

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
		2017 Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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		D Employer identification number 36-2174823	
		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		E Telephone number (312) 942-8054	
				G Gross receipts \$ 4,110,881,878	
		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)	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				H(c) Group exemption number ▶	
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
---------------	----------------

Activities & Governance	1 Briefly describe the organization's mission or most significant activities The true impact of our mission isn't only visible within the boundaries of our Medical Center campus. We also fulfill our mission 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	97
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	90
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	12,126
	6 Total number of volunteers (estimate if necessary)	6	950
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	668,796
b Net unrelated business taxable income from Form 990-T, line 34	7b	1,203,676	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	41,292,134	70,672,269
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,663,575,522	1,726,183,758
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,683,824	114,552,897
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,296,361	67,557,636
		1,829,847,841	1,978,966,560
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,004,308	11,951,079
	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)	914,360,681	970,383,631
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 9,486,746		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	794,939,029	820,983,021
	18 Total expenses—Add lines 13–17 (must equal Part IX, column (A), line 25)	1,719,304,018	1,803,317,731
	19 Revenue less expenses—Subtract line 18 from line 12	110,543,823	175,648,829
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,098,640,902	3,298,337,910
	21 Total liabilities (Part X, line 26)	1,301,985,545	1,319,322,008
	22 Net assets or fund balances—Subtract line 21 from line 20	1,796,655,357	1,979,015,902

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			2019-05-15 Date	
	John P Mordach Senior V P and CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Anne Fulton		Preparer's signature Anne Fulton		Date
					Check ☐ if self-employed
					PTIN 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

Part III Statement of Program Service AccomplishmentsCheck 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 \$	1,368,401,420	including grants of \$	389,800)	(Revenue \$	1,565,222,875)
See Additional Data							

4b	(Code)	(Expenses \$	80,245,804	including grants of \$	11,561,279)	(Revenue \$	83,574,834)
See Additional Data							

4c	(Code)	(Expenses \$	160,794,367	including grants of \$		(Revenue \$	123,215,407)
See Additional Data							

(Code)	(Expenses \$	73,363,046	including grants of \$		(Revenue \$	27,663,302)
---------	--------------	------------	------------------------	--	-------------	--------------

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 FY18.

4d Other program services (Describe in Schedule O)

(Expenses \$	73,363,046	including grants of \$		(Revenue \$	27,663,302)
--------------	------------	------------------------	--	-------------	--------------

4e	Total program service expenses ▶	1,682,804,637
-----------	---	---------------

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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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	28a 28b 28c	No Yes 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 ComplianceCheck 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	2,024
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	10
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	12,126
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	0
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	97	
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	90	
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?	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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?	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?	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

Check if Schedule O contains a response or note to any line in this Part VII ☒

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

[illegible]

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 ▶ 1,681

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
INTERIOR INVESTMENTS LLC 205 W WAVKER DRIVE CHICAGO, IL 60606	OFFICE SPACE CONSULTANTS	17,421,263
BULLEY & ANDREWS LLC 1755 W ARMITAGE AVENUE CHICAGO, IL 60622	CONSTRUCTION	17,176,978
WALSH CONSTRUCTION COMPANYF 929 W ADAMS STREET CHICAGO, IL 60607	CONSTRUCTION	9,938,927
FORWARD SPACE LLC 1142 N NORTH BRANCH CHICAGO, IL 60642	OFFICE SPACE CONSULTANTS	6,132,226
COMMERCIAL HEATING 12033 S SPAULDING SCHOOL DRIVE PLAINFIELD, IL 60585	HEATING & COOLING	4,081,359

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 ► 180	
--	--

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	2,143,551				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,281,615				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	66,247,103				
	g Noncash contributions included in lines 1a-1f \$ _____		8,602,194				
	h Total. Add lines 1a-1f ▶		70,672,269				
Program Service Revenue			Business Code				
	2a Medicare/Medicaid		541900	780,906,000	780,906,000		
	b Patient Services		900099	431,905,695	431,905,695		
	c Physician Practices		621110	278,918,520	278,918,520		
	d Research		621500	123,215,407	123,215,407		
	e Tuition		900099	83,574,834	83,574,834		
	f All other program service revenue			27,663,302	27,663,302		
	g Total. Add lines 2a-2f ▶		1,726,183,758				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		79,834,090			79,834,090	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		8,965,169					
		b Less rental expenses	15,184,270				
		c Rental income or (loss)	-6,219,101				
	d Net rental income or (loss) ▶		-6,219,101		167,151	-6,386,252	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,112,007,000					
		b Less cost or other basis and sales expenses	2,077,288,193				
		c Gain or (loss)	34,718,807				
	d Net gain or (loss) ▶		34,718,807			34,718,807	
	8a Gross income from fundraising events (not including \$ <u>2,143,551</u> of contributions reported on line 1c) See Part IV, line 18 a						
		533,005					
		b Less direct expenses b	776,401				
	c Net income or (loss) from fundraising events . . . ▶		-243,396			-243,396	
	9a Gross income from gaming activities See Part IV, line 19 a						
57,800							
b Less direct expenses b		31,972					
c Net income or (loss) from gaming activities . . . ▶		25,828			25,828		
10a Gross sales of inventory, less returns and allowances . . . a							
	112,127,142						
	b Less cost of goods sold . . . b	38,634,482					
c Net income or (loss) from sales of inventory . . . ▶		73,492,660	73,492,660				
Miscellaneous Revenue		Business Code					
11a Investment UBI	900003	259,515		259,515			
b Vyridian	541900	182,743		182,743			
c Laboratories	621500	50,789		50,789			
d All other revenue		8,598		8,598			
e Total. Add lines 11a-11d ▶		501,645					
12 Total revenue. See Instructions ▶		1,978,966,560	1,799,676,418	668,796	107,949,077		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	389,800	389,800		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	11,561,279	11,561,279		
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.	32,429,713	5,898,432	24,899,285	1,631,996
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	3,167,808		3,167,808	
7 Other salaries and wages.	773,601,399	746,143,612	23,093,355	4,364,432
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	24,810,105	21,538,911	3,174,469	96,725
9 Other employee benefits.	82,849,920	74,009,820	7,606,699	1,233,401
10 Payroll taxes.	53,524,686	51,769,047	1,647,690	107,949
11 Fees for services (non-employees):				
a Management.	38,597,196	27,717,528	9,983,957	895,711
b Legal.	3,984,496	1,331,234	2,653,262	
c Accounting.	993,928	298,179	695,749	
d Lobbying.	687,820	687,820		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	4,259,109		4,259,109	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	50,133,929	46,833,197	3,296,296	4,436
12 Advertising and promotion.	3,251,204	2,623,908	627,296	
13 Office expenses.	8,936,538	6,663,979	2,003,786	268,773
14 Information technology.	31,086,198	28,435,381	2,646,449	4,368
15 Royalties.	182,207	182,187		20
16 Occupancy.	29,911,546	24,265,659	5,242,889	402,998
17 Travel.	2,697,198	2,350,971	272,332	73,895
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	3,602,396	2,879,195	616,819	106,382
20 Interest.	19,781,191	19,781,191		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	100,792,682	88,507,566	12,285,116	
23 Insurance.	55,842,892	55,836,814	6,078	
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.	384,391,578	382,380,706	1,917,533	93,339
b Medicare Provider Tax.	37,652,287	37,652,287		
c Equipment Rent/Purchase.	21,560,003	21,065,564	455,311	39,128
d Operational Charges.	19,443,224	18,804,971	475,060	163,193
e All other expenses.	3,195,399	3,195,399		
25 Total functional expenses. Add lines 1 through 24e.	1,803,317,731	1,682,804,637	111,026,348	9,486,746
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 SheetCheck 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		569,489	1	95,355
	2	Savings and temporary cash investments		56,606,864	2	114,750,567
	3	Pledges and grants receivable, net		19,079,397	3	27,890,956
	4	Accounts receivable, net		312,226,433	4	333,184,583
	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		23,819,337	8	26,215,584
	9	Prepaid expenses and deferred charges		13,497,917	9	23,910,926
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 2,445,788,258			
	b	Less: accumulated depreciation	10b 1,194,182,675	1,224,649,614	10c	1,251,605,583
	11	Investments—publicly traded securities		980,317,535	11	1,137,743,641
	12	Investments—other securities. See Part IV, line 11		452,393,000	12	368,600,919
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15,481,316	15	14,339,796
16	Total assets. Add lines 1 through 15 (must equal line 34)		3,098,640,902	16	3,298,337,910	
Liabilities	17	Accounts payable and accrued expenses		324,021,478	17	342,295,833
	18	Grants payable			18	
	19	Deferred revenue		12,489,757	19	49,970,183
	20	Tax-exempt bond liabilities		514,013,456	20	499,426,606
	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		376,533,591	23	354,868,787
	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		74,927,263	25	72,760,599
	26	Total liabilities. Add lines 17 through 25		1,301,985,545	26	1,319,322,008
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,098,578,045	27	1,213,622,786
	28	Temporarily restricted net assets		434,480,597	28	493,027,260
	29	Permanently restricted net assets		263,596,715	29	272,365,856
	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		1,796,655,357	33	1,979,015,902
34	Total liabilities and net assets/fund balances		3,098,640,902	34	3,298,337,910	

Part XI Reconciliation of Net AssetsCheck 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	1,978,966,560
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,803,317,731
3	Revenue less expenses Subtract line 2 from line 1	3	175,648,829
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,796,655,357
5	Net unrealized gains (losses) on investments	5	-11,750,708
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	18,462,424
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,979,015,902

Part XII Financial Statements and ReportingCheck 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	Yes	

Additional Data

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

Form 990 (2017)

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 FY18, 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 FY18 earned Rush national rankings among the top 50 hospitals in 7 of 16 specialty areas according to U.S. News & World Report's 2018-19 "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. Further, three Rush programs (orthopedics, ear, nose and throat, and nephrology) are the highest-ranked in Illinois, and U.S. News and World Report named five additional Rush programs as "High Performing."

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 FY18. 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 FY18 topped \$95 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	2 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	2 00 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
Karen Jaffee Cofsky Trustee	1 00	X						0	0	0
Christopher L Coogan MD Trustee	41 00	X						0	0	0
E David Coolidge III Trustee	0 00	X						0	0	0
Kelly McNamara Corley Trustee	3 00	X						0	0	0
Susan Crown Trustee	1 00	X		X				0	0	0
James W DeYoung Trustee	3 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
Christine A Edwards 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			
Francesca Maher Edwardson Trustee	1 00	X						0	0	0
Peter M Ellis Trustee	1 00	X						0	0	0
Charles L Evans PhD Trustee	1 00	X						0	0	0
Larry Field Trustee	1 00	X						0	0	0
Robert F Finke Trustee	3 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	4 00 1 00	X		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			
Sandra P Guthman Trustee	2 00	X						0	0	0
David C Habiger Trustee	1 00	X						0	0	0
William J Hagenah Trustee	2 00	X						0	0	0
William K Hall Trustee	2 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	3 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

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 L Howard Trustee	1 00	X						0	0	0
Ron Huberman Trustee	1 00	X						0	0	0
Anthony D Ivankovich MD Trustee	1 00	X						0	0	0
Richard M Jaffee 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
Thomas E Lanctot Trustee	1 00	X						0	0	0
Sheldon Lavin Trustee	1 00	X						0	0	0
The Rt Rev Jeffrey D Lee 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			
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
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	2 00	X						0	0	0
Andrew J McKenna Jr Trustee	1 00	X						0	0	0
James S Metcalf 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			
Mark C Metzger Trustee	1 00	X						0	0	0
Wayne L Moore Trustee	1 00 2 00	X						0	0	0
Marcia Murphy DNP Trustee	41 00 0 00	X						122,218	0	35,192
William A Mynatt Jr Trustee	2 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
Aurie A Pennick Trustee	1 00	X						0	0	0
Sheila A Penrose Trustee	2 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			
Perry R Pero Trustee	1 00	X						0	0	0
Stephen N Potter Trustee	1 00 2 00	X						0	0	0
Jose Luis Prado Trustee	1 00	X						0	0	0
Stephen R Quazzo 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
Thomas E Richards Trustee	1 00	X						0	0	0
John W Rogers Jr Trustee	2 00 1 00	X						0	0	0
Joan S Rubschlager Trustee	1 00	X						0	0	0
Jesse H Ruiz 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			
Dino Rumoro DO Trustee	41 00 0 00	X						641,226	0	50,589
John J Sabl Trustee	1 00	X						0	0	0
John F Sandner Trustee	1 00	X						0	0	0
E Scott Santi Trustee	2 00	X						0	0	0
Gloria Santona Esq Trustee	1 00	X						0	0	0
Carole Browe Segal Trustee	2 00 1 00	X						0	0	0
Alejandro Silva Trustee	1 00	X						0	0	0
David H B Smith Jr Trustee	1 00	X						0	0	0
Jennifer W Steans Trustee	1 00	X						0	0	0
Joan E Steel 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			
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	42 00 0 00	X						111,242	0	1,236
Gregory W Welch 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	2 00	X						0	0	0
Thomas J Wilson Trustee	1 00	X						0	0	0
Robert A Wislow 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			
Barbara Jil Wu PhD Trustee	1 00	X						0	0	0
Larry Goodman MD CEO, RUMC & RSH	43 00	X		X				2,202,835	0	305,765
Joseph Anderson VP, Human Resources Operations	40 00 0 00			X				235,348	0	44,850
David Ansell MD SVP, Community Health Equity	40 00 1 00			X				816,665	0	126,586
Cynthia Barginere DNP COO, Rush University Hospital	40 00 0 00			X				523,690	0	104,358
Carl Bergetz JD SVP, Legal Affairs	40 00 1 00			X				463,442	0	103,981
Antonio Bianco MD SVP Clinical Affairs Ended 7/31/18	40 00 0 00			X				639,592	0	105,016
Cynthia Boyd MD Chief Compliance Officer	40 00 0 00			X				440,831	0	61,473
Edward Conway VP, Administration and Finance	40 00 0 00			X				354,546	0	84,961
Melissa Coverdale VP, Finance	40 00 1 00			X				358,639	0	70,247

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 Dandorh President, RUMC & RSH	40 00 2 00			X				1,080,309	0	201,033
Richard B Davis VP, HR Operations Ended 9/1/17	40 00 0 00			X				388,184	0	46,409
Richard K Davis VP, University Affairs	40 00 0 00			X				412,319	0	92,052
Thomas Deutsch MD Provost, Rush University	40 00 0 00			X				919,007	0	153,635
Bruce Elegant VP, Hospital Operations	1 00 40 00			X				517,231	0	78,084
Brent Estes SVP, Business/Network Development	40 00 0 00			X				523,358	0	99,898
Marquis Foreman PhD Dean, College of Nursing	40 00 0 00			X				326,225	0	59,684
Richa Gupta MBBS Chief Quality Officer	40 00 0 00			X				311,214	0	57,698
Bala Hota MD Vice President and	40 00 0 00			X				499,065	0	90,711
Joshua Jacobs MD VP, Research	40 00 0 00			X				570,863	0	66,068

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			
Kousik Krishnan MB ChB Dean, Rush Medical College	40 00 0 00			X				518,963	0	173,180
Joan Kurtenbach VP, Strategic Planning-Marketing	40 00 1 00			X				340,904	0	87,160
Michael Lamont VP, Facilities Management	40 00 0 00			X				365,020	0	61,142
Omar Lateef DO Chief Medical Officer	40 00 1 00			X				853,647	0	156,450
Diane McKeever Chief Development Officer	40 00 1 00			X				1,516,377	0	115,620
John Mordach Chief Financial Officer	40 00 1 00			X				905,870	0	176,936
Michael Mulroe VP, Hospital Operations	40 00 0 00			X				377,056	0	86,270
James Mulshine Interim Dean, Ended	40 00 0 00			X				369,542	0	82,949
Patricia Nedved VP, Professional Nursing Practice Ended	40 00 0 00			X				251,667	0	45,921
Patricia O'Neil Chief Investment Officer	40 00 0 00			X				314,316	0	67,369

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 Parent VP, Information Tech, Ended 7/7/17	40 00 0 00			X				692,226	0	71,938
Brian Patty MD Chief Medical Information Officer	40 00 0 00			X				422,995	0	89,088
Anthony Perry MD VP, Ambulatory Transformation	40 00 0 00			X				399,767	0	92,628
Terry Peterson VP, Corporate and External Affairs	40 00 0 00			X				363,747	0	58,088
Shafiq Rab MBBS MPH CHCIO Chief Information Officer	40 00 1 00			X				654,464	0	115,491
Angelique Richard PhD RN Chief Nursing Officer	40 00 1 00			X				449,993	0	77,217
Charlotte Royeen PhD Dean, College of Health Sciences	40 00 0 00			X				305,835	0	68,032
Mary Ellen Schopp Chief Human Resources Officer	40 00 0 00			X				470,933	0	116,988
Scott Sonnenschein VP, Hospital Operations	40 00 0 00			X				392,320	0	86,664
Katharine Struck JD VP, Integrated Solutions & Optimization	40 00 0 00			X				315,888	0	37,289

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			
Denise Szalko VP, Revenue Cycle	40 00 0 00			X				383,864	0	71,860
Judson Vosburg VP, Financial Plan & Support Ended 6/30/17	40 00 0 00			X				410,810	0	40,123
Lynne Wallace VP, Human Resources	40 00 0 00			X				224,630	0	64,726
Nicole Sibol VP,Business Development	40 00 0 00			X				5,381	0	574
Thomas P Wick VP, Principal & Major Gifts	40 00 0 00			X				0	0	0
Peter Briechle PhD VP, Philanthropy	40 00 0 00			X				0	0	0
Demetrius Lopes MD Physician	40 00 0 00					X		1,127,727	0	45,589
Vincent Traynelis MD Physician	40 00 0 00					X		1,079,064	0	31,258
Michael Liptay MD Physician	40 00 0 00					X		1,230,119	0	52,324
Lorenzo Munoz MD Physician	40 00 0 00					X		1,083,850	0	45,589

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			
Richard Byrne MD Physician	40 00 0 00					X		1,154,623	0	48,289
Peter Butler Former President	0 00 0 00						X	271,889	0	1,200
Anne Murphy JD Former SVP Legal Affairs	0 00 0 00						X	489,875	0	0
Brian Smith Former VP Clinical Affairs	0 00 0 00						X	994,335	0	25,989

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Rush University Medical Center

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

2017

Open to Public Inspection

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. 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—2016.** 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—2017.** 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—2016.** 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 in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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).		
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? <i>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.</i>		
	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? <i>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.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

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

2017

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization Rush University Medical Center	Employer identification number 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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$
- 3** Volunteer hours for political campaign activities (see instructions) ▶

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-
1				
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

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		687,620
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		180,164
j	Total. Add lines 1c through 1i			867,784
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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. The increase in other activities stems from activities associated with proposed satellite and ambulatory facilities. A portion of the lobbying expenditure stems from dues to hospital organizations that lobby on behalf of the healthcare industry.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135069249

SCHEDULE D

(Form 990)

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

2b

2c

2d

Held at the End of the Year

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

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

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

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

11

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

1b

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	588,315,306	505,278,670	521,164,012	521,793,095	475,694,471
b Contributions	6,957,150	4,226,027	4,047,128	4,864,889	6,566,825
c Net investment earnings, gains, and losses	51,532,395	97,185,668	-2,040,476	11,650,065	56,203,563
d Grants or scholarships	2,968,721	2,684,169	2,629,194	1,830,428	1,782,744
e Other expenditures for facilities and programs	16,097,830	15,222,879	14,807,856	14,809,823	14,424,023
f Administrative expenses	417,204	468,011	454,944	503,786	464,997
g End of year balance	627,321,096	588,315,306	505,278,670	521,164,012	521,793,095

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as**a** Board designated or quasi-endowment ▶ 1 200 %**b** Permanent endowment ▶ 43 400 %**c** Temporarily restricted endowment ▶ 55 400 %

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

	Yes	No
3a(i)		No
3a(ii)		No
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		50,906,485		50,906,485
b Buildings		1,630,430,869	740,035,865	890,395,004
c Leasehold improvements		48,607,085	40,530,257	8,076,828
d Equipment		561,983,646	413,616,553	148,367,093
e Other		153,860,173		153,860,173
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,251,605,583

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	368,600,919	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)	▶ 368,600,919	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Swap Valuation	11,599,697
Pension Liabilities	33,054,881
Securities Lending Liabilities	7,027,720
Annuities-Philanthropy	657,907
Asset Retirement Cost	20,316,720
Payable to Affiliate	103,674
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 72,760,599

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	1,938,054,629
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-11,750,708
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	-11,750,708
3	Subtract line 2e from line 1	3	1,949,805,337
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	29,161,223
c	Add lines 4a and 4b	4c	29,161,223
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,978,966,560

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	1,843,390,628
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	1,843,390,628
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-40,072,897
c	Add lines 4a and 4b	4c	-40,072,897
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,803,317,731

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	Investment Management fees booked as reduction of revenue 4,259,109 Cost of Goods reported in revenue section of 990 -38,634,482 Fundraising expenses booked as reduction in revenue 9,486,746 Net assets released from restriction 49,915,970 Rental Expense reported in revenue section of 990 -15,184,270 Restricted Contributions 19,318,150

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	Investment Management fees booked as reduction of revenue 4,259,109 Cost of Goods reported in revenue section of 990 -38,634,482 Rental expenses reported in revenue section of 990 -15,184,270 Fundraising expenses booked as reduction in revenue 9,486,746

Supplemental Information	
Return Reference	Explanation
Schedule D Part V Line 4	-The endowments are used to fund professorships (38%), research (13%), free care (8%), student financial aid (12%), education and fellowships (12%) and other programs (17%)

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

**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 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			92,684,379
b Total from continuation sheets to Part I					35,542
c Totals (add lines 3a and 3b)	0	0			92,719,921

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

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

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	2,199,049
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Program Service	Charitable Health Care and healthcare related conferences	44,882

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
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	0	Program Service	Charitable Health Care and healthcare related conferences	483,475
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	0	Program Service	Charitable Health Care and healthcare related conferences	397,185

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
Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	0	0	Program Service	Charitable Health Care and healthcare related conferences	153,887
North America - Canada and Mexico, but not the United States	0	0	Program Service	Charitable Health Care and healthcare related conferences	1,083,572

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	687,701
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investments		87,634,628

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
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina Faso,	0	0	Program Service	Charitable Health Care and healthcare related conferences	20,453
South Asia	0	0	Program Services	Charitable Health Care and healthcare related conferences	13,967

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and Neighboring States	0	0	Program Services	Charitable Health Care and healthcare related conferences	1,122

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

2017

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Road Home Program (event type)	Fashion Show (event type)	3 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,191,105	669,788	815,663	2,676,556
	2 Less Contributions	1,153,305	478,288	511,958	2,143,551
	3 Gross income (line 1 minus line 2)	37,800	191,500	303,705	533,005
Direct Expenses	4 Cash prizes		5,000		5,000
	5 Noncash prizes			30,430	30,430
	6 Rent/facility costs		24,159	28,610	52,769
	7 Food and beverages	65,349	83,752	136,252	285,353
	8 Entertainment	2,490	10,198	77,922	90,610
	9 Other direct expenses	82,828	119,805	109,606	312,239
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				776,401
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-243,396

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			57,800	57,800
	2 Cash prizes			5,000	5,000
Direct Expenses	3 Noncash prizes			26,972	26,972
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 100.000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				31,972
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				25,828

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	0 %
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 ► \$ 25,828

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

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493135069249

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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.

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
☐ Applied uniformly to all hospital facilities		
☐ Applied uniformly to most hospital facilities		
☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
☐ 100% ☐ 150% ☐ 200% ☒ Other 30000 0000000000 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			24,769,146		24,769,146	1 370 %
b Medicaid (from Worksheet 3, column a)			315,122,669	234,918,533	80,204,136	4 450 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			339,891,815	234,918,533	104,973,282	5 820 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		480,050	14,338,186	7,448,230	6,889,956	0 380 %
f Health professions education (from Worksheet 5)			154,826,170	94,578,988	60,247,182	3 340 %
g Subsidized health services (from Worksheet 6)			346,057,288	279,587,988	66,469,300	3 690 %
h Research (from Worksheet 7)			164,581,047	124,032,510	40,548,537	2 250 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			392,300		392,300	0 020 %
j Total. Other Benefits		480,050	680,194,991	505,647,716	174,547,275	9 680 %
k Total. Add lines 7d and 7j		480,050	1,020,086,806	740,566,249	279,520,557	15 500 %

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			2,088,867		2,088,867	0 120 %
3 Community support			148,232		148,232	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			3,328,589	1,000,000	2,328,589	0 130 %
9 Other						
10 Total			5,565,688	1,000,000	4,565,688	0 260 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	12,594,529	
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	258,521,869
6 Enter Medicare allowable costs of care relating to payments on line 5	6	240,893,771
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	17,628,098
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

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)
Rush University Medical Center

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The 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 <u>15</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>See Part V Section C</u>		
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 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>See Part V Section C</u>		
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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
b ☐ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☐ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☒ Residency			
h ☒ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>www.rush.edu/sites/default/files/financial-assistance-policy-3-2018.pdf</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>www.rush.edu/sites/default/files/financial-assistance-application.pdf</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>www.rush.edu/sites/default/files/financial-assistance-brochure-2018.pdf</u>			
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 nonpayment?	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 _____**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?

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?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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.

[illegible]

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 2018 As-Filed Medicare Cost Report Medicare revenues and costs were extracted from the FY18 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 \$248,062,013 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)	Total expenses reported on Form 990, Part IX, line 25, column (A) does not include bad debt expense. The bad debt expense was reported as a reduction of revenue on Form 990, Part VIII. The amount of bad debt is \$38,908,257. The calculation of the ratio of patient cost to charges was based on Rush's FY18 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	Physical improvements and housingRush has committed to the concept of housing as health, with senior leadership approving a pilot program to house 6 of our chronically homeless patients in partnership with the Center for Housing and Health, a subsidiary of the AIDS Foundation of Chicago. This pilot follows HUD definitions and guidelines and provides both bridge and permanent, supportive housing to individuals in need. Rush has invested \$55,000 in this program. Economic DevelopmentIn FY18, Rush made strategic investments worth \$2.08M in social impact projects through Community Development Financial Institutions (CDFIs) - Chicago Community Loan Fund (CCLF) and IFF - with the long term goal to impact the social determinants of health. As part of these ventures Rush invested \$1.08M in Chicago Neighborhood Rebuild Pilot Program and People's Community Development Association of Chicago (PCDAC). The Rebuild Pilot Program was announced by the City of Chicago and aims at acquiring and rehabilitating vacant homes in Chicago neighborhoods that need investment and jobs. The goal of the program is to create opportunities for local businesses and at-risk youth while supporting affordable ownership and community stability. The PCDAC investment involved acquiring land adjacent to Harvest Homes located in the East Garfield Park neighborhood for future development. We invested another \$1M in The Hatchery Project which is a local incubator for food and beverage related businesses in East Garfield Park. Rush is also committed to buying and sourcing locally. For example, Rush intentionally does business with vendors in our West Side communities and creates business incubation opportunities for vendors. Rush launched the Business of the Week and Shop the West Side initiatives in FY18-bringing these local businesses onto the Rush campus. Some of the vendors included Anise Creations, Accessorize Me, Against the Grain Designs (watches and glasses), At Her Leisure (travel accessories and wearable art), and the Chicago Lighthouse Industries (planners, calendars, banners, ergonomic footrests, monitor arms, and cooking thermometers). Rush has also worked with new West Side vendors for services such as IPromo - Promotional Items and SS Media 7 - Awards Services Vendor, Catering Out of the Box and Inspiration Kitchens. Environmental ImprovementsRush understands that in its commitment to improving health, it must also be aware of its environmental footprint. As a result, Rush developed The Green Team at Rush University Medical Center and continued to support The Green Team at Rush Oak Park Hospital. Each of the green teams have adopted a mission to improve the social and physical wellbeing of the patients, students, employees and community we serve through a culture of environmental sustainability. Institute a task force to focus on inbound and outbound environmentally friendly programs through Energy and water conservation, Reduction of our carbon footprint, Recycling program and waste reduction, Local & sustainable food, Establishing sourcing relationships with environmentally conscious vendors. Rush has also engaged Practice Green Health, which is an advisory service to attain green culture. In early 2018 Rush became the first academic health system in the region to adopt a comprehensive clean air policy. This policy includes guidelines for all new construction on the downtown and Oak Park campuses that will adopt the cleanest diesel policies for our air quality and also developed guidelines to limit all unnecessary idling on. This policy was adopted by Rush in partnership with Respiratory Health Association and Environmental Law and Policy Center. Coalition BuildingWest Side United (WSU, westsideunited.org)WSU is a collaborative of 6 health institutions including Rush University Medical Center, Cook County Health, Ann and Robert H. Lurie Children's Hospital, Presence/AMITA Health System, Sinai Health System, UI Health, and other healthcare providers, education providers, the faith community, business, government and residents. This collaborative is working to improve neighborhood health by addressing inequities in healthcare, education, economic vitality and the physical environment using a cross-sector, place-based strategy. The overarching aim is to reduce life expectancy gaps between the Loop and the 10 Westside neighborhoods of focus by 50% by 2030. West Side United envisions vital, healthy communities for all residents and stakeholders by providing equal access to behavioral and physical health services.Eliminating food insecurity and improve access to healthy food.Reducing the wealth gap between the North and West Side by creating new jobs and career pathways.Providing summer jobs, apprenticeships and access to post-secondary education for all high school. In February 2018, West Side United announced 15 initiatives to meet those goals: Health and HealthcareCommunity Health StrategyCommunity Health WorkersExplore Co-Locating Health Ser

Form and Line Reference	Explanation
Part II, Community Building Activities	vicesNeighborhood and Physical EnvironmentImpact InvestingHealth Food StrategyEconomic Vi talityLocal HiringEmployee Professional GrowthBusiness DevelopmentSmall Business Grant Pool EducationHigh School Internships & College ApprenticeshipsCivic Consulting Alliance (CCA, ccachicago.org)CCA has provided consulting services to Rush and WSU to help address the re gion's most pressing problems and greatest opportunities in four areas Education, Crimina l Justice and Public Safety, Economic Vitality, and inclusive Civic Leadership CCA has do ne their work in connection with talent from one of the most respected teaching institutio ns in the region Their pro bono work drives impact that no single entity can accomplish a lone They are committed to increasing the vitality of Rush's region and reducing disparit y between neighborhoods by working across the three pillars of a vibrant, inclusive econom y growth, prosperity, and inclusion Their vision in Economic Vitality is to grow an econ omy that works for everyone while reducing inequities between communities West Side Connec tEDRush is a founding member of West Side ConnectED, a collaborative of 4 West Side hospit als working to improve our efforts on social determinants of health with support from Cath olic Charities The group is particularly focused on implementing screening about primary care/insurance, food security, housing, utilities, and transportation in the Emergency Dep artments In FY18 Rush dedicated staff time equivalent of \$5,500 The coalition also secur ed funding from the Illinois Health and Hospital Association (IHA) and WSU to secure a pro ject manager and screening connections with the Patient Innovation Center Community Health Improvement AdvocacyIn FY18, Rush supported the Alliance for Health Equity in its Tobacco 21 campaign for the State of Illinois Workforce DevelopmentRush's Employment Preference Initiative focuses on hiring individuals from our West Side communities into frontline pos itions within the organization We have partnered with non-profit organizations including Skills for Chicagoland's Future and the Cara Program that refer qualified candidates and p rovide wrap around support services We hired 15 individuals in FY18 through the Employmen t Preference Initiative and 16% of all of our new hires were from our West Side communitie s We are also dedicated to utilizing local labor for Capital Projects such as Rush's Sout h Loop Clinic where we had 7 7% of construction hours worked by West Side residents in FY1 8 Finally, the newly launched Talent Development Initiative includes creating targeted ca reer pathway programs for incumbent employees to help them advance in their careers In FY 18 we dedicated resources to organizing and planning the launch of two programs, the Medic al Assistant Pathway Program and the Patient Care Technician Program Rush Oak Park Hospita l also supports career development of students with special needs in partnership with Oak Park River Forest High School ROPH employs students throughout the hospital as a job deve lopment program Employee Volunteer Program (EVP)EVP is a program to support volunteer acti vities that enhance and serve the communities where Rush system employee's work and live Rush has made a commitment to working closely with our West Side of Chicago and Western Su burb communities to address social conditions that contribute to poor health outcomes for residents Rush specifically seeks to address issues that improve health, well-being and q uality of life for our neighbors, and to provide volunteer opportunities that enrich and i nspire our employees During the pilot phase of this program, there were a total of 631 vo lunteer hours spent in the community and planning this initiative

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	The cost for the total bad debt provision of \$38,908,257 was calculated using the FY18 As-Filed Medicare Cost Report as a source for computing an overall cost-to-charge ratio. This reduces the bad debt expense of \$38,908,257 to cost of \$12,594,529. 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 FY18, Rush's reported provision for bad debt was a total of \$38,908,257 which equates to \$12,594,529 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 2018 As-Filed Medicare Cost Report Medicare revenues and costs were extracted from the FY18 As-Filed Medicare Cost Report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	For public transparency and ease, the debt collection policy is included in the financial assistance policy within section entitled - "Collections and Other Actions Taken In the Event of Non-Payment" 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 and a plain language summary is provided on all statements prior to placing accounts with bad debt collection agency. In addition our collection agencies will attempt to notify patients of Rush's financial assistance policy before placing accounts with the credit bureau. The policy also has provisions for engaging in extraordinary 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. Chicago, like any large urban city, surveys the health services it provides to its citizens. The Chicago Department of Public Health (CDPH) established a strategic planning process aimed to focus the energies of the department into a plan, Healthy Chicago 2.0, which set organizational priorities and guides the allocation of public health resources. Rush worked to align around these areas of improvement. 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 West Side United with our partners at UI Health, Cook County Health, and Presence Health/AMITA. 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 BUILD Coalition of Hope, El Valor Enlace, Every Block a Village, Garfield Park Community Council, Greater Galilee Baptist Church, Kedvale New Mt. Zion M.B. Church, Marillac St. Vincent Mile Square Health Center, Oakley Square Rush Employees, Salvation Army, CPS Principals, SAME Network, Alumni St. Pius VUCAN, West Side Stakeholders, Austin Coming Together & Westside Health Authority, YMC. The "What We Heard" report can be found here, which was formally released in July 2017: https://www.rush.edu/sites/default/files/what-we-heard-july-2017.pdf. In addition to this effort, through its partnership with West Side United, Rush is getting continuous feedback from its West Side Partners. Rush is actively bringing its message across the West Side organizations and working to learn about what health needs might exist and receive feedback on programmatic decisions. Rush has also ensured that community partners are involved in all of our respective Community Health Implementation Plan workgroups.

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 provides 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.

Form and Line Reference	Explanation
Part VI, Line 5	Supporting Information - Community Health Implementation PlanThe following is a comprehensive narrative of Rush's efforts to improve the health of those we serve given a shared adopted Community Health Needs Assessment and Community Health Implementation Plan. Given Rush's recent system focus, the Office of Community Engagement has expanded its efforts to include alignment with system programming and talks about Rush as one entity, and lists efforts for both hospitals, including numbers. The numbers are broken down in the financials, but the description is comprehensive and the same for both hospitals - we are one Rush and have described it as such. Goal 1: Reduce inequities caused by the social, economic and structural determinants of health. Rush Education and Career Hub (REACH)The Rush Education and Career Hub (REACH) extends Rush's 28-year legacy of support for Chicago school communities. Since 1990, thousands of students from pre-kindergarten to college have participated in science and math enrichment learning experiences. The REACH model provides these offerings and integrates them into a cradle-to-career pathway with a mission of increasing diversity in STEM/healthcare professions. Our overall goals are to increase high school graduation rates, college matriculation, interest in healthcare/STEM careers, and to build skills for the 21st-century workforce, including communication, collaboration, critical thinking, creativity, and leadership. Through enrichment, engagement, skills training and high-quality work-based learning, Rush is preparing underrepresented youth for success in the healthcare industry. Rush's dedication to promoting a healthy community has fostered a strong commitment to supporting the growth and development of our local neighborhoods, including school communities. In FY18, REACH deepened its collaboration with five partner elementary schools and four high schools with STEM and/or healthcare programs. Rush University Medical Center is uniquely situated to increase the diversity of the healthcare workforce, addressing educational opportunity gaps, and cultivating a pipeline of health professionals focused on reducing health disparities for west side neighborhoods. REACH provides programming across the pre-K-16 educational continuum through the initiatives highlighted below. Elementary Outreach (Gr. Pre-K-5)In 1998, REACH developed its preschool program to introduce preschool children to science, math, and literacy skills. REACH later expanded to include primary grades and currently provides education outreach in 6 public and private schools. The goal of the REACH Elementary Initiative is to provide a stimulating environment for the development of science, math, and literacy skills by providing science/STEM labs and materials appropriate for young children. REACH works with educators to facilitate understanding of fundamental science and math concepts and support student development of inquiry skills by using their natural curiosity to explore their surroundings. In addition to academic enrichment, Rush exposes students and their families to a variety of STEM/healthcare career pathways to inspire future career plans. REACH believes that early parental involvement is crucial for children to be successful in school and supportive in planning for college and career success. In FY18, 1038 students, 50 teachers and 300 parents participated in this program. Middle School Outreach (Gr. 6-8th)Middle school students participating in the College Preparatory Enrichment Program kicked off the year with a college campus experience at Benedictine University. Students received instruction in math, science, and technology, coupled with exposure to campus life. During the school year, students worked collaboratively to solve real-world challenges from the healthcare field. They used robotics to design a solution for medical triage in a disaster and developed an approach to counteract a flu epidemic. Students showcased their learning of inquiry-based science, technology and math integration at the annual STEM Celebration. In FY18, over 100 students participated in this program. In FY18, preparations also began for new programming targeted for 6th-8th grade students in the 2018-19 School Year. One of the new programs is the Future Ready Learning Lab, supported in part by Michael Reese Health Trust. Future Ready Learning Lab is an enrichment elective focused on building interest and awareness of careers in the STEM/healthcare field, increasing sense of self-efficacy, developing 21st century learning skills and transitioning to high school. The elective would be incorporated into the school day and include opportunities for parent and community engagement. Targeted schools are Nathaniel Dett Elementary and Washington Irving Elementary. Schools High School Outreach (Gr. 9-12)REACH's programs for grades 9 through 12 include academic, college and career development. Initiatives include specialized courses, site v

Form and Line Reference	Explanation
Part VI, Line 5	isits, job shadowing and summer internships at Rush that expose students to a wide range o f health care careers REACH also supports dual-credit enrollment opportunities, help stud ent's complete college applications, provide mentoring and more In FY18, REACH provided i ntensive experiences for 250 high school students During the summer of 2018, Rush provided work-based learning experiences for over 200 youth across the medical campus MedSTEM Pat hways, our signature high school program, is designed to introduce teens to a wide range o f clinical and non-clinical healthcare careers, develop leadership skills and build academ ic skills MedSTEM Pathways provides pre-internships for rising sophomores, juniors, and i nternships for rising juniors and seniors By leveraging resources from across Rush Univer sity Medical Center, we provide students with comprehensive, engaging experiences includin g personal development workshops, industry-recognized certifications, and networking with career professionals In addition, with a generous grant from JP Morgan Chase, we completed a pilot of our Health IT program at Richard T Crane Medical Preparatory High School (Cra ne) We ultimately served 55 students and saw 7 students complete their EPIC certification s over the summer The Health IT program expanded to year-round programming and will inclu de the creation of a playbook for scale-up and replication across the city Chicago Public Schools Career and Technical Education Program Richard T Crane Medical Preparatory High School (Crane) is part of the Chicago Pubic School (CPS) Career and Technical Education (C TE) Program established by the Cook County President's and the City of Chicago Mayor's off ices to increase the number of Chicago's youth recruited into Chicago's healthcare wor kfor ce Rush is a part of the CPS CTE program and collaborates with Crane Through Rush Commun ity Service Initiatives Program (RCSIP), Rush student and faculty volunteers provide mento rship and activities to facilitate the Crane students' efforts to successfully pursue thei r interest in health careers CPS CTE activities are focused on awareness, exploration, an d application of the health sciences In addition to mentorship and educational services t o all students at Crane, over 65 first-year high school students had paid healthcare relat ed internships at Rush this past year College (2yr- 4yr)Highly motivated college students can participate in a variety of postsecondary opportunities geared towards workforce deve lopment and academic research experiences In preparation for summer 2019, we will refine and expand the career pathway opportunities for the College Workforce Development Program, offering paid internships and other resources to help students move quickly into full-tim e, living-wage employment after graduation During FY18, 16 undergraduate students partici pated in college internships Malcolm X College Partnership Malcolm X College (MXC), and Ru sh have a rich, multi-year history of collaboration The partnership includes hosting stud ents' clinical rotations in nursing, surgical technology, radiologic technology, EMT/param edic, and respiratory care at Rush University Hospital and providing anatomy labs for MXC health occupations students Rush also provides guest lecturers and recently began offerin g a monthly inter-professional lunch and learn series for MXC students and faculty MXC wa nts to ensure that its graduates have the knowledge, skills and professional attributes th ey will need to function in the healthcare system, both now and in the future To help ach ieve that goal, Rush participates in MXC advisory committees and provides transfer program s for graduates of the MXC radiologic technology and respiratory care programs to allow st u dents the opportunity to obtain a bachelor's degree in their fields

Form and Line Reference	Explanation
Part VI, Line 5	Mini Medical School The RCSIP Mini Medical School is a ten-week program that runs from late September to mid-March for students in fourth and fifth grade, from Chicago Public Schools on Chicago's West Side. The main objective of the program is to expose young students to the health sciences. This program is held at Rush University and includes an orientation, anatomy and physiology lectures, activities on the five major body systems, dissections, homework, and a completion celebration. Rush student and physician volunteers plan the curriculum, implement activities, and assist the youth during these sessions. Nearly 100 students attended. Goal 2: Improve access to mental and behavioral health services. 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 Chicago Public Schools that include, Orr Academy High School, Richard T. Crane Medical Preparatory High School, and Simpson Academy for Young Women. Crane and Orr have students in grades 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 neighborhoods with high poverty levels and hardship. The Rush SBHCs act as safety nets for these vulnerable students. Wide-ranging clinic services are provided by advanced practice nurses, registered nurses, collaborating physicians and large numbers of Rush's inter-professional students. The services include physicals, immunizations, treatment of injuries, primary care, intermittent care, mental health services, prenatal care, pregnancy prevention programs, health education programs and health care for the children of the students. Outcomes of this health care and education collaboration include improved immunization rates, decreased incidence of infectious disease, decreased emergency room usage, detecting and treating illness, healthy baby deliveries, increased access to mental health services, success in pregnancy prevention programs, and students establishing healthy living patterns aimed at chronic disease prevention and improved graduation rates. In FY18, these health centers provided 3,105 healthcare encounters to 941 students. Adolescent Family Center The Rush Adolescent Family Center (AFC) has existed for over forty years. The AFC provides reproductive healthcare, prenatal care, gynecological care, pregnancy prevention programs, sexually transmitted infection (STI) testing and treatment, and community health education to underserved Chicago-area youth. All of AFC's services are provided regardless of income or ability to pay for care. Although AFC draws patients from over 107 Chicago-area zip codes, the majority of patients served reside in the Chicago West Side communities of East Garfield Park, West Garfield Park, North Lawndale, Austin, Humboldt Park and the Near West Side. As part of AFC's community education program, staffs regularly travel off-site to Chicago-area high schools and middle schools to provide community education on pregnancy prevention, reproductive anatomy, contraception, sexually transmitted infection prevention and reproductive health. AFC also offers free prenatal education classes to pregnant teens and their partners. In FY18, AFC provided clinic services to 517 youth - in total 2,117 healthcare encounters - and provided 13,830 hours of reproductive health education to youth at 22 different schools through 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 deployed 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, counseling and guidance for parenting, traumatic brain injury clinic, a military sexual trauma clinic, and an Intensive Outpatient Program (IOP). The IOP is a three-week program where veterans locally, and from all around the country fly in to receive intensive treatment Monday thru Friday, 8:00am to 4:00pm. This past year the Road Home Program provided clinical services to 725 veterans and their family members for a total of 7,523 encounters. In addition, the Road Home Program conducted veteran outreach to 14,578 people within the community (veteran organizations, veterans, and veteran family members) in the past year and has reached a total of 33,890 individuals to date. College of Nursing Faculty Practice Program The 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 practice sites through the CON Faculty Practice Program. These sites are deployed where individuals live, learn and work and include a wellness and health program for the Child

Form and Line Reference	Explanation
Part VI, Line 5	ren's School at the Lighthouse for the Blind, a women's health clinic, a case management program 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 faculty practice sites are uninsured or underinsured and rely on the sites as their main healthcare source. In addition to the hours of care provided by Rush CON faculty practitioners, Rush nursing students deliver healthcare and health education services at the various sites. The students' efforts greatly enhance the volume of health services provided. In addition, Rush University nursing, medical, physician assistant and health systems management students volunteer at these sites developing and delivering health education programs. Nearly two-thousand health encounters are provided per year through the CON Faculty Practice Program. Goal 3 Prevent and reduce chronic disease by focusing on risk factors. $5 + 1 = 20$. $5 + 1 = 20$ is a Rush Community Service Initiatives Program (RCSIP) that aims to educate high school students at Chicago Public Schools on the five diseases prevalent in the surrounding underserved community (asthma, hypertension, HIV, diabetes, and cancer). $5 + 1 = 20$ is based on the idea that knowledge of these 5 common conditions plus 1 informed high school student (or person) can extend one's life by 20 years (individuals without health insurance have a life expectancy of 20 years less than the general US population). Twice a month, Rush student volunteers teach a health topic related to the five diseases to high school students. The content of the interactive health lectures ranges from disease prevention to practical skills such as checking blood pressure. The high school students have opportunities to spread their knowledge through $5 + 1 = 20$ health fairs at their schools. Health fair activities include body mass index calculations, blood pressure screenings, vision screenings, glucose level checks, referrals, and health education. Health fair participants include families and friends of the students as well as other members of their communities. This past year, $5 + 1 = 20$ provided health education and screenings to approximately 3,845 community members. Mini Health Fairs: Rush's Professional Nursing staff helps provide Mini Health Fairs for patients receiving care at Thresholds, an organization that provides services to individuals with chronic mental illness. The Mini Health Fairs provide health education and screenings. This is important since those living with chronic mental illness have a lifespan that is 25 years less than the general population related to chronic medical diseases. This past year, PNS provided health education and screenings to approximately 75 community members. Oak Park Hospital Health & Wellness Fair: In FY18 the annual ROPH health and wellness fair provided more than 366 health screenings to participants which include blood pressure, fasting glucose and lipid profile blood tests. Many departments participated by hosting health information booths. These booths were staffed with clinicians who were provided information on diabetes, stroke, cancer, weight management, breast imaging and more. In addition, primary care doctors from Rush Oak Park Physicians Group were on hand to answer health related questions. A healthy breakfast was provided to attendees. Project Lifestyle Change: For the sixth consecutive year, ROPH's Project Lifestyle Change, a group education and support program that informs on pre-diabetes health, continued to make an impact in the community. The program teaches blood glucose monitoring, restricted fat and calorie meal planning, exercise and behavior modification at no charge.

Form and Line Reference	Explanation
Part VI, Line 5	Rush's Wellness Center at Facing Forward to End Homelessness Rush's Wellness Center at Facing Forward to End Homelessness is part of Rush's Building Healthy Urban Communities project, a partnership 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 to their substance abuse histories approximately 60% have other mental health issues and a high burden of chronic diseases. The Wellness Center utilizes a holistic and diverse approach to address the mental and physical health issues of the population. The weekly sessions are supported by inter-professional student volunteers and faculty from Rush University in addition to other community partners. The Rush University students receive training in motivational interviewing to enhance their skills as life coaches when assisting participants 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 lectures, healthy cooking demonstrations and 30 minutes of exercise. This program has assisted many of the women in decreasing tobacco use and reducing anxiety. Outcomes to date include an increased consciousness of the importance of taking control of one's health, healthier eating habits, increased activity, sustained weight loss, and smoking reduction. This past year, Facing Forward provided health education and screenings to approximately 44 residents. A weekly student-led community program at Rush Wellness Center at Facing Forward was designed to offer health screening and health coaching to underserved women and children, and enhance students' ability to provide team-based care for diverse populations. There are approximately 13-16 participants in the program and about 21 student health coaches. The health coaches are formally trained in motivational interviewing. Within two years the outcomes of this initiative included 62% of participants lost an average of 11 pounds of weight, 79% participants said that the program motivated them to eat healthier, 59% said that the program motivated them to exercise more and 14% said that the program motivated them to reduce smoking. Rush Department of Social Work and Community Health The health promotion/disease prevention focus of the Rush Department of Social Work and Community Health (SWACH) provides patients, their families, and community members access to an array of programs that provide support and promote wellness through educational programs, physical activity classes, support groups and workshops. Rush Generations, a free health 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, access to community health fairs and screenings, and opportunities to become more active and engaged by joining the Generations volunteer ambassador program. Transitional care to support patients and caregivers after hospital stays using the Bridge Model, addressing medical and non-medical issues as part of an inter-professional care team. Outpatient social work care management with social workers integrated into primary and specialty care to assess and address psychosocial issues related to care, using the AIMS Model. Mental health and collaborative care, including psychotherapy, supportive services, and coordination with primary care to support patients 12+ years old who screen positively for depression. SWACH operates the Anne Bryon Waud Resource Center and the Tower Resource Center (TRC), which are both open daily to the public. Each center is staffed by a licensed clinical social worker who is available to help with a myriad of issues related to health and chronic health issues that particularly impact adults and caregivers. The Senior Health Insurance Program (SHIP), which provides free options counseling to assist with navigation of Medicare and related benefits. SWACH is also leading the Social Determinants of Health initiative, which identifies, measures, and mitigates the social determinants of health of patients and community members by offering closed-loop referrals to services and resources to alleviate health disparities. SWACH also operates the Center for Health and Social Care Integration, which provides technical assistance and a peer learning community to support practice and systems change with community-based organizations and health systems across the country. The Center teaches lessons from research and applies them to clinical and community settings, improving how health professionals deliver care and prevent diseases. The Center does this by having its health care provider members work closely together and so

Form and Line Reference	Explanation
Part VI, Line 5	have information, providing services and collaborating across five core areas Research, Older Adult and Family Care, Education, Community Health Equity and Policy Tour de West Side Started by a Rush medical student's Summer Dean's Project, Rush began to sponsor five 5Ks on the West Side given its commitment to improving health This idea was well received, with a committee meeting occurring on a monthly basis and an aim to encourage employees and students to sign up for the annual neighborhood 5Ks in Garfield Park, Austin, North Lawn Dale, Pilsen, and Little Village Rush subsidized the cost of participation for employees West Side Walk to Wellness The West Side Walk to Wellness, another student's Summer Dean's Project, was developed to enhance exercise and walking in our West Side communities, create a sense of engagement, and level of safety to be outside in the community The program, which lasted 8 weeks, engaged 125 unique community members from Rush and the communities we serve Goal 4 Increase access to care and community services RCSIP Clinics RCSIP Clinics are run by Rush volunteers, more specifically a physician lead and an inter-professional team of Rush student volunteers The clinics offer various services to patients such as physical exams, health education, free basic medications, and procedures such as wound care and use referrals to help patients establish primary and/or specialty care relationships 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 homeless shelter for adult men and women Over 1,892 healthcare encounters/visits were provided during FY18 2 RCSIP Clinic at Freedom Center serves adult males that are in rehabilitation for substance abuse issues The clinic is housed within the Salvation Army's Harbor Light Center and provided healthcare to over 158 men during FY18 3 RCSIP Clinic at Chicago City Church serves homeless and other at-risk adults Over 157 patients were seen at this clinic during FY18 Additional Community Benefit Programming Rush maintains many partnerships and programs in order to improve the health of the communities that we serve Programs related to community benefit, are listed below Adopt-a-Family (AAF) and Adopt-A-Rush-Family (AARF) AAF is a program that occurs around the winter Holiday season, where families from surrounding communities are adopted to help make their holidays a little brighter Rush employees from both hospitals donate presents for families Most of these families are experiencing poverty or homelessness, and living at 200% or more below the poverty line The AARF program is a new addition to this platform in which Rush employees who are experiencing hardships during the holiday season are adopted During FY18, Rush adopted a total of 200 families, 14 of which were Rush employees Blood Drives In collaboration with the American Red Cross (ARC), Rush hosts blood drives within both hospitals The Donate 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 central 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 FY18, approximately 373 whole blood units were collected

Form and Line Reference	Explanation
Part VI, Line 5	Building Healthy Urban Communities The Building Healthy Urban Communities project is a public-private partnership between Rush, Malcolm X College (MXC), and the Medical Home Network (MHN), funded through a \$5 million dollar grant from 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 models of care that focus on inter-professional teams and proactive care coordination, developing and training a workforce from the community that supports these new models of care, and rigorously measuring and evaluating each project component for sustainability and replication. One of the major focuses of this project is to develop and train 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 Initiative, and Curriculum Development for Allied Health Professionals, Scholarships for Rush Bachelor of Science in Health Sciences, Continuing Education Training for existing healthcare providers, and Health Disparities Research and Evaluation Fellowships. These components target different levels of the healthcare workforce thus creating a pipeline of educational programs. The program components are described in further detail below. Charitable Contributions Charitable contributions are a series of donations to community based organizations and nonprofits determined by the Senior Leadership Team on behalf of Rush. The funds are intended to support community initiatives and events throughout the fiscal year. In FY18, Rush corporate funds for the hospitals were donated to 37 organizations totaled approximately \$415,100. 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 Department of Health and Human Services. The HPP's mission is to improve the ability of hospitals and healthcare systems to respond to public health emergencies. The heart of the HPP is the Chicago Healthcare System Coalition for Preparedness and Response (CHSCPR). The purpose of the CHSCPR is to develop plans to unify, coordinate and manage emergency planning and response for the healthcare system within the City of Chicago. During a planned event or unplanned disaster or emergency, the CHSCPR participates and supports response efforts in coordination with the Chicago Department of Public Health [CDPH]. The support shall be in 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 program to develop capabilities based processes targeting disaster preparedness and resiliency at the community level. The functional units of CHSCPR are working committees, which address HPP - PHEP capabilities. The committees are led 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 Capability which has been divided into three distinct committees: Pediatrics Planning Committee, Crisis Standards of Care Planning Committee and Behavioral Health Committee. Continuing Education Training for existing healthcare providers Continuing Education Training is being offered to existing care coordinators, outreach workers, and clinicians at federally qualified health centers within the Medical Home Network Accountable Care Organization, to prepare them for future healthcare needs. The modules offered include motivational interview training, leading change, mental health first aid, and disease-specific trainings. Approximately 850 clinicians and care team members have been trained so far. Curriculum Development for 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. The goal is to allow students graduating from these programs to enroll and transfer credits to a bachelor program, thus creating career ladders for these students. We have had a completion rate of 56% from the first cohort of the CHW basic certificate program. Extreme Weather Assistance In conjunction with the Village of Oak Park, ROPH offers space in its emergency room for those without adequate air conditioning or heat in instances of extreme temperatures. This effort helps prevent hypothermia and frostbite in extreme cold, and heat stroke and other heat-related illnesses when the thermometers spike. Health Disparities Research and Evaluation Fellowships

Form and Line Reference	Explanation
Part VI, Line 5	The Health Disparities Fellowship program is designed to develop a cadre of well-trained health care researchers with a passion for creating sustainable ways for providing access to high-quality care for individuals in underserved communities. 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 evaluation of new ways to educate and deploy community-based providers, and evaluation of the new models of care in which they will be working. Fellowships span over a five-year period with a timeframe of two-three years for each cohort. The third cohort began their fellowships January of 2018. Each fellow has identified an area of research that is directly aligned with the priorities of community health and quality of life improvement, with a particular focus on the communities served by Rush. Their projects will focus on care coordination, mental health, social determinants of health, education program evaluation and career pathways. Within this first year of the fellowship the second cohort has completed 19 external presentations, and had 1 manuscript accepted for publication. Illinois Medical District Hospital Emergency Preparedness Coalition: Rush is 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 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. Medical Home Network Accountable Care Organization: The Medical Home Network (MHN) is a public-private partnership founded by the Comer Science and Education Foundation to address the healthcare needs of underserved individuals living on the South and Southwest sides of Chicago. 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 Centers (FQHCs) working to improve access, quality, and utilization for all of their primary care Medicaid patients enrolled in County Care. This organization is utilizing best practices in the industry to reach the most vulnerable of patients and providing care coordination enhancements to improve the lives of their patients. Rush takes a leadership role in MHN in many ways. For example, Rush's Vice President, Population Health has served on the MHN ACO board and our CEO previously served as chair for four years. As an Academic Medical Center, Rush provides the Better Care Teams educational program to MHN ACO clinicians and to the entire ACO network with the Centralized Complex Care Coordination (4C) program. 4C at Rush is a dedicated wrap-around, inter-professional care team model, which aims to provide complex care coordination and management for the highest needs ACO network patients. Rush Heart Walk: The Rush University Hospital and ROPH Heart Walk team promotes heart health and associate camaraderie while raising lifesaving funds. For this event, Rush University Hospital and ROPH are closely aligned with the American Heart Association's mission of building healthier lives free of cardiovascular diseases and stroke. Our partnership is evidenced in our patient care, community education and employee wellness programs, and Heart Walk participation. Rush University Hospital and ROPH employees raised over \$113,049 for this cause this past year with Rush contributing through providing internal resources for the annual Heart Walk.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	Rush TeleStroke Network The Rush TeleStroke Network consists of twelve community hospitals throughout the Chicago region and Rush University Medical Center The network provides access to vascular neurology services 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 physicians determine if a patient is a candidate for tissue plasminogen activator (TPA) through an FDA-cleared telemedicine platform Telemedicine allows consulting physicians to speak face-to-face with patients and their families, as well as remote clinical staff The telemedicine assessment includes reviewing CT scans and vital signs, and the high-definition camera allows the Rush neurologist to even view a patient's pupils The physician has access to the patient's medical information through an electronic health record Within minutes, 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 if 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 transportation limitations for our patients to better serve the community During FY18, the services provided by Rush health professionals through this 12-site network impacted the lives of over 1,200 patients Ruth M Rothstein CORE CenterRush 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 In addition, Larry Goodman, MD, chief executive officer at Rush University Medical Center, serves on the Board of the CORE Foundation The Foundation built the CORE 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 individuals can lead healthy lives, the disease persists In its Healthy Chicago 2.0 strategy, the Chicago Department of Public Health specifically highlights goals to end transmission Scholarships 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 approximately \$56,000 in scholarships over a period of two years United Way of Metropolitan Chicago The United Way of Metropolitan Chicago seeks to assist local communities of greatest need around income, education 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 families across the Chicagoland region In 2018, Rush University Hospital and ROPH employees donated \$258,204 with Rush contributing through providing internal resources for Rush's United Way campaign

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	The following disclosure is in accordance with Rev Proc 2015-21 Section 7 in regards to Schedule H, Part V, Section B, Line 16i During part of 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 FY18, 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 for all of FY18 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 However, when the FAP was updated on March 1, 2018 the updated version of the FAP was not translated nor made available on Rush's website Rush has also implemented procedures to ensure compliance with this requirement in the future Rush has implemented 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	The following disclosure is in accordance with Rev Proc 2015-21 Section 7 in regards to Schedule H, Part V, Section B, Line 20a During part of 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 FY18, 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 RUMC patients who received the written notice about upcoming ECAs without the plain language summary Rush implemented procedures to ensure compliance with this requirement going forward 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	The following disclosure is in accordance with Rev Proc 2015-21 Section 7 in regards to Schedule H, Part V, Section B, Line 22b During FY17, Rush did not timely update the calculation of Amounts Generally Billed (AGB) Rush's AGB calculation had last been 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 was 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 This was evaluated by determining the AGB for claims allowed in FY17 and comparing 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 identified three instances where the patient remitted payment for a percent of charges exceeding AGB These payments, totaling \$305 62, were made by the patient prior to applying for and obtaining FAP eligibility The charges in excess of AGB weren't made or requested as a pre-condition of RUMC providing medically necessary care and refunds were initiated on all three payments in FY19 Rush has provided additional training to the credit balance team and has implemented a checklist of items that will ensure compliance with the AGB requirement The AGB calculation has been moved to a standard schedule within the accounting department to ensure this does not occur again and the most recent AGB calculation was implemented by April 1, 2019 In addition to above, in FY17 the language in the FAP was updated to include a hyperlink to the actual AGB percentage calculated, however for part of FY18 that hyperlink was not functional and the AGB percentage could not be found online The hyperlink was updated on February 26, 2019 and the AGB percentage can now be access on Rush's website

Schedule H (Form 990) 2017

Additional Data

Software ID:**Software Version:**

EIN: 36-2174823

Name: Rush University Medical Center

Form 990 Schedule H, Part V Section A. Hospital Facilities[illegible]

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

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

Form and Line Reference	Explanation
Rush University Medical Center	Part V, Section B, Line 5 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 collaborates 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Rush University Medical Center	Part V, Section B, Line 6a Rush conducted its CHNA with the Alliance for Health Equity (formerly Health Impact Collaborative of Cook County) This initiative is one of the largest collaborative CHNAs in the country It grew from 22 members in 2016 to a current involvement of over 30 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 (as of June 2016) 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Rush University Medical Center	Part V, Section B, Line 6b 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Rush University Medical Center	Part V, Section B, Line 7d 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Rush University Medical Center	Part V, Section B, Line 11 Rush's Community Health Implementation Plan (CHIP) was adopted in November 2016 The following Community Health Needs/Improvements were identified in partnership with the Alliance for Health Equity (formerly Health Impact Collaborative of Cook County), as a result we developed our internal CHIP as a roadmap on how to achieve improvements in these areas for our communities There have been seven work-groups formed around the CHIP strategies consisting of Rush leaders, community partners, and community residents in order to collaboratively tackle these with a collective impact approach Our CHIP is as follows, as well highlights of some of our efforts Goal 1 Reduce inequities caused by the social, economic and structural determinants of health a Improve educational attainment Rush has been working to improve educational attainment through long standing programs such as our partnership with Malcolm X College, Richard T. Crane Medical Preparatory High School, and the K-12 program in affiliation with our Science and Math Excellence Network (SAME) program Most recently, Rush has made strategic decisions to align these programs under one organizational effort - REACH, the Rush Education and Career Hub This builds on years of partnership, but focuses our efforts in communities we identified with the most need In FY18, the programs served more than 1,400 students, 300 parents and more than 51 teachers b Identify, measure and mitigate the social determinants of health among those at risk - particularly children, young adults and people with chronic illness During the fiscal year, Rush implemented a screening tool to identify non-medical barriers to good health , such as food insecurity, homelessness, lack of utilities, transportation barriers, and lack of primary care/insurance This screening tool was implemented in the Rush University Hospital Emergency Department, primary care settings, and community based settings Patients screened for these social determinants of health (SDOH) were connected to services via a partnership with NowPow, a locally-based, resource directory company which provides curated, personalized resources that are shared with patients During the pilot this past fiscal year, we screened 928 patients in the ED of which 291 were identified with need referred to social and other services This led to a commitment to expand based on demonstrated need Rush joined the Alliance for Health Equity (AHE) early on and is a member of the steering committee In addition, a Rush representative chairs several work-groups, including the Food Security and Social Determinants workgroups Rush is particularly invested in helping guide AHE to focus on our identified needs and improvements Rush also has a leadership role data, policy, and trauma informed care work groups Goal 2 Improve access to mental and behavioral health services a Address psychological trauma through screening tools and referral programs in school-b

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

Form and Line Reference	Explanation
Rush University Medical Center	ased health centers and faith-based organizationsRush is working to address the mental and behavioral health needs of our patients and communities by having social work services of fered to our primary care, inpatient, and emergency department patients The College of Nu rsing and Rush Community Based Practices offers mental health services in the community at Simpson Academy for Young Women and the College of Nursing Faculty Practice sites Rush o ffers mental/behavioral health services through the Health Legacy Program for Women School Based Students seen in the SBHCs are receiving age-appropriate risk screening and evaluat ion for mental health issues Those identified with mental health issues are referred for in-SBHC or community-based counseling and psychiatric services In FY18, 941 risk screenin gs were completed, resulting in 175 referrals for additional mental health services Of th ose 175, 116 were successfully linked to care Among the 116 are 18 pregnant teens who hav e been referred to home visiting services through the ACEs in Pregnancy program Through a partnership with the Rush Department of Psychiatry, psychiatric services, provided both i n-SBHC and by telehealth visits, launched in January 2018 Faith Based A total of 25 congr egants from 7 partner churches were trained in Mental Health First Aid, which teaches lay people how to help someone who is developing a mental health problem or experiencing a men tal health crisis Further, ninety-five (95) congregants were trained in Bridges of Hope M ental Health Awareness to educate faith communities about mental illness so that they can create stronger safety nets and welcoming communities of faith for people affected by ment al illness Grief workshops were also conducted with 19 congregants from 7 West Side partn er churches to provide tools for dealing with loss b Expand access to other screenings an d servicesThrough a partnership with the Rush Department of Psychiatry launched in January of 2018, Rush provided psychiatric services, in-SBHCs and by telehealth visits From Janu ary through June 2018, 116 screenings resulted in 18 student referrals for psychiatric car e Nearly two thousand hours of education that focused on trauma, mental health, identifi cation of mental health issues, and skill building for resilience was provided to 825 stude nts through school outreach activities Goal 3 Prevent and reduce chronic disease by focus ing on risk factors a Reduce risk factors through assessments, disease management programs and improved access to healthy food The Food Surplus Project was created to alleviate foo d insecurity in the greater community by redistributing unused food from hospitals to loca l food pantries and other community based partners This is a collaborative community effo rt that arose from an ROPH nurse's leadership program at Dominican University Representat ives from several local organizations, including ROPH, the Oak Park-River Forest Day Schoo l, Oak Park-River Forest High

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

Form and Line Reference	Explanation
Rush University Medical Center	School, Thrive Counseling Center and the Oak Park-River Forest Food Pantry, worked together to create the infrastructure of the program and implement strategies to reduce food insecurity. Rush has provided over 25,000 free meals to the organizations. In FY18, 741 unique Rush employees participated in this program. ROPH's community wellness program screens and connects individuals to resources for at Oak Park River Forest Food Pantry, a nursing led screening program. It provides free educational seminars and fitness classes, which are designed to help community members lead healthier lives and address chronic disease. Healthy Motivations provided education on topics such as heart and vascular disease, preventive health, depression and more. FY2018, the program provided services to over 350 women and families. The Metropolitan Chicago Breast Cancer Task Force launched in 2007 as an independent nonprofit based at Rush, with the goal of reducing the disparity in breast cancer deaths between black women and white women in Chicago. After these initiatives launched, the disparities began to decrease. In addition, ROPH provides free mammograms to uninsured or underinsured women who live in Oak Park, River Forest and Proviso Township. In the past fiscal year, Rush has been working on standardizing its approach to tobacco control and cessation per our defined needs and our work with the Chicago Department of Public Health's (CDPH) Healthy Chicago 2.0 Chicago Quits grant in partnership with Respiratory Health Association. Rush is working with West Side entities to bring Courage to Quit and Counsel to Quit, the Respiratory Health Association's tobacco cessation programming, to our west side community partners. Goal 4: Increase access to care and community services. In 2016 Rush established a formal partnership with CommunityHealth, the largest free clinic in the City of Chicago. Rush attending physicians, medical residents and students volunteer their time and skills through rotations to provide medical, dental, mental health and free prescription services at CommunityHealth. The formal partnership serves as a way to better connect patients to primary care and insurance. If the patients need insurance or primary care, they are referred to Rush's Transitional Care Program (TCP) where patient navigators determine the best place of service for the patient. CommunityHealth offers health services ranging from routine physicals and immunization programs to a full laboratory and pharmacy as well as free services for medications and dental. In FY18, 279 patients have been referred to CommunityHealth.

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

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

Form and Line Reference	Explanation
Rush University Medical Center	Part V, Section B, Line 13h The State of Illinois requires that hospitals make a good faith effort to identify presumptive charity care for uninsured patients under 200% of FPL We complete this process by receiving 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 a 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Rush University Medical Center	Part V, Section B, Line 20e Rush conducts all of the efforts described in lines 20a-d prior to initiating any extraordinary collection activities described in line 19 Rush reports 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B Line 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Section B Line 10	https://www.rush.edu/sites/default/files/community-health-implementation-plan.pdf

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
Rush University Medical Center

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

2017

Open to Public
Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarships to attend Rush University Medical Center	1099	11,561,279			
(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)	150,000				General Support
AMERICAN HEART ASSOC PO Box 4002902 Des Moines, IA 50340	13-5613797	501(c)(3)	145,000				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
AMER CANCER SOCIETY 225 N Michigan Ave Chicago, IL 60601	13-1788491	501(c)(3)	30,000				General Support
BEARS CARE 1000 Football Drive Lake Forest, IL 60045	20-3902715	501(c)(3)	11,000				General Support

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

- 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.**

2017

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number

36-2174823

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| ☐ First-class or charter travel | ☒ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification 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.

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?

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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?

b Any related organization?

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?

b Any related organization?

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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b Yes

2 Yes

4a Yes

4b Yes

4c No

5a No

5b No

6a No

6b No

7 Yes

8 No

9

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.

See Additional Data Table

[illegible]

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-\$371,268, Thomas A. Deutsch, MD - \$162,449, David A. Ansell, MD-\$127,840, Peter W. Butler-\$173,089, Bruce M. Elegant-\$51,204, Richard B. Davis-\$30,945, James L. Mulshine-\$33,011, Marquis D. Foreman-\$29,961, Cynthia Boyd, MD - \$65,631, Anne M. Murphy, JD - \$49,692, Charlotte Royeen - \$28,534, Michael E. LaMont - \$31,395, Jaime Parent - \$363,399, Diane McKeever - \$1,023,752, Brian Smith - \$523,446, Judson Vosburg - \$70,506. 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 severance pay of \$440,183, Jaime Parent received severance pay of \$66,413, Brian Smith received severance pay of \$389,160, Judson Vosburg received severance pay of \$122,410, Richard B. Davis received severance pay of \$80,506.
Part I, Line 7	- Incentive payments are based upon a formula. The amounts are calculated after certain performance and operating goals are achieved. The plan provides limited discretionary parameters if needed.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Marcia Murphy DNP Trustee	(i)	122,218	0	0	11,364	23,828	157,410	0
	(ii)	0	0	0	0	0	0	0
1Dino Rumoro DO Trustee	(i)	586,806	53,251	1,169	21,600	28,989	691,815	0
	(ii)	0	0	0	0	0	0	0
2Larry Goodman MD CEO, RUMC & RSH	(i)	1,474,442	284,798	443,595	289,060	16,705	2,508,600	371,268
	(ii)	0	0	0	0	0	0	0
3Joseph Anderson VP, Human Resources Operations	(i)	205,832	29,432	84	20,736	24,114	280,198	0
	(ii)	0	0	0	0	0	0	0
4David Ansell MD SVP, Community Health Equity	(i)	545,502	98,484	172,679	118,422	8,164	943,251	127,840
	(ii)	0	0	0	0	0	0	0
5Cynthia Barginere DNP COO, Rush University Hospital	(i)	447,798	63,060	12,832	96,087	8,271	628,048	0
	(ii)	0	0	0	0	0	0	0
6Carl Bergetz JD SVP, Legal Affairs	(i)	359,788	103,065	589	75,402	28,579	567,423	0
	(ii)	0	0	0	0	0	0	0
7Antonio Bianco MD SVP Clinical Affairs Ended 7/31/18	(i)	561,892	76,032	1,668	86,657	18,359	744,608	0
	(ii)	0	0	0	0	0	0	0
8Cynthia Boyd MD Chief Compliance Officer	(i)	321,461	36,709	82,661	60,237	1,236	502,304	65,631
	(ii)	0	0	0	0	0	0	0
9Edward Conway VP, Administration and Finance	(i)	293,228	42,701	18,617	58,583	26,378	439,507	0
	(ii)	0	0	0	0	0	0	0
10Melissa Coverdale VP, Finance	(i)	314,992	37,700	5,947	54,458	15,789	428,886	0
	(ii)	0	0	0	0	0	0	0
11Michael Dandorph President, RUMC & RSH	(i)	906,912	151,490	21,907	176,144	24,889	1,281,342	0
	(ii)	0	0	0	0	0	0	0
12Richard B Davis VP, HR Operations Ended 9/1/17	(i)	205,771	51,938	130,475	26,417	19,992	434,593	30,945
	(ii)	0	0	0	0	0	0	0
13Richard K Davis VP, University Affairs	(i)	341,210	55,732	15,377	64,973	27,079	504,371	0
	(ii)	0	0	0	0	0	0	0
14Thomas Deutsch MD Provost, Rush University	(i)	624,338	89,834	204,835	132,578	21,057	1,072,642	162,449
	(ii)	0	0	0	0	0	0	0
15Bruce Elegant VP, Hospital Operations	(i)	376,107	65,973	75,151	68,911	9,173	595,315	51,204
	(ii)	0	0	0	0	0	0	0
16Brent Estes SVP, Business/Network Development	(i)	419,222	96,085	8,051	99,022	876	623,256	0
	(ii)	0	0	0	0	0	0	0
17Marquis Foreman PhD Dean, College of Nursing	(i)	253,984	40,421	31,820	51,413	8,271	385,909	29,961
	(ii)	0	0	0	0	0	0	0
18Richa Gupta MBBS Chief Quality Officer	(i)	270,789	40,196	229	46,877	10,821	368,912	0
	(ii)	0	0	0	0	0	0	0
19Bala Hota MD Vice President and	(i)	444,378	54,293	394	65,322	25,389	589,776	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Joshua Jacobs MD VP, Research	(i)	548,080	20,314	2,469	66,032	36	636,931	0
	(ii)	0	0	0	0	0	0	0
1Kousik Krishnan MB ChB Dean, Rush Medical College	(i)	376,513	142,450	0	146,791	26,389	692,143	0
	(ii)	0	0	0	0	0	0	0
2Joan Kurtenbach VP, Strategic Planning- Marketing	(i)	286,871	46,780	7,253	56,079	31,081	428,064	0
	(ii)	0	0	0	0	0	0	0
3Michael Lamont VP, Facilities Management	(i)	273,883	36,478	54,659	52,969	8,173	426,162	31,395
	(ii)	0	0	0	0	0	0	0
4Omar Lateef DO Chief Medical Officer	(i)	667,834	185,145	668	131,946	24,504	1,010,097	0
	(ii)	0	0	0	0	0	0	0
5Diane McKeever Chief Development Officer	(i)	416,288	59,128	1,040,961	96,725	18,895	1,631,997	1,023,752
	(ii)	0	0	0	0	0	0	0
6John Mordach Chief Financial Officer	(i)	762,351	109,202	34,317	153,247	23,689	1,082,806	0
	(ii)	0	0	0	0	0	0	0
7Michael Mulroe VP, Hospital Operations	(i)	321,269	45,755	10,032	59,191	27,079	463,326	0
	(ii)	0	0	0	0	0	0	0
8James Mulshine Interim Dean, Ended	(i)	265,697	44,211	59,634	56,260	26,689	452,491	33,011
	(ii)	0	0	0	0	0	0	0
9Patricia Nedved VP, Professional Nursing Practice En	(i)	233,113	18,554	0	18,580	27,341	297,588	0
	(ii)	0	0	0	0	0	0	0
10Patricia O'Neil Chief Investment Officer	(i)	268,914	39,296	6,106	52,951	14,418	381,685	0
	(ii)	0	0	0	0	0	0	0
11Jaime Parent VP, Information Tech, Ended 7/7/17	(i)	194,465	57,322	440,439	45,311	26,627	764,164	363,399
	(ii)	0	0	0	0	0	0	0
12Brian Patty MD Chief Medical Information Officer	(i)	369,476	52,128	1,391	62,009	27,079	512,083	0
	(ii)	0	0	0	0	0	0	0
13Anthony Perry MD VP, Ambulatory Transformation	(i)	348,916	50,132	719	65,189	27,439	492,395	0
	(ii)	0	0	0	0	0	0	0
14Terry Peterson VP, Corporate and External Affairs	(i)	305,524	45,791	12,432	56,852	1,236	421,835	0
	(ii)	0	0	0	0	0	0	0
15Shafiq Rab MBBS MPH CHCIO Chief Information Officer	(i)	533,324	119,719	1,421	94,939	20,552	769,955	0
	(ii)	0	0	0	0	0	0	0
16Angelique Richard PhD RN Chief Nursing Officer	(i)	396,501	52,766	726	61,382	15,835	527,210	0
	(ii)	0	0	0	0	0	0	0
17Charlotte Royeen PhD Dean, College of Health Sciences	(i)	237,003	39,095	29,737	49,589	18,443	373,867	28,534
	(ii)	0	0	0	0	0	0	0
18Mary Ellen Schopp Chief Human Resources Officer	(i)	405,719	57,945	7,269	89,799	27,189	587,921	0
	(ii)	0	0	0	0	0	0	0
19Scott Sonnenschein VP, Hospital Operations	(i)	336,146	49,099	7,075	60,757	25,907	478,984	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 Katharine Struck JD VP, Integrated Solutions & Optimizat	(i)	244,705	71,146	37	26,828	10,461	353,177	0
	(ii)	0	0	0	0	0	0	0
1 Denise Szalko VP, Revenue Cycle	(i)	330,143	46,823	6,898	61,789	10,071	455,724	0
	(ii)	0	0	0	0	0	0	0
2 Judson Vosburg VP, Financial Plan & Support Ended 6	(i)	164,945	52,585	193,280	31,330	8,793	450,933	70,506
	(ii)	0	0	0	0	0	0	0
3 Lynne Wallace VP, Human Resources	(i)	199,829	24,540	261	39,037	25,689	289,356	0
	(ii)	0	0	0	0	0	0	0
4 Demetrius Lopes MD Physician	(i)	969,989	157,738	0	18,900	26,689	1,173,316	0
	(ii)	0	0	0	0	0	0	0
5 Vincent Traynelis MD Physician	(i)	946,064	133,000	0	21,600	9,658	1,110,322	0
	(ii)	0	0	0	0	0	0	0
6 Michael Liptay MD Physician	(i)	1,085,325	143,100	1,694	18,900	33,424	1,282,443	0
	(ii)	0	0	0	0	0	0	0
7 Lorenzo Munoz MD Physician	(i)	891,812	192,038	0	18,900	26,689	1,129,439	0
	(ii)	0	0	0	0	0	0	0
8 Richard Byrne MD Physician	(i)	1,075,297	77,632	1,694	21,600	26,689	1,202,912	0
	(ii)	0	0	0	0	0	0	0
9 Peter Butler Former President	(i)	98,800	0	173,089	0	1,200	273,089	173,089
	(ii)	0	0	0	0	0	0	0
10 Anne Murphy JD Former SVP Legal Affairs	(i)	0	0	489,875	0	0	489,875	49,692
	(ii)	0	0	0	0	0	0	0
11 Bran Smith Former VP Clinical Affairs	(i)	41,418	40,311	912,606	0	25,989	1,020,324	523,446
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135069249

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
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			14,930,000		21,335,000			
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			370,683,697					
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		98,524,954		56,000,000			
12	Other unspent proceeds								
13	Year of substantial completion	2016		2015		2012			
		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 ▶	0 360 %		0 640 %		2 210 %			
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	0 360 %		0 640 %		2 210 %			
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

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

2017

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DONOR 19	Substantial Contributor	185,006	Services rendered in the ordinary course of business		No
(1) DONOR 45	Substantial Contributor	201,953	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
(3) DONOR 47	Substantial Contributor	4,554,181	Sale of goods in the ordinary course of business		No
(1) DONOR 56	Substantial Contributor	3,675,328	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
(5) DONOR 80	Substantial Contributor	7,040,665	Sale of goods in the ordinary course of business		No
(1) DONOR 135	Substantial Contributor	2,996,811	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
(7) DONOR 166	Substantial Contributor	872,762	Services rendered in the ordinary course of business		No
(1) DONOR 210	Substantial Contributor	125,810	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
(9) DONOR 216	Substantial Contributor	165,000	Services rendered in the ordinary course of business		No
(1) DONOR 221	Substantial Contributor	122,785	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
(11) DONOR 232	Substantial Contributor	113,420	Sale of goods in the ordinary course of business		No
(1) DONOR 245	Substantial Contributor	1,155,018	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
(13) DONOR 333	Substantial Contributor	4,957,108	Services rendered in the ordinary course of business		No
(1) DONOR 369	Substantial Contributor	819,582	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
(15) DONOR 400	Substantial Contributor	1,122,175	Sale of goods in the ordinary course of business		No
(1) DONOR 412	Substantial Contributor	597,899	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
(17) DONOR 426	Substantial Contributor	8,461,329	Services rendered in the ordinary course of business		No
(1) DONOR 564	Substantial Contributor	2,822,041	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
(19) Michael D Brown MD	Family Member of Francesca Edwardson, current Trustee	485,419	Wages		No
(1) Walter McCarthy	Family Member of Mary McCarthy, current Trustee	511,614	Wages		No

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

2017

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	58	8,571,764	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 ► (<u>Donated Raffle Prizes</u>)	X	48	30,430	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

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

Yes

No

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 nonstandard 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 securities represents the number of separate contributions. Column B for each type of property other than securities, represents the number of items contributed.
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.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135069249	
SCHEDULE O (Form 990 or 990-EZ)		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
					2017 Open to Public Inspection
Department of the Treasury Internal Revenue Service 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 John J Sabl had a business relationship E Scott Santi, David H B Smith Jr , Jay L Henderson, Charles A Tribbett, III and Susan Crown had a business relationship John L Howard and E Scott Santi had a business relationship Kapila Kapur Anand and Carole W Streicher 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 John F Sandner had a business relationship John W Rogers Jr and Sheila A Penrose had a business relationship Karen Jaffee Cofsky and Richard M Jaffee had a business relationship Gloria Santana, Esq and Michael J O'Connor had a business relationship E David Coolidge III and Francesca Maher Edwardson had a business relationship James A Bell and Thomas E Richards had a business relationship Jose Luis Prado and Alejandro Silva had a business relationship Stephen N Potter, Thomas E Richards, Sandra P Guthman, Jay L Henderson, Susan Crown, Jose Luis Prado and Charles A Tribbett, III had a business relationship Peter C B Bynoe, Esq and William K Hall had a business relationship John W Rogers, Jr and Jonathan W Thayer had a business relationship E Scott Santi and Charles L Evans, PhD had a business relationship Martin H Nesbitt and Sheila A Penrose had a business relationship

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 Health ("RSH") as the parent entity for the Rush system. These duties include approving various 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 more information)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	Changes were made in the Corporate bylaw pertaining to ratification of committees of the voting trustees

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	RSH is 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 vision 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 reviewed by Deloitte Tax LLP before being submitted to the Audit Committee of the Board of Directors of Rush for review and approval. The return is distributed to the entire Board of Directors before it is filed.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	On an annual basis, members of the RUMC Board and the corporate officers of RUMC complete and return a conflicts of interests survey form. Any disclosures are reviewed by the Secretary of the RUMC Board and the RUMC General Counsel, who then submit their reports to the Audit Committee of the RUMC Board, which makes any final determinations as deemed appropriate or necessary. If it is determined that there may be a business related conflict of interest between RUMC and any members of the RUMC Board, such persons are asked to recuse themselves from any committee or RUMC Board meetings during the time an 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 review, comparability data and contemporaneous substantiation to establish compensation packages for the RUMC CEO and other top management officials. All such officer compensation packages are approved by the Compensation and Human Resources Committee of the RUMC Board annually.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Articles of Incorporation for 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 are available through the Illinois Attorney General's office RUMC's conflict of interest policy 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 Murp hy 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 18,210,125 Non Controlling interest in subsidiary 252,299

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

2017

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	52,983,454	10,865,668	Rush University Medical Center
(2) Vyridian Revenue Management 820 W Jackson Blvd Chicago, IL 60607 36-4208577	Billing Services	IL	218,634	984,326	Rush University Medical Center
(3) Rush Oak Brook LLC 1653 W Congress Parkway Chicago, IL 60612	Dormant	IL	0	21,698,642	Rush University Medical Center
(4) Rush Oak Brook ASC LLC 1653 W Congress Parkway Chicago, IL 60612	Property Management - Dormant	IL	0	0	Rush University Medical Center
(5) Rush 3D LLC 1653 W Congress Parkway Chicago, IL 60612	Healthcare Technology Development	IL	0	0	Rush University Medical Center

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

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	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?		(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	968,207	2,453,186		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	6,981,139	9,261,847		No		Yes		51.090 %
(3) Guardian Health Technologies 1653 W Congress Parkway Chicago, IL 60612 36-2174823	Analytics Software License Holder	IL	Rush University Medical Center	Related - Dormant				No		Yes		60.000 %
(4) Rush Copley Cardiovascular 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.

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

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

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

[illegible]

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
2000 Ogden Ave Aurora, IL 60504 36-3584043	Healthcare	IL	501(c)(3)	12A	Rush University Medical Center	Yes	
2000 Ogden Ave Aurora, IL 60504 36-3370216	Property & Healthplex Owner	IL	501(c)(3)	3	Rush Copley Medical Center Inc	Yes	
2000 Ogden Ave Aurora, IL 60504 36-3093877	Contribution Solicitation	IL	501(c)(3)	7	Rush Copley Medical Center Inc	Yes	
2000 Ogden Ave Aurora, IL 60504 36-2170840	Healthcare	IL	501(c)(3)	3	Rush Copley Medical Center Inc	Yes	
2000 Ogden Ave Aurora, IL 60504 36-3193787	Healthcare	IL	501(c)(3)	12A	Rush Copley Health Care System Inc	Yes	
520 S Maple Ave Oak Park, IL 60304 36-2183812	Healthcare	IL	501(c)(3)	3	Rush University Medical Center	Yes	
1725 W Harrison Street Chicago, IL 60612 36-4046278	Healthcare	IL	501(c)(3)	12C	Rush University Medical Center	Yes	
1700 W Van Buren Street Chicago, IL 60612 36-6673233	Healthcare Insurance	IL	501(c)(3)	12C	Rush University Medical Center	Yes	
520 S Maple Ave Chicago, IL 60304 36-2255350	Hospital Support	IL	501(c)(3)	12A	Rush Oak Park Hospital	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Room Five Hundred 1725 W Harrison Street Chicago, IL 60612 23-7139832	Dining Room	IL	Rush University Medical Center	C	3,020,439	63,960	100 000 %	Yes	
Rush University Medical Center Insurance CoLTD PO Box 1051 Grand Cayman CJ	Insurance	CJ	Rush University Medical Center	C	97,414	11,679,181	100 000 %	Yes	
Rush Copley Medical Group NFP(Copley Services) 2000 Ogden Ave Aurora, FL 60504 36-3235315	Healthcare	IL	N/A	C					No
Pooled Income Fund (14)	Investments	MA	Rush University Medical Center					Yes	
Perpetual Trusts (24)	Trust	IL	Rush University Medical Center					Yes	
Perpetual Trust	Trust	MO	Rush University Medical Center					Yes	
Perpetual Trust	Trust	FL	Rush University Medical Center					Yes	
Charitable Remainder Trust (2)	Trust	CA	Rush University Medical Center					Yes	
Charitable Remainder Trust	Trust	IL	Rush University Medical Center					Yes	
Charitable Remainder Trust	Trust	PA	Rush University Medical Center					Yes	
Charitable Gift Annuity	Gift Annuity	WI	Rush University Medical Center					Yes	
Charitable Gift Annuity	Gift Annuity	MA	Rush University Medical Center					Yes	
Charitable Gift Annuity (8)	Gift Annuity	IL	Rush University Medical Center					Yes	
Charitable Gift Annuity	Gift Annuity	NV	Rush University Medical Center					Yes	
Rush University Medical Center Master Retirement Trust 1700 W Van Buren Street Chicago, IL 60612 91-2043520	Pension Trust	IL	Rush University Medical Center	T	149,791,388	1,201,583,824	100 000 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Circle Imaging	O	1,921,922	FMV
Circle Imaging	S	155,832	FMV
Rush Master Retirement Trust	Q	34,000,000	FMV
Copley Memorial Hospital	P	81,649	FMV
Copley Memorial Hospital	E	621,247	FMV
Rush University Medical Center Insurance Co	P	2,199,049	FMV
Rush Surgicenter	P	129,500	FMV
Surgicenter	O	213,225	FMV
Rush Health	Q	3,720,583	FMV
Rush Health	S	3,666,139	FMV
Rush Health	R	12,365,382	FMV
Rush Oak Park Hospital	K	105,819	FMV
Circle Imaging	P	258,078	FMV