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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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) 1700 West Van Buren Street No 153
Room/suite

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 $ 3,208,906,055

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 many other community-based initiatives led by doctors, nurses, students and others at Rush As a not-for-profit, 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**	88
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	11,716
6	Total number of volunteers (estimate if necessary)	**6**	875
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	638,605
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	54,966,347	41,292,134
9	Program service revenue (Part VIII, line 2g)	1,556,012,247	1,663,575,522
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,057,757	70,683,824
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,823,437	54,296,361
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,682,859,788	1,829,847,841
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,135,369	10,004,308
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)	849,921,853	914,360,681
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶8,575,790		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	741,740,388	794,939,029
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,602,797,610	1,719,304,018
19	Revenue less expenses Subtract line 18 from line 12	80,062,178	110,543,823

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,920,106,156	3,098,640,902
21	Total liabilities (Part X, line 26)	1,367,839,109	1,301,985,545
22	Net assets or fund balances Subtract line 21 from line 20	1,552,267,047	1,796,655,357

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: 2018-05-14

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

The mission of Rush 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

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 $ 1,316,048,078 including grants of $ 283,641) (Revenue $ 1,494,420,472)

See Additional Data

4b (Code) (Expenses $ 76,551,340 including grants of $ 9,720,667) (Revenue $ 70,510,089)

See Additional Data

4c (Code) (Expenses $ 147,289,377 including grants of $) (Revenue $ 111,587,485)

See Additional Data

(Code) (Expenses $ 71,396,005 including grants of $) (Revenue $ 44,337,242)

Other program services Rush provides various services for the benefit of its patients and visitors, such as parking, food services 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 FY17

4d Other program services (Describe in Schedule O)

(Expenses $ 71,396,005 including grants of $) (Revenue $ 44,337,242)

4e **Total program service expenses ▶** 1,611,284,800

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	

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
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**	Yes	
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**		No
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1,518		
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**	11,716		
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	88		
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 Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4 Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	No
6	Did the organization have members or stockholders?			6 Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			9	No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, 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) ▶								35,127,971	0	4,506,737

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 ▶ 1,521

			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	9,369,023
WALSH CONSTRUCTION COMPANY 929 W ADAMS STREET CHICAGO, IL 60607	CONSTRUCTION	6,644,828
HEALTHCARE TRUST OF AMER INC 16435 N SCOTTSDALE ROAD 320 SCOTTSDALE, AZ 85254	REAL ESTATE ACQUISITION & MANAGEMENT	3,244,694
WESTSIDE REALTY 300 S ASHLAND AVENUE 203 CHICAGO, IL 60607	REAL ESTATE ACQUISITION & MANAGEMENT	3,127,914
HLS WHEELING LLC 13028 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	INDUSTRIAL LAUNDRY	2,516,139

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 ▶ 160

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 2,146,427			
	d Related organizations	1d			
	e Government grants (contributions)	1e 3,309,241			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 35,836,466			
	g Noncash contributions included in lines 1a-1f $ 4,860,824				
	h Total. Add lines 1a-1f . . . . . ▶	41,292,134			
Program Service Revenue		Business Code			
	2a Medicare/Medicaid	541900	638,897,064	638,897,064	
	b Patient Services	900099	539,478,450	539,478,450	
	c Physician Practices	621110	258,765,192	258,765,192	
	d Research	621500	111,587,485	111,587,485	
	e Tuition	900099	70,510,089	70,510,089	
	f All other program service revenue		44,337,242	44,337,242	
	g Total. Add lines 2a-2f . . . . ▶	1,663,575,522			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	22,049,179			22,049,179
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	8,424,715			
	b Less rental expenses	11,754,846			
	c Rental income or (loss)	-3,330,131			
	d Net rental income or (loss) . . . . . ▶	-3,330,131		123,130	-3,453,261
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	1,380,820,000			
	b Less cost or other basis and sales expenses	1,332,185,355			
	c Gain or (loss)	48,634,645			
	d Net gain or (loss) . . . . . ▶	48,634,645			48,634,645
	8a Gross income from fundraising events (not including $ 2,146,427 of contributions reported on line 1c) See Part IV, line 18 . . . . a	593,156			
	b Less direct expenses . . . b	837,555			
	c Net income or (loss) from fundraising events . . ▶	-244,399			-244,399
	9a Gross income from gaming activities See Part IV, line 19 . . . a	94,200			
	b Less direct expenses . . . b	18,550			
	c Net income or (loss) from gaming activities . . ▶	75,650			75,650
	10a Gross sales of inventory, less returns and allowances . . a	91,541,674			
	b Less cost of goods sold . . b	34,261,908			
	c Net income or (loss) from sales of inventory . . ▶	57,279,766	57,279,766		
	Miscellaneous Revenue	Business Code			
	11a Vyridian	541900	221,040	221,040	
	b Laboratories	621500	169,608	169,608	
	c Investment UBI	900003	106,712	106,712	
	d All other revenue		18,115	18,115	
	e Total. Add lines 11a-11d . . . . . ▶		515,475		
	12 Total revenue. See Instructions . . . . . ▶		1,829,847,841	1,720,855,288	638,605	67,061,814

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	283,641	283,641		
2 Grants and other assistance to domestic individuals See Part IV, line 22	9,720,667	9,720,667		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	37,817,425	6,254,685	30,309,310	1,253,430
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,617,422		1,617,422	
7 Other salaries and wages	719,806,952	706,068,163	9,737,469	4,001,320
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,628,901	25,277,432	3,322,319	29,150
9 Other employee benefits	75,217,268	69,199,020	4,870,904	1,147,344
10 Payroll taxes	51,272,713	49,025,256	2,162,811	84,646
11 Fees for services (non-employees)				
a Management	42,618,418	31,128,632	10,581,248	908,538
b Legal	4,325,695	1,245,222	3,080,473	
c Accounting	580,089	174,027	406,062	
d Lobbying	643,187	643,187		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	4,073,966		4,073,966	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,311,918	41,433,027	2,797,472	81,419
12 Advertising and promotion	4,720,559	3,997,258	720,753	2,548
13 Office expenses	7,521,127	6,057,552	1,243,761	219,814
14 Information technology	26,077,447	24,042,635	2,034,812	
15 Royalties . .	280,533	280,533		
16 Occupancy	28,253,004	20,272,825	7,588,921	391,258
17 Travel	2,734,847	2,420,629	224,418	89,800
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	3,133,658	2,508,185	435,390	190,083
20 Interest	17,338,354	17,338,354		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	103,802,737	92,423,083	11,379,654	
23 Insurance . . .	42,525,191	42,525,191		
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	354,626,631	352,501,169	2,018,315	107,147
b Medicare Provider Tax	36,589,838	36,589,838		
c Bad Debt	35,630,686	35,630,686		
d Equipment Rent/Purchase	22,892,340	22,620,604	237,685	34,051
e All other expenses	12,258,804	11,623,299	600,263	35,242
25 **Total functional expenses.** Add lines 1 through 24e	1,719,304,018	1,611,284,800	99,443,428	8,575,790
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	137,223	1	569,489
	2	Savings and temporary cash investments	105,335,227	2	56,606,864
	3	Pledges and grants receivable, net	18,451,542	3	19,079,397
	4	Accounts receivable, net	279,821,200	4	312,226,433
	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	23,591,086	8	23,819,337
	9	Prepaid expenses and deferred charges	10,895,567	9	13,497,917
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,358,079,779			
	b	Less accumulated depreciation — 10b: 1,133,430,165	1,137,019,154	10c	1,224,649,614
	11	Investments—publicly traded securities	920,413,458	11	980,317,535
	12	Investments—other securities See Part IV, line 11	388,986,000	12	452,393,000
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	35,455,699	15	15,481,316
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,920,106,156	16	3,098,640,902
Liabilities	17	Accounts payable and accrued expenses	415,969,958	17	324,021,478
	18	Grants payable		18	
	19	Deferred revenue	13,436,657	19	12,489,757
	20	Tax-exempt bond liabilities	533,566,813	20	514,013,456
	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	325,855,862	23	376,533,591
	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	79,009,819	25	74,927,263
	26	**Total liabilities.** Add lines 17 through 25	1,367,839,109	26	1,301,985,545
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	951,227,673	27	1,098,578,045
	28	Temporarily restricted net assets	343,719,589	28	434,480,597
	29	Permanently restricted net assets	257,319,785	29	263,596,715
		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	1,552,267,047	33	1,796,655,357
	34	Total liabilities and net assets/fund balances	2,920,106,156	34	3,098,640,902

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	1,829,847,841
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,719,304,018
3	Revenue less expenses Subtract line 2 from line 1	3	110,543,823
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,552,267,047
5	Net unrealized gains (losses) on investments	5	85,740,216
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	48,104,271
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,796,655,357

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 (2016)

Form 990, Part III, Line 4a:

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 repeatedly has received Vizient's Quality Leadership Award, ranking fourth among 107 academic medical centers in 2017 It is the fifth consecutive time Rush has been ranked among the top five in the study and the ninth time since the study began in 2005 Rush is the only medical center in Illinois among those participating in the study to receive this award In FY17, Rush provided patient care to more than 32,000 inpatients, and the emergency room has the capacity to handle more than 65,000 visits A unique combination of research and patient care in FY17 earned Rush national rankings among the top 50 hospitals in 8 of 16 specialty areas according to U S News & World Report's 2017-18 "America's Best Hospitals" issue Our nurses are at the forefront of our efforts to provide quality care, receiving four-year Magnet status (the highest honor in nursing) four consecutive times

Form 990, Part III, Line 4b:

Education Rush University is a health sciences university that includes Rush Medical College, the College of Nursing, the College of Health Sciences and the Graduate College Founded in 1837, Rush Medical College has an acclaimed history as one of the first medical colleges in the Midwest and continues to make major contributions to medical science and education through research and clinical trials The College of Nursing is one of the nation's top-ranked nursing colleges with a national reputation for clinical excellence that helps make our graduates highly sought after by top health care employers around the country The College of Health Sciences has been responsible for education and research in the allied health professions The Graduate College offers masters and doctoral programs for the next generation of exceptional research and health care professionals 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 provides 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 more than 2,500 students in FY17 Rush University provides outstanding health sciences education and conducts major research in a culture of inclusion, focused on the promotion and preservation of the health and wellbeing of our diverse communities

Form 990, Part III, Line 4c:

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 laboratory, it won't stay there Discoveries in Rush's labs lead to advances in patient care, while observations in clinical settings inspire research studies designed to improve the way we treat patients This approach, known as translational research, has led to breakthroughs in patient care at Rush throughout the years Investigators at Rush are involved in more than 1,700 projects, including hundreds of clinical studies to test the effectiveness and safety of new therapies and medical devices, as well as to expand scientific and medical knowledge Total research awards in FY17 topped $102 million

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			
Kapila Kapur Anand Trustee	1 00	X						0	0	0
Debra Beck Trustee	1 00	X						0	0	0
James A Bell Trustee	1 00	X						0	0	0
Matthew J Boler Trustee	1 00	X						0	0	0
Harry Bond Trustee	1 00	X						0	0	0
John L Brennan Trustee	1 00	X						0	0	0
Marca L Bristo Trustee	1 00	X						0	0	0
Peter C B Bynoe Esq Trustee	1 00	X						0	0	0
Philip A Canfield Trustee	1 00	X						0	0	0
Karen B Case Trustee	1 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			
Alison Li Chung Trustee	1 00	X						0	0	0
E David Coolidge III Trustee	1 00	X						0	0	0
Kelly McNamara Corley Trustee	1 00	X						0	0	0
Susan Crown Trustee	1 00	X		X				0	0	0
James W DeYoung Trustee	1 00	X		X				0	0	0
Bruce W Dienst Trustee	1 00	X						0	0	0
William A Downe Trustee	1 00	X						0	0	0
Bruce W Duncan Trustee	1 00	X						0	0	0
Christine A Edwards Trustee	1 00	X						0	0	0
Francesca Maher Edwardson Trustee	1 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			
Charles L Evans PhD Trustee	1 00	X						0	0	0
Larry Field Trustee	1 00	X						0	0	0
Robert F Finke Trustee	1 00	X						0	0	0
William J Friend Trustee	1 00	X						0	0	0
Ronald J Gidwitz Trustee	1 00	X						0	0	0
H John Gilbertson Trustee	1 00	X						0	0	0
Steven Gitelis MD Trustee	1 00	X						0	0	0
William M Goodyear Trustee	1 00	X		X				0	0	0
Sandra P Guthman Trustee	1 00	X						0	0	0
William J Hagenah Trustee	1 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 K Hall Trustee	1 00	X						0	0	0
Christie Hefner Trustee	1 00	X						0	0	0
Marcie B Hemmelstein Trustee	1 00	X						0	0	0
Jay L Henderson Trustee	1 00	X						0	0	0
Marvin J Herb Trustee	1 00	X						0	0	0
John W Higgins Trustee	1 00	X						0	0	0
David W Hines MD Trustee	1 00	X						0	0	0
Jerald W Hoekstra Trustee	1 00 1 00	X						0	0	0
John L Howard Trustee	1 00	X						0	0	0
Ron Huberman Trustee	1 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			
Anthony D Ivankovich MD Trustee	1 00	X						0	0	0
Richard M Jaffee Trustee	1 00	X						0	0	0
Peter Kasper Jakobsen Trustee	1 00	X						0	0	0
Phillip M Kambic Trustee	1 00	X						0	0	0
John P Keller Trustee	1 00	X						0	0	0
Catherine J King Trustee	1 00	X						0	0	0
Kip Kirkpatrick Trustee	1 00	X						0	0	0
Anthony M Kotin MD Trustee	1 00	X						0	0	0
Frederick A Krehbiel Trustee	1 00	X						0	0	0
Sheldon Lavin Trustee	1 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			
The Rt Rev Jeffrey D Lee Trustee	1 00	X						0	0	0
Aylwin B Lewis Trustee	1 00	X						0	0	0
Susan R Lichtenstein Trustee	1 00	X						0	0	0
Pamela Forbes Lieberman Trustee	1 00	X						0	0	0
Todd W Lillibridge Trustee	1 00	X						0	0	0
Donald G Lubin Esq Trustee	1 00	X		X				0	0	0
Robert A Mariano Trustee	1 00	X						0	0	0
Paul E Martin Trustee	1 00	X						0	0	0
Mary K McCarthy JD Trustee	1 00	X						0	0	0
Gary E McCullough Trustee	1 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			
Andrew J McKenna Jr Trustee	1 00	X						0	0	0
James S Metcalf Trustee	1 00	X						0	0	0
Mark C Metzger Trustee	1 00	X						0	0	0
Wayne L Moore Trustee	1 00	X						0	0	0
Marcia Murphy DNP Trustee	40 00 0 00	X						112,771	0	33,252
William A Mynatt Jr Trustee	1 00	X						0	0	0
Martin H Nesbitt Trustee	1 00	X						0	0	0
Michael J O'Connor Trustee	1 00	X						0	0	0
William H Osborne Trustee	1 00	X						0	0	0
Karl A Palasz Trustee	1 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			
Aurie A Pennick Trustee	1 00	X						0	0	0
Sheila A Penrose Trustee	1 00	X						0	0	0
Perry R Pero Trustee	1 00 1 00	X						0	0	0
Stephen N Potter Trustee	1 00	X						0	0	0
Stephen R Quazzo Trustee	1 00	X						0	0	0
Richard S Price Trustee	1 00	X						0	0	0
Eric A Reeves Trustee	1 00	X						0	0	0
Karen C Reid Trustee	1 00 1 00	X						0	0	0
Angelique L Richard PhD Trustee	1 00	X						0	0	0
Thomas E Richards Trustee	1 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			
John W Rogers Jr Trustee	1 00	X						0	0	0
Jesse H Ruiz Trustee	1 00	X						0	0	0
Dino Rumoro DO Trustee	40 00 0 00	X						552,674	0	48,878
John J Sabl Trustee	1 00	X						0	0	0
John F Sandner Trustee	1 00	X						0	0	0
E Scott Santi Trustee	1 00	X						0	0	0
Gloria Santona Esq Trustee	1 00	X						0	0	0
Carole Browe Segal Trustee	1 00	X						0	0	0
Alejandro Silva Trustee	1 00	X						0	0	0
Jennifer W Steans Trustee	1 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			
Joan E Steel Trustee	1 00	X						0	0	0
Carl W Stern Trustee	1 00	X						0	0	0
Carole W Streicher Trustee	1 00	X						0	0	0
Jonathan W Thayer Trustee	1 00	X						0	0	0
Charles A Tribbett III Trustee	1 00	X						0	0	0
Kenneth J Tuman MD Trustee	40 00 0 00	X						104,474	0	1,088
Gregory WWelch Trustee	1 00	X						0	0	0
Marilyn K Wideman DNP RN BC FAAN Trustee	1 00	X						0	0	0
John R Willis Trustee	1 00	X						0	0	0
Thomas J Wilson Trustee	1 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			
Robert A Wislow Trustee	1 00	X						0	0	0
Barbara Jil Wu PhD Trustee	1 00	X						0	0	0
Larry J Goodman MD Chief Executive Officer	40 00 3 00	X		X				2,905,990	0	411,077
David A Ansell MD SVP, Community Health Equity	39 00 1 00			X				871,474	0	159,546
Cynthia Barginere DNP SVP & Chief Operating Officer,	40 00 0 00			X				540,986	0	106,715
Carl T Bergetz JD VP Legal Affairs & Acting Gen Counsel	40 00 0 00			X				403,739	0	52,017
Antonio C Bianco MD SVP Clinical Affairs	40 00 0 00			X				642,707	0	97,023
Cynthia Boyd MD VP & Chief Compliance Officer	40 00 0 00			X				774,820	0	90,605
Edward W Conway VP, Clinical Affairs for Admin & Finance	40 00 0 00			X				347,148	0	80,297
Melissa Coverdale VP, Finance	32 00 8 00			X				379,124	0	72,305

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			
Michael J Dandorph President	40 00 0 00			X				1,132,844	0	200,001
Richard B Davis VP, Human Resources Operations	40 00 0 00			X				359,709	0	77,526
Richard K Davis VP, University Affairs	40 00 0 00			X				423,544	0	91,644
Thomas A Deutsch MD Provost, Rush University	40 00 0 00			X				4,322,955	0	212,806
Bruce M Elegant VP, Hospital Operations	1 00 39 00			X				521,472	0	83,857
Brent J Estes SVP, Business and Network Development	40 00 0 00			X				537,431	0	98,597
Marquis D Foreman PhD Dean, College of Nursing	40 00 0 00			X				326,834	0	59,064
Richa D Gupta VP & Chief Quality Officer	40 00 0 00			X				284,103	0	31,069
Bala Hota VP & Chief Analytics Officer	40 00 0 00			X				366,953	0	43,133
Ranga R Krishnan MB ChB SVP, Dean Rush Medical College	40 00 0 00			X				853,897	0	135,650

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			
Joan E Kurtenbach VP, Strategic Planning, Marketing	39 00 1 00			X				347,361	0	75,848
Michael E LaMont VP, Facilities Management	40 00 0 00			X				417,402	0	60,398
Omar B Lateef VP, Clinical Affairs and CMO	40 00 0 00			X				704,112	0	121,064
John Lowenberg VP, Philanthropy	40 00 0 00			X				557,995	0	61,927
Diane M McKeever SVP, Philanthropy	40 00 0 00			X				515,570	0	117,938
John P Mordach SVP, Finance & CFO	40 00 0 00			X				1,035,998	0	185,330
Mike J Mulroe VP, Hospital Operations	40 00 0 00			X				379,141	0	85,332
James L Mulshine MD Interim Dean, Graduate College	40 00 0 00			X				383,899	0	79,577
Patricia G Nedved VP, Professional Nursing Practice	40 00 0 00			X				248,027	0	37,748
Patricia S O'Neil VP Chief Invstmnt Officer & Treasurer	40 00 0 00			X				326,385	0	67,666

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			
Jaime B Parent VP, Information Technology	40 00 0 00			X				355,608	0	78,140
Brian D Patty MD VP, Clinical Information Systems	40 00 0 00			X				440,013	0	76,062
Anthony Perry MD VP, Ambulatory Care & Population Health	40 00 0 00			X				400,585	0	91,291
Terry Peterson VP, Corporate and External Affairs	40 00 0 00			X				381,496	0	59,339
Shafiq Rab MBBS MPH CHCIO SVP & CIO	40 00 0 00			X				0	0	0
Angelique Richard VP & Chief Nursing Officer	40 00 0 00			X				109,213	0	10,389
Charlotte Royeen Dean, College of Health Sciences	40 00 0 00			X				291,477	0	53,835
Mary Ellen Schopp SVP, HR & Chief HR Officer	40 00 0 00			X				505,503	0	120,905
Scott E Sonnenschein VP, Hospital Operations	40 00 0 00			X				413,669	0	87,434
Denise Szalko VP, Revenue Cycle	40 00 0 00			X				384,392	0	66,748

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			
Judson Vosburg VP, Financial Planning & Support	40 00 0 00			X				316,139	0	49,566
Lynne Wallace VP Human Resources	40 00 0 00			X				203,062	0	40,619
Brian T Smith VP, Clinical Affairs ended 12/2016	40 00 0 00			X				489,419	0	83,226
Lac Van Tran SVP, Information Services ended 8/2016	40 00 0 00			X				498,823	0	94,292
Michael Liptay MD Physician	40 00 0 00					X		1,326,759	0	50,563
Demetrius Lopes MD Physician	40 00 0 00					X		1,229,079	0	41,156
Lorenzo Munoz MD Physician	40 00 0 00					X		1,214,055	0	43,806
Richard Byrne MD Physician	40 00 0 00					X		1,205,195	0	45,844
Vincent Traynelis MD Physician	40 00 0 00					X		1,088,637	0	30,177
Peter W Butler Former President	40 00 0 00						X	1,351,635	0	214,099

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			
Lois K Halstead PhD RN Former V P University Affairs	40 00 0 00						X	260,925	0	2,856
Anne M Murphy JD Former SVP Legal Affairs	40 00 0 00						X	980,748	0	87,412

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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

2016

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 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						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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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

2016

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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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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		643,187
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		99,933
j	Total Add lines 1c through 1i			743,120
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

2016

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	505,278,670	521,164,012	521,793,095	475,694,471	435,858,404
b Contributions	4,226,027	4,047,128	4,864,889	6,566,825	5,587,306
c Net investment earnings, gains, and losses	97,185,668	-2,040,476	11,650,065	56,203,563	50,675,689
d Grants or scholarships	2,684,169	2,629,194	1,830,428	1,782,744	1,682,157
e Other expenditures for facilities and programs	15,222,879	14,807,856	14,809,823	14,424,023	14,323,141
f Administrative expenses	468,011	454,944	503,786	464,997	421,630
g End of year balance	588,315,306	505,278,670	521,164,012	521,793,095	475,694,471

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 ▶ 45 000 %
- c Temporarily restricted endowment ▶ 54 000 %

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		52,432,932		52,432,932
b Buildings		1,675,407,321	721,509,328	953,897,993
c Leasehold improvements		48,791,942	40,203,547	8,588,395
d Equipment		554,580,884	371,717,290	182,863,594
e Other		26,866,700		26,866,700
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,224,649,614

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	452,393,000	F
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	452,393,000	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
Swap Valuation	16,001,888
Pension Liabilities	29,672,914
IMD Loan	47,083
Securities Lending Liabilities	7,714,741
Annuities-Philanthropy	580,140
Asset Retirement Cost	20,621,698
Payable to Affiliate	288,799
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	74,927,263

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	1,814,638,341
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	33,688,126		
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	33,688,126
3	Subtract line **2e** from line **1**			3	1,780,950,215
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	4,073,966		
b	Other (Describe in Part XIII)	4b	44,823,660		
c	Add lines **4a** and **4b**			4c	48,897,626
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,829,847,841

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	1,717,038,425
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	1,717,038,425
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	4,073,966		
b	Other (Describe in Part XIII)	4b	-1,808,373		
c	Add lines **4a** and **4b**			4c	2,265,593
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,719,304,018

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Bad Debt Expense booked as reduction of revenue 35,630,686 Restricted investment losses 4 1,471,106 Net assets released from restriction 5,160,927 Cost of Goods reported in reven ue section of 990 -34,261,908 Rental Expense reported in revenue section of 990 -11,754,8 46 Fundraising expenses booked as reduction in revenue 8,577,695

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	Bad Debt Expense booked as reduction in revenue 35,630,686 Cost of Goods reported in revenue section of 990 -34,261,908 Rental expesne reported in revenue section of 990 -11,754,846 Fundraising expenses booked as reduction in revenue 8,577,695

Supplemental Information

Return Reference	Explanation
Schedule D Part V Line 4	-The endowments are used to fund professorships (41%), research (13%), free care (9%), stu dent 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. ► See separate instructions.

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

OMB No 1545-0047

2016

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
See Add'l Data					
3a Sub-total	0	0			58,351,633
b Total from continuation sheets to Part I	0	0			21,025
c **Totals** (add lines 3a and 3b)	0	0			58,372,658

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

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

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

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

Part III **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)

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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Part V Supplemental Information

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

Return Reference	Explanation
Part I, Line 2	RUMC did not issue grants to foreign organizations or individuals The amounts presented were for foreign travel to assist countries in time of need and for participation in foreign held seminars and conferences There were also payments to foreign vendors for purchases and to foreign individuals for services rendered These were verified through purchase requisitions, 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	2,188,000
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Program Service	Charitable Health Care and healthcare related conferences	41,049
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Program Service	Charitable Health Care and healthcare related conferences	50,683

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	277,373
Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	0	0	Program Service	Charitable Health Care and healthcare related conferences	43,949
North America - Canada and Mexico, but not the United States	0	0	Program Service	Charitable Health Care and healthcare related conferences	704,120

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	162,108
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investments		54,884,351
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina Faso,	0	0	Program Service	Charitable Health Care and healthcare related conferences	19,825

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 Asia	0	0	Program Services	Charitable Health Care and healthcare related conferences	1,200

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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

2016

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
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.

Revenue		(a) Event #1 Road Home Program (event type)	(b) Event #2 Fashion Show (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	1,149,675	853,745	736,163	2,739,583
	2 Less Contributions	1,028,475	612,994	504,958	2,146,427
	3 Gross income (line 1 minus line 2)	121,200	240,751	231,205	593,156
Direct Expenses	4 Cash prizes		5,000		5,000
	5 Noncash prizes			46,878	46,878
	6 Rent/facility costs	15,914	49,080	34,065	99,059
	7 Food and beverages	57,165	94,353	159,940	311,458
	8 Entertainment	1,040	2,500	33,274	36,814
	9 Other direct expenses	79,269	178,659	80,418	338,346
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				837,555
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-244,399

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue			94,200	94,200
Direct Expenses	2 Cash prizes			5,000	5,000
	3 Noncash prizes			13,550	13,550
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				18,550
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				75,650

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 ▶ $ 75,650

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

2016

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	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			27,935,051		27,935,051	1 660 %
b Medicaid (from Worksheet 3, column a)			289,325,317	230,236,659	59,088,658	3 510 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			317,260,368	230,236,659	87,023,709	5 170 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		429,814	13,092,367	7,518,355	5,574,012	0 330 %
f Health professions education (from Worksheet 5)			145,773,326	93,075,068	52,698,258	3 130 %
g Subsidized health services (from Worksheet 6)			323,034,256	274,749,605	48,284,651	2 870 %
h Research (from Worksheet 7)			150,429,469	112,616,209	37,813,260	2 250 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			283,641		283,641	0 020 %
j **Total.** Other Benefits		429,814	632,613,059	487,959,237	144,653,822	8 600 %
k **Total.** Add lines 7d and 7j		429,814	949,873,427	718,195,896	231,677,531	13 770 %

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			714,943		714,943	0 040 %
3 Community support		1,301	143,908		143,908	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development		2,932	3,296,171	10,925	3,285,246	0 200 %
9 Other			50,599		50,599	0 %
10 Total		4,233	4,205,621	10,925	4,194,696	0 250 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	11,427,837		
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	239,308,744	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	228,244,660	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	11,064,084	
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): 1

		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 ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
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	
6 a 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)			
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 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url) See Part V Section C			
a			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)

Rush University Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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	Was widely publicized 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-2017 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-summary 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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Rush University Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

Rush University Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	Other factors include Rush's Presumptive Charity Care Program For this program, Rush utilizes data received from a third party vendor 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 Patients not qualifying for Presumptive Charity Care, may also complete an application to determine eligibility under Rush's Charity Care and Limited Income Programs identified in the Financial Assistance Policy Both programs are income-based but also 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a	The Community Benefit Report for Rush University Medical (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 includes Schedule H information about RUMC and ROPH For the purpose of Schedule H, only financial information for RUMC is reported There is no data included for ROPH

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	The calculation of the ratio of patient cost to charges was determined utilizing RUMC's 2017 As-Filed Medicare Cost Report Medicare revenues and costs were extracted from the FY17 As-Filed Medicare Cost Report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g	Rush has included Rush owned physician clinics in subsidized health There is $208,356,607 in costs in line 7g which represents these clinics

990 Schedule H, Supplemental Information

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 purpose of Schedule H, this 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 $35,630,686 The calculation of the ratio of patient cost to charges was based on Rush's FY17 As-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 of physician clinics and hospital service lines Those services are then combined to derive a unique cost to charge ratio for subsidized health services The cost accounting system was used to calculate Lines 7e, 7f, 7h and 7i

Form and Line Reference	Explanation
Part II, Community Building Activities	Rush has been particularly focused on its community building activities, as in the year 20 16-2017 Rush adopted a community anchor mission with the West Side Anchor Committee (WSAC) and also helped form the West Side Total Health Collaborative (WSTHC) The two initiative s have spun off of Rush's effort in the collaborative Community Health Needs Assessment pr ocess with the Alliance for Health Equity, including the Cook County and Chicago Departmen ts of Public Health WSAC and WSTHC both are new collaborative approaches to address commu nity health improvement and community building on Chicago's West Side into the suburbs of Oak Park, River Forest, and Forest Park The following narrative describes some of these a reas of focus, though there will be some connection between community health improvement a nd community building Economic developmentRush has been actively engaged in the economic development of the West Side of Chicago and neighborhoods that need more commitment to the ir economies for many years Through Rush's work with CASE, Chicago Anchors for a Strong E conomy, Rush has targeted its focus on economic opportunity and investment in more vulnera ble communities In addition, through the newly adopted anchor mission, Rush is helping in vest in the West Side, particularly with local businesses - especially in communities such as Austin, which is a bridge community of 100,000 people between Rush University and Rush Oak Park From bringing new local organizations into our hospital to sell their products/ goods as an economic engine, to developing a survey about local needs with the economy/ser vices needed on the West Side, to investing some of our balance sheet into Community Devel opment Financial Institutions - Rush is making a clear commitment and change Environmenta l improvementsOver the past year, Rush has been thinking about the environment as health Rush has begun to think about its footprint, and how we as an organization can support imp rovement in regard to the environment The Rush Oak Park Hospital Green Team has been in e xistence for some time, and helps the organization think about improvements This recently expanded and a Green Team was also created at Rush University Medical Center Rush was an early adopter of smoke-free policies for the health campuses, took on some requirements t o think about construction policies and the green footprint, our recent hospital tower is LEED Gold, and Rush actually began to develop a clean air policy for the system in 2017 as a commitment to the West Side In addition, Rush recognizes the importance of environment on our patients, as respiratory conditions are of particular need such as asthma, which i s often triggered by environment Coalition BuildingRush is proud to be a convener of coal itions to build community and improve health, but also to be a strong partner at the table As mentioned, Rush was actively involved in our effort to be part of Alliance for Health Equity, of which we helped lead to develop our Community Health Needs Assessment and deve lop work around our Community Health Implementation Plan In addition, Rush helped form in 2017 the West Side Total Health Collaborative, which is a West Side place based initiativ e, with a mission "to build community health and economic wellness on Chicago's West Side and build healthy, vibrant neighborhoods" This organization has been forming with hospita ls, health organizations, community based organizations, and other partners on the West Si de In addition, Rush has been part of the Coalition of Hope, which is a faith based coali tion to improve health Rush also helped form the West Side Anchor Committee, with particu lar focus to buy and source locally, hire inclusively and develop talent, invest locally, and volunteer/support community building These four pillars have been adopted by the West Side Anchor Committee, which includes Rush, Presence, Loretto, UI Health, Lurie Children' s, Illinois Medical District, and the Cook County Health and Hospitals System Leadership D evelopment / Training for Community MembersRush is committed to providing leadership devel opment and training for our community members For example, Rush is committing to developi ng trauma based training around adverse childhood events for community partners such as ch urches Rush is thinking about how trauma impacts our west side communities and wants comm unity members to feel well suited to tackle this need Workforce DevelopmentRush is commit ting to training and developing individuals to both ready them for the workforce and enhan ce opportunity This includes Rush's involvement from years ongoing, such as being a train ing lead for our colleagues including physicians, nurses, social workers, navigators/commu nity health workers and so forth in the Medical Home Network Accountable Care Organization - this 3 hospital, 9, federally qualified health system partnership is an ACO that is pro ving to be very successful Rush provides the cont

Form and Line Reference	Explanation
Part II, Community Building Activities	inuing education for this important workforce who are serving Medicaid patients in Cook Co unty In addition, Rush helps with workforce development through programs like One Summer Chicago, and InRoads, where Rush (throughout both hospitals) provides internships/jobs for students In addition, Rush has committed to enhancing pipeline programs for our employee s to grow their careers and is also hiring more individuals from the West Side, as our foc us groups through WSTHC demonstrated in the "What We Heard Report", a report of ongoing co mmunity need and focus groups across our communities, that jobs are of particular need and desire

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	The cost for the total bad debt provision of $35,630,686 was calculated using the FY17 As-Filed Medicare Cost Report as a source for computing an overall cost-to-charge ratio This reduces the bad debt expense of $35,630,686 to cost of $11,427,837 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 situation in which patient scan 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	During FY17, Rush's reported provision for bad debt was a total of $35,630,686 which equates to $11,427,837 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	The calculation of the ratio of patient cost to charges was calculated utilizing RUMC's 2017 As-Filed Medicare Cost Report Medicare revenues and costs were extracted from the FY17 As-Filed Medicare Cost Report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	Rush attempts to notify patients of the financial assistance policy by means of the 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 attempt 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 occurredThe policy also has provisions for engaging in extroadinary collection activities The collection agencies on behalf of Rush will issue a written notice that (i) describes the specific collection activities it intends to initiate (ii) provides a deadline after which such action(s) will be initiated (or resumed) Rush will also make a reasonable effort to orally notify the patient about the financial assistance policy and how he or she can get help with the financial assistance application process Rush may initiate collection activities no sooner than 30 days from the date on which it issues the ECA Initiation Notice, either by mail or electronic mail

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	As an academic health system, Rush assessed the health needs of the communities which it serves in a very collaborative approach and continues to do so beyond the Community Health Needs Assessment (CHNA) process In addition to the work completed in our 2016 Community Health Needs Assessment, Rush has been continuously surveying our communities, stakeholders, and individuals about health needs and our efforts to help create a West Side Total Health Collaborative with our partners at UI Health, Cook County Health and Hospitals System, and Presence Health As a follow up to the CHNA, Rush conducted a "What We Heard Tour", which involved surveying eight neighborhoods (added Humboldt Park to west side effort), 480 participants, and 21 formal community listening sessions at partner organizations These organizations included BUILDCoalition of HopeEl ValorEnlaceEvery Block a VillageGarfield Park Community CouncilGreater Galilee Baptist ChurchKedvale New Mt Zion M B ChurchMarillac St VincentMile Square Health CenterOakley SquareRush EmployeesSalvation ArmyCPS PrincipalsSAME Network AlumniSt Pius VUCANWest Side StakeholdersAustin Coming Together & Westside Health AuthorityYMCAThe "What We Heard" report can be found here, which was formally released just after our year ended in July 2017 https //www rush edu/sites/default/files/what-we-heard-july-2017 pdf

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	Rush provides patient care services to a much broader audience than is defined in its Community Health Needs Assessment (CHNA), but Rush defines its respective community as the West Side of Chicago and near city suburbs of Oak Park, Forest Park, and River Forest Rush purposely chose to define its community for the CHNA as the geographic area between the two 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, most specifically 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/sites/default/files/rush-chna-2016 pdf and the community health needs assessment plan at https //www rush edu/sites/default/files/community-health-implementation-plan pdf

990 Schedule H, Supplemental Information

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	Additional Community Partnerships and Programs Rush maintains many partnerships and progra ms in order to improve the health of the communities that we serve Some of these importan t partnerships and programs, which relate to our community benefit for the enterprise, are listed below Alliance for Health EquityFormerly known as the Health Impact Collaborative of Cook County, this is a partnership between the Illinois Public Health Institute hospita ls, health departments, and community organizations across Chicago and Cook County This i nitiative is one of the largest collaborative hospital-community partnerships in the count ry with the current involvement of 25+ nonprofit and public hospitals, seven local health departments, and representatives of more than 100 community organizations serving on actio n teams Partners are coming together with the goal to collectively address community heal th needs to achieve greater impact Rush is an inaugural member and is represented on the Steering Committee by Raj Shah, Co-Director, Center for Community Health Equity, Christoph er Nolan, Manager of Community Benefit and Population Health, and Darlene Oliver Hightower , Associate Vice President of Community Engagement and Practice Blood Drives In collaborat ion with the American Red Cross (ARC), Rush hosts blood drives within the hospitals The D onate Life event invites all of Rush and the public to join us in one convenient location to participate and sign-up for the National Marrow Donor Program (NMDP), Organ and Tissue Registration, Rush Blood and Platelet donor programs and ARC Blood Drive By providing a c entral location as well as employee and student volunteers for these events, Rush provides a much needed life resources to the people of Chicago and beyond In FY17, approximately 373 whole blood units were collected Building Healthy Urban Communities The Building Healt hy Urban Communities project is a public-private partnership between Rush, Malcolm X Colle ge (MXC), and the Medical Home Network (MHN), funded through a $5 million dollar grant fro m BMO Harris Bank to create healthier urban communities The goals of this project are to improve education, employment, and health outcomes of the underserved West Side and South Side communities of Chicago served by Rush This is being achieved through creating new mo dels of care that focus on interprofessional teams and proactive care coordination, develo ping and training a workforce from the community that supports these new models of care, a nd rigorously measuring and evaluating each project component for sustainability and repli cation One of the major focuses of this project is developing and training a workforce to deliver high value population-based health care Embedding training opportunities within existing models of care will improve quality, efficiency, and reduce costs There are five components of workforce development that include the Rush Community Investments Initiativ e, and Curriculum Development for Allied Health Professionals, Scholarships for Rush Bache lor of Science in Health Sciences, Continuing Education Training for existing healthcare p roviders, and Health Disparities Research and Evaluation Fellowships These components tar get different types and levels of the healthcare workforce thus creating a pipeline of edu cational programs The program components are described in further detail below Charitabl e ContributionsCharitable Contributions are a series of donations to community based organ izations and nonprofits determined by the Senior Leadership Team on behalf of Rush The fu nds are intended to support various community initiatives and events throughout the fiscal year In FY17, Rush funds were donated to 23 organizations totaling approximately $283,64 1 Chicago Healthcare System Coalition for Preparedness and Response Since 2008, Rush has been an active member of the Hospital Preparedness Program (HPP), administered by the Depa rtment of Health and Human Services The HPP's mission is to improve the ability of hospit als and healthcare systems to respond to public health emergencies The heart of the HPP i s the Chicago Healthcare System Coalition for Preparedness and Response (CHSCPR) The purp ose of the CHSCPR is to develop plans to unify, coordinate and manage emergency planning a nd response for the healthcare system within the City of Chicago During a planned event o r unplanned disaster or emergency, the CHSCPR participates and supports response efforts i n coordination with the Chicago Department of Public Health [CDPH] The support shall be i n the form of sharing information and subject matter expertise that will enhance emergency preparedness capacity and proficiency across the healthcare system during emergencies In June 2012, the HPP aligned with the Public Health Emergency Preparedness (PHEP) grant pro gram to develop capabilities based processes targeting disaster preparedness and resilienc y at the community level The functional units of

Form and Line Reference	Explanation
Part VI, Line 5	CHSCPR are working committees, which address HPP - PHEP capabilities The committees are l ed by co-chairs chosen through an application process by the CHSCPR's executive committee Rush has been actively involved in this program by co-chairing the Medical Surge Capabili ty which has been divided into three distinct committees Pediatrics Planning Committee, C risis Standards of Care Planning Committee and Behavioral Health Committee Continuing Educ ation Training for existing healthcare providers Continuing Education Training is being of fered to existing care coordinators, outreach workers, and clinicians at federally qualifi ed health centers within the Medical Home Network Accountable Care Organization, to prepar e them for future healthcare needs The modules offered include motivational interview tra ining, leading change, mental health first aid, and disease-specific trainings Approximat ely 850 clinicians and care team members have been trained so far Curriculum Development f or Allied Health Professionals A competency and assessment based basic certificate program for community health workers (CHW) has been launched at Malcolm X College in fall 2014 T he goal is to allow students graduating from these programs to enroll and transfer credits to a bachelors program, thus creating career ladders for these students We have had a co mpletion rate of 56% from the first cohort of the CHW basic certificate program Extreme We ather AssistanceIn conjunction with the Village of Oak Park, ROPH offers space in its emer gency room for those without adequate air conditioning or heat in instances of extreme tem peratures This effort helps prevent hypothermia and frostbite in extreme cold, and heat s troke and other heat-related illnesses when the thermometers spike Health Disparities Res earch and Evaluation Fellowships The Health Disparities Fellowship program is designed to develop a cadre of well-trained health care researchers with a passion for creating sustai nable ways for providing access to high-quality care for individuals in underserved commun ities The fellowship targets individuals with PhDs, MDs, and other terminal degrees with a strong foundation in research methods and knowledge of the health care field Expertise in health services research, epidemiology, bioinformatics, community health, public health , or health economics is preferred These mentored fellowships involve development and eva luation of new ways to educate and deploy community-based providers, and evaluation of the new models of care in which they will be working Fellowships span over a five-year perio d with a timeframe of two-three years for each cohort The second cohort began their fello wships January of 2017 Each fellow has identified an area of research that is directly al igned with the priorities of community health and quality of life improvement, with a part icular focus on the communities served by Rush Their projects will focus on care coordina tion, mental health, social determinants of health, education program evaluation and caree r pathways Within this first year of the fellowship the second cohort has completed 19 ex ternal presentations, and had 1 manuscript accepted for publication Illinois Medical Distr ict Hospital Emergency Preparedness CoalitionRush is a founding and active member of the I llinois Medical District Hospital Emergency Preparedness Coalition (IMD HEPC) The mission of this coalition is to create and maintain a community wide emergency management within one of the nation's largest urban healthcare, educational, research and technology distric ts resulting in minimal loss of life and reduced collateral damage to surrounding structur es and the environment during a disaster

Form and Line Reference	Explanation
Part VI, Line 5	Medical Home Network Accountable Care OrganizationThe Medical Home Network (MHN) is a publ ic private partnership founded by the Comer Science and Education Foundation to address th e healthcare needs of underserved individuals living on the South and Southwest sides of C hicago Most recently, MHN created the MHN Accountable Care Organization (MHN ACO), which is a partnership of 3 area hospitals (including Rush) and 9 Federally Qualified Health Cen ters (FQHCs) working to improve access, quality, and utilization for all of their primary care Medicaid patients enrolled in County Care This new organization is utilizing best pr actices in the industry to reach the most vulnerable of patients and providing care coordi nation enhancements to improve the lives of their patients Rush takes a leadership role i n MHN in many ways For example, Rush's CEO, Larry Goodman, MD, serves as co-chairman of t he organization, and Rush's Senior Vice President, Business & Network Development and Vice President, Population Health both serve on the MHN ACO board As an Academic Medical Cent er, Rush provides the Better Care Teams educational program to MHN ACO clinicians and to t he entire ACO network with the Centralized Complex Care Coordination (4C) program 4C at R ush is a dedicated wrap-around, interprofessional care team model, which aims to provide c omplex care coordination and management for the highest needs ACO network patients Rush Co mmunity Investments Initiative A weekly student-led community program at Rush Wellness Cen ter at Facing Forward is designed to offer health screening and health coaching to underse rved women and children, and enhance students' ability to provide team-based care for div rse populations There are approximately 13-16 participants in the program and about 22 st udent health coaches The health coaches are formally trained in motivational interviewing Within two years the outcomes of this initiative include 62% of participants lost an ave rage of 11 pounds of weight, 79% participants said that the program motivated them to eat healthier, 50% said that the program motivated them to exercise more and 14% said that the program motivated them to reduce smoking Rush Heart Walk The Rush University Hospital and ROPH Heart Walk team promotes heart health and associate camaraderie while raising lifesa ving funds For this event, Rush University Hospital and ROPH is closely aligned with the American Heart Association's mission of building healthier lives free of cardiovascular di seases and stroke Our partnership is evidenced in our patient care, community education a nd employee wellness programs, and Heart Walk participation Rush University Hospital and ROPH employees raised over $118,465 for this cause this past year with Rush contributing t hrough providing internal resources for the annual Heart Walk Rush TeleStroke Network The Rush TeleStroke Network consists of eleven community hospitals throughout the Chicago regi on and Rush University Medical Center The network provides access to vascular neurology s ervices for ischemic stroke patients that present in one of our affiliate emergency rooms 24-hours a day, seven days a week, 365 days a year Board-certified vascular neurologists from the Rush Stroke Program assess patients and help the affiliate emergency department p hysicians determine if a patient is a candidate for tissue plasminogen activator (tPA) thr ough an FDA-cleared telemedicine platform Telemedicine allows consulting physicians to sp eak face-to-face with patients and their families, as well as remote clinical staff The t elemedicine assessment includes reviewing CT scans and vital signs, and the high-definitio n camera allows the Rush neurologist to even view a patient's pupils The physician has ac cess to the patient's medical information through an electronic health record Within minu tes, the stroke neurologist, along with the remote clinical staff, can determine a plan of care and then turn over the treatment to the emergency physician or initiate a transfer i f the patient requires advanced neurological care such as an endovascular procedure This is particularly important, as time is of the essence, and this helps remove any transporta tion limitations for our patients to better serve the community During FY17, the services provided by Rush health professionals through this 11-site network impacted the lives of over 800 patients Ruth M Rothstein CORE CenterRush and the Cook County Health and Hospita ls System collaborated to create the Ruth M Rothstein CORE Center in 1998 The CORE Cente r 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 treatmen t in the Midwest Faculty members from Rush and Stroger Hospital work side-by-side deliver ing care to this population The Center also serves patients with tuberculosis, hepatitis and other infectious diseases Clinical research p

Form and Line Reference	Explanation
Part VI, Line 5	rojects at the center seek new answers in screening, treating and halting the spread of in fectious diseases In addition, Larry Goodman, MD, chief executive officer at Rush Univers ity Medical Center, serves on the Board of the CORE Foundation The Foundation built the C ORE Center and completed a major facility improvement project in 2012 Rush's partnership with CORE is particularly important While HIV is now a manageable disease in which indivi duals can lead healthy lives, the disease persists In its Healthy Chicago 2 0 strategy, t he Chicago Department of Public Health specifically highlights goals to end transmission S cholarships and Internships for Rush Bachelor of Science in Health Sciences Students In an attempt to create career ladders for individuals from low-income underserved communities, a "pipeline program" is funded through this project Individuals from the Malcolm X City College can enroll and transfer credits to the Rush Bachelor of Science in Health Sciences program These students are offered scholarships for two years We have offered approxima tely $56,000 in scholarships over a period of two years West Side Total Health Collaborati veKicked off in January 2017, the West Side Total Health Collaborative (WSTHC) is a collab orative effort that Rush helped incubate in response to our FY17-FY19 Community Health Nee ds Assessment (CHNA) and the health disparities that exist on Chicago's West Side Through the CHNA, we learned that life expectancy gaps between the loop and under resourced areas on the West Side can are as high as 16 years The mission of the West Side Total Health C ollaborative is to build community health and economic wellness on Chicago's West Side Th e vision of the WSTHC is to improve neighborhood health by addressing inequities in health care, education, economic vitality and the physical environment using a cross-sector, plac e-based strategy Some of the partners include other healthcare providers, community based organizations, education providers, the faith community, business, government and residen ts of the community The ultimate aim of the WSTHC is to reduce the life expectancy gap by 50 percent in the next 10 years United Way of Metropolitan Chicago The United Way of Metr opolitan Chicago seeks to assist local communities of greatest need around income, educati on and health - the building blocks to a good quality of life Each year through the Rush United Way Campaign, Rush employees raise money through an annual campaign to support the United Way mission, focused on the social determinants of health for individuals and famil ies across the Chicagoland region In 2017, Rush University Hospital and ROPH employees do nated $348,000 with Rush contributing through providing internal resources for Rush's Unit ed Way campaign Rush was also honored by United Way for its incredibly successful campaig n in 2017

Form and Line Reference	Explanation
Part VI, Line 5	Expanded and Additional Program Information for Community Health Improvement PlanCommunity Health Implementation Plan (CHIP) and Community Benefits PlanAs previously described, Rus h's CHNA identified our main needs, and Rush's CHIP includes strategies and metrics to add ress them 1 Reduce inequities caused by the social, economic and structural determinants o f health a Improve educational attainmentb Identify, measure and mitigate the social deter minants of health among those at risk - particularly children, young adults and people wit h chronic illnesses c Participate in regional community health improvement collaboratives2 Improve access to mental and behavioral health services a Address psychological trauma th rough screening tools and referral programs in school-based health centers and faith-based organizations b Expand access to other screenings and services3 Prevent and reduce chroni c disease by focusing on risk factors a Reduce risk factors through assessments, disease m anagement programs and improved access to healthy food b Expand free and subsidized screen ings c Develop and deliver community services to help people stop smoking4 Increase access to care and community services a Expand access to primary care medical homes for people w ithout insurance and for others without medical homes b Implement adverse childhood event screenings and referrals at school-based health centers c Expand access to insuranceGoal 1 Reduce inequities caused by the social, economic and structural determinants of health S upporting Program Information Science and Math Excellence Network (SAME)The Science and Ma th Excellence Network (SAME) was developed in 1990 and is a PreK - 16 education pipeline p rogram that is working to improve the science, math, and reading test scores in Chicago sc hools primarily on the west side of the city Rush spearheaded the SAME Network's first ef fort long before others recognized the importance of STEM (science, technology, engineerin g, and math) programs to improve education by raising funds from Chicago's business commun ity to build state-of-the-art science laboratories in local schools that lacked these faci lities Since then, SAME has grown to become a collaboration between Rush and 22 elementar y schools, many local businesses and several other educational organizations Rush's dedic ation to promoting a healthy community has fostered a strong commitment to supporting the growth and development of our local neighborhoods Each year SAME serves more than 600 stu dents, teachers and parents SAME includes the programs below Early Childhood Enhancement Program (ECEP)In 1998, SAME developed its preschool program to introduce preschool childre n to science, math, and literacy skills The program currently operates in 14 public and p rivate schools The goal of the SAME Preschool Program is to provide a stimulating environ ment for guiding children in the development of science, math, and literacy skills by prov iding science labs and materials appropriate for young children Children begin to underst and fundamental science concepts and develop inquiry skills by using their natural curiosi ty to motivate exploration of their surroundings SAME offers workshops to parents of chil dren participating in SAME Network sponsored preschool program SAME believes early parent al involvement is crucial for children to be successful in school In FY17, the program se rved 632 students College Preparatory Enrichment Program (CPEP)SAME collaborated on an enr ichment program with Chicago Public Schools and Benedictine University in Lisle, Illinois CPEP offers students an opportunity to participate in year-round after-school and summer learning activities The intent of CPEP is to provide students with the experiences they n eed to pique their interest in science and math, pursue college entrance and, potentially, a science-related career Students who participate in CPEP have the opportunity to become involved with the SAME 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 beca use they show academic promise in the areas of science and math During the summer, studen ts are exposed to one or two week campus living at Benedictine University, which provides them with the experience of living away from home Coupled with campus life, the students receive instruction in math, science, and technology Field trips to educational instituti ons in the western suburbs and fun outings are a part of the experience Students work ind ependently, collaboratively, and cooperatively on inquiry-based science tasks emphasizing high-order thinking skills while integrating math and technology Families also participat e in a variety of activities throughout the year In FY17, 283 students participated in th is program High School Internship ProgramSAME summ

Form and Line Reference	Explanation
Part VI, Line 5	er internship experiences to high school students The objectives of SAME's internship pro gram are to encourage students to pursue education and careers in math, science, and techn ology fields, provide students with hands-on experience, classes and mentoring, and develo p good work habits, ethics and job readiness skills A mentoring relationship was develope d between the internship students and Rush's Health Systems Management faculty and staff After graduating from high school, students are eligible to transition into the College In ternship Program Throughout high school, the students work at Rush in various departments In FY17, the program served 56 students College Internship ProgramThe College Internshi p Program supports SAME students from matriculation through college Eligible students rec eive scholarship assistance and academic support The students are given an opportunity to work at Rush in an area closely related to their career choice The students return from colleges and universities across the United States during the holiday season and summer br eak to learn, work and interact with patients, peers, and management College students rec eive mentoring through preceptor relationships with professionals at Rush University Hospi tal During FY17, 16 college students benefited from this program Chicago Public Schools Career and Technical Education Program Richard T Crane Medical Preparatory High School (C rane) is part of the Chicago Pubic School (CPS) Career and Technical Education (CTE) Progr am established by the Cook County President's and the City of Chicago Mayor's offices to i ncrease the number of Chicago's youth recruited into Chicago's healthcare workforce Rush is a part of the CPS CTE program and partners with Crane Through Rush Community Service I nitiatives Program (RCSIP), Rush student and faculty volunteers provide mentorship and act ivities to facilitate the Crane students' efforts to successfully pursue their interest in health careers CPS CTE activities are focused on awareness, exploration, and application of the health sciences In addition to mentorship and educational services to all student s at Crane, over 120 first-year high school students had paid healthcare related internshi ps at Rush this past year Malcolm X College Partnership Malcolm X College (MXC), and Rush have a rich, multi-year history of collaboration The partnership includes hosting studen ts' clinical rotations in nursing, surgical technology, radiologic technology, EMT/paramed ic, and respiratory care at Rush and providing anatomy labs for MXC health occupations stu dents Rush also provides guest lecturers and recently began offering a monthly interprofe ssional lunch and learn series for MXC students and faculty MXC wants to ensure that its graduates have the knowledge, skills and professional attributes they will need to functio n in the healthcare system, both now and in the future To help achieve that goal, Rush pa rticipates in MXC advisory committees and provides transfer programs for graduates of the MXC radiologic technology and respiratory care programs to allow students the opportunity to obtain a bachelor's degree in their fields Mini Medical School The Rush Community Servi ce Initiatives Program (RCSIP) Mini Medical School is a five-week summer day camp for 200 students, in fourth and fifth grade, from Chicago Public Schools The main objective of th e program is to expose young students to the health sciences The summer camp is held at R ush University and includes an orientation, anatomy and physiology lectures, activities on the five major body systems, dissections, homework, and a completion celebration Rush st udent and physician volunteers plan the curriculum, implement activities, and assist the y outh during the camp This year, 100 grade school students attended Mini Medical School

Form and Line Reference	Explanation
Part VI, Line 5	Goal 2 Improve access to mental and behavioral health services Supporting Program Informa tion Rush School-Based Health Centers Rush has a 30-year history of providing health care at School-Based Health Centers (SBHC) Rush currently has three SBHCs located within Chica go Public Schools that include, Orr Academy High School, Richard T Crane Medical Preparat ory High School, and Simpson Academy for Young Women Crane and Orr have students in grade s 9-12 and Simpson is for girls in grades six to 12 that are pregnant, parenting, or both All three schools have student bodies from underserved populations, and are located in ne ighborhoods with high poverty levels and hardship The Rush SBHCs act as safety nets for th ese vulnerable students Wide-ranging clinic services are provided by advanced practice nu rses, registered nurses, collaborating physicians and large numbers of Rush's inter-profes sional students The services include physicals, immunizations, treatment of injuries, pri mary care, intermittent care, mental health services, prenatal care, pregnancy prevention programs, heath education programs and health care for the children of the students Outco mes of this health care and education collaboration include improved immunization rates, d ecreased incidence of infectious disease, decreased emergency room usage, detecting and tr eating illness, healthy baby deliveries, increased access to mental health services, succe ss in pregnancy prevention programs, and students establishing healthy living patterns aim ed at chronic disease prevention and improved graduation rates In FY17, these health cent ers provided over 3,880 healthcare encounters to approximately 1,130 students Adolescent F amily Center The Rush Adolescent Family Center (AFC) has existed for over forty years The AFC provides reproductive healthcare, prenatal care, gynecological care, pregnancy preven tion programs, sexually transmitted infection (STI) testing and treatment, and community h ealth education to underserved Chicago-area youth All of AFC's services are provided rega rdless of income or ability to pay for care Although AFC draws patients from over 107 Chi cago-area zip codes, the majority of patients served reside in the Chicago West Side commu nities of East Garfield Park, West Garfield Park, North Lawndale, Austin, Humboldt Park an d the Near West Side As part of AFC's community education program, staffs regularly trave l off-site to Chicago-area high schools and middle schools to provide community education on pregnancy prevention, reproductive anatomy, contraception, sexually transmitted infecti on prevention and reproductive health AFC also offers free prenatal education classes to pregnant teens and their partners This year, AFC provided clinic services to 545 youth - in total 2,260 healthcare encounters - and provided reproductive health education to 10,65 5 youth at 23 different schools and community education encounters The Road Home Program at the Center for Veterans and Their Families at Rush The Road Home Program provides care for the "invisible wounds of war" for veterans and their families Services for veterans d eployed in Iraq and Afghanistan include an adult mental health clinic that specializes in post-traumatic stress disorder, child and family services such as support groups, counsel ing and guidance for parenting, traumatic brain injury clinic, a military sexual trauma cl inic, and an Intensive Outpatient Program (IOP) The IOP is a three-week program where vet erans locally, and from all around the country fly in to receive intensive treatment Monda y thru Friday, 8 00am to 4 00pm This past year the Road Home Program provided clinical se rvices to 404 veterans and their family members for a total of 6,706 encounters In additi on, The Road Home Program conducted veteran outreach to 12,020 people within the community (vet organizations, veterans, and veteran family members) and conducted Military 101-type training with 1,719 Rush personnel and local leaders College of Nursing Faculty Practice ProgramThe College of Nursing (CON) has a 30-year history of providing healthcare services to underserved individuals, families, and communities at a variety of diverse community p ractice sites through the CON Faculty Practice Program These sites are deployed where ind ividuals live, learn and work and include a wellness and health program for the Children's School at the Lighthouse for the Blind, a women's health clinic, a case management progra m for chronic medical and mental illness, a work-place health clinic for the working poor and nurse practitioner led primary healthcare sites Most recipients of care at the facult y practice sites are uninsured or underinsured and rely on the sites as their main healthc are source In addition to the hours of care provided by Rush CON faculty practitioners, R ush nursing students deliver healthcare and health education services at the various sites The students' efforts greatly enhance the volume

Form and Line Reference	Explanation
Part VI, Line 5	of health services provided In addition, Rush University nursing, medical, physician ass istant and health systems management students volunteer at these sites developing and deli vering health education programs Several thousand health encounters are provided per year through the CON Faculty Practice Program Goal 3 Prevent and reduce chronic disease by fo cusing on risk factors Supporting Program Information 5 + 1 = 20 5 + 1 = 20 is a Rush Comm unity Service Initiatives Program (RCSIP) program that aims to educate high school student s at Chicago Public Schools on the five diseases prevalent in the surrounding underserved community (asthma, hypertension, HIV, diabetes, and cancer) 5 + 1 = 20 is based on the id ea that knowledge of these 5 common conditions plus 1 informed high school student (or per son) can extend one's life by 20 years (individuals without health insurance have a life e xpectancy of 20 years less than the general US population) Twice a month, Rush student vo lunteers teach a health topic related to the five diseases to high school students The co ntent of the interactive health lectures ranges from disease prevention to practical skill s such checking blood pressure The high school students have opportunities to spread thei r knowledge through 5 + 1 = 20 health fairs at their schools Health fair activities inclu de body mass index calculations, blood pressure screenings, vision screenings, glucose lev el checks, referrals, and health education Health fair participants include families and friends of the students as well as other members of their communities This past year, 5 + 1 = 20 provided health education and screenings to approximately 4,274 community members Mini Health Fairs Rush's Professional Nursing staff helps provide Mini Health Fairs for pa tients receiving care at Thresholds, an organization that provides services to individuals with chronic mental illness The Mini Health Fairs provide health education and screening s This is important since those living with chronic mental illness have a lifespan that i s 25 years less than the general population related to chronic medical diseases Rush's We llness Center at Facing Forward to End Homelessness Rush's Wellness Center at Facing Forwa rd to End Homelessness is part of Rush's Building Healthy Urban Communities project, a par tnership project supported by BMO Harris Bank, Rush University, the Medical Home Network, and the City Colleges of Chicago Facing Forward is a housing first program that provides permanent housing to homeless individuals with histories of substance abuse In addition t o their substance abuse histories approximately 65% have other mental health issues and a high burden of chronic diseases The Wellness Center utilizes a holistic and diverse appro ach to address the mental and physical health issues of the population The weekly session s are supported by inter-professional student volunteers and faculty from Rush University in addition to other community partners The Rush University students receive training in motivational interviewing to enhance their skills as life coaches when assisting particip nts in their decisions to make healthier life-style choices The two hour weekly sessions incorporate blood pressures and weight checks, life coach counseling, health education lec tures, healthy cooking demonstrations and 30 minutes of exercise This program has assiste d many of the women in decreasing tobacco use and reducing anxiety Outcomes to date inclu de an increased consciousness of the importance of taking control of one's health, healthi er eating habits, increased activity, sustained weight loss, and smoking reduction

Form and Line Reference	Explanation
Part VI, Line 5	Rush Department of Social Work and Community Health (formerly Department of Health and Agi ng) The health promotion/disease prevention focus of the Rush Department of Social Work an d Community Health (SWACH) provides patients, their families, and community members access to an array of programs that provide support and promote wellness through educational pro grams, physical activity classes, support groups and workshops Rush Generations, a free h ealth affinity membership program of approximately 15,000 members, offers older adults and their caregivers the opportunity to benefit from health and wellness educational programs Rush Generations offers its members a free quarterly newsletter, monthly e-newsletter, a ccess to community health fairs and screenings, and opportunities to become more active an d engaged by joining the Generations volunteer ambassador program SWACH offers evidence-b ased workshops designed to help members manage their health such as A Matter of Balance fa lls prevention education and Chronic Disease Self-Management and Diabetes Self-Management Additionally, Rush physician experts speak on a variety of topics related to health and a ging at their monthly "Ask the Expert" presentations SWACH operates the Anne Bryon Waud R esource Center and the Tower Resource Center (TRC) which are open daily to the public Eac h center is staffed by a licensed clinical social worker who is available to help with a m yriad of issues related to health and chronic health issues that particularly impact adult s and caregivers SWACH also supports the Senior Health Insurance Program (SHIP), which co nnects patients as well as community members to free options counseling to assist with nav igation of Medicare and the related systems Rush Wellness Program with the Chicago Departm ent of Family and Support Services The Rush Wellness Program with the Chicago Department o f Family and Support Services primarily serves a racial/ethnic minority older adult popula tion and has been in existence since 1985 Rush advanced practice nurses, dietitians, phar macists, social workers, and students provide health education and healthcare for older ad ults at five Chicago senior centers Rush has provided thousands of service encounters ove r time for older adults which included health consultations, screenings - such as blood pr essure, cholesterol, diabetes, memory, stroke risk, and PSA levels as well as health talks on topics such as diabetes, managing chronic conditions, stroke awareness, and fall preve ntion Oak Park Diabetes Health FairThe ROPH diabetes health fair provides blood pressure, a fasting glucose and lipid profile blood test, optional foot screening and a healthy bre akfast for every participant In addition, a dozen or more pharmaceutical and other vendor s are present to give away free literature and share information about diabetes care and r elated matters The annual diabetes health fair provides free health screenings to more th an 150 community participants The screenings included blood tests for A1c and total chole sterol, vision checks and feet exams In addition, a medical doctor and a registered dieti cian were on hand to provide health information and answer questions Each year, people be nefit from early detection of the disease, some of whom were not previously receiving regu lar health care Project Lifestyle ChangeFor the fifth consecutive year, ROPH's Project Lif estyle Change, a group education and support program that informs on pre-diabetes health, continued to make an impact in the community ROPH received a grant from the National Diab etes Prevention Program to educate people on how to delay or prevent the development of ty pe 2 diabetes for those at high risk The program teaches blood glucose monitoring, restri cted fat and calorie meal planning, exercise and behavior modification at no chargeGoal 4 Increase access to care and community services Supporting Program Information Rush Commun ity Service Initiative Program Clinics Rush Community Service Initiative Program (RCSIP) C linics are run by Rush volunteers, more specifically a physician lead and an interprofessi onal team of Rush student volunteers The clinics offer various clinical services to patie nts such as physical exams, health education, free basic medications, procedures such as w ound care and use referrals to help patients establish primary and/or specialty care relat ionships that are affordable or available through charity care Examples of these clinics include 1 RCSIP Clinic at Franciscan Outreach is located within the Franciscan House homel ess shelter for adult men and women Over 1,600 healthcare encounters/visits were provided during FY17 2 RCSIP Clinic at Freedom Center serves adults males that are in rehabilitati on for substance abuse issues The clinic is housed within the Salvation Army's Harbor Lig ht Center and provided healthcare to over 150 men during FY17 3 RCSIP Clinic at Chicago C ity Church serves homeless and other at-risk adult

Form and Line Reference	Explanation
Part VI, Line 5	s Over 200 patients were seen at this clinic during FY 17

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part V, Section B Line 16i	During the tax year, Rush did not have a FAP translated into the primary language spoken by LEP populations Spanish is a primary language for the Limited English Proficiency (LEP) population In FY17, Rush did have a Spanish application for patients applying for financial assistance This application was available for usage by Financial Counselors and could be mailed to patients that call Customer Service requesting financial assistance Rush also had a Spanish plain language summary available directly from the financial counselors However, Rush was not compliant in having the full financial assistance policy translated into Spanish in FY17 This was discovered in November 2017 as Rush worked with tax consultants on Schedule H As of January 26, 2018, all documents were available on the web in Spanish Rush has also implemented procedures to ensure compliance with this requirement in the future Going forward, Rush will implement a checklist of items that will ensure compliance with the language requirement This will involve obtaining the LEP population data and adding translations as needed Lastly, changes to the FAP, application, or plain language summary will be made in all necessary languages as part of the checklist whenever the English version is updated

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part V, Section B Line 20a	During the tax year, Rush did not provide a plain language summary of the FAP with the written notice about upcoming ECAs provided to patients at least 30 days before initiating those ECAs In FY17, the collection agencies provided the 30 day notice that includes comments that Rush offers financial assistance to patients This notice provided a phone number and link to the website where the patient can obtain the plain language summary, but did not technically provide the plain language summary within the written notification This was discovered in November 2017 as Rush worked with tax consultants on Schedule H Rush estimates that this affected approximately 14,000 patients (5,800 for ROPH) who received the written notice about upcoming ECAs without the plain language summary Rush has also implemented procedures to ensure compliance with this requirement in the future As of May 2, 2018 Rush began including the plain language summary as part of the last collection statement that Rush sends out before placing accounts with bad debt vendors This will ensure that all patients that could potentially receive an ECA in the event of non-payment will have received the plain language summary at least 30 days in advance

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part V, Section B Line 22b	During the tax year, Rush did not timely update the calculation of Amounts Generally Billed (AGB) Rush's AGB calculation was last completed in January of 2016 using the look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period However, Rush did not calculate AGB on an annual basis after that calculation completed in January 2016 as required This was discovered in November 2017 as Rush worked with tax consultants on Schedule H Rush calculated what AGB would have been for FY17 on February 2, 2018 Rush estimates that this fortunately did not cause any patients who qualify for financial assistance to be charged greater than AGB This was evaluated by determining the AGB for claims allowed in FY17 and comparing that that to the discounts offered to patients who qualify for financial assistance under the FAP (either 75% discount or 100% discount, depending on patient eligibility) Rush has also implemented procedures to ensure compliance with this requirement in the future Going forward, Rush will implement a checklist of items that will ensure compliance with the AGB requirement The intent is to move the AGB calculation to a standard schedule within the accounting department to ensure this does not occur again and this will be corrected for tax year 2017 In addition to above, the language in the FAP will be updated to include the actual AGB percentage calculated

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			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Rush University Medical Center	Part V, Section B, Line 5 Over a period of 18 months, multiple stakeholders engaged in significant reflection in preparation for Rush's second iteration of the Community Health Needs Assessment (CHNA), of which serves as our system mission, which is to improve health At Rush, the process was led by the Center for Community Health Equity (www healthequitychicago org), coordinated by the Office of Community Engagement, and overseen by the Building Healthy Communities Steering Committee (which has transformed into the Community Health Equity leadership group in 2017) First, the Rush team reviewed its initial CHNA reports from the previous iteration, benchmarked it against others produced three years ago in the region and assessed whether the reports contained the right content to enable us to make an impact We sought to include more stakeholders in our process of developing the CHNA We began by gathering input from community members as well as from Rush faculty, students and staff (especially those who live in our service area) We sought perspective from our colleagues at health systems and public health entities in the area, community leaders and members, our colleagues in the Center for Community Health Equity based at Rush University and DePaul University, and those participating in the Alliance for Health Equity (formerly the Health Impact Collaborative of Cook County (HICCC) and the Healthy Chicago Hospital Collaborative, as the two collaboratives merged in 2017 - the lead for the CHNA was the former) The Alliance for Health Equity is a collaborative group convened by the Illinois Public Health Institute and consisted at the time of 26 hospitals, seven health departments and more than 100 community-based organizations working together on a joint CHNA process As described, this group has since grown with the merging of HICCC and the Healthy Chicago Hospital Collaborative As we developed our recommended actions for this iteration of the CHNA, we again sought input from our key stakeholders To see a list of those who engaged in this process and Rush worked with at the time, please view our CHNA online and proceed to Appendix 2 on Page 73

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Rush University Medical Center	Part V, Section B, Line 6a Rush conducted its CHNA with the Health Impact Collaborative of Cook County This initiative is one of the largest collaborative CHNAs in the country with the current involvement of 22 nonprofit and public hospitals, along with seven local health departments, and representatives of more than 100 community organizations serving on action teams Rush also followed best practice to complete a comprehensive CHNA and Community Health Improvement Plan (CHIP) for both Rush University Medical Center and Rush Oak Park Hospital Participating partner hospitals in the Health Impact Collaborative of Cook County Advocate Children's Hospital (adjunct) Advocate Christ Medical Center Advocate Illinois Masonic Medical Center Advocate Lutheran General Hospital Advocate South Suburban Medical Center Advocate Trinity Hospital Gottlieb Memorial Hospital Loyola University Medical Center Mercy Hospital & Medical Center NorthShore Evanston Hospital NorthShore Glenbrook Hospital NorthShore Skokie Hospital Norwegian American Hospital Presence Holy Family Medical Center Presence Resurrection Medical Center Presence Saint Francis Hospital Presence Saint Joseph Hospital Presence Saints Mary and Elizabeth Medical Center Provident Hospital RML Specialty Hospitals Roseland Community Hospital John H Stroger, Jr Hospital of Cook County

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Rush University Medical Center	Part V, Section B, Line 6b Participating health departments in the Health Impact Collaborative of Cook County Chicago Department of Public Health Cook County Department of Public Health Evanston Health Department Oak Park Health Department Skokie Public Health District Stickney Health Department

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Rush University Medical Center	Part V, Section B, Line 7d Rush has actively worked to promote its Community Health Needs Assessment (CHNA) The document is located on our website, and we are proud to say that given our growing commitment to community, we have actually developed a new Community Engagement and Community Health Equity website We have brought the CHNA to meetings with community based organizations across the entire west side of Chicago since its adoption, as we view this as a public good for our respective communities Rush has also presented on the CHNA at many national meetings and conferences, as Rush views the document as a prime example of our commitment to connecting academic and community impact Since the adoption of the CHNA, Rush also completed a "What We Heard" tour with 16+ partner agencies to talk about needs and improvements on an ongoing basis This document is published on the Rush website as our commitment to continuing to engage our greater community The document can be found at the following link https //www rush edu/sites/default/files/what-we-heard-july-2017 pdf

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Rush University Medical Center	Part V, Section B, Line 11 Rush's Community Health Implementation Plan (CHIP) was adopted in November 2016, and we are proud to report that we believe we have made significant pro gress since its adoption The following Community Health Needs/Improvements were identifie d in partnership with the Alliance for Health Equity (formerly Health Impact Collaborative of Cook County), and as a result we developed our internal CHIP as a roadmap on how to ac hieve improvements in these areas for our communities Rush has taken a robust approach to alleviating the identified needs and called out specific goals (addressing the needs) and strategies to tackle these goals(improvements) In addition, there have been seven work-g roups formed around the CHIP strategies consisting of Rush leaders, community partners, an d community residents in order to collaboratively tackle these with a collective impact ap proach Our newly adopted CHIP is as follows, as well highlights of some of our efforts 1 Goal Reduce inequities caused by the social, economic and structural determinants of heal th During the year ending June 30, 2017, Rush has actively been engaged in the newly merge d Alliance for Health Equity, and what a group that has recently been renamed Westside Con nectED (a group of West Side organizations who worked together on the Centers for Medicare and Medicaid Innovation Accountable health Communities Grant application - while we did n ot receive funding, the organizations are committed to the goal) to look at the social det erminant needs of communities with hardship Rush has also been on the steering committee of both aforementioned collaborative organizations, as well as the recently formed West Si de Total Health Collaborative and Anchor Mission Collaborative, all of which represent man y health departments, most city and county hospitals, and 100+ community based organizatio ns across different groups Rush developed a social determinant of health screening tool (i ncludes topics such as food security, housing, utilities, primary care/insurance) in partn ership with the Westside ConnectED leadership such as Catholic Charities, Presence Health, UI Health, the Patient Innovation Center and partners such as the Greater Chicago Food De pository Rush will be implementing this in the emergency department, select primary care settings, and community based settings Rush has actively been working to improve educatio nal attainment through existing longstanding programs such as our partnership with Malcolm X College, Crane Medical Preparatory, and many K-12 programs in affiliation with our Scie nce and Math Excellence Network (SAME) program Recently Rush has made strategic decisions to align external educational partnerships under one organizational effort - REACH, the R ush Education and Career Hub (SAME now rolls into this umbrella) This builds on years of partnership, but focuses our efforts in an intentional way in communities with most need o n the West Side of Chicago 2

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Rush University Medical Center	Goal Improve access to mental and behavioral health services Rush has actively been worki ng to address the mental and behavioral health needs of our patients and communities by ha ving social work services offered to our primary care, inpatient, and emergency department patients In addition, having the College of Nursing and Rush Community Based Practices o ffering mental health services in the community, for example at Simpson Academy for Young Women, the College of Nursing Faculty Practice sites, and many community sites Rush has a lso offered mental/behavioral health services through the Health Legacy Program for Women The Health Legacy Program for Women is an evidenced based chronic disease program that al so addresses mental/behavioral health needs of the participants such as stress, trauma, an d life events In the past fiscal year, Rush adopted Adverse Childhood Events (ACEs) screen ings in some of its community settings In the Rush Community Based Practices - School Bas ed Health Centers at Orr Academy High School, Simpson Academy for Young Women, and Crane M edical Preparatory as well as our Adolescent Family Center on the near west side campus 3 Goal Prevent and reduce chronic disease by focusing on risk factors Tobacco In the past fiscal year, Rush has been working on standardizing its approach to tobacco control and ce ssation per our defined needs and our work with the Chicago Department of Public Health's (CDPH) Healthy Chicago 2 0 Rush has developed a formal partnership with other West Side e ntities to bring Courage to Quit and Counsel to Quit, the Respiratory Health Association o f Metropolitan Chicago's tobacco cessation programming, to our west side community partner s as part of the Chicago Quits Grant Rush was one of the academic partners on the applica tion to CDPH Rush Oak Park Hospital (ROPH) and Rush University Medical Center both offer Courage to Quit classes already for employees, patients, and community members, and they a re especially well attended at ROPH - the goal is to expand this effort In addition, Rush helped sponsor CDPH's Nobody Quits Like Chicagoland and has joined the City's work-group on tobacco efforts In addition Rush is automating a referral to the Illinois Tobacco Quit Line to help our patients and community members from 2018 onward Food Security/Healthy Ea ting The Food Surplus Project began at Rush Oak Park Hospital and not only decreases our f ood waste, but also helps the Oak Park River Forest Food Pantry (OPRFFP) in offering nutri tious meals to their guests Rush University Medical Center learned from ROPH and beginnin g in 2017, RUMC also implemented the Surplus Project This not only works to reduce waste, but it also uses the surplus food to feed our community The Food Surplus is donated ever y Monday, Wednesday, Friday to Franciscan Outreach, the second-largest emergency overnight shelter in the City of Chicago Rush has also developed partnership with Top Box Foods an d Greater Chicago Food Deposit

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Rush University Medical Center	ory to help connect patients, community members, and employees to food This will be expan ding in 2017-2018 Oak Park has also implemented a health screening effort, led by nurses, at OPRFFP Chronic Disease Healthy Motivations is Rush Oak Park Hospital's community well ness program It provides free educational seminars and fitness classes, which are designe d to help community members lead healthier lives and address chronic disease Healthy Moti vations provided education on topics such as heart and vascular disease, preventive health and depression The Rush Community Service Initiative Program Clinic at Facing Forward to End Homelessness, is an example of a student and employee led wellness clinic that occurs on a weekly basis and focuses on disease management, access to healthy food, and tobacco c ontrol Lastly, the Health Promotion Chronic Disease Self-Management Program through Rush 's Department of Health and Aging offers interactive, six-week workshops to help those wit h ongoing health conditions - such as arthritis, heart or lung disease and asthma - mainta in control and confidence in managing their health while doing the things that matter most in life4 Goal Increase access to care and community services Rush's formal partnership w ith CommunityHealth, which includes provider/students volunteering their time, as well as a formal referral source which began in 2016, allows for better connecting patients to pri mary care and insurance CommunityHealth improves access to care by offering health servic es ranging from routine physicals and immunization programs to a full laboratory and pharm acy as well as free services for medications and dental, something that Rush does not trad itionally offer Rush screens patients for lack of primary care providers and insurance an d our Transitional Care Program helps alleviate this need through a connection to charity care or CommunityHealth Since Rush providers also work at CommunityHealth, we ensure cont inuity of care and can ensure help with specialty care that CommunityHealth cannot provide to patients This referral process in the past year expanded to one of our community prog rams at Franciscan Outreach, the second largest emergency overnight shelter in Chicago, to screen patients for primary care/insurance and provide transitional care services and whe n possible- connecting patients with primary care/insurance at CommunityHealth In additio n, Rush community clinics, administered by the College of Nursing and the Office of Commun ity Engagement, provide healthcare services to underserved individuals, families, and comm unities at a variety of diverse community practice sites These sites include three School -Based Health Centers, employee wellness programs, women's health clinics, nurse practitio ner primary care, and case management programs for mental illness and substance abuse

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Rush University Medical Center	Part V, Section B, Line 13h The State of Illinois requires that hospitals make a good faith effort to identify presumptive charity care for uninsured patients under 200% of FPL We complete this process by receiving income information from a 3rd party vendor for all uninsured patients In addition to meeting financial and residency requirements, individuals applying for financial assistance must cooperate with Rush and provide all information and documentation truthfully and in a timely manner, make a good faith effort to honor the terms of reasonable payment terms on open balances if the individual qualifies only for a partial discount, notify Rush of any change in financial situation which may impact the individuals eligibility for financial assistance or payment plans, and agree to apply for local, state or federal assistance for which the individual may be eligible to help pay for some or all of the individual's hospital bill

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Rush University Medical Center	Part V, Section B, Line 16j The FAP and FAP application form are available in Spanish but the plain language summary is not yet available That translation will occur in fiscal year 18

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Rush University Medical Center	Part V, Section B, Line 20e Rush conducts all of the efforts described in lines 20a-d prior to initiating any extraordinary collection activities described in line 19 The only ECAs that Rush engages in is to report unpaid balances to credit agencies, which generally occurs no sooner than 540 days after the date on which the service was provided Rush also will potentially defer care for patients in a bad debt collection status for a prior balance However, if the patient applies for financial assistance, makes a payment, or sets up a payment plan, they will not have care deferred

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, Section B Line 7a	https //www rush edu/sites/default/files/rush-chna-2016 pdf

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, Section B Line 10	https //www rush edu/sites/default/files/community-health-implementation-plan pdf

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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

2016

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

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
(1) Scholarships to attend Rush University Medical Center	1067	9,720,667			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
ILLINOIS TRANSPLANT FUND 425 Spring Lake Drive Itasca, IL 60143	47-4167931	501(c)(3)	100,000				General Support
SNOW CITY ARTS 1653 W Congress Parkway Chicago, IL 60612	36-4240513	501(c)(3)	47,141				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
AMERICAN HEART ASSOCIATION PO Box 4002902 Des Moines, IA 50340	13-5613797	501(c)(3)	40,000				General Support
BEARS CARE 1000 Football Drive Lake Forest, IL 60045	20-3902715	501(c)(3)	11,000				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
ACCESS LIVING 115 W Chicago Ave Chicago, IL 60610	36-3310774	501(c)(3)	10,000				General Support
LATINO POLICY FORUM 20 E Jackson Blvd Chicago, IL 60604	36-3676873	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 appropiate 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 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, Lines 4a-b	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-$938,165, Thomas A Deutsch, MD - $3,453,070, David A Ansell, MD-$147,303, Peter W Butler-$287,585, Bruce M Elegant-$56,142, Richard B Davis-$29,841, James L Mulshine-$43,091, Marquis D Foreman-$28,544, Cynthia Boyd, MD - $374,697, Lois K Halstead-$24,360, Anne M Murphy, JD - $339,296, Charlotte Royeen - $13,415, John Lowenberg - $218,316, Michael E LaMont - $86,897 and Lac Van Tran-$81,938 The amounts listed in Schedule J, Part II, Column F reflect these distributions less the accrued earnings (which were not previously reported) Anne M Murphy received severence pay of $306,214 and Lois K Halstead received severence pay of $197,979
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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 Dino Rumoro DO Trustee	(I)	474,000	77,695	979	21,200	27,678	601,552	0
	(II)	0	0	0	0	0	0	0
1 Larry J Goodman MD Chief Executive Officer	(I)	1,329,879	546,954	1,029,157	395,118	15,959	3,317,067	459,519
	(II)	0	0	0	0	0	0	0
2 David A Ansell MD SVP, Community Health Equity	(I)	533,591	154,008	183,875	151,690	7,856	1,031,020	147,303
	(II)	0	0	0	0	0	0	0
3 Cynthia Barginere DNP SVP & Chief Operating Officer,	(I)	414,613	116,897	9,476	98,812	7,903	647,701	0
	(II)	0	0	0	0	0	0	0
4 Carl T Bergetz JD VP Legal Affairs & Acting Gen Counse	(I)	302,176	101,131	432	34,060	17,957	455,756	0
	(II)	0	0	0	0	0	0	0
5 Antonio C Bianco MD SVP Clinical Affairs	(I)	523,566	117,624	1,517	81,007	16,016	739,730	0
	(II)	0	0	0	0	0	0	0
6 Cynthia Boyd MD VP & Chief Compliance Officer	(I)	312,938	72,036	389,846	89,481	1,124	865,425	332,442
	(II)	0	0	0	0	0	0	0
7 Edward W Conway VP, Clinical Affairs for Admin & Fin	(I)	270,171	61,339	15,638	54,993	25,304	427,445	0
	(II)	0	0	0	0	0	0	0
8 Melissa Coverdale VP, Finance	(I)	301,940	71,711	5,473	56,463	15,842	451,429	0
	(II)	0	0	0	0	0	0	0
9 Michael J Dandorph President	(I)	832,452	282,046	18,346	176,100	23,901	1,332,845	0
	(II)	0	0	0	0	0	0	0
10 Richard B Davis VP, Human Resources Operations	(I)	247,755	53,477	58,477	52,145	25,381	437,235	29,841
	(II)	0	0	0	0	0	0	0
11 Richard K Davis VP, University Affairs	(I)	328,388	80,869	14,287	65,740	25,904	515,188	0
	(II)	0	0	0	0	0	0	0
12 Thomas A Deutsch MD Provost, Rush University	(I)	604,573	222,926	3,495,456	186,299	26,507	4,535,761	2,003,155
	(II)	0	0	0	0	0	0	0
13 Bruce M Elegant VP, Hospital Operations	(I)	359,906	81,477	80,089	75,054	8,803	605,329	54,325
	(II)	0	0	0	0	0	0	0
14 Brent J Estes SVP, Business and Network Developmen	(I)	402,614	126,766	8,051	98,036	561	636,028	0
	(II)	0	0	0	0	0	0	0
15 Marquis D Foreman PhD Dean, College of Nursing	(I)	239,804	56,832	30,198	51,161	7,903	385,898	28,544
	(II)	0	0	0	0	0	0	0
16 Richa D Gupta VP & Chief Quality Officer	(I)	243,681	40,422	0	21,166	9,903	315,172	0
	(II)	0	0	0	0	0	0	0
17 Bala Hota VP & Chief Analytics Officer	(I)	308,349	58,604	0	19,362	23,771	410,086	0
	(II)	0	0	0	0	0	0	0
18 Ranga R Krishnan MB ChB SVP, Dean Rush Medical College	(I)	711,815	139,302	2,780	135,614	36	989,547	0
	(II)	0	0	0	0	0	0	0
19 Joan E Kurtenbach VP, Strategic Planning, Marketing	(I)	275,166	64,942	7,253	52,933	22,915	423,209	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 Michael E LaMont VP, Facilities Management	(I)	251,290	59,789	106,323	52,595	7,803	477,800	78,290
	(II)	0	0	0	0	0	0	0
1 Omar B Lateef VP, Clinical Affairs and CMO	(I)	562,652	130,909	10,551	97,295	23,769	825,176	0
	(II)	0	0	0	0	0	0	0
2 John Lowenberg VP, Philanthropy	(I)	269,186	63,768	225,041	54,666	7,261	619,922	145,858
	(II)	0	0	0	0	0	0	0
3 Diane M McKeever SVP, Philanthropy	(I)	387,257	111,104	17,209	99,696	18,242	633,508	0
	(II)	0	0	0	0	0	0	0
4 John P Mordach SVP, Finance & CFO	(I)	740,743	266,590	28,665	162,530	22,800	1,221,328	0
	(II)	0	0	0	0	0	0	0
5 Mike J Mulroe VP, Hospital Operations	(I)	304,768	65,422	8,951	59,233	26,099	464,473	0
	(II)	0	0	0	0	0	0	0
6 James L Mulshine MD Interim Dean, Graduate College	(I)	264,758	56,244	62,897	54,211	25,366	463,476	43,091
	(II)	0	0	0	0	0	0	0
7 Patricia G Nedved VP, Professional Nursing Practice	(I)	195,976	42,051	10,000	12,903	24,845	285,775	0
	(II)	0	0	0	0	0	0	0
8 Patricia S O'Neil VP Chief Invstmnt Officer & Treasure	(I)	258,042	62,676	5,667	53,785	13,881	394,051	0
	(II)	0	0	0	0	0	0	0
9 Jaime B Parent VP, Information Technology	(I)	279,501	57,890	18,217	55,414	22,726	433,748	0
	(II)	0	0	0	0	0	0	0
10 Brian D Patty MD VP, Clinical Information Systems	(I)	364,337	74,303	1,373	52,513	23,549	516,075	0
	(II)	0	0	0	0	0	0	0
11 Anthony Perry MD VP, Ambulatory Care & Population Hea	(I)	326,300	73,710	575	64,840	26,451	491,876	0
	(II)	0	0	0	0	0	0	0
12 Terry Peterson VP, Corporate and External Affairs	(I)	296,143	72,921	12,432	58,215	1,124	440,835	0
	(II)	0	0	0	0	0	0	0
13 Charlotte Royeen Dean, College of Health Sciences	(I)	224,100	52,713	14,664	35,886	17,949	345,312	12,981
	(II)	0	0	0	0	0	0	0
14 Mary Ellen Schopp SVP, HR & Chief HR Officer	(I)	385,992	112,725	6,786	94,712	26,193	626,408	0
	(II)	0	0	0	0	0	0	0
15 Scott E Sonnenschein VP, Hospital Operations	(I)	327,882	78,712	7,075	62,471	24,963	501,103	0
	(II)	0	0	0	0	0	0	0
16 Denise Szalko VP, Revenue Cycle	(I)	311,778	66,747	5,867	56,895	9,853	451,140	0
	(II)	0	0	0	0	0	0	0
17 Judson Vosburg VP, Financial Planning & Support	(I)	254,250	61,433	456	39,930	9,636	365,705	0
	(II)	0	0	0	0	0	0	0
18 Lynne Wallace VP Human Resources	(I)	174,743	28,319	0	16,556	24,063	243,681	0
	(II)	0	0	0	0	0	0	0
19 Brian T Smith VP, Clinical Affairs ended 12/2016	(I)	387,233	94,268	7,918	56,369	26,857	572,645	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
41 Lac Van Tran SVP, Information Services ended 8/20	(I)	282,965	116,463	99,395	84,211	10,081	593,115	76,070
	(II)	0	0	0	0	0	0	0
1 Michael Liptay MDPhysician	(I)	1,083,529	241,400	1,830	18,550	32,013	1,377,322	0
	(II)	0	0	0	0	0	0	0
2 Demetrius Lopes MD Physician	(I)	937,831	291,248	0	15,900	25,256	1,270,235	0
	(II)	0	0	0	0	0	0	0
3 Lorenzo Munoz MDPhysician	(I)	887,708	326,347	0	18,550	25,256	1,257,861	0
	(II)	0	0	0	0	0	0	0
4 Richard Byrne MDPhysician	(I)	1,056,221	147,144	1,830	20,588	25,256	1,251,039	0
	(II)	0	0	0	0	0	0	0
5 Vincent Traynelis MD Physician	(I)	946,137	142,500	0	21,200	8,977	1,118,814	0
	(II)	0	0	0	0	0	0	0
6 Peter W Butler Former President	(I)	595,104	407,416	349,115	196,939	17,160	1,565,734	287,585
	(II)	0	0	0	0	0	0	0
7 Lois K Halstead PhD RN Former V P University Affairs	(I)	15,684	22,902	222,339	475	2,381	263,781	24,360
	(II)	0	0	0	0	0	0	0
8 Anne M Murphy JD Former SVP Legal Affairs	(I)	174,738	149,469	656,541	66,462	20,950	1,068,160	303,086
	(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

2016

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		7,925,000	18,395,000	
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		394,652,020		
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	69,628,576	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 ▶		0 370 %		0 660 %		2 290 %		
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		0 370 %		0 660 %		2 290 %		
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 6/30/17, 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

2016

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
DONOR 9	Substantial Contributor	526,797	Services rendered in the ordinary course of business		No
DONOR 82	Substantial Contributor	360,001	Services rendered in the ordinary course of business		No

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
DONOR 133	Substantial Contributor	1,255,938	Sale of goods in the ordinary course of business		No
DONOR 155	Substantial Contributor	1,086,521	Services rendered in the ordinary course of business		No

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**
DONOR 234	Substantial Contributor	4,921,872	Services rendered in the ordinary course of business		No
DONOR 262	Substantial Contributor	253,704	Services rendered in the ordinary course of business		No

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
DONOR 283	Substantial Contributor	714,741	Sale of goods in the ordinary course of business		No
DONOR 333	Substantial Contributor	7,918,734	Services rendered in the ordinary course of business		No

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
DONOR 360	Substantial Contributor	2,656,201	Sale of goods in the ordinary course of business		No
DONOR 375	Substantial Contributor	282,507	Sale of goods in the ordinary course of business		No

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
DONOR 396	Substantial Contributor	203,615	Services rendered in the ordinary course of business		No
DONOR 427	Substantial Contributor	106,374	Services rendered in the ordinary course of business		No

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**
DONOR 428	Substantial Contributor	626,755	Sale of goods in the ordinary course of business		No
DONOR 454	Substantial Contributor	147,738	Services rendered in the ordinary course of business		No

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
DONOR 517	Substantial Contributor	1,024,665	Services rendered in the ordinary course of business		No
DONOR 534	Substantial Contributor	953,508	Services rendered in the ordinary course of business		No

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
Kristina Mariano	Family member of Robert Mariano, current Trustee	22,402	Wages		No
Michael D Brown MD	Family Member of Francesca Edwardson, current Trustee	460,981	Wages		No

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
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

2016

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	47	4,760,811	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				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ See Additional Data				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

			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?	30a		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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	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)	Column B for each type of property other than securities,represents the number of items contributed Column B for securities represents the number of separate contributions
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

Additional Data

Software ID:

Software Version:

EIN: 36-2174823

Name: Rush University Medical Center

Part I, Lines 25-28

	(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
Other ▶ (Donated Raffle Prizes)	X	57	46,878	FMV
Other ▶ (New Bedding)	X	1	25,000	FMV
Other ▶ (Electronics-Clinical audiology equipment)	X	1	23,000	Appraisal
Other ▶ (Recumbent bike with premium seat)	X	1	4,070	FMV
Other ▶ (Flex trial devices plus slim tube kit)	X	4	1,065	FMV

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

2016

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
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 Jesse H Ruiz and J ohn 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 Martin H Nesbit and Kip Kirkpatrick had a business relationship John L Brennen, Karl A Palasz and E David Coolidge III had a business relationship John W Rogers, Jr and J ohn F Sandner had a business relationship Bruce W Duncan and Aylwin B Lewis had a busi ness relationship Gloria Santona, Esq, John W Rogers Jr and Sheila A Penrose had a bus iness relationship Gloria Santona, Esq and Michael J O'Connor had a business relationshi p 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 Pric e 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 busine ss 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 Roger s, Jr and Jonathan W Thayer had a business relationship E Scott Santi and Charles L E vans, PhD had a business relationship Martin H Nesbitt and Sheila A Penrose had a busin ess relationship Andrew J McKenna and John F Sandner had a business relationship Sheil a Penrose, Alison Li Chung, Jay L Henderson, E Scott Santi, William M Goodyear, Thomas J Wilson had a business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	Reserved Powers over certain management duties have been delegated to Rush System for Heal th ("RSH") as the parent entity for the Rush system These duties include approving variou s RUMC actions, including RUMC's operating budget and certain transactions, appointment of certain RUMC executives, appointment of RUMC's board members, etc (please see below for m ore information)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	Effective on March 1, 2017, Rush University Medical Center ("RUMC") and Rush-Copley Medica l Center, Inc ("Copley") completed the process of reorganizing their operations under com mon corporate parent, RSH, an Illinois not-for-profit corporation and affiliate of RUMC an d Copley In order to fully effectuate this reorganization, RUMC and Copley amended their governing documents to make RSH their sole corporate member and hold certain Reserved Powe rs over RUMC and Copley

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Pursuant to the reorganization, RSH became the sole corporate member of RUMC and parent entity of the Rush System

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	As the sole-corporate member of RUMC, RSH obtained the Reserved Power to approve the appoi ntment of members to the RUMC board of trustees, the organization's governing body (the "R UMC Board")

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	As the sole corporate member of RUMC and Copley, and the parent entity of the Rush System, RSH holds certain Reserved Powers over RUMC and Copley in order to ensure a uniform visio n and strategy across the Rush system

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The information is compiled and reviewed internally by Corporate Finance The return is re viewed by Deloitte Tax LLP before being submitted to the Audit Committee of the Board of D irectors 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 RUMC Board and the corporate officers of RUMC shall com plete and return a disclosure of conflicts form The disclosures will be reviewed by the S ecretary of the RUMC Board and the RUMC General Counsel, who will thereafter submit their reports to the Audit Committee of the RUMC Board, which shall make any final determination s as deemed appropriate or necessary If it is determined that there may be a business rel ated conflict of interest between RUMC and members of the RUMC Board, such persons are ask ed to recuse themselves from any committee meeting or RUMC Board meeting during the time a n agenda item that relates to the matters giving rise to the business related conflict of interest are discussed

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The Compensation and Human Resources Committee of the RUMC board uses an independent revie w, comparability data and contemporaneous substantiation to establish compensation package s for the RUMC CEO and other top management officials All such officer compensation packa ges are approved by the Compensation and Human Resources Committee of the RUMC Board annua lly

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Articles of Incorporation of RUMC have been filed with the Illinois Secretary of State (the "IL SOS") Additionally, key facts concerning the incorporation and good standing of RUMC are available through the website of the IL SOS The financial statements of RUMC ar e available through the Illinois Attorney General's office RUMC's conflict of interest po licy is made available to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990,Part VII, Section A, Line 1a	Payments to Larry J Goodman, MD, Dino Rumoro, DO, Kenneth J Tuman, MD and Marcia P Murphy were 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 41,694,610 Non Controlling interest in subsidiary 6,102,373 Endowment impairment 223,247 Other 84,041

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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

2016

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 610 S Maple Avenue Oak Park, IL 60304 36-4085751	Healthcare	IL	20,965,783	7,966,994	Rush University Medical Center
(2) Vyridian Revenue Management 820 W Jackson Blvd Chicago, IL 60607 36-4208577	Billing Services	IL	220,817	922,680	Rush University Medical Center
(3) Rush Oak Brook LLC 1653 W Congress Parkway Chicago, IL 60612	Dormant	IL	0	0	Rush University Medical Center
(4) Rush Oak Brook ASC LLC 1653 W Congress Parkway Chicago, IL 60612	Property Management	IL	0	0	Rush University Medical Center
(5) Rush Copley Healthplex LLC 1900 Ogden Avenue Aurora, IL 60504 38-3275998	Healthcare	IL	5,021,000	497,000	Copley Ventures

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.

See Additional Data Table

(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

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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Circle Imaging Partners LP 1725 W Harrison Street Chicago, IL 60612 36-3539382	Operation Imaging	IL	Circle Imaging Management Inc	Related	849,602	2,367,115		No			No	71 430 %
(2) Rush Surgicenter at the Professional Office Building LP 1725 W Harrison Street Chicago, IL 60612 36-3853026	Surgery Center	IL	Rush University Medical Center	Related	5,914,083	8,094,891		No		Yes		51 090 %
(3) Guardian Health Technologie 1653 W Congress Parkway Chicago, IL 60612 36-2174823	Analytics Software License Holder	IL	Rush University Medical Center	Related				No		Yes		60 000 %
(4) Rush Copley Cardiovascular Consultants LLC 2000 Ogden Avenue Aurora, IL 60504 27-3234201	Healthcare	IL	N/A									
(5) Rush Copley Surgicenter LLC 2111 Ogden Avenue Aurora, IL 60504 38-4012268	Surgery Center	IL	N/A									
(6) Rush Copley Hospitalists LLC 2000 Ogden Avenue Aurora, IL 60504 61-1787188	Healthcare	IL	N/A									
(7) Rush Copley Orthopedics LLC 2111 Ogden Avenue Aurora, IL 60504 61-1801175	Healthcare	IL	N/A									

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.

See Additional Data Table

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

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		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
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		No
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		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

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
(1) 2000 Ogden Ave Aurora, IL 60504 36-3584043	Healthcare	IL	501(c)(3)	12A	Rush University Medical Center	Yes	
(1) 2000 Ogden Ave Aurora, IL 60504 36-3370216	Property & Healthplex Owner	IL	501(c)(3)	3	Rush Copley Medical Center Inc	Yes	
(2) 2000 Ogden Ave Aurora, IL 60504 36-3093877	Contribution Solicitation	IL	501(c)(3)	7	Rush Copley Medical Center Inc	Yes	
(3) 2000 Ogden Ave Aurora, IL 60504 36-2170840	Healthcare	IL	501(c)(3)	3	Rush Copley Medical Center Inc	Yes	
(4) 2000 Ogden Ave Aurora, IL 60504 36-3193787	Healthcare	IL	501(c)(3)	12A	Rush Copley Health Care System Inc	Yes	
(5) 520 S Maple Ave Oak Park, IL 60304 36-2183812	Healthcare	IL	501(c)(3)	3	Rush University Medical Center	Yes	
(6) 1725 W Harrison Street Chicago, IL 60612 36-4046278	Healthcare	IL	501(c)(3)	12C	Rush University Medical Center	Yes	
(7) 1700 W Van Buren Street Chicago, IL 60612 36-6673233	Healthcare Insurance	IL	501(c)(3)	12C	Rush University Medical Center	Yes	
(8) 520 S Maple Ave Chicago, IL 60304 36-2255350	Hospital Support	IL	501(c)(3)	12A	Rush Oak Park Hospital	Yes	
(9) 350 N Wall Street Kankakee, IL 60901 36-3167726	Healthcare	IL	501(c)(3)	12C	Riverside Rush Corporation	Yes	
(10) 350 N Wall Street Kankakee, IL 60901 36-3166804	Healthcare	IL	501(c)(3)	12B	Riverside Rush Corporation	Yes	
(11) 350 N Wall Street Kankakee, IL 60901 36-2414944	Healthcare	IL	501(c)(3)	3	Riverside Rush Corporation	Yes	
(12) 350 N Wall Street Kankakee, IL 60901 36-3670744	Healthcare	IL	501(c)(3)	9	Riverside Rush Corporation	Yes	
(13) 350 N Wall Street Kankakee, IL 60901 36-3166033	Healthcare	IL	501(c)(3)	12B	Riverside Rush Corporation	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	849,602	2,367,115		No			No	71 430 %
(1) Rush Surgicenter at the Professional Office Building LP 1725 W Harrison Street Chicago, IL 60612 36-3853026	Surgery Center	IL	Rush University Medical Center	Related	5,914,083	8,094,891		No		Yes		51 090 %
(2) Guardian Health Technologie 1653 W Congress Parkway Chicago, IL 60612 36-2174823	Analytics Software License Holder	IL	Rush University Medical Center	Related				No		Yes		60 000 %
(3) Rush Copley Cardiovascular Consultants LLC 2000 Ogden Avenue Aurora, IL 60504 27-3234201	Healthcare	IL	N/A									
(4) Rush Copley Surgicenter LLC 2111 Ogden Avenue Aurora, IL 60504 38-4012268	Surgery Center	IL	N/A									
(5) Rush Copley Hospitalists LLC 2000 Ogden Avenue Aurora, IL 60504 61-1787188	Healthcare	IL	N/A									
(6) Rush Copley Orthopedics LLC 2111 Ogden Avenue Aurora, IL 60504 61-1801175	Healthcare	IL	N/A									

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 1725 W Harrison Street Chicago, IL 60612 23-7139832	Dining Room	IL	Rush University Medical Center	C	2,825,119	58,403	100 000 %	Yes	
(1) Rush University Medical Center Insurance CoLTD PO Box 1051 Grand Cayman CJ	Insurance	CJ	Rush University Medical Center	C	95,060	18,170,764	100 000 %	Yes	
(2) Rush Copley Medical Group NFP(Copley Services) 2000 Ogden Ave Aurora, FL 60504 36-3235315	Healthcare	IL	N/A	C					No
(3) Pooled Income Fund (13)	Investments	MA	Rush University Medical Center					Yes	
(4) Perpetual Trusts (21)	Trust	IL	Rush University Medical Center					Yes	
(5) Perpetual Trust	Trust	MO	Rush University Medical Center					Yes	
(6) Perpetual Trust	Trust	FL	Rush University Medical Center					Yes	
(7) Charitable Remainder Trust (2)	Trust	CA	Rush University Medical Center					Yes	
(8) Charitable Remainder Trust	Trust	IL	Rush University Medical Center					Yes	
(9) Charitable Remainder Trust	Trust	PA	Rush University Medical Center						No
(10) Charitable Gift Annuity	Gift Anuity	WI	Rush University Medical Center						No
(11) Charitable Gift Annuity	Gift Anuity	MA	Rush University Medical Center						No
(12) Charitable Gift Annuity (7)	Gift Anuity	IL	Rush University Medical Center						No
(13) Charitable Gift Annuity	Gift Anuity	NV	Rush University Medical Center						No
(14) Riverside-Rush Corporation NFP 350 N Wall Street Kankakee, IL 60901 32-0329257	Bridge Board	IL	Rush University Medical Center	C					No

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
(16) Rush University Medical Center Master Retirement Trust Pension Truzs Chicago, IL 60612 91-2043520	Pension Trust	IL	Rush University Medical Center	T	87,082,515	1,116,061,475	100 000 %		No

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)	Circle Imaging	O	1,925,193	FMV
(1)	Circle Imaging	S	79,121	FMV
(2)	Rush Master Retirement Trust	Q	40,000,000	FMV
(3)	Copley Memorial Hospital	Q	2,449,164	FMV
(4)	Copley Memorial Hospital	E	840,387	FMV
(5)	Rush University Medical Center Insurance Co	P	2,188,000	FMV
(6)	Rush Surgicenter	Q	252,074	FMV
(7)	Rush System for Health	P	921,735	FMV
(8)	Rush System for Health	Q	82,125	FMV
(9)	Rush Health	M	5,871,514	FMV
(10)	Rush Health	Q	11,190,964	FMV
(11)	Rush Health	S	11,027,207	FMV
(12)	Rush Health	R	17,170,428	FMV
(13)	Rush Oak Park Hospital	S	8,750,527	FMV
(14)	Rush Oak Park Hospital	K	80,296	FMV
(15)	Rush Health	P	317,902	FMV
(16)	Circle Imaging	P	171,916	