 scans have been performed The Minority Aging Research Study began in 2004 and includes 709 older comm unity-dwelling African Americans in the Chicago area Detailed clinical evaluations are pe rformed annually A total of 4,235 evaluations and 3,042 blood tests have been performed o n 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 re search, teaching, training, and service dating back to the 1970s Since 1990, the Departme nt has received well over $50 million in National Institute for Health funding to conduct community-based translational research The Rush Center for Urban Health Equity is a NIH-s ponsored $10 million center grant This Center is devoted to reducing cardiopulmonary disp arities in underserved Chicago residents through research, training, education, and servic e The Department of Preventive Medicine faculty and staff also generously donate their ti me and skills, both within and outside the Medical Center, to give back to our communities Their efforts include numerous presentations and seminars where they collaborate with ne ighborhood clinics, churches, schools and other organizations to provide health education in a wide array of topics from diabetes care to asthma in children Additionally, the depa rtment assists the Humboldt Park community through generous subsidies to its Diabetes Empo werment Center, and supports national programs like the American Heart Association annual Heart Walk Examples of studies conducted by the Department of Preventive Medicine that di rectly address Rush's CHNA findings include ALIVE StudyThe ALIVE study, which provides nut rition education through Bible study and short videos to congregants of five African Ameri can congregations CHART StudyThe CHART study tests the value of a culturally-sensitive, mu ltilevel, chronic care intervention for low-income patients with heart failure LIFE StudyT he LIFE study, which tests a novel diabetes self-management intervention for low-income Af rican Americans with type 2 Diabetes The LIFE study provides diabetes self-management edu cation, including pedometers, nutrition education and peer support for 210 low-income Afri can Americans MATCH 2 StudyThe MATCH 2 study, which also provides community health worker support for diabetes self-management among low-income African American and Hispanic type 2 diabetes patients Rush University Medical Center is an integral part of the Chicago Area Patient Centered Outcomes Research Network (CAPriCORN) The network of 10 regional health systems and multiple other partners is committed to working together to develop, test and implement strategies to improve care for diverse residents in the metropolitan Chicago reg ion in order to improve health care quality, health outcomes and health equity CAPriCORN was one of eleven Phase I Clinical Data Research Networks (CDRNs) in Patient-Centered Outc omes Research Network (PCORnet) funded by the Patient-Centered Outcomes Research Institute (PCORI) Currently, CAPriCORN is selected as one of thirteen CDRNs for the three year Pha se II infrastructure development of PCORnet By combining the knowledge and insights of pa tients, caregivers and researchers along with carefully managed access to rich sources of health data from 10 health systems in the Chicago region, CAPriCORN represents a unique op portunity to make a real difference in the lives of patients and their families Until now , we have been unable to answer many of the most important questions affecting health and health care Many long-standing road-blocks need to be systematically cleared CAPriCORN p rovides tools to open a pathway that helps patients and clinicians make better shared deci sions in their daily interactions Rush works with many community partners to provide healt hcare and other resources to the community Some of these partnerships entail the provisio n of resources to assist other organizations meet their strategic goals of addressing comm unity 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 M edical Center, this past year RUMC gave funding to over 30 organizations RUMC provides a f ull range of medical services to the community including an emergency department that is n ever 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 provid ing care to the uninsured in a hospital setting, RUMC continues to emphasize primary and p reventive 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 opera ted by patient care staff In this way, RUMC hopes

Form and Line Reference	Explanation
Part VI, Line 5	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 7 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 patien t care to the diverse communities of the Chicago area As a not-for-profit organization, RU MC reinvests any excess revenue after paying expenses back into our institution in order t o provide care for patients A significant part of this reinvestment includes the followin g support services that benefit patients free care for patients who qualify under our cha rity care program, care for patients whose government insurance does not pay all of our co sts, 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 expen ses not funded by private or government grants We also subsidize the education and traini ng of the next generation of doctors, nurses and other allied health care professionals wh ose tuition and grants do not fully cover the associated costs Additionally, we fund a va riety of vital outreach programs that address the specific health needs of our community a nd beyond RUMC is committed to providing programs to educate and train the health care wor kforce of the future It is widely recognized that workforce demands in health care will r apidly escalate as the U S population ages To help meet this need, RUMC trains future ph ysicians, nurses and allied health professionals During FY2016, RUMC provided $45 million in unreimbursed costs to maintain these education programs It is an essential part of RU MC's corporate mission that education programs continue to receive this operational suppor t 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 6	Rush is an academic health system that includes Rush Oak Park Hospital in addition to Rush University Medical Center Rush Oak Park Hospital (ROPH) consists of 237 beds located in Oak Park, Illinois Together, RUMC and ROPH provide patients across the West Side with access to advanced medical treatments without having to leave their neighborhoods ROPH is committed to balancing clinical excellence with compassionate care and greater community outreach programs in order to provide a lifetime of care for individuals and their entire family For the purposes of Schedule H, only financial information for RUMC is reported There is no data included for Rush Oak Park Hospital

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 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Rush University Medical Center 1653 W Congress Parkway Chicago, IL 60612 www.rush.edu 0001917	X	X	X	X	X	X	X			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135066007

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," on 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

2015

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" on 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 . . . . . ▶ 10

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
Scholarships to attend Rush University (1) Medical Center	1134	10,904,061			

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 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 Arts 1653 W Congress Parkway Chicago,IL 60612	36-4240513	501(c)(3)	44,896				General Support
American Heart Association PO Box 4002902 Des Moines,IA 50340	13-5613797	501(c)(3)	15,000				General Support
Access Living 115 W Chicago Ave Chicago,IL 60610	36-3310774	501(c)(3)	15,000				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 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
Fransican Outreach 1645 W LeMoyne Street Chicago,IL 60622	36-2928835	501(c)(3)	13,000				General Support
Bears Care 1000 Football Drive Lake Forest,IL 60045	20-3902715	501(c)(3)	11,000				General Support
Metropolitan Chicago Breast Cancer Task Force 1645 W Jackson Chicago,IL 60612	26-2264895	501(c)(3)	10,000				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 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
Heartland Health Outreach Inc 208 S LaSalle Chicago,IL 60604	36-3775696	501(c)(3)	10,000				General Support
Trinity High School 7574 W Division Street River Forest,IL 60305	36-2174835	501(c)(3)	10,000				General Support
Age Options - co Elizabeth Plummer 1048 Lake Street Oak Park,IL 60301	36-2806193	501(c)(3)	7,000				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 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
Latinos Progresando 1624 W 18th Street Chicago,IL 60608	36-4355072	501(c)(3)	6,000				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" on 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

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on 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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 on 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	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 The retirement benefits provided under the Plan, like those provided by the SERP prior to 2014, are in addition to those provided under the Medical Center's Retirement Plan, a defined benefit pension plan, the 403(b) Retirement Savings Plan, and the 457(b) Supplemental Retirement Savings Plan The amounts paid out from this plan were as follows Larry J Goodman MD-$409,893, David A Ansell, MD-$144,782, Peter W Butler-$275,722, Bruce M Elegant-$597,079, Richard B Davis-26,780, James L Mulshine-$43,062, Marquis D Foreman-$4,816, Lois K Halstead-$24,457 and Lac Van Tran-$76,347 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

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Dino Rumoro DOTrustee	(I)	454,058	50,578	803	21,200	21,816	548,455	0
	(II)	0	0	0	0	0	0	0
1Larry J Goodman MD Chief Executive Officer	(I)	1,228,828	570,326	513,936	483,369	14,251	2,810,710	409,893
	(II)	0	0	0	0	0	0	0
2David A Ansell MD SVP, Community Health Equity	(I)	515,725	146,808	189,871	168,503	10,406	1,031,313	144,782
	(II)	0	0	0	0	0	0	0
3Cynthia Barginere DNP SVP & Chief Operating Officer,	(I)	367,759	75,918	9,476	76,213	5,583	534,949	0
	(II)	0	0	0	0	0	0	0
4Carl T Bergetz JD V P Legal Affairs & Acting Gen Couns	(I)	193,827	28,520	0	12,135	8,162	242,644	0
	(II)	0	0	0	0	0	0	0
5Antonio C Bianco MD SVP Clinical Affairs	(I)	441,271	90,000	39,625	13,404	11,028	595,328	0
	(II)	0	0	0	0	0	0	0
6Cynthia Boyd MD VP & Chief Compliance Officer	(I)	304,612	69,163	15,149	113,798	1,044	503,766	0
	(II)	0	0	0	0	0	0	0
7Edward W Conway VP, Clinical Affairs-Admin & Finance	(I)	252,826	56,993	15,763	53,132	20,712	399,426	0
	(II)	0	0	0	0	0	0	0
8Melissa Coverdale VP, Finance	(I)	292,856	59,341	5,723	54,302	11,458	423,680	0
	(II)	0	0	0	0	0	0	0
9Michael J Dandorph President & Chief Operating Officer	(I)	730,373	245,219	18,346	163,295	18,264	1,175,497	0
	(II)	0	0	0	0	0	0	0
10Richard B Davis VP, Human Resources Operations	(I)	236,800	49,788	55,316	51,041	24,282	417,227	26,780
	(II)	0	0	0	0	0	0	0
11Richard K Davis VP, University Affairs	(I)	313,619	77,811	14,537	63,897	20,224	490,088	0
	(II)	0	0	0	0	0	0	0
12Thomas A Deutsch MD Provost, Rush University	(I)	601,864	218,390	42,561	228,078	20,502	1,111,395	0
	(II)	0	0	0	0	0	0	0
13Bruce M Elegant VP, Hospital Operations	(I)	337,149	75,969	621,101	78,175	8,518	1,120,912	597,079
	(II)	0	0	0	0	0	0	0
14Brent J Estes SVP, Business and Network Developmen	(I)	388,786	118,410	8,051	94,681	378	610,306	0
	(II)	0	0	0	0	0	0	0
15Marquis D Foreman PhD Dean, College of Nursing	(I)	237,167	45,442	6,198	49,744	6,183	344,734	4,816
	(II)	0	0	0	0	0	0	0
16Ranga R Krishnan MB ChB Dean, Rush Medical College	(I)	108,462	150,000	0	16,269	36	274,767	0
	(II)	0	0	0	0	0	0	0
17Joan E Kurtenbach VP, Strategic Planning, Mrktng & Com	(I)	262,761	61,792	7,328	51,338	18,354	401,573	0
	(II)	0	0	0	0	0	0	0
18Michael E LaMont VP, Facilities Management	(I)	238,601	55,990	19,426	50,960	5,783	370,760	0
	(II)	0	0	0	0	0	0	0
19Omar B Lateef VP, Clinical Affairs and CMO	(I)	499,605	105,324	496	75,255	15,225	695,905	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 John Lowenberg VP, Philanthropy	(I)	257,122	56,681	8,069	52,741	6,451	381,064	0
	(II)	0	0	0	0	0	0	0
1 Diane M McKeever SVP, Philanthropy	(I)	363,245	102,298	17,459	94,839	13,852	591,693	0
	(II)	0	0	0	0	0	0	0
2 John P Mordach SVP, Finance & CFO	(I)	715,818	354,086	28,790	157,291	17,256	1,273,241	0
	(II)	0	0	0	0	0	0	0
3 Mike J Mulroe VP, Hospital Operations	(I)	285,087	56,583	8,951	55,258	19,902	425,781	0
	(II)	0	0	0	0	0	0	0
4 James L Mulshine MD Acting Dean,Graduate College	(I)	344,363	78,233	69,810	64,291	19,524	576,221	43,062
	(II)	0	0	0	0	0	0	0
5 Patricia G Nedved VP, Professional Nursing Practice	(I)	175,591	31,009	0	14,851	20,214	241,665	0
	(II)	0	0	0	0	0	0	0
6 Patricia S O'Neil VP Chief Invstmnt Officer & Treasure	(I)	248,179	56,579	5,667	52,249	9,027	371,701	0
	(II)	0	0	0	0	0	0	0
7 Jaime B Parent VP, Information Technology	(I)	269,888	53,939	18,667	54,334	21,762	418,590	0
	(II)	0	0	0	0	0	0	0
8 Brian D Patty MD VP, Clinical Information Systems	(I)	287,517	10,000	175	37,218	14,121	349,031	0
	(II)	0	0	0	0	0	0	0
9 Anthony Perry MD VP, Ambulatory Care & Population Hea	(I)	317,438	61,539	832	57,850	20,506	458,165	0
	(II)	0	0	0	0	0	0	0
10 Terry Peterson VP, Corporate and External Affairs	(I)	287,694	64,841	12,432	56,552	1,044	422,563	0
	(II)	0	0	0	0	0	0	0
11 Charlotte Royeen Dean, College of Health Sciences	(I)	122,593	20,000	100	15,131	5,009	162,833	0
	(II)	0	0	0	0	0	0	0
12 Mary Ellen Schopp SVP, HR & Chief HR Officer	(I)	370,852	105,242	6,961	91,364	20,556	594,975	0
	(II)	0	0	0	0	0	0	0
13 Brian T Smith VP, Clinical Affairs-Clinical Practi	(I)	379,681	90,824	9,502	66,358	23,028	569,393	0
	(II)	0	0	0	0	0	0	0
14 Scott E Sonnenschein VP, Hospital Operations	(I)	317,886	78,527	7,250	61,493	21,943	487,099	0
	(II)	0	0	0	0	0	0	0
15 Denise Szalko VP, Revenue Cycle	(I)	288,423	61,893	5,942	53,583	8,443	418,284	0
	(II)	0	0	0	0	0	0	0
16 Judson Vosburg VP, Financial Planning & Decision Su	(I)	218,912	21,660	513	31,167	6,096	278,348	0
	(II)	0	0	0	0	0	0	0
17 Peter W Butler President & COO	(I)	820,075	383,473	356,860	311,435	11,687	1,883,530	275,722
	(II)	0	0	0	0	0	0	0
18 Lois K Halstead PhD RN V P University Affairs	(I)	194,130	41,760	24,582	31,667	13,788	305,927	24,457
	(II)	0	0	0	0	0	0	0
19 Anne M Murphy JD SVP Legal Affairs & General Counsel	(I)	478,208	136,821	12,033	111,754	17,493	756,309	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 Kurt Olson PhD VP Talent Mngnt & Leadership Dvlpmnt	(I)	186,848	53,415	6,471	17,957	19,334	284,025	0
	(II)	0	0	0	0	0	0	0
1 Lac Van Tran SVP, Infrmtion Srvces	(I)	390,642	111,826	106,489	99,920	6,843	715,720	76,347
	(II)	0	0	0	0	0	0	0
2 Demetrius Lopes MD Physician	(I)	741,102	266,125	154,200	15,900	18,924	1,196,251	0
	(II)	0	0	0	0	0	0	0
3 Richard Byrne MD	Physician (I)	1,023,003	90,374	1,386	21,200	18,924	1,154,887	0
	(II)	0	0	0	0	0	0	0
4 Vincent Traynelis MD Physician	(I)	946,877	152,000	275	21,200	7,922	1,128,274	0
	(II)	0	0	0	0	0	0	0
5 Michael Liptay MD	Physician (I)	1,040,301	6,000	1,386	18,550	26,508	1,092,745	0
	(II)	0	0	0	0	0	0	0
6 Lorenzo Munoz MD	Physician (I)	741,102	119,540	114,000	18,550	18,924	1,012,116	0
	(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

2015

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	000000000	06-29-2016	50,000,000	Series 2016 (See Part VI)		X		X		X
B	Illinois Finance Authority	86-1091967	45203HP71	02-11-2015	457,240,239	Series 2015A (See Part VI)		X		X		X
C	Illinois Finance Authority	86-1091967	000000000	12-16-2011	56,000,000	Series 2011 (See Part VI)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		1,445,000	16,065,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	50,000,000	457,240,239	56,000,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows		419,339,062		
7	Issuance costs from proceeds		3,662,582		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	50,000,000	40,903,059	56,000,000	
12	Other unspent proceeds				
13	Year of substantial completion	2016	2015	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 ▶	0 400 %		0 750 %		2 590 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0 400 %		0 750 %		2 590 %			
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								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
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 6/30/16, 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 2008A bonds issued 12/9/2008

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

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

2015

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
See Additional Data Table					

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) Donor 255	Substantial Contributor	4,617,481	Services rendered in the ordinary course of business		No
(2) Donor 12	Substantial Contributor	1,736,873	Services rendered in the ordinary course of business		No
(3) Donor 479	Substantial Contributor	1,554,250	Services rendered in the ordinary course of business		No
(4) Donor 116	Substantial Contributor	574,362	Services rendered in the ordinary course of business		No
(5) Donor 325	Substantial Contributor	544,313	Sale of goods in the ordinary course of business		No
(6) Donor 335	Substantial Contributor	456,681	Services rendered in the ordinary course of business		No
(7) Donor 154	Substantial Contributor	398,308	Services rendered in the ordinary course of business		No
(8) Donor 254	Substantial Contributor	344,925	Services rendered in the ordinary course of business		No
(9) Donor 473	Substantial Contributor	324,740	Services rendered in the ordinary course of business		No
(10) Donor 262	Substantial Contributor	257,060	Services rendered in the ordinary course of business		No
(11) Donor 417	Substantial Contributor	247,692	Sale of goods in the ordinary course of business		No
(12) Donor 456	Substantial Contributor	234,137	Services rendered in the ordinary course of business		No
(13) Donor 111	Substantial Contributor	213,991	Services rendered in the ordinary course of business		No
(14) Donor 287	Substantial Contributor	193,420	Services rendered in the ordinary course of business		No
(15) Donor 304	Substantial Contributor	120,959	Services rendered in the ordinary course of business		No
(16) Kristina Mariano	Family member of Robert Mariano, current Trustee	22,402	Wages		No
(17) Michael D Brown MD	Family Member of Francesca Edwardson, current Trustee	460,981	Wages		No
(18) Walter McCarthy	Family Member of Mary McCarthy, current Trustee	542,098	Wages		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

2015

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	56	9,836,734	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	12	7,425	Appraisal
19 Food inventory	X	2	335	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Event Tickets)	X	6	50,340	FMV
26 Other ▶ (Electronics)	X	11	31,200	FMV
27 Other ▶ (Remodeling)	X	2	13,827	FMV
28 Other ▶ (Dinner Tickets)	X	1	1,200	FMV

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 - 56 individual donations of various securities Collectibles - 12 donations of autographed sports memorabilia Food inventory - 2 donations of various food items Computer board and equipment - 11 donations of computer and peripherals Dinner tickets - 1 donation of dinner for 12 6 event tickets - donations of 5 sporting events and 1 theater performance Remodeling - donation skylight for waiting room remodeling
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

2015

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	Christine A Edwards and William A Downe had a business relationship John R Willis and Thomas J Wilson had a business relationship Jesse H Ruiz and John J Sabl had a business relationship E Scott Santi, Jay L Henderson and Susan Crown had a business relationship John L Howard and E Scott Santi had a business relationship Sheila A Penrose and Martin A Nesbitt had a business relationship Martin H Nesbit and Kip Kilpatrick had a business relationship John L Brennen, Karl A Palasz, Matthew J Boler and E David Coolidge III had a business relationship John W Rogers, Jr and John F Sandner had a business relationship Bruce W Duncan and Aylwin B Lewis had a business relationship Gloria Santona, Esq, John W Rogers Jr and Sheila A Penrose had a business relationship Gloria Santona, Esq and Michael J O'Connor had a business relationship E David Coolidge III and Francesca Maher Edwardson had a business relationship James A Bell and Thomas E Richards had a business relationship Karen B Case, Richard S Price and Alejandro Silva had a business relationship Stephen N Potter, Thomas E Richards, Sandra P Guthman, Jay L Henderson, Susan Crown and Charles A Tribbett, III had a business relationship Peter C B Bynoe, Esq and William K Hall had a business relationship Todd W Lillibridge and Peter C B Bynoe, Esq had a business relationship John W Rogers, Jr and Jonathan W Thayer had a business relationship E Scott Santi and Charles L Evans, PhD had a business relationship Martin H Nesbitt and Sheila A Penrose had a business relationship Andrew J McKenna and John F Sandner had a business relationship Stephen N Potter and John L Brennen had a business relationship
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 annually If it's determined that there may be a business related conflict of interest between RUMC and board members, such persons are recused from any committee meeting during the time an agenda item that relates to their business is discussed

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 Larry J Goodman, MD, Dino Rumoro and Marcia P Murphy w ere compensated for their roles as employees not as trustees

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Post Retirement Related Changes -79,803,161 Non Controlling interest in subsidiary 569,077 Endowment impairment -223,247

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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

2015

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	48,117,096	8,094,319	Rush University Medical Center
(2) Vyndian 820 W Jackson Blvd Chicago, IL 60607 36-4208577	Billing Services	IL	9,647,878	883,465	Rush University Medical Center
(3) Oak Park Imaging 610 S Maple Street Oak Park, IL 60304 36-4437483	Diagnostic Imaging	IL	567,070	318,826	Rush University Medical Center
(4) Guardian Health Technologies LLC 1653 W Congress Parkway Chicago, IL 60612 36-2174823	Dormant	IL	0	0	Rush University Medical Center
(5) Rush Oak Brook LLC 1653 W Congress Parkway Chicago, IL 60612 36-2174823	Dormant	IL	0	0	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?		(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	
(1) Circle Imaging Partners LP 1725 W Harrison Street Chicago, IL 60612 36-3539382	Operation Imaging	IL	Circle Imaging Management Inc	Related	165,592	1,263,371		No			No	71 430 %
Rush Surgicenter at the Professional **(2)** Office Building LP 1725 W Harrison Street Chicago, IL 60612 36-3853026	Surgery Center	IL	Rush University Medical Center	Related	1,874,451	8,959,253		No		Yes		51 090 %
(3) Rush Oak Brook Orthopaedic Center LLC 1653 W Congress Parkway Chicago, IL 60612 35-2539357	Real Estate Holding	IL	Rush University Medical Center	Related	-265	649,735		No		Yes		50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
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.

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)**royalties, 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	**No**
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	
Copley Ventures 2000 Ogden Ave Aurora, IL 60504 36-3370216	Property & Healthplex Owner	IL	501(c)(3)	3	Rush Copley Medical Center Inc	Yes	
Rush Copley Foundation 2000 Ogden Ave Aurora, IL 60504 36-3093877	Contribution Solicitation	IL	501(c)(3)	7	Rush Copley Medical Center Inc	Yes	
Copley Memorial Hospital 2000 Ogden Ave Aurora, IL 60504 36-2170840	Healthcare	IL	501(c)(3)	3	Rush Copley Medical Center Inc	Yes	
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	
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	
Rush System for Health 1653 W Congress Parkway Chicago, IL 60612 36-4046278	Healthcare	IL	501(c)(3)	11C	Rush University Medical Center	Yes	
Riverside Health System 350 N Wall Street Kankakee, IL 60901 36-3167726	Healthcare	IL	501(c)(3)	11C	Riverside Rush Corporation	Yes	
Oakside Corporation 350 N Wall Street Kankakee, IL 60901 36-3166804	Healthcare	IL	501(c)(3)	11B	Riverside Rush Corporation	Yes	
Riverside Medical Center 350 N Wall Street Kankakee, IL 60901 36-2414944	Healthcare	IL	501(c)(3)	3	Riverside Rush Corporation	Yes	
Riverside Senior Living Center 350 N Wall Street Kankakee, IL 60901 36-3670744	Healthcare	IL	501(c)(3)	9	Riverside Rush Corporation	Yes	
Riverside Medical Health Care Foundation 350 N Wall Street Kankakee, IL 60901 36-3166033	Healthcare	IL	501(c)(3)	11B	Riverside Rush Corporation	Yes	
The Core Foundation 2020 W Harrison Street Chicago, IL 60612 36-3991833	Real Estate Holding	IL	501(c)(3)	11A	None	Yes	
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	
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
(1) Room Five Hundred 1700 West Van Buren Street Chicago, IL 60612 23-7139832	Dining Room	IL	Rush University Medical Center	C	2,156,657	70,197	100 000 %	Yes	
(1) Rush University Medical Center Insurance Co PO Box 1051 Grand Cayman CJ	Insurance	CJ	Rush University Medical Center	C	83,122	14,376,143	100 000 %	Yes	
(2) Rush Copley Medical Group NFP(Copley Services) 2000 Ogden Ave Aurora, FL 60504 36-3235315	Healthcare	IL		C					No
(3) Rush Health 1653 W Congress Parkway Chicago, IL 60612 36-3972171	Healthcare	IL	Rush University Medical Center	C	8,934,484	9,186,781	29 700 %		No
(4) Pooled Income Fund (9)	Investments	MA	Rush University Medical Center					Yes	
(5) Perpetual Trusts (7)	Trust	IL	Rush University Medical Center					Yes	
(6) Perpetual Trusts (2)	Trust	NY	Rush University Medical Center					Yes	
(7) Perpetual Trusts (2)	Trust	RI	Rush University Medical Center					Yes	
(8) Perpetual Trust	Trust	MN	Rush University Medical Center					Yes	
(9) Perpetual Trust	Trust	MO	Rush University Medical Center					Yes	
(10) Perpetual Trust	Trust	TX	Rush University Medical Center					Yes	
(11) 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
(1)	Rush Radio Surgery LLC	S	441,000	FMV
(1)	Circle Imaging	A	1,958,512	FMV
(2)	Circle Imaging	P	67,950	FMV
(3)	Rush Master Retirement Trust	Q	46,666,667	FMV
(4)	Copley Memorial Hospital	K	24,570	FMV
(5)	Copley Memorial Hospital	Q	462,337	FMV
(6)	Copley Memorial Hospital	E	1,087,042	FMV
(7)	CORE Foundation	B	200,000	FMV
(8)	CORE Foundation	O	573,571	FMV
(9)	Rush University Medical Center Insurance Co	P	2,188,000	FMV
(10)	Rush Surgicenter	O	29,078	FMV
(11)	Rush Surgicenter	S	1,762,500	FMV
(12)	Rush Surgicenter	Q	292,474	FMV
(13)	Rush System for Health	M	19,712	FMV
(14)	Rush System for Health	P	788,884	FMV
(15)	Rush System for Health	S	545,409	FMV
(16)	Rush Health	P	1,044,191	FMV
(17)	Rush Health	M	5,120,143	FMV
(18)	Rush Health	Q	9,796,286	FMV
(19)	Rush Health	S	10,822,416	FMV
(20)	Rush Health	R	13,573,389	FMV
(21)	Rush Oak Park Hospital	Q	4,590,623	FMV
(22)	Rush Oak Park Hospital	J	798,729	FMV
(23)	Rush Oak Park Hospital	P	155,143	FMV
(24)	Rush Oak Park Hospital	O	2,247,497	FMV