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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
Rush University Medical Center

Doing business as

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

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

D Employer identification number
36-2174823

E Telephone number
(312) 942-8054

G Gross receipts $ 5,067,380,800

F Name and address of principal officer:
Melissa Coverdale
1700 W Van Buren St
Chicago, IL 60612

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.rush.edu

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

L Year of formation: 1863

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Rush University Medical Center's core values--innovation, collaboration, accountability, respect and excellence--are the roadmap to our mission and vision. These five values, known as our I CARE values, convey the philosophy behind every decision Rush employees make. Rush employees also commit themselves to executing these values with compassion. This translates into a dedication to provide the highest quality patient care. 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.

Activities & Governance

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**	92
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	88
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	13,909
6	Total number of volunteers (estimate if necessary)	**6**	1,375
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-763,052
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	70,672,269	75,461,029
9	Program service revenue (Part VIII, line 2g)	1,726,183,758	1,876,582,808
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	114,552,897	56,368,261
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,557,636	109,555,172
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,978,966,560	2,117,967,270

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,951,079	13,987,878
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)	970,383,631	1,076,900,165
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶11,399,664		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	820,983,021	906,388,551
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,803,317,731	1,997,276,594
19	Revenue less expenses. Subtract line 18 from line 12	175,648,829	120,690,676

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,298,337,910	3,456,334,013
21	Total liabilities (Part X, line 26)	1,319,322,008	1,364,490,844
22	Net assets or fund balances. Subtract line 21 from line 20	1,979,015,902	2,091,843,169

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2020-07-15

▶ Melissa Coverdale VP Finance
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission of Rush is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,527,317,275 including grants of $ 395,000) (Revenue $ 1,718,372,120)

See Additional Data

4b (Code:) (Expenses $ 84,547,651 including grants of $ 13,592,878) (Revenue $ 88,442,564)

See Additional Data

4c (Code:) (Expenses $ 169,728,606 including grants of $) (Revenue $ 134,845,791)

See Additional Data

(Code:) (Expenses $ 71,464,406 including grants of $) (Revenue $ 52,062,358)

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 FY19.

4d Other program services (Describe in Schedule O.)
(Expenses $ 71,464,406 including grants of $) (Revenue $ 52,062,358)

4e **Total program service expenses ▶** 1,853,057,938

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	818		
b	Enter the number of Forms W-2G included in line 1a. *Enter -0-* if not applicable	1b	6		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	13,909		
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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**		No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	92		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	88		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Melissa Coverdale 1700 West Van Buren Street Ste 153 Chicago, IL 60612 (312) 942-8054

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								34,945,298	0	4,995,836

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 ▶ 1,914

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JONES LANG LASALLE AMERICAS 55 W LASALLE ST CHICAGO, IL 60603	MANAGEMENT SERVICES	35,841,377
OWENS & MINOR DISTRIBUTION 230 W PALATINE RD WHEELING, IL 60090	MEDICAL SUPPLIES & CONSULTATION	25,121,471
WALSH CONSTRUCTION COMPANYF 929 W ADAMS STREET CHICAGO, IL 60607	CONSTRUCTION	20,202,446
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	SOFTWARE MAINTENANCE	11,775,338
REED CONSTRUCTION 600 W JACKSON BLVD CHICAGO, IL 60661	CONSTRUCTION	11,486,025

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 ▶ 250

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 1,963,056			
	d Related organizations	1d			
	e Government grants (contributions)	1e 809,247			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 72,688,726			
	g Noncash contributions included in lines 1a - 1f:$ 22,319,418				
	h Total. Add lines 1a-1f . . . . . ▶	75,461,029			
Program Service Revenue		Business Code			
	2a Medicare/Medicaid	541900	743,781,000	743,781,000	
	b Patient Services	900099	546,879,529	546,879,529	
	c Physician Practices	621110	310,571,566	310,571,566	
	d Research	621500	134,845,791	134,845,791	
	e Tuition	900099	88,442,564	88,442,564	
	f All other program service revenue.		52,062,358	52,062,358	
	g Total. Add lines 2a–2f . . . . ▶	1,876,582,808			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	52,750,474			52,750,474
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	8,705,647			
	b Less: rental expenses	16,552,994			
	c Rental income or (loss)	-7,847,347			
	d Net rental income or (loss) . . . . . ▶	-7,847,347		-17,836	-7,829,511
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	2,894,026,000			
	b Less: cost or other basis and sales expenses	2,890,408,213			
	c Gain or (loss)	3,617,787			
	d Net gain or (loss) . . . . . ▶	3,617,787		-1,049,728	4,667,515
	8a Gross income from fundraising events (not including $ 1,963,056 of contributions reported on line 1c). See Part IV, line 18 . . . . **a** 654,169				
	b Less: direct expenses . . . **b** 811,971				
	c Net income or (loss) from fundraising events . . ▶	-157,802			-157,802
	9a Gross income from gaming activities. See Part IV, line 19 . . . **a** 121,989				
	b Less: direct expenses . . . **b** 6,205				
	c Net income or (loss) from gaming activities . . ▶	115,784			115,784
	10a Gross sales of inventory, less returns and allowances . . **a** 158,774,172				
	b Less: cost of goods sold . . **b** 41,634,147				
	c Net income or (loss) from sales of inventory . . ▶	117,140,025	117,140,025		
	Miscellaneous Revenue	Business Code			
	11a Vyridian	541900	218,262		218,262
	b Parking	531190	45,611		45,611
	c Laboratories	621500	40,639		40,639
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	304,512			
	12 Total revenue. See Instructions. . . . . ▶	2,117,967,270	1,993,722,833	-763,052	49,546,460

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	395,000	395,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,592,878	13,592,878		
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	38,864,361	5,849,484	32,189,033	825,844
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,112,868		1,112,868	
7 Other salaries and wages	837,402,570	806,794,819	23,503,474	7,104,277
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	56,651,903	52,828,567	3,712,170	111,166
9 Other employee benefits	85,548,411	76,316,715	7,733,309	1,498,387
10 Payroll taxes	57,320,052	54,947,801	2,318,298	53,953
11 Fees for services (non-employees):				
a Management	80,647,408	65,282,926	14,594,141	770,341
b Legal	3,948,070	1,004,797	2,943,273	
c Accounting	998,641	391,116	607,525	
d Lobbying	618,847	618,847		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,067,287		3,067,287	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	60,147,793	53,617,794	6,458,343	71,656
12 Advertising and promotion	7,641,384	1,517,394	6,123,990	
13 Office expenses	8,850,236	6,461,961	2,223,676	164,599
14 Information technology	40,080,880	35,420,325	4,658,702	1,853
15 Royalties	255,294	255,294		
16 Occupancy	7,883,587	3,829,391	3,899,982	154,214
17 Travel	3,854,228	3,267,913	450,302	136,013
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,764,604	2,881,490	626,422	256,692
20 Interest	19,002,466	19,002,466		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	98,631,954	87,316,284	11,315,670	
23 Insurance	49,401,488	46,618,235	2,783,253	
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	434,856,788	432,840,871	1,893,436	122,481
b Medicare Provider Tax	40,166,856	40,166,856		
c Equipment Rental & Expe	22,070,434	21,505,427	536,744	28,263
d Operational Charges	18,091,224	17,924,205	67,094	99,925
e All other expenses	2,409,082	2,409,082		
25 **Total functional expenses.** Add lines 1 through 24e	1,997,276,594	1,853,057,938	132,818,992	11,399,664
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		95,355	1	83,571
	2	Savings and temporary cash investments		114,750,567	2	90,582,828
	3	Pledges and grants receivable, net		27,890,956	3	26,399,296
	4	Accounts receivable, net		333,184,583	4	422,670,258
	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		26,215,584	8	29,863,539
	9	Prepaid expenses and deferred charges		23,910,926	9	19,197,839
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,533,165,775			
	b	Less: accumulated depreciation	10b 1,263,497,161	1,251,605,583	10c	1,269,668,614
	11	Investments—publicly traded securities		1,137,743,641	11	1,161,149,224
	12	Investments—other securities. See Part IV, line 11		368,600,919	12	414,977,784
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		14,339,796	15	21,741,060
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,298,337,910	16	3,456,334,013
Liabilities	17	Accounts payable and accrued expenses		342,295,833	17	356,787,252
	18	Grants payable			18	
	19	Deferred revenue		49,970,183	19	45,873,222
	20	Tax-exempt bond liabilities		499,426,606	20	484,836,409
	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		354,868,787	23	398,802,940
	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		72,760,599	25	78,191,021
	26	**Total liabilities.** Add lines 17 through 25		1,319,322,008	26	1,364,490,844
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		1,213,622,786	27	1,266,841,493
	28	Temporarily restricted net assets		493,027,260	28	549,067,294
	29	Permanently restricted net assets		272,365,856	29	275,934,382
		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		1,979,015,902	33	2,091,843,169
	34	Total liabilities and net assets/fund balances		3,298,337,910	34	3,456,334,013

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,117,967,270
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,997,276,594
3	Revenue less expenses. Subtract line 2 from line 1	3	120,690,676
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,979,015,902
5	Net unrealized gains (losses) on investments	5	15,792,891
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	-23,656,300
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,091,843,169

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 36-2174823

Name: Rush University Medical Center

Form 990, Part III, Line 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 was ranked #1 in quality in Vizient's Quality Leadership Award 2019 Quality and Accountability Study among 93 U.S. academic medical centers in 2019. Nearly all of the nation's academic medical centers - 95% - participated in the study. It is the seventh consecutive time that the Medical Center has been ranked in the top five, rising from fourth in 2017 to second in 2018 and now earning the top ranking in 2019. The 2019 study evaluated participating medical centers and hospitals on the basis of safety, mortality, clinical effectiveness, efficiency and patient centeredness.All three Rush University System for Health hospitals also received high marks for quality and patient experience from the Centers for Medicare and Medicaid Services (CMS), with Rush University Medical Center and Rush Oak Park Hospital earning five-star ratings (the highest designation) and Rush Copley Medical Center earning four stars. Learn more.In FY19, Rush provided patient care to more than 32,000 inpatients, and the emergency room has the capacity to handle more than 65,000 visits.In U.S. News & World Report's 2019-2020 Best Hospitals rankings, Rush University Medical Center ranked among the top 50 hospitals in five specialties, with two in the top ten and two the highest ranked programs in Illinois. Only 166 of the nearly 3,000 hospitals in the United States that U.S. News evaluated, about 5.5 percent, scored high enough for U.S. News to rank them nationally in even one specialty. The Medical Center is ranked in orthopedics (7th in the country and No. 1 in Illinois), neurology and neurosurgery (8th), gynecology (14th, tops in Illinois), geriatrics (19th), kidney disease (nephrology) (49th). In addition to the national rankings of these five programs, U.S. News gave Rush "High Performing" status in the following programs: cancer, cardiology and heart surgery, and gastroenterology and GI surgery.The Medical Center is ranked in orthopedics (7th in the country and No. 1 in Illinois), neurology and neurosurgery (8th), gynecology (14th, tops in Illinois), geriatrics (19th), kidney disease (nephrology) (49th). In addition to the national rankings of these five programs, U.S. News gave Rush "High Performing" status in the following programs: cancer, cardiology and heart surgery, and gastroenterology and GI surgery.

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 and 60 postgraduate training programs, Rush educated more than 2,700 students in FY19. 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 FY19 topped $90 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 F Bergmann Trustee	1.00	X						0	0	0
Matthew J Boler 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
Frederick Brown DNP Trustee	41.00 0.00	X						206,852	0	9,304
Peter C B Bynoe Esq Trustee/Vice Chair	2.00 1.00	X		X				0	0	0
Philip A Canfield 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			
Karen B Case Trustee	1.00	X						0	0	0
Adela Cepeda Trustee	1.00	X						0	0	0
Alison Li Chung Trustee	1.00	X						0	0	0
Karen Jaffee Cofsky Trustee	1.00	X						0	0	0
Ann W Cohn EdD Trustee	1.00	X						0	0	0
Christopher L Coogan MD Trustee	1.00	X						0	0	0
E David Coolidge III Trustee	3.00 1.00	X						0	0	0
Kelly McNamara Corley Trustee	1.00	X						0	0	0
Susan Crown Trustee/Chair	3.00 1.00	X		X				0	0	0
James W DeYoung Trustee/Vice Chair	3.00	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			
Bruce W Dienst Trustee	2.00 1.00	X						0	0	0
William A Downe Trustee	1.00 1.00	X						0	0	0
Christine A Edwards Trustee/Vice Chair	3.00 1.00	X		X				0	0	0
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
H John Gilbertson Trustee	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William M Goodyear Trustee/Vice Chair	4.00 1.00	X		X				0	0	0
Sandra P Guthman Trustee	2.00 1.00	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	1.00	X						0	0	0
Christie Hefner Trustee	1.00	X						0	0	0
Marcie B Hemmelstein Trustee	1.00	X						0	0	0
Jay L Henderson Trustee/Vice Chair END 6/2019	3.00 1.00	X						0	0	0
Marvin J Herb Trustee	1.00	X						0	0	0
John W Higgins Trustee	1.00	X						0	0	0

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
William T Huffman Trustee	1.00	X						0	0	0
Justin Ishbia Trustee	1.00	X						0	0	0
Anthony D Ivankovich MD 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
The Rt Rev Jeffrey D Lee Trustee	1.00	X						0	0	0
Kenneth H Leet Trustee	1.00	X						0	0	0
Aylwin B Lewis Trustee	1.00	X						0	0	0
Susan R Lichtenstein Trustee	1.00	X						0	0	0
Pamela Forbes Lieberman Trustee	1.00	X						0	0	0
Todd W Lillibridge Trustee	1.00	X						0	0	0
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 1.00	X						0	0	0
Andrew J McKenna Jr 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			
James S Metcalf Trustee	1.00	X						0	0	0
Mark C Metzger Trustee	1.00 1.00	X						0	0	0
Andrew J Mills Trustee	1.00	X						0	0	0
Wayne L Moore Trustee	2.00	X						0	0	0
Marcia Murphy DNP Trustee	41.00 0.00	X						126,039	0	37,131
William A Mynatt Jr Trustee	2.00	X						0	0	0
Martin H Nesbitt Trustee	1.00	X						0	0	0
Cindy Nicolaides Trustee	2.00	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

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			
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
Perry R Pero Trustee	1.00 1.00	X						0	0	0
Stephen N Potter Trustee/Vice Chair START 6/2019	2.00	X		X				0	0	0
Jos 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John W Rogers Jr Trustee	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
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

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			
Jennifer W Steans Trustee	1.00	X						0	0	0
Joan E Steel Trustee	1.00	X						0	0	0
Carl W Stern Trustee	1.00	X						0	0	0
Carole W Streicher Trustee	1.00	X						0	0	0
Jonathan W Thayer Trustee	1.00	X						0	0	0
Charles A Tribbett III Trustee	1.00	X						0	0	0
Kenneth J Tuman MD Trustee	41.00 0.00	X						138,078	0	1,200
Edward J Ward MD Trustee	41.00 0.00	X						335,462	0	29,425
Gregory WWelch Trustee	1.00	X						0	0	0
Marilyn K Wideman DNP RN BC FAAN 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 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
Barbara Jil Wu PhD Trustee	1.00	X						0	0	0
Larry Goodman MD CEO RUMC Ended 6/12/19	41.00 1.00	X		X				2,673,512	0	375,977
Omar Lateef DO CEO, RUMC 6/12/19	41.00 1.00	X		X				978,961	0	191,383
Dino Rumoro Acting Dean, Rush Medical College	41.00 0.00	X		X				610,590	0	51,425
Joseph Anderson VP, Human Resources Operations	40.00 0.00			X				280,730	0	80,429
David Ansell MD SVP, Community Health Equity	40.00 1.00			X				1,035,351	0	138,867
Cynthia Barginere DNP SVP and Chief Operating Officer	40.00 0.00			X				668,383	0	126,034

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Andrew Bean Dean, Graduate College	40.00 0.00			X				107,658	0	14,938
Carl Bergetz JD SVP, Legal Affairs & General Counsel	40.00 1.00			X				575,784	0	136,188
Antonio Bianco MD SVP Clinical Affairs	40.00 0.00			X				1,110,966	0	14,719
Cynthia Boyd MD VP and Chief Compliance Officer	40.00 0.00			X				457,404	0	66,487
Peter Briechle VP, Philanthropy Programs & Services	40.00 0.00			X				196,995	0	30,496
Edward Conway VP, Clinical Affairs-Admin & Finance	40.00 0.00			X				391,735	0	90,751
Melissa Coverdale VP, Finance	40.00 1.00			X				391,707	0	75,016
Michael Dandorph President,RUMC and RSH	40.00 2.00			X				1,445,316	0	247,242
Richard B Davis VP, Human Resources Operations END 6/2019	40.00 0.00			X				207,565	0	0
Thomas Deutsch MD Provost, Rush University	40.00 0.00			X				1,042,962	0	169,298

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bruce Elegant VP, Hospital Operations	1.00 40.00			X				569,628	0	93,343
Brent Estes SVP, Business & Network Development	40.00 0.00			X				611,358	0	107,922
Marquis Foreman PhD Dean, College of Nursing	40.00 0.00			X				360,122	0	66,273
Sherine E Gabriel President, Rush University	40.00 0.00			X				50,000	0	0
Richa Gupta MBBS VP, Performance/Operational Effectiveness	40.00 0.00			X				357,011	0	63,793
Darlene Oliver Hightower VP, Community Health Equity	40.00 0.00			X				204,510	0	40,735
Bala Hota MD VP and Chief Analytics Officer	40.00 0.00			X				563,713	0	101,667
Joshua Jacobs MD VP, Research	40.00 0.00			X				806,204	0	100,949
K Ranga Rama Krishnan MB ChB CEO,Rush University System for Health	40.00 1.00			X				1,397,082	0	181,844
Joan Kurtenbach VP, Planning/Marketing/Communications	40.00 1.00			X				385,192	0	92,968

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 Lamont VP, Facilities Management	40.00 0.00			X				409,819	0	68,784
Diane McKeever SVP Philanthropy & Development/Secretary	40.00 1.00			X				695,445	0	130,399
John Mordach SVP, Finance, and CFO	40.00 1.00			X				1,105,090	0	196,977
Michael Mulroe VP, Hospital Operations	40.00 0.00			X				421,434	0	94,807
James Mulshine Interim Dean-Graduate College	40.00 0.00			X				399,474	0	64,667
Patricia Nedved VP, Professional Nursing Practice	40.00 0.00			X				316,472	0	49,875
Patricia O'Neil VP and Treasurer	40.00 0.00			X				354,761	0	70,467
Brian Patty MD VP, Clinical Information Systems	40.00 0.00			X				464,295	0	98,319
Anthony Perry MD VP, Ambulatory Transformation	40.00 0.00			X				455,297	0	97,779
Terry Peterson VP, Corporate & External Affairs	40.00 0.00			X				410,013	0	63,114

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Syed Rab MBBS MPH CHCIO SVP and Chief Information Officer	40.00 1.00			X				752,436	0	157,705
Angelique Richard PhD RN VP, Clinical Nursing	40.00 1.00			X				526,796	0	88,379
Charlotte Royeen PhD Dean, College of Health Sciences	40.00 0.00			X				338,554	0	72,301
Shanon Shumpert VP, Institute Equity/Human Resources	40.00 0.00			X				231,352	0	31,020
Mary Ellen Schopp Chief Human Resources Officer END 2/2019	40.00 0.00			X				608,514	0	135,209
Nicole Sibol VP, Business Development	40.00 0.00			X				356,163	0	44,188
Scott Sonnenschein VP, Hospital Operations	40.00 0.00			X				436,754	0	101,840
Vanessa Stacks VP, Care Coordination	40.00 0.00			X				256,002	0	18,031
Jeremy E Strong VP, Supply Chain	40.00 0.00			X				240,837	0	47,349
Katie Struck VP, Integrated Solutions/Optimization	40.00 0.00			X				330,468	0	66,246

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Denise Szalko VP, Revenue Cycle	40.00 0.00			X				429,929	0	75,552
Lynne M Wallace VP, Human Resources	40.00 0.00			X				270,363	0	72,834
Thomas Wick VP, Principal and Major Gifts	40.00 0.00			X				250,631	0	49,369
Harel Deutsch MD Physician	40.00 0.00					X		1,045,320	0	50,675
Lorenzo Munoz MD Physician	40.00 0.00					X		1,029,601	0	51,675
Richard Byrne MD Physician	40.00 0.00					X		1,194,613	0	51,632
Vincent Traynelis MD Physician	40.00 0.00					X		1,002,605	0	32,074
Michael Liptay MD Physician	40.00 0.00					X		1,335,125	0	56,162
Peter Butler Former President	0.00 0.00						X	132,862	0	1,200
Richard K Davis Former VP, University Affairs	0.00 0.00						X	448,255	0	96,461

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jaime Parent FormerVP, Information Technology	0.00 0.00						X	244,744	0	21,413
Judson Vosburg former VP, Financial Planning	0.00 0.00						X	164,404	0	3,529

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

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

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

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

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2017 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		449,500
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		271,395
j	Total. Add lines 1c through 1i			720,895
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1:	Lobbying activities consist of promoting legislation that would protect and promote the continued ability of the organization to further its exempt purpose of providing excellence in healthcare. The decrease in other activities stems from the completion of satellite and ambulatory facilities thus reducing lobby ing activities. A portion of the lobbying expenditure stems from dues to hospital organizations, such as the IHA, AHA, MCHC and AAMC, that lobby on behalf of the healthcare industry.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	627,321,096	588,315,306	505,278,670	521,164,012	521,793,095
b Contributions	8,504,428	6,957,150	4,226,027	4,047,128	4,864,889
c Net investment earnings, gains, and losses	26,649,312	51,532,395	97,185,668	-2,040,476	11,650,065
d Grants or scholarships	3,139,853	2,968,721	2,684,169	2,629,194	1,830,428
e Other expenditures for facilities and programs	17,026,192	16,097,830	15,222,879	14,807,856	14,809,823
f Administrative expenses	359,412	417,204	468,011	454,944	503,786
g End of year balance	641,949,379	627,321,096	588,315,306	505,278,670	521,164,012

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

- a Board designated or quasi-endowment ▶ 1.000 %
- b Permanent endowment ▶ 51.000 %
- c Temporarily restricted endowment ▶ 48.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		55,090,445		55,090,445
b Buildings		1,638,382,397	764,767,462	873,614,935
c Leasehold improvements		51,965,099	42,361,533	9,603,566
d Equipment		588,878,431	456,368,166	132,510,265
e Other		198,849,403		198,849,403
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,269,668,614

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	414,977,784	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.)* ▶	414,977,784	

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Swap Valuation	14,782,434
Pension Liabilities	37,426,954
Securities Lending Liabilities	3,576,969
Annuities-Philanthropy	643,697
Asset Retirement Cost	21,348,811
Payable to Affiliate	412,156
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	78,191,021

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
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	
3	Subtract line **2e** from line **1**			3	
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			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

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	
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	
3	Subtract line **2e** from line **1**			3	
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

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
Schedule D Part V Line 4	-The endowments are used to fund professorships (42%), research (15%), free care (8%), stu dent financial aid (14%), education and fellowships (11%) and other programs (10%).

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			132,108,595
b Total from continuation sheets to Part I . . .					36,171,698
c Totals (add lines 3a and 3b)	0	0			168,280,293

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

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

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't 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; don't file with Form 990).*	☐ Yes	☑ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2:	RUMC did not issue grants to foreign organizations or individuals. The amounts presented 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. The transfer of assets were isurance premiums made to the entity's wholly owned Cayman Island Insurance Company.

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	2,400,000
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Program Service	Charitable Health Care and healthcare related conferences.	10,756

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.	219,847
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	0	Program Service	Charitable Health Care and healthcare related conferences.	451,952

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.	121,392
North America - Canada and Mexico, but not the United States	0	0	Program Service	Charitable Health Care and healthcare related conferences.	1,294,561

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.	310,056
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investments		127,300,031

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.	7,317
South Asia	0	0	Program Services	Charitable Health Care and healthcare related conferences.	3,812

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and Neighboring States - Armenia, Azerbijan, Belarus,	0	0	Program Services	Charitable Health Care and healthcare related conferences.	1,073
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investments - Partnerships		36,159,496

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

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

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

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

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

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

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

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

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

		(a) Event #1 Road Home Program (event type)	(b) Event #2 Women's Board Fall Benefit (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,058,056	616,384	942,785	2,617,225
	2 Less: Contributions	995,356	338,225	629,475	1,963,056
	3 Gross income (line 1 minus line 2)	62,700	278,159	313,310	654,169
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		5,000	1,955	6,955
	6 Rent/facility costs		22,059	42,760	64,819
	7 Food and beverages	91,006	67,087	141,163	299,256
	8 Entertainment	625	10,000	78,981	89,606
	9 Other direct expenses	80,860	114,520	155,955	351,335
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				811,971
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-157,802

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			121,989	121,989
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			6,205	6,205
	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) ▶				6,205
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				115,784

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

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

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☑ Yes ☐ No

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

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	100.000 %

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

Name ▶ Patty Ruiz Ostrow Reisin Berk Ab

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

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ Jennifer Veloso

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 ▶ $ 115,784

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 30000.0000000000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			25,501,850		25,501,850	1.280 %
b Medicaid (from Worksheet 3, column a)			366,798,457	257,104,708	109,693,749	5.490 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			392,300,307	257,104,708	135,195,599	6.770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).		471,962	22,383,957	13,391,528	8,992,429	0.450 %
f Health professions education (from Worksheet 5)			163,924,182	98,917,976	65,006,206	3.250 %
g Subsidized health services (from Worksheet 6)			369,346,723	297,404,408	71,942,315	3.600 %
h Research (from Worksheet 7)			173,280,788	135,637,893	37,642,895	1.880 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			395,000		395,000	0.020 %
j **Total.** Other Benefits		471,962	729,330,650	545,351,805	183,978,845	9.200 %
k **Total.** Add lines 7d and 7j		471,962	1,121,630,957	802,456,513	319,174,444	15.970 %

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		130	2,157,275		2,157,275	0.110 %
3 Community support		1,475	168,175	600	167,575	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development		4,454	1,929,661		1,929,661	0.100 %
9 Other						
10 Total		6,059	4,255,111	600	4,254,511	0.220 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	12,460,715		
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	269,826,101		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	291,018,955		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-21,192,854		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 Rush SurgiCenter at the Professional Building LP	Healthcare	51.080 %		48.920 %
2 2 Rush Oak Brook Orthopaedic Center LLC	Healthcare	65.000 %		35.000 %
3 3 Rush Oak Brook Surgery Center LLC	Healthcare	25.000 %		75.000 %
4 4 Rush Radiosurgery LLC	Healthcare	49.000 %		51.000 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): See Part V Section C			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): See Part V Section C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Rush University Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b ☐	Income level other than FPG (describe in Section C)			
c ☑	Asset level			
d ☐	Medical indigency			
e ☑	Insurance status			
f ☑	Underinsurance discount			
g ☑	Residency			
h ☑	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑	The FAP was widely available on a website (list url): See Part V Section C			
b ☑	The FAP application form was widely available on a website (list url): See Part V Section C			
c ☑	A plain language summary of the FAP was widely available on a website (list url): See Part V Section C			
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

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c:	Other factors include Rush's Presumptive Charity Care Program. For this program, Rush utilizes data received from a third party vendor to determine whether the patient's income meets the income threshold. Charges for services rendered to patients meeting this threshold are written off in full prior to a bill being sent to the patient. A patient may also be eligible for presumptive charity care if the patient is eligible for Medicaid for other dates of service or services deemed non-covered by Medicaid; the patient is enrolled in, or eligible for, an assistance program for low income individuals; or the patient is homeless, deceased with no estate, or mentally incapacitated with no one to act on the patient's behalf. Patients not qualifying for Presumptive Charity Care, may also complete an application to determine eligibility under Rush's Charity Care and Limited Income Programs identified in the Financial Assistance Policy. Both programs are income-based but also utilize an asset test to determine eligibility. Patients meeting the asset test whose income is 0-300% 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 2019 As-Filed Medicare Cost Report. Medicare revenues and costs were extracted from the FY19 As-Filed Medicare Cost Report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g:	Rush has included costs associated with Rush owned physician clinics in subsidized health services. There is $210,377,445 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 $36,635,277.The calculation of the ratio of patient cost to charges was based on Rush's FY19 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, w ith senior leadership approving a pilot program to house 6 of our chronically homeless pat ients in partnership with the Center for Housing and Health, a subsidiary of the AIDS Foun dation of Chicago. This pilot follows Housing and Urban Development (HUD) definitions and guidelines and provides both bridge and permanent, supportive housing to individuals in ne ed. Rush has invested substantially into this program and is expanding it in FY20 with the new City of Chicago Flexible Housing Pool.Economic DevelopmentInvest locally - In FY19, R ush invested $730,000 in six projects on the West Side including Austin Coming Together, E nlace Chicago, Youth Outreach Services, Carole Robertson Center for Learning, Cook County Land Bank Authority, and Austin Rising Initiative. Rush also partnered with other hospital s through West Side United to award a total of $85,000 in small grants to seven small busi nesses on the West Side of Chicago. Local Purchasing - Rush has organizational goals to in crease purchasing with vendors from the West Side. Rush has partnered with Together Chicag o and Chicago Anchors for a Strong Economy to identify and contract with vendors at the hy per-local level. In FY19, Rush increased spending in targeted sourcing categories by $1M. Rush engaged with Concordance Healthcare Solutions, a medical-surgical supply distributor, to locate its distribution center in one of Rush's Anchor Mission (AM) communities and co mmit to hiring their warehouse staff from the AM communities. Rush engaged with Fooda for cafeteria services, with a goal of increasing spending in the AM communities. Rush is part of the West Side Anchor Committee with five other hospitals and health systems to share b est practices and increase the use of local vendors. Employee Efforts - Rush is also commi tted to serving our employees whom we consider as our "first community and have created pr ograms to create financial stability. These include retirement readiness and financial wel lness training for employees through Working Credit and Fifth-Third EBus.Environmental Imp rovementsRush understands that in its commitment to improving health, it must also be awar e of its environmental footprint. As a result, Rush developed The Green Team at Rush Unive rsity Medical Center and continued to support The Green Team at Rush Oak Park Hospital. Ea ch 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 environme ntal sustainability. Institute a task force to focus on inbound and outbound environmental ly friendly programs through: Energy and water conservation; Reduction of our carbon footp rint; Recycling program and waste reduction; Local & sustainable food; Establishing sourci ng relationships with environmentally conscious vendors. Rush has also engaged Practice Gr een Health, which is an advisory service to attain green culture. In early 2018 Rush becam e 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 ca mpuses that will adopt the cleanest diesel policies for our air quality and also developed guidelines to limit all unnecessary idling on campus (example of some that is excluded is Mobile Stroke Unit, but they will aim to find plugs when positive). This policy was adopt ed by Rush in partnership with Respiratory Health Association and Environmental Law and Po licy Center. In FY19, Rush implemented new smoke-free signs across the entirety of the Rus h campus. In FY19, Rush University's Department of Health Systems Management was awarded t he Commission on the Accreditation of Healthcare Management Education (CAHME) Canon Soluti ons America Award for Sustainability and throughout FY19 has partnered with Canon for pro- bono consulting on sustainability improvements to pursue in FY20. In addition, Rush will h ire a Sustainability Manager in FY20. Coalition BuildingWest Side United (WSU, westsideuni ted.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 He alth System, Sinai Health System, UI Health, and other healthcare providers, education pro viders, the faith community, business, government and residents. This collaborative is wor king to improve neighborhood health by addressing inequities in healthcare, education, eco nomic vitality and the physical environment using a cross-sector, place-based strategy. Th e overarching aim is to reduce life expectancy gaps between the Loop and the 10 Westside n eighborhoods of focus by 50% by 2030. As part of its efforts to address economic vitality, West Side United invested $1.7 million in six new and existing community development proj ects in West Side neighborhoods that will increase

Form and Line Reference	Explanation
Part II, Community Building Activities:	affordable housing connect youth to services and build capacity for established community organizations. They have also partnered with Accion and Northern Trust to develop a small business accelerator program with hopes of funding $250K in small business grants. As wel l, they have committed $250K to expand mental health services through co-location grants f or local social service agencies. In March 2019, West Side United announced the following additional goals: Health & HealthcareLaunch 'Live Healthy West Side', a community health f ramework that promotes health and well-being: Coalesce initiatives around reducing health inequities in 2 health conditions: Hypertension, Maternal child health.Economic Vitality o ver the next 3 years: Triple commitment in Impact Investing to $7.5 millionIncrease WSU in stitutions' local hiring by 15% (~3,500 new West Side hires by 2021)Increase local spend d ollars by 20% (~$100 Million invested in West Side communities)Expand Small Business Grant Pool to $500,000 per year leveraging new external fundersExpand Employee Professional Pat hway Programs to include 3 more career pathways (nursing, health IT and certified nursing assistant) Neighborhood & Physical EnvironmentLaunch a Healthy Food Voucher program to pro vide fruits & vegetables to 1,000 West Side residents by 2021Support 3 CPS schools in comp lying with CPS Nutrition Education standards and policiesStrengthen direct support relatio nships with food pantries to provide wrap around services such as SNAP enrollment Educatio nIncrease High School internships by 50% from 400 to 600 seats Support the development of community hubs at 2 schools to expand wrap around servicesEstablish career exposure progra ms at up to 4 elementary schools on the West SideWest Side ConnectEDRush is a founding mem ber of West Side ConnectED, a collaborative of five hospitals serving Chicago's West Side working to improve our efforts on social determinants of health with support from Catholic Charities of the Archdiocese of Chicago. The group, as referenced prior, is particularly focused on implementing screening about primary care/insurance, food security, housing, ut ilities, and transportation in the Emergency Departments. In FY19 Rush dedicated staff tim e equivalent of approximately $15,000. The coalition also secured funding from the Illinoi s Health and Hospital Association (IHA) and WSU to secure a project manager and screening connections with the Patient Innovation Center. Lurie Children's Hospital joined the initi ative in FY19 given shared interests in this health improvement effort and spent.Community Health Improvement AdvocacyWorkforce DevelopmentRush Capital Projects team now reviews co ntracts for construction and capital projects undertaken by the hospital, and, for the fir st time, depending on the size of the project, includes goals for Anchor Mission local hir ing in the contract language. The first project under these commitments has already been c ompleted-a clinic in the South Loop, which contributed $261K in salaries to residents in t he Anchor Mission communities. Rush launched a two-year Medical Assistant career pathway p rogram for full-time employees. The program is in collaboration with four other health sys tem employers, training providers and funding partners. Additionally, Rush launched a path way for underemployed youth between the ages of 18 and 26 to become patient care technicia ns in partnership with Skills for Chicagoland's Future. Six (6) of the 7 individuals (86%) from the first cohort who successfully completed the patient care technician pathway prog ram were hired at Rush, reducing time to fill by 30 days. We have launched two cohorts for the medical assistant career program with 20 participants. The third cohort will launch i n June 2020. Rush Oak Park Hospital also supports career development of students with spec ial needs

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2:	The cost for the total bad debt provision of $36,635,277 was calculated using the FY19 As-Filed Medicare Cost Report as a source for computing an overall cost-to-charge ratio. This reduces the bad debt expense of $36,635,277 to cost of $12,460,715. 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 FY19, Rush's reported provision for bad debt was a total of $36,635,277 which equates to $12,460,715 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 2019 As-Filed Medicare Cost Report. Medicare revenues and costs were extracted from the FY19 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.

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. Given that Rush conducted its CHNA for FY19, everything was related to that effort.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3:	In keeping with RUMC's mission to provide comprehensive, coordinated health care services to our patients, RUMC offers several financial assistance programs to help patients with their hospital bill.Through utilization of a patient eligibility service RUMC is extremely proactive in enrolling patients, who present for service without insurance coverage, for coverage under various state and federal programs. The maintenance of this service for our patients has a significant impact on decreasing the amount of charity care provided and ensuring that patients have the opportunity to obtain insurance. In addition to achieving appropriate, available coverage for our patients' medical services, this eligibility service also obtains eligibility for SSI or SSA benefits for applicable patients. Guiding the patient through this often time-consuming and arduous process is extremely beneficial to the patient, as once SSI/SSA eligibility is approved, the patient will begin receiving a monthly assistance check which provided a benefit well beyond their health care at RUMC.To assist the patient in deciding which is the right program for them, RUMC offers the services of Financial Counselors and Billing Customer Service Representatives. These individuals will assist patients in completion of financial application forms, obtaining an estimated cost of anticipated hospital services, providing an explanation and copy of their hospital bill, and notary services. RUMC makes all financial assistance information and policies available on the hospital's website.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4:	Rush provides patient care services to a much broader audience than is defined in its Community Health Needs Assessment (CHNA), but Rush defines its respective community as the West Side of Chicago and near city suburbs of Oak Park, Forest Park, and River Forest. Rush purposely chose to define its community for the CHNA as the geographic area between the two hospitals because this is an area of great need and some hardship and we are in their backyard. Rush's patient population is varied in regard to ethnicity, economic status and insurance status, but many on the west side face hardship and are members of more vulnerable populations - racial/ethnic minorities, lower socio-economic status, crowded housing, higher levels of joblessness and less access to education, transportation, and other community resources such as grocery stores and healthcare centers. Rush's defined community, most specifically the West Side of Chicago, while incredibly resilient, faces some of the greatest hardship and health disparities in the City of Chicago - Rush hopes to serve as an anchor to alleviate some of these issues through the empowerment of communities and the wonderful individuals that call the West Side home.

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. 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 current Financial Assistance Policy (FAP) that had been translated into the primary language spoken by a Limited English Proficiency (LEP) population, as required by Section 501(r)(4). Spanish is a primary language for more than 1,000 individuals or 5 percent of the community served by Rush or the population likely to be affected or encountered by Rush, as defined by Section 501(r)(4). In FY19, Rush did have a Spanish application for patients applying for financial assistance. This application was available for use by Financial Counselors and could be mailed to patients that called Customer Service requesting financial assistance. Rush also had a Spanish plain language summary available. However, Rush was not compliant in having the full financial assistance policy translated into Spanish for all of FY19. Although all documents were available on the web in Spanish, the version of the FAP updated on March 1, 2018 was neither translated to Spanish nor made available on Rush's website. This was discovered in February 2019 as Rush worked with tax consultants on Schedule H and corrected the FAP updated on April 1, 2019. Soon after this was discovered, Rush implemented procedures to ensure ongoingcompliance with this requirement. More specifically, Rush has implemented a checklist of items to ensure compliance with the language requirement. Included in this checklist is a step to confirm any updates to the FAP, application, or plain language summary occurs in all required and available languages.

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:For part of FY19, the hyperlink to the actual AGB percentage calculation was not functioning. This technical issue was identified in February 2019 and immediately corrected. The AGB calculation was updated on April 1, 2019, as scheduled.

Form and Line Reference	Explanation
Part VI, Line 5	Supporting Information - CHNA/CHIPGoal 1: Reduce inequities caused by the social, economic and structural determinants of health Supporting Program Information: 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-kind ergarten 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 path way with a mission of increasing diversity in STEM/health care professions. Our overall go als are to increase high school graduation rates, college matriculation, interest in healt hcare/STEM careers; and to build skills for the 21st-century workforce, including communic ation, collaboration, critical thinking, creativity, and leadership. Through enrichment, e ngagement, skills training and high-quality work-based learning, Rush is preparing underre presented youth for success in the healthcare industry. Rush's dedication to promoting a h ealthy community has fostered a strong commitment to supporting the growth and development of our local neighborhoods; including school communities. In FY18, REACH deepened its col laboration with five partner elementary schools and four high schools with STEM and/or hea lthcare programs. Rush University Medical Center is uniquely situated to increase the dive rsity of the healthcare workforce; addressing educational opportunity gaps, and cultivatin g a pipeline of health professionals focused on reducing health disparities for west side neighborhoods. REACH provides programming across the pre-K-16 educational continuum throug h the initiatives highlighted below:Elementary Outreach (Gr. Pre-K-5)In 1998, REACH develo ped its preschool program to introduce preschool children to science, math, and literacy s kills. REACH later expanded to include primary grades and currently provides education out reach in 6 public and private schools. The goal of the REACH Elementary Initiative is to p rovide 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 s upport student development of inquiry skills by using their natural curiosity to explore t heir surroundings. In addition to academic enrichment, Rush exposes students and their fam ilies to a variety of STEM/healthcare career pathways to inspire future career plans. REAC H believes that early parental involvement is crucial for children to be successful in sch ool and supportive in planning for college and career success. In FY19, 1038 students, 50 teachers and 300 parents participated in this program.Middle School Outreach (Gr. 6-8th)In FY19, REACH launched two new programs targeted for 6th-8th grade students. Vitals for STE M Success is an after-school curriculum enrichment program for middle school students inte rested in STEM and health care careers. The program consists of three, 10-week sessions on the Rush campus. In addition to STEM learning experiences, the enrichment program include s career exploration, mentoring and tutoring. Future Ready Learning Lab, supported in part by Michael Reese Health Trust, is an enrichment elective focused on building interest and awareness of careers in the STEM/healthcare field, increasing sense of self-efficacy, dev eloping 21st century learning skills and transitioning to high school. The elective is inc orporated into the school day and include opportunities for parent and community engagemen t. The partner schools for this program are Nathaniel Dett Elementary and Washington Irvin g 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 cours es, site visits, job shadowing and summer internships at Rush that expose students to a wi de range of health care careers. REACH also supports dual-credit enrollment opportunities, help student's complete college applications, provide mentoring and more. In FY19, REACH provided intensive experiences for 350 high school students.During the summer of 2019, Rus h provided work-based learning experiences for over 200 youth across the campus. Ninety pe rcent of participating high school students also earned industry-recognized certifications in Cardiopulmonary resuscitation, Electrocardiography, and/or First Aid. MedSTEM Pathways , our signature high school program, is designed to introduce teens to a wide range of cli nical and non-clinical healthcare careers, develop leadership skills and build academic sk ills. MedSTEM Pathways provides pre-internships for rising sophomores, juniors, and intern ships for rising juniors and seniors. By leveraging resources from across Rush University Medical Center, we provided students with comprehe

Form and Line Reference	Explanation
Part VI, Line 5	nsive, engaging experiences including personal development workshops, industry-recognized certifications, and networking with career professionals.In addition, with a generous gran t from JP Morgan Chase, Rush completed a pilot of its Health IT program at Richard T. Cran e Medical Preparatory High School (Crane). Rush ultimately served 44 students and saw 20 s tudents complete their EPIC Cadence Certification over the summer. The Health IT program e xpanded to year-round programming and will include the creation of a playbook for replicat ion across the city. College (2yr-4yr)Highly motivated college students can participate in a variety of postsecondary opportunities geared towards workforce development and academi c research experiences. In preparation for Summer 2019, we will refine and expand the care er pathway opportunities for the College Workforce Development Program; offering paid inte rnships and other resources to help students move quickly into full-time, living-wage empl oyment after graduation. During FY19, 22 undergraduate students participated in college in ternships.

Form and Line Reference	Explanation
Part VI, Line 5 Continued	Malcolm X College Partnership Malcolm X College (MXC), and Rush have a rich, multi-year hi story of collaboration. The partnership includes hosting students' clinical rotations in n ursing, surgical technology, radiologic technology, EMT/paramedic, and respiratory care at Rush University Hospital and providing anatomy labs for MXC health occupations students. Rush also provides guest lecturers and recently began offering a monthly interprofessional lunch and learn series for MXC students and faculty. MXC wants to ensure that its graduat es have the knowledge, skills and professional attributes they will need to function in th e healthcare system, both now and in the future. To help achieve that goal, Rush participa tes in MXC advisory committees and provides transfer programs for graduates of the MXC rad iologic technology and respiratory care programs to allow students the opportunity to obta in a bachelor's degree in their fields.Mini Medical School The RCSIP Mini Medical School i s 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 th e 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 th e five major body systems, dissections, homework, and a completion celebration. Rush stude nt and physician volunteers plan the curriculum, implement activities, and assist the yout h during these sessions. This year, approximately 117 grade school students attended Mini Medical School.Goal 2: Improve access to mental and behavioral health services Supporting Program Information:Rush School-Based Health Centers Rush has a 30-year history of providi ng health care at School-Based Health Centers (SBHC). Rush currently has three SBHCs locat ed within Chicago Public Schools that include, Orr Academy High School, Richard T. Crane M edical Preparatory High School, and Simpson Academy for Young Women. Crane and Orr have st udents in grades 9-12 and Simpson is for girls in grades six to 12 that are pregnant, pare nting, or both. All three schools have student bodies from underserved populations, and ar e located in neighborhoods with high poverty levels and hardship.The Rush SBHC's act as sa fety nets for these vulnerable students. Wide-ranging clinic services are provided by adva nced practice nurses, registered nurses, collaborating physicians and large numbers of Rus h's inter-professional students. The services include physicals, immunizations, treatment of injuries, primary care, intermittent care, mental health services, prenatal care, pregn ancy prevention programs, heath education programs and health care for the children of the students. Outcomes of this health care and education collaboration include improved immun ization 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 liv ing patterns aimed at chronic disease prevention and improved graduation rates. In FY19, 8 76 risk screenings were completed, resulting in 175 referrals for additional mental health services. Of those 175, 100 were successfully linked to care. Among the 100 are three pre gnant teens who have been referred to home visiting services through the ACEs in Pregnancy program. Through a partnership with the Rush Department of Psychiatry, psychiatric servic es, provided both in-SBHC and by telehealth visits, launched in January 2018. During FY19, there were 49 students referred for SBHC-provided psychiatric care. One thousand seven hu ndred forty minutes of education that focused on trauma, mental health, and skill building for resilience was provided to 900 students through school outreach activities. Finally, 140 teachers, parents, staff, and community members' participated educational sessions on the same topics. Adolescent Family Center The Rush Adolescent Family Center (AFC) has exis ted for over forty years. The AFC provides reproductive healthcare, prenatal care, gynecol ogical care, pregnancy prevention programs, sexually transmitted infection (STI) testing a nd 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 dra ws patients from over 107 Chicago-area zip codes, the majority of patients served reside i n the Chicago West Side communities of East Garfield Park, West Garfield Park, North Lawnd ale, Austin, Humboldt Park and the Near West Side. As part of AFC's community education pr ogram, 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 rep

Form and Line Reference	Explanation
Part VI, Line 5 Continued	roductive health. AFC also offers free prenatal education classes to pregnant teens and th eir partners. In FY19, AFC provided clinic services to 493 youth - in total 2,006 healthca re encounters - and provided 1,380 minutes of reproductive health education to youth at 4 different schools through community education encounters.The Road Home Program at the Cent er for Veterans and Their Families at Rush The Road Home Program provides care for the "in visible 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-traum atic stress disorder; child and family services such as support groups, counseling and gui dance for parenting; traumatic brain injury clinic; a military sexual trauma clinic; and a n Intensive Outpatient Program (IOP). The IOP is a three-week program where veterans local ly, and from all around the country fly in to receive intensive treatment Monday thru Frid ay, 8:00am to 4:00pm. This past year the Road Home Program conducted veteran outreach to 6 ,901 people within the community (to veterans and their family members, and through vetera n service organizations and related community groups). This past year the Road Home Progra m provided clinical services to 936 veterans.College of Nursing Faculty Practice ProgramTh e College of Nursing (CON) has a 30-year history of providing healthcare services to under served individuals, families, and communities at a variety of diverse community practice s ites 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 Children's School a t the Lighthouse for the Blind, a women's health clinic, a case management program for chr onic 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 practic e sites are uninsured or underinsured and rely on the sites as their main healthcare sourc e. In addition to the hours of care provided by Rush CON faculty practitioners, Rush nursi ng students deliver healthcare and health education services at the various sites. The stu dents' efforts greatly enhance the volume of health services provided. In addition, Rush U niversity nursing, medical, physician assistant and health systems management students vol unteer at these sites developing and delivering health education programs. Nearly two-thou sand health encounters are provided per year through the CON Faculty Practice Program.

Form and Line Reference	Explanation
Part VI, Line 5 Continued	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 schoo l students at Chicago Public Schools on the five diseases prevalent in the surrounding und erserved 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 studen t (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 s tudent volunteers teach a health topic related to the five diseases to high school student s. The content of the interactive health lectures ranges from disease prevention to practi cal skills such checking blood pressure. The high school students have opportunities to sp read their knowledge through 5 + 1 = 20 health fairs at their schools. Health fair activit ies include body mass index calculations, blood pressure screenings, vision screenings, gl ucose level checks, referrals, and health education. Health fair participants include fami lies 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 3,540 community members.Mini Health Fairs Rush's Professional Nursing staff helps provide Mini Health Fai rs for patients receiving care at Thresholds, an organization that provides services to in dividuals 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 lifesp an 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 FairIn FY19 the annual ROPH health and wellne ss fair provided more than 366 health screenings to participants which include blood press ure, fasting glucose and lipid profile blood tests. Many departments participated by hosti ng health information booths. These booths were staffed with clinicians who were provided information on diabetes, stroke, cancer, weight management, breast imaging and more. In ad dition, primary care doctors from Rush Oak Park Physicians Group were on hand to answer he alth related questions. A healthy breakfast was provided to attendees. Project Lifestyle C hangeFor the sixth consecutive year, ROPH's Project Lifestyle Change, a group education an d 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 p lanning, exercise and behavior modification at no charge.Rush Department of Social Work an d 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 Genera tions, a free health affinity membership program of approximately 15,500 members, offers o lder adults and their caregivers the opportunity to benefit from health and wellness educa tional 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. Transiti onal care to support patients and caregivers after hospital stays using the Bridge Model, addressing medical and non-medical issues as part of an interprofessional care team. Outpa tient social work care management with social workers integrated into primary and specialt y care to assess and address psychosocial issues related to care, using the AIMS Model. Me ntal health and collaborative care, including psychotherapy, supportive services, and coor dination with primary care to support patients 12+ years old who screen positively for dep ression.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 clinic al social worker who is available to help with a myriad of issues related to health and ch ronic health issues that particularly impact adults and caregivers. The Senior Health Insu rance Program (SHIP), which provides free options counseling to assist with navigation of Medicare and related benefit. SWACH is also leading the Social Determinants of Health init iative, which identifies, measures, and mitigates the social determinants of health of pat ients and community members by offering closed-loop referrals to services and resources to alleviate health disparities, as previously menti

Form and Line Reference	Explanation
Part VI, Line 5 Continued	oned.Tour de West Side Started by a Rush medical student's Summer Dean's Project, Rush beg an to sponsor five 5Ks on the West Side given its commitment to improving health. This ide a was well received, with a committee meeting occurring on a monthly basis and an aim to e ncourage employees and students to sign up for the annual neighborhood 5Ks in Garfield Par k, Austin, North Lawndale, Pilsen, and Little Village. Rush subsidized the cost of partici pation for 200 employees. West Side Walk to WellnessThe West Side Walk to Wellness, anothe r student's Summer Dean's Project, was developed to enhance exercise and walking in our We st Side communities, create a sense of engagement, and level of safety to be outside in th e community. The program which lasted 8 weeks, engaged 250 unique community members from R ush and the communities we serve.Goal 4: Increase access to care and community servicesRCS IP Clinics RCSIP Clinics are run by Rush volunteers, more specifically a physician lead an d an interprofessional team of Rush student volunteers. The clinics offer various services to patients such as physical exams, health education, free basic medications, and procedu res such as wound care and use referrals to help patients establish primary and/or special ty care relationships that are affordable or available through charity care. Examples of t hese clinics include:1.RCSIP Clinic at Franciscan Outreach is located within the Francisca n House homeless shelter for adult men and women. Over 2,951 healthcare encounters/visits were provided during FY19.2.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 225 men during FY19. 3.RCSIP Clinic at Chicago City Church serves homeless and other at-risk adults. Over 140 patients were se en at this clinic during FY19.

Additional Data

Software ID:

Software Version:

EIN: 36-2174823

Name: Rush University Medical Center

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Rush University Medical Center 1653 W Congress Parkway Chicago, IL 60612 www.rush.edu 0001917	X	X	X	X	X	X	X			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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: Similar to 2016, for its 2019 CHNA, Rush's Office of Community Engagement, under its Senior Vice President for Community Health Equity, led the effort for the Rush collaborative CHNA. We sought to include more stakeholders in our process of developing the CHNA this time around by engaging old and new partners. 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 perspectives from our colleagues at health systems and public health entities in the area; community leaders and members; and our colleagues participating in the Alliance for Health Equity. The Alliance for Health Equity is a collaborative group convened by the Illinois Public Health Institute and consisted at the time of over 30 hospitals, area health departments, and more than 100 community-based organizations working together on a joint CHNA process. 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.

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 in 2019 with the leadership of the Alliance for Health Equity, similar to its CHNA in 2016. This partner group initiated one of the largest collaborative CHNAs in the country with the current involvement of 30+ nonprofit and public hospitals, along with area 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 collectively once again. Steering committee hospitals and health departments in the Alliance for Health Equity (as of June 2019): Advocate Aurora HealthAMITA HealthAnn and Robert Lurie Children's Hospital of ChicagoGottlieb Memorial Hospital Loyola University Health SystemMacNeal HospitalMercy Hospital and Medical Center Northwestern MedicineNorwegian American Hospital Palos HospitalRoseland Community Hospital Rush University System for HealthSinai Health SystemSinai Urban Health Institute South Shore HospitalSwedish Covenant HospitalUniversity of Chicago Medicine University of Illinois Hospital and Health Sciences System

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

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) since its adoption both for the 2016 document and now the 2019. The 2016 and 2019 documents are located on our website, and we are proud to say that given our growing commitment to community, we have developed an enhanced Community Engagement and Community Health Equity website. We have brought the CHNA to meetings with community based organizations across the west side of Chicago since its adoption as well as to partners in the near west suburbs, as we view this as a public good for our respective communities. We also ensured that we brought our CHNA, Community Health Implementation Plan (CHIP), and Community Benefit Report to our ambulatory sites and waiting rooms across the Rush enterprise to ensure more people can see/access it. 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. In particular, we utilize our annual Chicago Community Trust On the table event to bring health equity data and partners together.

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 June 2019 simultaneously with the CHNA. This combined approach was an improvement for the new round of CHNA/CHIP, as Rush leadership believed that if we identify needs we must simultaneously come up with an approach to address them. The following Community Health Ne eds were identified in partnership with the Alliance for Health Equity, and the improvemen ts with guidance and focus to connect with local initiatives as Rush believes it must part ner with others to move the needle to improve health such as the Alliance, West Side Unite d, Senator Durbin's HEALE initiative, and West Side ConnectED. Given that our CHNA/CHIP we re formally adopted in June 2019, the following efforts tied to the final year of our 2016 -2019 CHNA/CHIP, but there is great overlap as we are doubling down on our new goals. The needs identified for 2019 remained the same with the addition of maternal child health, as a fifth need.Please note that we only highlight selected information in the following sec tion. For more detailed information, please find published documents and supporting progra ms on our website, https://www.rush.edu/about-us/rush-community.Goal 1: Reduce inequities caused by the social, economic and structural determinants of health a. Rush has been work ing to improve educational attainment through long standing programs such as our partnersh ip with Malcolm X College, Richard T. Crane Medical Preparatory High School, and the K-12 program- REACH, the Rush Education and Career Hub. This builds on years of partnership, bu t focuses our efforts in communities we identified with the most need. In FY19, REACH prog rams served more than 2,500 students, 500 parents and more than 350 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 implem ented a screening tool to identify non-medical barriers to good health, such as food insec urity, homelessness, lack of utilities, transportation barriers, and lack of primary care/ insurance. This screening tool was implemented in the Rush University Medical Center Emerg ency Department, primary care settings, and community based settings. Patients screened fo r these social determinants of health (SDOH) were connected to services via a partnership with NowPow, a locally-based, resource directory company which provides curated, personali zed resources that are shared with patients. Future plans include the integration of the S DOH screening tool with a screen designed to detect Adverse Childhood Experiences (ACE) - traumatic events which are strongly related to the development and prevalence of a wide ra nge of health problems throughout a person's lifespan. Further, we intend to expand the SD OH screening tool system-wide and connect it with Medicare Health Risk Assessments (HRAs) as well as develop opportuniti

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	es to study and publish on the impact of screening on patients' overall health outcomes.Ru sh joined the Alliance for Health Equity (AHE) early on and is a member of the steering co mmittee. In addition, a Rush representative chairs several work-groups, including the Food Security and Social Determinants workgroups. Rush is particularly invested in helping gui de 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 b ehavioral health services a. Address psychological trauma through screening tools and refe rral programs in school-based health centers and faith-based organizationsRush is working to address the mental and behavioral health needs of our patients and communities by havin g social work services offered to our primary care, inpatient, and emergency department pa tients. In addition, the College of Nursing and Rush Community Based Practices offer menta l health services in the community at Simpson Academy for Young Women and the College of N ursing Faculty Practice sites.School Based Students seen in the SBHCs are receiving age-ap propriate risk screening and evaluation for mental health issues. Those identified with me ntal health issues are referred for in-SBHC or community-based counseling and psychiatric services. In FY19, 876 risk screenings were completed, resulting in 175 referrals for addi tional mental health services. Of those 175, 100 were successfully linked to care. Among t he 100 are three pregnant teens who have been referred to home visiting services through t he ACEs in Pregnancy program. Through a partnership with the Rush Department of Psychiatry , psychiatric services, provided both in-SBHC and by telehealth visits, launched in Januar y 2018. During FY19, there were 49 students referred for SBHC provided psychiatric care. O ne thousand seven hundred forty minutes of education that focused on trauma, mental health , and skill building for resilience was provided to 900 students through school outreach a ctivities. Finally, 140 teachers, parents, staff, and community members' participated educ ational sessions on the same topics.Faith Based A total of 233 congregants and community m embers were trained in Mental Health First Aid, which teaches lay people how to identify, understand, and respond to signs of addictions and mental illnesses. b. Expand access to o ther screenings and servicesThrough a partnership with the Rush Department of Psychiatry l aunched in January of 2018, Rush provided psychiatric services, in-SBHCs and by telehealth visits. Nearly two thousand hours of education that focused on trauma, mental health, ide ntification of mental health issues, and skill building for resilience was provided to 825 students through school outreach activities.Goal 3: Prevent and reduce chronic disease by focusing on risk factors a. Reduce risk factors through assessments, disease management p rograms and improved access to

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	healthy food. The Rush Surplus Project continued to take place at both Rush University Me dical Center and Rush Oak Park Hospital in FY19. Through a continued partnership with Fran ciscan Outreach and Oak Park River Forest Food Pantry (recently renamed Beyond Hunger), in FY19, Rush has provided 26,488 free meals to both Franciscan and Beyond Hunger. Additiona lly, Rush continues to collaborate with another community partner, Top Box foods to provid e local produce to its employees and community members for a discounted rate monthly. In F Y19, 529 unique Rush employees participated in this program. Finally, Rush recently implem ented their Food is Medicine Program on 4 inpatient units and is actively rolling it out t o the remainder of the inpatient care units and ROPH. This program provides food from the hospital-based pantry to the patients who have screened positive for food insecurity prior to their discharge at Rush University Medical Center. These individuals are also provided with referrals to local pantries for them to continue to receive food after discharge and pursue SNAP. Through July 2019, there have been 270 bags of food delivered to patients wh o have screened positive for food insecurity.ROPH's community wellness program screens and connects individuals to resources at Oak Park River Forest Food Pantry, a nursing led scr eening program. It provides free educational seminars and fitness classes, which are desig ned to help community members lead healthier lives and address chronic disease. Healthy Mo tivations provided education on topics such as heart and vascular disease, preventive heal th, depression and more. In FY19, the program provided services to over 2,268 women and fa milies. The Metropolitan Chicago Breast Cancer Task Force launched in 2007 as an independe nt nonprofit based at Rush, with the goal of reducing the disparity in breast cancer death s between black women and white women in Chicago. After these initiatives launched, the di sparities began to decrease. In addition, ROPH provides free mammograms to uninsured or un derinsured women who live in Oak Park, River Forest and Proviso Township. In FY19, more th an 550 women were screened.In the past fiscal year, Rush focused its efforts on the Tobacc o Oversight Committee and extending the reach of its community efforts, particularly suppo rting Oakley Square in their efforts to go smoke-free by offering staff support, training, and our comprehensive web-based tool, Pro-Change. In addition, Rush provides trainings to its respective providers on Courage and Counsel to Quit with partner, Respiratory Health Association. This also included offering quarterly courses to patients and community membe rs to quit smoking at Rush Oak Park Hospital.CONTINUED BELOW

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.FINANCIAL ASSISTANCE POLICYIn addition to meeting financial and residency requirements, individuals applying for financial assistance must: cooperate with Rush and provide information and documentation truthfully and in a timely manner; make a good faith effort to honor the terms of reasonable payment terms on open balances if the individual qualifies only for a partial discount; notify Rush of any change in financial situation which may impact the 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
Part V, Section B Line 7a	Rush Community Health Needs Assesment:https://www.rush.edu/about-us/rush-community

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	Rush Community Health Needs Assessment Inplementation Strategy:https://www.rush.edu/about-us/rush-community/roadmaps-and-reports

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 11: CONTINUED FROM ABOVE	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, 396 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
Part V, Section B Line 16a	Rush Financial Aid Policy:https://www.rush.edu/sites/default/files/financial-assistance-policy-english-2019d.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 16b	Rush Financial Aid Application:https://www.rush.edu/sites/default/files/financial-assistance-application.pdf

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

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

Form and Line Reference	Explanation
Part V, Section B Line 16c	Rush Financial Aid Policy Plan Language Summary:https://www.rush.edu/sites/default/files/financial-assistance-brochure-english-2019d.pdf

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 . . . . . ▶ 10

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

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) Scholarships to attend Rush University Medical Center	1169	13,592,878			
(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)	91,000				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
NATIONAL CENTER FOR HEALTHCARE LEADERSHIP 1700 W Van Buren St Chicago, IL 60612	36-4483505	501(c)(3)	35,500				General Support
THE COMMERCIAL CLUB OF CHICAGO 21 S Clark St Chicago, IL 60603	36-3406446	501(c)(3)	27,500				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
BEARS CARE 1000 Football Drive Lake Forest, IL 60045	20-3902715	501(c)(3)	12,000				General Support
RUSH COPLEY FOUNDATION 2000 Ogden Ave Aurora, IL 60504	36-3093877	501(c)(3)	12,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACCESS LIVING OF METROPOLITAN CHICAGO 115 W Chicago Ave Chicago, IL 60654	36-3310774	501(c)(3)	10,000				General Support
SKILLS FOR CHICAGOLAND'S FUTURE 191 N Wacker Drive Chicago, IL 60606	45-1287418	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
METROPOLITAN CHICAGO BREAST CANCER TASK FORCE 300 S Ashland Ave Chicago, IL 60607	26-2264895	501(c)(3)	7,500				General Support
HEARTLAND HEALTH CENTER 208 S LaSalle Chicago, IL 60604	36-3775696	501(c)(3)	6,500				General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	- Health or social club dues or initiation fees - membership is maintained for the Chief Financial Officer at the Economics Club, 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.

Return Reference	Explanation
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-$264,760, Thomas A. Deutsch, MD - $108,278, David A. Ansell, MD-$243,698, Bruce M. Elegant-$44,611, Richard B. Davis-$26,427, Ranga Krishnan - $287,978, Joshua Jacobs, MD - $40,789, James L. Mulshine-$31,960, Marquis D. Foreman-$29,813, Cynthia Boyd, MD - $35,937, Antonio Bianco, MD - $182,251, Charlotte Royeen - $28,399, Michael E. LaMont - $31,369, Diane McKeever - $72,425, Jamie Parent - $25,767, Judson Vosburg - $22,192. The amounts listed in Schedule J, Part II, Column F reflect these distributions less the accrued earnings (which were not previously reported). Antonio Bianco, MD received severence pay of $812,566, James Mulshine received severence pay of $74,144, Jaime Parent received severence pay of $221,376, Judson Vosburg received severence pay of $142,811, Richard B Davis received severence pay of $181,138.

Return Reference	Explanation
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				
Frederick Brown DNP Trustee	(i)	166,221	40,456	175	0	9,304	216,156	0
	(ii)	0	0	0	0	0	0	0
Marcia Murphy DNP Trustee	(i)	126,039	0	0	11,906	25,225	163,170	0
	(ii)	0	0	0	0	0	0	0
Edward J Ward MD Trustee	(i)	290,313	45,149	0	0	29,425	364,887	0
	(ii)	0	0	0	0	0	0	0
Larry Goodman MD CEO RUMC Ended 6/12/19	(i)	1,609,017	775,626	288,869	358,159	17,818	3,049,489	264,760
	(ii)	0	0	0	0	0	0	0
Omar Lateef DO CEO, RUMC 6/12/19	(i)	777,583	200,637	741	166,883	24,500	1,170,344	0
	(ii)	0	0	0	0	0	0	0
Dino Rumoro Acting Dean, Rush Medical College	(i)	531,249	77,829	1,512	22,000	29,425	662,015	0
	(ii)	0	0	0	0	0	0	0
Joseph Anderson VP, Human Resources Operations	(i)	233,454	46,791	485	51,679	28,750	361,159	0
	(ii)	0	0	0	0	0	0	0
David Ansell MD SVP, Community Health Equity	(i)	545,740	201,074	288,537	129,952	8,915	1,174,218	243,698
	(ii)	0	0	0	0	0	0	0
Cynthia Barginere DNP SVP and Chief Operating Officer	(i)	487,411	167,022	13,950	117,630	8,404	794,417	0
	(ii)	0	0	0	0	0	0	0
Carl Bergetz JD SVP, Legal Affairs & General Counsel	(i)	450,418	124,878	488	107,223	28,965	711,972	0
	(ii)	0	0	0	0	0	0	0
Antonio Bianco MD SVP Clinical Affairs	(i)	115,983	0	994,983	7,064	7,655	1,125,685	182,251
	(ii)	0	0	0	0	0	0	0
Cynthia Boyd MD VP and Chief Compliance Officer	(i)	331,124	72,685	53,595	65,251	1,236	523,891	35,937
	(ii)	0	0	0	0	0	0	0
Peter Briechle VP, Philanthropy Programs & Services	(i)	196,768	0	227	25,808	4,688	227,491	0
	(ii)	0	0	0	0	0	0	0
Edward Conway VP, Clinical Affairs-Admin & Finance	(i)	304,463	67,896	19,376	62,876	27,875	482,486	0
	(ii)	0	0	0	0	0	0	0
Melissa Coverdale VP, Finance	(i)	323,345	62,257	6,105	58,281	16,735	466,723	0
	(ii)	0	0	0	0	0	0	0
Michael Dandorph President,RUMC and RSH	(i)	1,000,894	421,328	23,094	219,367	27,875	1,692,558	0
	(ii)	0	0	0	0	0	0	0
Richard B Davis VP, Human Resources Operations END 6	(i)	0	0	207,565	0	0	207,565	26,427
	(ii)	0	0	0	0	0	0	0
Thomas Deutsch MD Provost, Rush University	(i)	637,769	254,529	150,664	148,567	20,731	1,212,260	108,278
	(ii)	0	0	0	0	0	0	0
Bruce Elegant VP, Hospital Operations	(i)	398,425	102,645	68,558	75,498	17,845	662,971	44,611
	(ii)	0	0	0	0	0	0	0
Brent Estes SVP, Business & Network Development	(i)	438,546	164,761	8,051	107,046	876	719,280	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				
Marquis Foreman PhD Dean, College of Nursing	(i)	277,739	50,455	31,928	57,901	8,372	426,395	29,813
	(ii)	0	0	0	0	0	0	0
Richa Gupta MBBS VP, Performance/Operational Effectiv	(i)	292,315	64,429	267	52,771	11,022	420,804	0
	(ii)	0	0	0	0	0	0	0
Darlene Oliver Hightower VP, Community Health Equity	(i)	169,768	34,742	0	16,110	24,625	245,245	0
	(ii)	0	0	0	0	0	0	0
Bala Hota MD VP and Chief Analytics Officer	(i)	455,896	107,227	590	73,792	27,875	665,380	0
	(ii)	0	0	0	0	0	0	0
Joshua Jacobs MD VP, Research	(i)	630,672	131,317	44,215	100,949	0	907,153	40,789
	(ii)	0	0	0	0	0	0	0
K Ranga Rama Krishnan MB ChB CEO,Rush University System for Healt	(i)	829,028	275,699	292,355	179,158	2,686	1,578,926	287,978
	(ii)	0	0	0	0	0	0	0
Joan Kurtenbach VP, Planning/Marketing/Communication	(i)	303,669	74,270	7,253	60,899	32,069	478,160	0
	(ii)	0	0	0	0	0	0	0
Michael Lamont VP, Facilities Management	(i)	288,921	64,985	55,913	60,412	8,372	478,603	31,369
	(ii)	0	0	0	0	0	0	0
Diane McKeever SVP Philanthropy & Development/Secre	(i)	447,568	158,243	89,634	111,166	19,233	825,844	72,425
	(ii)	0	0	0	0	0	0	0
John Mordach SVP, Finance, and CFO	(i)	784,310	284,579	36,201	172,952	24,025	1,302,067	0
	(ii)	0	0	0	0	0	0	0
Michael Mulroe VP, Hospital Operations	(i)	340,792	70,249	10,393	66,965	27,842	516,241	0
	(ii)	0	0	0	0	0	0	0
James Mulshine Interim Dean-Graduate College	(i)	211,668	55,079	132,727	36,107	28,560	464,141	31,960
	(ii)	0	0	0	0	0	0	0
Patricia Nedved VP, Professional Nursing Practice	(i)	256,096	60,376	0	22,000	27,875	366,347	0
	(ii)	0	0	0	0	0	0	0
Patricia O'Neil VP and Treasurer	(i)	287,172	61,337	6,252	59,685	10,782	425,228	0
	(ii)	0	0	0	0	0	0	0
Brian Patty MD VP, Clinical Information Systems	(i)	377,460	84,975	1,860	66,567	31,752	562,614	0
	(ii)	0	0	0	0	0	0	0
Anthony Perry MD VP, Ambulatory Transformation	(i)	365,364	89,174	759	71,029	26,750	553,076	0
	(ii)	0	0	0	0	0	0	0
Terry Peterson VP, Corporate & External Affairs	(i)	322,790	74,791	12,432	61,878	1,236	473,127	0
	(ii)	0	0	0	0	0	0	0
Syed Rab MBBS MPH CHCIO SVP and Chief Information Officer	(i)	591,416	158,763	2,257	132,840	24,865	910,141	0
	(ii)	0	0	0	0	0	0	0
Angelique Richard PhD RN VP, Clinical Nursing	(i)	429,813	96,094	889	72,350	16,029	615,175	0
	(ii)	0	0	0	0	0	0	0
Charlotte Royeen PhD Dean, College of Health Sciences	(i)	253,827	54,779	29,948	53,684	18,617	410,855	28,399
	(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				
Shanon Shumpert VP, Institute Equity/Human Resources	(i)	197,065	34,112	175	21,329	9,691	262,372	0
	(ii)	0	0	0	0	0	0	0
Mary Ellen Schopp Chief Human Resources Officer END 2/	(i)	442,448	158,636	7,430	107,884	27,325	743,723	0
	(ii)	0	0	0	0	0	0	0
Nicole Sibol VP, Business Development	(i)	278,252	77,712	199	40,238	3,950	400,351	0
	(ii)	0	0	0	0	0	0	0
Scott Sonnenschein VP, Hospital Operations	(i)	347,127	82,552	7,075	68,905	32,935	538,594	0
	(ii)	0	0	0	0	0	0	0
Vanessa Stacks VP, Care Coordination	(i)	220,567	35,435	0	14,088	3,943	274,033	0
	(ii)	0	0	0	0	0	0	0
Jeremy E Strong VP, Supply Chain	(i)	206,334	34,503	0	20,124	27,225	288,186	0
	(ii)	0	0	0	0	0	0	0
Katie Struck VP, Integrated Solutions/Optimizatio	(i)	265,026	65,209	233	50,584	15,662	396,714	0
	(ii)	0	0	0	0	0	0	0
Denise Szalko VP, Revenue Cycle	(i)	354,701	67,987	7,241	64,780	10,772	505,481	0
	(ii)	0	0	0	0	0	0	0
Lynne M Wallace VP, Human Resources	(i)	219,677	50,386	300	46,159	26,675	343,197	0
	(ii)	0	0	0	0	0	0	0
Thomas Wick VP, Principal and Major Gifts	(i)	240,144	10,000	487	32,129	17,240	300,000	0
	(ii)	0	0	0	0	0	0	0
Harel Deutsch MD Physician	(i)	736,355	308,965	0	19,250	31,425	1,095,995	0
	(ii)	0	0	0	0	0	0	0
Lorenzo Munoz MD Physician	(i)	903,353	126,248	0	22,000	29,675	1,081,276	0
	(ii)	0	0	0	0	0	0	0
Richard Byrne MD Physician	(i)	1,074,847	117,504	2,262	24,750	26,882	1,246,245	0
	(ii)	0	0	0	0	0	0	0
Vincent Traynelis MD Physician	(i)	945,605	57,000	0	22,000	10,074	1,034,679	0
	(ii)	0	0	0	0	0	0	0
Michael Liptay MD Physician	(i)	1,086,263	246,600	2,262	22,000	34,162	1,391,287	0
	(ii)	0	0	0	0	0	0	0
Peter Butler Former President	(i)	98,800	34,062	0	0	1,200	134,062	0
	(ii)	0	0	0	0	0	0	0
Richard K Davis Former VP, University Affairs	(i)	351,737	80,777	15,741	68,946	27,515	544,716	0
	(ii)	0	0	0	0	0	0	0
Jaime Parent FormerVP, Information Technology	(i)	0	0	244,744	5,153	16,260	266,157	25,767
	(ii)	0	0	0	0	0	0	0
Judson Vosburg former VP, Financial Planning	(i)	0	0	164,404	0	3,529	167,933	22,192
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Illinois Finance Authority	86-1091967	000000000	06-29-2016	50,000,000	Series 2016 (See Part VI)		X		X		X
B	Illinois Finance Authority	86-1091967	45203HP71	02-11-2015	457,240,239	Series 2015A (See Part VI)		X		X		X
C	Illinois Finance Authority	86-1091967	000000000	12-16-2011	56,000,000	Series 2011 (See Part VI)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		22,270,000	24,595,000	
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				
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	453,577,657	56,000,000	
12	Other unspent proceeds				
13	Year of substantial completion	2016	2015	2012	

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.360 %		0.300 %		1.000 %		
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 %		0.300 %		1.000 %		
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 is 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 refunded the 2009C bonds issued 7/29/2009, the 2009A bonds issued 2/10/2009, and the 2006B bonds issued 5/28/2008.

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

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	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DONOR 21	Substantial Contributor	324,346	Services rendered in the ordinary course of business		No
DONOR 37	Substantial Contributor	1,357,167	Services rendered in the ordinary course of business		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
DONOR 38	Substantial Contributor	1,462,797	Services rendered in the ordinary course of business		No
DONOR 47	Substantial Contributor	2,999,554	Sale of goods in the ordinary course of business		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
DONOR 73	Substantial Contributor	12,693,740	Sale of goods in the ordinary course of business		No
DONOR 96	Substantial Contributor	5,671,744	Services rendered in the ordinary course of business		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
DONOR 98	Substantial Contributor	10,639,751	Sale of goods in the ordinary course of business		No
DONOR 120	Substantial Contributor	2,189,957	Sale of goods in the ordinary course of business		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
DONOR 176	Substantial Contributor	708,392	Services rendered in the ordinary course of business		No
DONOR 237	Substantial Contributor	301,929	Services rendered in the ordinary course of business		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
DONOR 309	Substantial Contributor	177,774	Services rendered in the ordinary course of business		No
DONOR 324	Substantial Contributor	9,110,266	Sale of goods in the ordinary course of business		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
DONOR 360	Substantial Contributor	798,647	Services rendered in the ordinary course of business		No
DONOR 389	Substantial Contributor	461,457	Sale of goods in the ordinary course of business		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
DONOR 392	Substantial Contributor	10,589,084	Services rendered in the ordinary course of business		No
DONOR 400	Substantial Contributor	113,708	Sale of goods in the ordinary course of business		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
DONOR 402	Substantial Contributor	381,900	Services rendered in the ordinary course of business		No
DONOR 408	Substantial Contributor	374,107	Services rendered in the ordinary course of business		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
DONOR 445	Substantial Contributor	140,864	Services rendered in the ordinary course of business		No
DONOR 457	Substantial Contributor	220,814	Services rendered in the ordinary course of business		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
DONOR 489	Substantial Contributor	3,348,203	Services rendered in the ordinary course of business		No
DONOR 524	Substantial Contributor	208,826	Services rendered in the ordinary course of business		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
DONOR 528	Substantial Contributor	1,131,670	Services rendered in the ordinary course of business		No
DONOR 569	Substantial Contributor	222,864	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**
Michael D Brown MD	Family Member of Francesca Edwardson, current Trustee	467,502	Wages		No
Walter McCarthy	Family Member of Mary McCarthy, current Trustee	652,575	Wages		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Candice A Brown	Family Member of Peter C. B. Bynoe Esq., current trustee	47,195	Wages		No
Adriana Rumoro	Family Member of Dino Rumoro, current trustee	115,287	Wages		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
Paula Grabler	Family Member of David Ansell, MD, current trustee and officer	525,977	Wages		No
Rebecca D Sarran	Family Member of Thomas Deutsch, MD, current officer	62,474	Wages		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Kimberly M Perry	Family Member of Anthony Perry, MD, current Officer	31,594	Wages		No
Lydia Royeen	Family Member of Charlotte Royeen, PhD, current Officer	78,086	Wages		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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	X	1	4,800	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		1,322	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	53	22,259,005	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	X	1	5,689	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Donated Raffle Prizes)	X	71	43,717	FMV
26 Other ▶ (Furniture)	X	5	3,000	FMV
27 Other ▶ (Sporting Event Tickets)	X	20	1,760	FMV
28 Other ▶ (Gift Cards)	X	5	125	FMV

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

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
Part I, Column (b):	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.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Christine A. Edwards and William A. Downe had a business relationship. Jesse H. Ruiz and J ohn J. Sabl had a business relationship. Peter C. B. Bynoe, Esq., William M. Goodyear and Todd W. Lillibridge had a business relationship. E. Scott Santi, David H. B. Smith Jr., Ja y L Henderson and Susan Crown had a business relationship. John L. Howard and E. Scott San ti had a business relationship. Kapila Kapur Anand and Carole W. Streicher had a business relationship. Martin H. Nesbit and Kip Kirklpatrick had a business relationship. John L. B rennen, Karl A. Palasz and E. David Coolidge III had a business relationship. John W. Roge rs, Jr. and John F. Sandner had a business relationship. John W. Rogers Jr. and Sheila A. Penrose had a business relationship. Gloria Santona, Esq and Michael J. O'Connor had a bus iness relationship. E. David Coolidge III and Francesca Maher Edwardson had a business rel ationship. James A. Bell and Thomas E. Richards had a business relationship. Jose Luis Pra do and Alejandro Silva had a business relationship. Thomas E. Richards, Sandra P. Guthman, Jay L. Henderson, Susan Crown, Jose Luis Prado and Charles A. Tribbett, III had a busines s relationship. Peter C. B. Bynoe, Esq. and William K. Hall had a business relationship. J ohn 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. Christine A. Edwards and Matthew F. Bergmann had a business relationship.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 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 visio n and strategy across the Rush system.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The information is compiled and reviewed internally by Corporate Finance. The return is re viewed by Deloitte Tax LLP before being submitted to the Audit Committee of the Board of D irectors of Rush for review and approval. The return is distributed to the entire Board of Directors before it is filed.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	On an annual basis, members of the RUMC Board and the corporate officers of RUMC 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 revie w, comparability data and contemporaneous substantiation to establish compensation package s for the RUMC CEO and other top management officials. All such officer compensation packa ges are approved by the Compensation and Human Resources Committee of the RUMC Board annua lly.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Articles of Incorporation 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, Frederick Brown, Jr, DNP and Marcia P Murphy were compensated for their roles as employees not as trustees.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Post Retirement Related Changes -22,270,608. Non Controlling interest in subsidiary -1,385,692.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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	59,078,976	20,944,770	Rush University Medical Center
(2) Vyridian Revenue Management 820 W Jackson Blvd Chicago, IL 60607 36-4208577	Billing Services	IL	177,700	-850,894	Rush University Medical Center
(3) Rush Oak Brook LLC 1653 W Congress Parkway Chicago, IL 60612 36-2174823	No Activity	IL	0	0	Rush University Medical Center
(4) Rush Oak Brook ASC LLC 1653 W Congress Parkway Chicago, IL 60612 36-2174823	Property Management - No Activity	IL	0	0	Rush University Medical Center
(5) Rush 3D LLC 1653 W Congress Parkway Chicago, IL 60612 36-2174823	Healtcare Technology Development	IL	0	375,000	Rush University Medical Center
(6) Rush Partners 1653 W Congress Parkway Chicago, IL 60612 36-2174823	Clinical Joint Ventures-No Activity	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	(g) No

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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	59,078,976	20,944,770	Rush University Medical Center
(1) Vyridian Revenue Management 820 W Jackson Blvd Chicago, IL 60607 36-4208577	Billing Services	IL	177,700	-850,894	Rush University Medical Center
(2) Rush Oak Brook LLC 1653 W Congress Parkway Chicago, IL 60612 36-2174823	No Activity	IL	0	0	Rush University Medical Center
(3) Rush Oak Brook ASC LLC 1653 W Congress Parkway Chicago, IL 60612 36-2174823	Property Management - No Activity	IL	0	0	Rush University Medical Center
(4) Rush 3D LLC 1653 W Congress Parkway Chicago, IL 60612 36-2174823	Healtcare Technology Development	IL	0	375,000	Rush University Medical Center
(5) Rush Partners 1653 W Congress Parkway Chicago, IL 60612 36-2174823	Clinical Joint Ventures-No Activity	IL	0	0	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 36-3370216	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		No
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 III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Circle Imaging Partners LP 1725 W Harrison Street Chicago, IL 60612 36-3539382	Operation Imaging	IL	Circle Imaging Management Inc	Related	608,480	2,543,967		No			No	71.430 %
(1) Rush Surgicenter at the Professional Office Building LP 1725 W Harrison Street Chicago, IL 60612 36-3853026	Surgery Center	IL	Rush University Medical Center	Related	3,475,797	14,510,875		No		Yes		51.090 %
(2) Rush Copley Cardiovascular LLC 2000 Ogden Avenue Aurora, IL 60504 27-3234201	Healthcare	IL	N/A									
(3) Rush Copley Surgicenter LLC 2111 Ogden Avenue Aurora, IL 60504 38-4012268	Surgery Center	IL	N/A									
(4) Rush Copley Hospitalists LLC 2000 Ogden Avenue Aurora, IL 60504 61-1787188	Healthcare	IL	N/A									
(5) Rush Copley Orthopedics LLC 2111 Ogden Avenue Aurora, IL 60504 61-1801175	Healthcare	IL	N/A									
(6) Rush Oak Brook Orthopaedic Center 2011 S York Rd Oakbrook, IL 60523 35-2539357	Healthcare	IL	Rush University Medical Center	Related	-2,267,124	32,842,588		No		Yes		65.000 %
(7) Guardian Health Technologies 1653 W Congress Parkway Chicago, IL 60612 36-2174823	Analytical Software License Holder	IL	Rush University Medical Center	Related - Dormant				No		Yes		60.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Room Five Hundred 1725 W Harrison Street Chicago, IL 60612 23-7139832	Dining Room	IL	Rush University Medical Center	C	2,517,242	57,101	100.000 %	Yes	
(1) Rush University Medical Center Insurance CoLTD PO Box 1051 Grand Cayman CJ	Insurance	CJ	Rush University Medical Center	C	94,293	13,411,459	100.000 %	Yes	
(2) Rush Copley Medical Group NFP(Copley Services) 2000 Ogden Ave Aurora, FL 60504 36-3235315	Healthcare	IL	N/A	C				Yes	
(3) Pooled Income Fund (14)	Investments	MA	Rush University Medical Center					Yes	
(4) Perpetual Trusts (24)	Trust	IL	Rush University Medical Center					Yes	
(5) Perpetual Trust	Trust	MO	Rush University Medical Center					Yes	
(6) Perpetual Trust	Trust	FL	Rush University Medical Center					Yes	
(7) Charitable Remainder Trust (2)	Trust	CA	Rush University Medical Center					Yes	
(8) Charitable Remainder Trust	Trust	IL	Rush University Medical Center					Yes	
(9) Charitable Remainder Trust	Trust	PA	Rush University Medical Center					Yes	
(10) Charitable Gift Annuity	Gift Annuity	WI	Rush University Medical Center					Yes	
(11) Charitable Gift Annuity (2)	Gift Annuity	MA	Rush University Medical Center					Yes	
(12) Charitable Gift Annuity (8)	Gift Annuity	IL	Rush University Medical Center					Yes	
(13) Charitable Gift Annuity	Gift Annuity	NV	Rush University Medical Center					Yes	
(14) 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	-51,837,081	1,168,597,222	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
(1)	Circle Imaging	O	486,073	FMV
(1)	Circle Imaging	S	642,857	FMV
(2)	Circle Imaging	P	324,346	FMV
(3)	Copley Memorial Hospital	P	9,174,412	FMV
(4)	Copley Memorial Hospital	E	1,825,860	FMV
(5)	Copley Memorial Hospital	S	278,285	FMV
(6)	Rush Master Retirement Trust	Q	31,333,334	FMV
(7)	Rush Oak Park Hospital	K	79,788	FMV
(8)	Rush Surgicenter	O	255,197	FMV
(9)	Rush University Medical Center Insurance Co	P	2,400,000	FMV