efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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 265

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) 942-5000

G Gross receipts $ 4,532,999,992

F Name and address of principal officer:
Omar B Lateef DO
1700 West Van Buren Street 265
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: 1883

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
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 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**	98
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	91
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	13,590
6	Total number of volunteers (estimate if necessary)	**6**	1,227
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,693,054
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	139,965,950	102,572,764
9	Program service revenue (Part VIII, line 2g)	1,784,839,480	2,002,982,180
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,056,939	130,968,844
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	156,106,569	194,334,500
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,129,968,938	2,430,858,288
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,443,953	16,951,090
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,107,753,527	1,189,772,014
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶11,730,944		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,083,074,044	1,038,625,269
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,206,271,524	2,245,348,373
19	Revenue less expenses. Subtract line 18 from line 12	-76,302,586	185,509,915

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,025,213,121	4,534,803,183
21	Total liabilities (Part X, line 26)	2,111,950,010	2,139,745,409
22	Net assets or fund balances. Subtract line 21 from line 20	1,913,263,111	2,395,057,774

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

****** 2022-05-13
Signature of officer Date

Patricia S ONeil SVP, CFO & Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01275237

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 $ 1,710,794,348 including grants of $ 71,575) (Revenue $ 1,883,780,903)
See Additional Data

4b (Code:) (Expenses $ 192,309,123 including grants of $) (Revenue $ 148,405,570)
See Additional Data

4c (Code:) (Expenses $ 90,253,881 including grants of $ 16,879,515) (Revenue $ 87,235,203)
See Additional Data

(Code:) (Expenses $ 69,668,901 including grants of $) (Revenue $ 68,323,877)

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 FY2021.

4d Other program services (Describe in Schedule O.)
(Expenses $ 69,668,901 including grants of $) (Revenue $ 68,323,877)

4e **Total program service expenses ▶** 2,063,026,253

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		
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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	875		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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** 13,590			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**	Yes	
b	If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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	98		
	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	91		
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:
▶James Wilson 1700 West Van Buren Street Ste 265 Chicago, IL 60612 (312) 942-5659

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.

See instructions for the order in which to list the persons above.

☐ 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) ▶								40,990,670	0	2,661,843

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 ▶ 2,323

			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
PowerUjamaa 4 LLC 8750 W Bryn Mawr Ave Chicago, IL 60631	Construction	70,138,393
JONES LANG LASALLE AMERICAS 200 East Randolph Drive Floor 43-48 Chicago, IL 60601	MANAGEMENT SERVICES	45,902,180
EPIC SYSTEMS CORPORATION 1979 MILKY WAY Verona, WI 53593	SOFTWARE MAINTENANCE	8,533,997
Ankura Consulting Group LLC 150 North Riverside Plaza Suite 2400 Chicago, IL 60606	Consulting	7,659,665
Total Renal Care 601 Hawaii St El Segundo, CA 90245	Dialysis Services	5,560,819

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 ▶ 227

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 550,000				
b Membership dues	1b				
c Fundraising events	1c 1,670,702				
d Related organizations	1d				
e Government grants (contributions)	1e 28,120,785				
f All other contributions, gifts, grants, and similar amounts not included above	1f 72,231,277				
g Noncash contributions included in lines 1a - 1f:$	1g 5,447,633				
h **Total.** Add lines 1a-1f		102,572,764			
Program Service Revenue	Business Code				
2a Patient Services	622110	1,223,148,831	1,222,934,650	214,181	
b Physician Practices	621111	395,280,283	395,280,283		
c Research	541715	148,405,570	148,405,570		
d Tuition	611310	87,235,203	87,235,203		
e Medicaid Tax Revenue	622110	82,075,306	82,075,306		
f All other program service revenue.		66,836,987	66,836,987	0	0
g **Total.** Add lines 2a–2f.	2,002,982,180				
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		29,159,866			29,159,866
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	6a 12,710,544				
b Less: rental expenses	6b 4,189,188				
c Rental income or (loss)	6c 8,521,356	0			
d Net rental income or (loss)		8,521,356		3,758	8,517,598
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a 2,129,396,444				
b Less: cost or other basis and sales expenses	7b 2,028,643,411				
c Gain or (loss)	7c 100,753,033	0			
d Net gain or (loss)		101,808,978		1,055,945	100,753,033
8a Gross income from fundraising events (not including $ 1,670,702 of contributions reported on line 1c). See Part IV, line 18	8a 578,408				
b Less: direct expenses	8b 189,864				
c Net income or (loss) from fundraising events		388,544			388,544
9a Gross income from gaming activities. See Part IV, line 19	9a 35,550				
b Less: direct expenses	9b 7,674				
c Net income or (loss) from gaming activities		27,876			27,876
10a Gross sales of inventory, less returns and allowances	10a 252,602,231				
b Less: cost of goods sold	10b 69,111,567				
c Net income or (loss) from sales of inventory		183,490,664	183,490,664		
Miscellaneous Revenue	Business Code				
11a Vyridian	541900	94,148		94,148	
b Parking	812930	30,000		30,000	
c Laboratories	621500	295,022		295,022	
d All other revenue		1,486,890	1,486,890	0	0
e **Total.** Add lines 11a–11d		1,906,060			
12 **Total revenue.** See instructions		2,430,858,288	2,187,745,553	1,693,054	138,846,917

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	71,575	71,575		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	16,879,515	16,879,515		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	26,184,492		25,470,746	713,746
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	10,602,625		10,602,625	
7 Other salaries and wages	955,630,484	911,874,953	36,896,631	6,858,900
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	42,143,150	40,217,807	1,623,536	301,807
9 Other employee benefits	92,713,283	75,020,205	15,903,592	1,789,486
10 Payroll taxes	62,497,980	57,375,276	4,641,066	481,638
11 Fees for services (non-employees):				
a Management	57,410,745	38,628,588	18,102,108	680,049
b Legal	2,720,454	524,295	2,196,159	
c Accounting	1,035,514		1,035,514	
d Lobbying	599,714	599,714		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,883,418		3,883,418	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	101,163,768	88,948,106	12,213,501	2,161
12 Advertising and promotion	4,202,587	1,813,678	2,388,909	
13 Office expenses	8,262,204	6,764,279	1,410,096	87,829
14 Information technology	46,238,638	36,503,684	9,733,236	1,718
15 Royalties	1,521,947	1,521,947		
16 Occupancy	36,633,757	32,845,811	3,787,946	
17 Travel	713,949	660,866	52,077	1,006
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,640,293	1,529,810	97,021	13,462
20 Interest	27,833,526	26,859,796	973,730	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	108,542,570	102,184,571	6,357,999	
23 Insurance	61,374,998	57,421,139	3,953,859	
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	455,797,793	454,005,091	1,730,439	62,263
b Medicaid Provider Tax	45,379,612	45,379,612		
c Equipment Rental & Expense	42,481,392	38,680,924	3,099,250	701,218
d Taxes	7,410,012	7,410,012		
e All other expenses	23,778,378	19,304,999	4,437,718	35,661
25 **Total functional expenses.** Add lines 1 through 24e	2,245,348,373	2,063,026,253	170,591,176	11,730,944
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		82,144	1	91,438
	2	Savings and temporary cash investments		483,794,041	2	324,603,207
	3	Pledges and grants receivable, net		43,904,345	3	37,472,768
	4	Accounts receivable, net		368,300,601	4	376,906,432
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		35,892,494	8	39,664,926
	9	Prepaid expenses and deferred charges		21,497,044	9	21,645,635
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,936,730,421			
	b	Less: accumulated depreciation	10b 1,516,381,979	1,413,789,390	10c	1,420,348,442
	11	Investments—publicly traded securities		571,153,892	11	765,492,774
	12	Investments—other securities. See Part IV, line 11		1,060,525,468	12	1,440,617,167
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		26,273,702	15	107,960,394
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		4,025,213,121	16	4,534,803,183
Liabilities	17	Accounts payable and accrued expenses		492,615,150	17	495,313,177
	18	Grants payable			18	
	19	Deferred revenue		17,340,754	19	17,888,574
	20	Tax-exempt bond liabilities		772,725,891	20	799,057,321
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		744,886,430	23	726,289,566
	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		84,381,785	25	101,196,771
	26	**Total liabilities.** Add lines 17 through 25		2,111,950,010	26	2,139,745,409
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,105,442,107	27	1,396,356,994
	28	Net assets with donor restrictions		807,821,004	28	998,700,780
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,913,263,111	32	2,395,057,774
	33	Total liabilities and net assets/fund balances		4,025,213,121	33	4,534,803,183

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	2,430,858,288
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,245,348,373
3	Revenue less expenses. Subtract line 2 from line 1	3	185,509,915
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,913,263,111
5	Net unrealized gains (losses) on investments	5	226,656,433
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	69,628,315
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,395,057,774

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: 20011424
Software Version: 2020v4.0
EIN: 36-2174823
Name: Rush University Medical Center

Form 990 (2020)

Form 990, Part III, Line 4a:

Health Care: Rush University Medical Center (RUMC) is an academic medical center that brings together excellence in clinical care and research to address major health problems. The hospital operations of Rush University Medical Center are licensed by the State of Illinois to operate 727 beds and includes the Johnston R. Bowman Health Center, which provides medical and rehabilitative care to older adults and people with short- and long-term disabilities, and Rush University Children's Hospital. According to COMPdata, RUMC is the third largest hospital provider in the eight county Chicago metropolitan area as measured by market share. It also includes a faculty practice plan, Rush University Medical Group, which employed 687 physicians as of June 30, 2021. In FY2021, Rush provided patient care to 30,530 inpatients for a total of 174,577 patient days, 11,858 observation cases, 62,894 emergency department visits and 706,091 provider visits. In U.S. News & World Report's 2021-2022 Best Hospitals rankings, Rush University Medical Center ranked 19th out more than 3,000 hospitals evaluated, qualifying for the Honor Roll. Rush ranked among the top 50 hospitals in nine specialties, with two in the top five nationally and three are the highest-ranked programs in Illinois. The Medical Center is ranked in orthopedics (6th in the country, tops in Illinois), neurology and neurosurgery (3rd, tops in Illinois), gynecology (20th, tops in Illinois), geriatrics (16th), cancer (48th), cardiology (42nd), ear, nose and throat (45th), gastroenterology and gastrointestinal surgery (21st) and pulmonary and lung surgery (28th). In addition, the Medical Center received a high-performing ranking in one other specialty, urology, as well as in 14 common adult conditions and procedures. SEE SCHEDULE H FOR A NON-EXHAUSTIVE LIST OF COMMUNITY BENEFIT PROGRAMS AND DESCRIPTIONS.

Form 990, Part III, Line 4b:

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 1,500 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 FY2021 topped $105 million.

Form 990, Part III, Line 4c:

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 2,800 students in FY2021. 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 well being of our diverse communities.

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			
Christine A Edwards Trustee/Vice Chair	1.0 1.0	X		X				0	0	0
James W DeYoung Trustee/Vice Chair	1.0 0	X		X				0	0	0
Omar B Lateef DO President & CEO START 5/21	41.0 1.0	X		X				1,358,024	0	52,177
Peter C B Bynoe Esq Trustee/Vice Chair	1.0 1.0	X		X				0	0	0
Stephen N Potter Trustee/Vice Chair	1.0 1.0	X		X				0	0	0
Susan Crown Chair/Trustee	2.0 1.0	X		X				0	0	0
William M Goodyear Trustee/Vice Chair	1.0 1.0	X		X				0	0	0
Adela Cepeda Trustee	1.0 0	X						0	0	0
Alejandro Silva Trustee	1.0 0	X						0	0	0
Alison Li Chung Trustee	1.0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Andrew J Mills Trustee	1.0 0	X						0	0	0
Ann W Cohn EdD Trustee	1.0 0	X						0	0	0
Anthony D Ivankovich MD Trustee (End 11/20)	1.0 0	X						0	0	0
Aurie A Pennick Trustee	1.0 0	X						0	0	0
Barbara Jil Wu PhD Trustee	1.0 0	X						0	0	0
Bradley J Henderson Trustee (Start 11/20)	1.0 0	X						0	0	0
Brian T McCormack Trustee (Start 6/21)	1.0 0	X						0	0	0
Bruce W Dienst Trustee END 8/20	1.0 ..... 4.0	X						0	0	0
Carl W Stern Trustee	1.0 0	X						0	0	0
Carole Browe Segal Trustee	1.0 ..... 1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Carole W Streicher Trustee (End 11/20)	1.0 0	X						0	0	0
Caroline Grace Trustee (Start 11/20)	1.0 0	X						0	0	0
Catherine A Dimou MD Trustee	1.0 0	X						4,800	0	0
Charles A Tribbett III Trustee	1.0 0	X						0	0	0
Charles L Evans PhD Trustee	1.0 0	X						0	0	0
Christie Hefner Trustee	1.0 0	X						0	0	0
Christopher L Coogan MD Trustee (End 6/21)	1.0 0	X						0	0	0
Christopher N Merrill Trustee (Start 3/21)	1.0 0	X						0	0	0
Cindy Clark Mancillas Trustee (Start 11/20)	1.0 0	X						0	0	0
Cindy Nicolaides Trustee	1.0 0	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			
Darrel H Hackett Trustee (Start 6/21)	1.0 0	X						0	0	0
David C Habiger Trustee	1.0 0	X						0	0	0
David H B Smith Jr Trustee	1.0 0	X						0	0	0
Debra S Beck Trustee (End 11/20)	1.0 0	X						0	0	0
E David Coolidge III Trustee	1.0 ..... 1.0	X						0	0	0
E Scott Santi Trustee	1.0 0	X						0	0	0
Edward J Ward MD Trustee	41.0 0	X						335,813	0	44,988
Eric A Reeves Trustee	1.0 0	X						0	0	0
Francesca Maher Edwardson Trustee	1.0 0	X						0	0	0
Frank J Techar Trustee	1.0 0	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			
Frederick M Brown Jr DNP Trustee	41.0 0	X						205,682	0	36,354
Gary E McCullough Trustee	1.0 1.0	X						0	0	0
Gloria Santona Esq Trustee	1.0 0	X						0	0	0
H John Gilbertson Trustee	1.0 0	X						0	0	0
James M Farrell Trustee (Start 11/20)	1.0 0	X						0	0	0
Jay L Henderson Trustee	1.0 1.0	X						0	0	0
Jennifer W Steans Trustee	1.0 0	X						0	0	0
Joan E Steel Trustee	1.0 0	X						0	0	0
Joan S Rubschlager Trustee	1.0 0	X						0	0	0
John F Sandner Trustee (End 3/21)	1.0 0	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 J Sabl Trustee	1.0 0	X						0	0	0
John L Brennan Trustee	1.0 0	X						0	0	0
John L Howard Trustee	1.0 0	X						0	0	0
John W Higgins Trustee	1.0 0	X						0	0	0
John W Rogers Jr Trustee (End 3/21)	1.0 0	X						0	0	0
Jose' Luis Prado Trustee	1.0 0	X						0	0	0
Juan R Luciano Trustee (Start 3/21)	1.0 0	X						0	0	0
Justin Ishbia Trustee	1.0 0	X						0	0	0
Kapila Kapur Anand CPA Trustee	1.0 0	X						0	0	0
Karen B Case Trustee	1.0 0	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 C Reid Trustee	1.0 0	X						0	0	0
Karen Jaffee Cofsky Trustee	1.0 0	X						0	0	0
Kelly McNamara Corley Trustee	1.0 0	X						0	0	0
Kenneth H M Leet Trustee	1.0 0	X						0	0	0
Kenneth J Tuman MD Trustee (End 6/21)	41.0 0	X						98,793	0	900
Kip Kirkpatrick Trustee	1.0 0	X						0	0	0
Larry Field Trustee	1.0 0	X						0	0	0
Marcie B Hemmelstein Trustee	1.0 0	X						0	0	0
Marilyn K Wideman DNP RN B Trustee (End 11/20)	1.0 0	X						0	0	0
Mark C Metzger Trustee (END 8/20)	1.0 4.0	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			
Marsha A Cruzan Trustee (Start 3/21)	1.0 0	X						0	0	0
Martin H Nesbitt Trustee	1.0 0	X						0	0	0
Marvin J Herb Trustee	1.0 0	X						0	0	0
Matthew F Bergmann Trustee	1.0 0	X						0	0	0
Matthew J Boler Trustee	1.0 0	X						0	0	0
Melissa Browning DNP Trustee (Start 11/20)	41.0 0	X						163,271	0	17,776
Michael J O'Connor Trustee	1.0 0	X						0	0	0
Pallavi Verma Trustee (Start 9/20)	1.0 0	X						0	0	0
Pamela Forbes Lieberman Trustee	1.0 0	X						0	0	0
Paul E Martin Trustee	1.0 0	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			
Paul W Theiss Trustee	1.0 0	X						0	0	0
Perry R Pero Trustee	1.0 0	X						0	0	0
Peter M Ellis Trustee	1.0 0	X						0	0	0
R Jeffrey Snell MD Trustee (Start 6/21)	41.0 0	X						437,324	0	42,772
Robert A Wislow Trustee	1.0 0	X						0	0	0
Robert F Finke Trustee	1.0 0	X						0	0	0
Roger S McEniry Trustee	1.0 0	X						0	0	0
Ron Huberman Trustee	1.0 0	X						0	0	0
Russell P Smyth Trustee	1.0 0	X						0	0	0
Sam Yagan Trustee (Start 9/20)	1.0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sandra P Guthman Trustee	1.0 ..... 1.0	X						0	0	0
Sheila A Penrose Trustee	1.0 0	X						0	0	0
Sheldon Lavin Trustee	1.0 0	X						0	0	0
Shundrawn A Thomas Trustee	1.0 0	X						0	0	0
Stephen R Quazzo Trustee	1.0 0	X						0	0	0
Susan R Lichtenstein Trustee	1.0 0	X						0	0	0
The Rt Rev Jeffrey D Lee Trustee (End 11/20)	1.0 0	X						0	0	0
Thomas E Lanctot Trustee	1.0 0	X						0	0	0
Thomas J Wilson Trustee	1.0 0	X						0	0	0
Todd W Lillibridge Trustee	1.0 0	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			
Tonise C Paul Trustee (Start 9/20)	1.0 0	X						0	0	0
Vijaya B Reddy MD Trustee (Start 6/21)	41.0 0	X						188,984	0	26,262
Wayne L Moore Trustee	1.0 0	X						0	0	0
William A Downe CM Trustee	1.0 ..... 1.0	X						0	0	0
William A Mynatt Jr Trustee	1.0 0	X						0	0	0
William H Osborne Trustee	1.0 0	X						0	0	0
William J Friend Trustee	1.0 0	X						0	0	0
William J Hagenah Trustee	1.0 0	X						0	0	0
William T Huffman Jr Trustee	1.0 0	X						0	0	0
Alex D Wiggins VP, Chief Investment Officer & Treasurer	40.0 0			X				377,646	0	57,671

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 PhD VP & Dean; Vice Provost, Research (Acting)	40.0 0			X				326,568	0	33,133
Aney Abraham DNP RN NE-BC VP Patient Care Services (Start 3/21)	40.0 0			X				238,559	0	34,506
Angelique Richard PhD RN CENP SVP Hospital Operations, CNO	40.0 0			X				622,715	0	35,765
Anthony J Perry MD VP Ambulatory Transformation	40.0 0			X				403,333	0	52,407
Badrinath Konety MD MBA MBBS SVP and Dean, Rush Medical College (Start 7/20)	40.0 0			X				563,487	0	10,235
Bala Hota MD VP and Chief Analytics Officer	40.0 0			X				502,719	0	49,224
BRIAN STEIN MD MS Chief Quality Officer (Start 3/21)	18.0 ..... 22.0			X				523,043	0	46,228
Bruce M Elegant MPH FACHE VP Hospital Operation, Pres & CEO ROPH (End 6/21)	1.0 ..... 40.0			X				487,839	0	43,231
Bryant A Adibe MD VP and Chief Wellness Officer (End 4/21)	40.0 0			X				315,796	0	7,498
Carl T Bergetz JD SVP & Chief Legal Officer	40.0 ..... 1.0			X				609,530	0	40,722

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			
Charlotte Royeen PhD VP and Dean College of Health Sciences	40.0 0			X				351,557	0	39,468
Chris Gade VP Marketing & Engagement (Start 6/21)	40.0 0			X				0	0	0
Christa Brawley VP Research Ops & Chief Research Administrator (Start 3/21)	40.0 0			X				226,842	0	36,131
Christine Kennedy PhD RN VP and Dean College of Nursing (Start 3/21)	40.0 0			X				93,421	0	2,445
Courtney Kammer MHA SVP Human Resources	40.0 0			X				416,615	0	53,169
Cynthia E Boyd MD VP and Chief Compliance Officer	40.0 0			X				419,767	0	23,351
Darlene Oliver Hightower JD VP Community Health Equity	40.0 0			X				240,191	0	40,533
David A Ansell MD SVP Community Health Equity	40.0 ..... 1.0			X				697,376	0	35,217
Denise N Szalko VP Revenue Cycle	40.0 0			X				517,260	0	31,866
Deval Daily VP and Chief Admin Officer, Neuro-Cardiac SL (Start 3/21)	40.0 0			X				266,203	0	51,950

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			
Diane M McKeever SVP Philanthropy & Development/Secretary	40.0 1.0			X				668,782	0	44,964
Edward W Conway VP Clinical Affairs for Admin & Finance (End 6/21)	40.0 0			X				405,430	0	52,268
Hiten Patel PhD VP Chief Product Officer	40.0 0			X				306,903	0	41,304
James Wilson VP Financial Operations	40.0 0			X				371,491	0	35,958
Janet Stifter PhD RN CPHQ VP Hospital Operations - Periop and Interv (Start 3/21)	40.0 0			X				248,374	0	24,596
Jeff Gautney VP & CIO (Start 6/21)	40.0 0			X				0	0	0
Jeremy E Strong VP Supply Chain	40.0 0			X				279,940	0	46,854
Kate H Jones VP Strategic Planning, Marketing and Communications	40.0 0			X				316,818	0	6,472
Katie Conklin Struck JD VP Integrated Solutions and Optimization (End 6/21)	40.0 0			X				360,573	0	26,707
Kelly Sullivan JD Deputy General Counsel	40.0 0			X				307,051	0	18,841

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			
Kerem Korkmaz MSN RN CENP VP Patient Care Services (Start 3/21)	40.0 0			X				211,169	0	9,664
Melissa Coverdale VP Finance (END 10/20)	40.0 ..... 1.0			X				740,891	0	37,786
Michael E LaMont VP Facilities Management (End 12/20)	40.0 0			X				363,319	0	31,742
Michael Mulroe VP Hospital Operations (End 7/20)	40.0 0			X				906,589	0	50,282
Paola Pescara VP Strategic Outreach	40.0 0			X				314,528	0	48,004
Patricia Nedved VP, Professional Nursing Practice	40.0 0			X				238,841	0	49,715
Patricia S O'Neil MAE SVP CFO & Treasurer START 6/20	40.0 ..... 2.0			X				548,450	0	29,676
Paul Casey MD MBA FACEP SVP and CMO RUMC (Start 11/20)	40.0 ..... 1.0			X				427,901	0	53,345
Peter Briechle PhD VP Programs and Services, Philanthropy	40.0 0			X				346,464	0	29,301
Philip Quick VP RUMG Access Center (Start 6/21)	40.0 0			X				199,265	0	36,757

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			
Quincy M Stanley VP Support Services (Start 3/21)	40.0 0			X				198,407	0	33,711
Richa Gupta MBBS MHSA SVP and COO, RUMG	40.0 0			X				449,375	0	33,250
Scott E Sonnenschein VP Hospital Operations, President HDM LLC (END 7/20)	40.0 0			X				1,051,894	0	53,654
Shannon Driscoll VP RUMG Practice Operations (Start 6/21)	40.0 0			X				189,071	0	12,027
Shanon Shumpert JD VP Institutional Equity and Title IX Officer (End 7/20)	40.0 0			X				152,554	0	17,328
Sherine E Gabriel MD MSc President, Rush University	40.0 0			X				1,095,702	0	39,570
Shonda Morrow JD MS RN VP Patient Care Services (Start 3/21)	40.0 0			X				243,460	0	25,343
Susan L Freeman MD MS SVP and Provost, Rush University	40.0 0			X				650,513	0	18,438
Tatyana Popkova MSM SVP Strategic Planning and Marketing and CSO RUMC	40.0 0			X				605,056	0	15,025
Terry Peterson VP Corporate & External Affairs (End 6/21)	40.0 0			X				430,786	0	24,167

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			
Thomas P Wick VP Individual Giving, Philanthropy	40.0 0			X				342,374	0	45,232
Vanessa Stacks VP Care Coordination and CDI (End 7/20)	40.0 0			X				373,633	0	16,378
Wayne E Keathley MPH EVP and COO	40.0 0			X				607,312	0	12,918
Wendy Cox-Largent MBA VP Rush University Medical Group (End 6/21)	40.0 0			X				334,225	0	45,055
John E O'Toole Physician	40.0 0					X		925,067	0	48,624
Lorenzo Munoz MD Physician	40.0 0					X		1,093,079	0	53,374
Michael Liptay MD Physician	40.0 0					X		1,280,024	0	60,111
Richard Byrne MD Physician	40.0 0					X		1,219,204	0	52,992
Vincent Traynelis MD Physician	40.0 0					X		982,229	0	42,582
Brian Patty MD Former Officer	0.0 0						X	152,549	0	26,891

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Cynthia Barginere DNP Former Officer	0.0 0						X	1,348,508	0	30,387
Dino Rumoro DO MPH FACEP Former Officer	40.0 0						X	683,327	0	56,274
Joan Kurtenbach Former Officer	0.0 ..... 0.0						X	244,302	0	16,879
John P Mordach Former Officer	0.0 ..... 0.0						X	1,287,284	0	37,223
Joseph Anderson Former Officer	0.0 0						X	374,945	0	39,549
Joshua Jacobs MD Former Officer	34.0 0						X	749,070	0	25,518
K Ranga Rama Krishnan MB ChB Former Officer	0.0 ..... 40.0						X	1,599,210	0	22,800
Larry J Goodman MD Former Officer	0.0 ..... 0.0						X	250,282	0	0
Lynne M Wallace Former Officer	0.0 0						X	163,007	0	14,362
Marquis Foreman PhD Former Officer	0.0 0						X	96,969	0	7,555

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			
Mary Ellen Schopp Former Officer	0.0 0						X	311,413	0	2,194
Michael J Dandorph Former President	0.0 ..... 0.0						X	1,268,955	0	25,674
Nicole Sibol Former Officer	0.0 0						X	178,309	0	762
Richard K Davis Former Officer	0.0 0						X	227,710	0	3,001
Syed Rab MBBS MPH CHCIO Former Officer	0.0 0						X	659,213	0	37,595
Thomas Deutsch MD Former Officer	36.0 0						X	615,721	0	45,190

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

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 instructions and the latest information.**

OMB No. 1545-0047

2020

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) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
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 line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" 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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

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

2020

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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(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		405,626
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		194,088
j	Total. Add lines 1c through 1i			599,714
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
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying activities consist of promoting legislation that would protect and promote the continued ability of the organization to further its exempt purpose of providing excellence in healthcare. A portion of the lobbying expenditure stems from dues to hospital organizations, such as the IHA, AHA, and AAMC. These organizations, as part of their missions, advocate in the General Assembly and Congress on legal and policy issues that affect healthcare including quality, affordability, patient access and accreditation. A portion of the annual membership dues paid to these organizations is attributable to these lobbying activities.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

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 instructions and the latest information.

OMB No. 1545-0047

2020

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 FASB 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 FASB 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 FASB 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	616,333,138	641,949,379	627,321,096	588,315,306	505,278,670
b Contributions	10,942,228	12,566,265	8,504,428	6,957,150	4,226,027
c Net investment earnings, gains, and losses	222,254,047	-16,815,377	26,649,312	51,532,395	97,185,668
d Grants or scholarships	4,245,836	3,291,346	3,139,853	2,968,721	2,684,169
e Other expenditures for facilities and programs	17,554,870	17,847,679	17,026,192	16,097,830	15,222,879
f Administrative expenses	187,365	228,104	359,412	417,204	468,011
g End of year balance	827,541,342	616,333,138	641,949,379	627,321,096	588,315,306

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

a Board designated or quasi-endowment ▶ 1 %

b Permanent endowment ▶ 52 %

c Term endowment ▶ 47 %

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		52,188,773		52,188,773
b Buildings		1,689,972,771	861,828,386	828,144,385
c Leasehold improvements		732,996,764	561,144,552	171,852,212
d Equipment		86,884,942	52,596,256	34,288,686
e Other		374,687,171	40,812,785	333,874,386
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,420,348,442

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	1,440,617,167	F
(2) Closely-held equity interests		
(3)Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	1,440,617,167	

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)		
(10)		
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)	
(10)	
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	
(2) Swap Valuation	14,009,604
(3) Pension Liabilities	45,547,077
(4) Securities Lending Liabilities	17,434,000
(5) Annuities-Philanthropy	640,844
(6) Asset Retirement Cost	23,565,246
(7) Payable to Affiliate	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	101,196,771

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: 20011424
Software Version: 2020v4.0
EIN: 36-2174823
Name: Rush University Medical Center

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The endowments are used to fund professorships (41%), research (15%), free care (8%), stud ent financial aid (13%), education and fellowships (12%) and other programs (11%).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

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

2020

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			145,141,423
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			145,141,423

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash 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" on 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 noncash assistance	(g) Description of noncash 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
Schedule F, Part I, Line 2	RUMC did not issue grants to foreign organizations or individuals. The amounts presented were for 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 insurance premiums made to the entity's wholly owned Cayman Island Insurance Company.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 36-2174823
Name: Rush University Medical Center

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		63,257,838
Central America and the Caribbean	0	0	,Investments - Partnerships		39,267,144

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	,Investments - Partnerships		37,627,025
Central America and the Caribbean	0	0	Program Services	Self Insurance	3,303,900

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
North America (Canada & Mexico only)	0	0	Program Services	Charitable Health Care	521,982
Europe (Including Iceland and Greenland)	0	0	Program Services	Charitable Health Care	437,392

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	0	0	Program Services	Charitable Health Care	434,186
South America	0	0	Program Services	Charitable Health Care	194,575

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	0	0	Program Services	Charitable Health Care	97,381

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

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

2020

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 10 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 Benefit (event type)	(b) Event #2 Woman'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	771,237	567,983	909,890	2,249,110
	2 Less: Contributions	749,225	327,026	594,451	1,670,702
	3 Gross income (line 1 minus line 2)	22,012	240,957	315,439	578,408
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			33,825	33,825
	7 Food and beverages	3,440	48,223	12,283	63,946
	8 Entertainment		1,500	3,632	5,132
	9 Other direct expenses	7,874	37,221	41,866	86,961
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				189,864
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				388,544

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			35,550	35,550
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			7,674	7,674
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☑ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	0 %
b	An outside facility	**13b**	100 %

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

Name ▶ Patty Ruiz

Address ▶ Ostrow Reisin Berk and Abrams Ltd 455 N Cityfront Plaza Dr Suite 1500Chicago, 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 ▶ Kelly Lynch

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 ▶ $ 35,550

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
Schedule G, Part III, Line 17 Distributions required under state law	STATE=ILLINOIS,MANDATORY DISTRIBUTION AMOUNT=35550;

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

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

2020

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 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			18,979,774		18,979,774	0.85 %
b Medicaid (from Worksheet 3, column a)			421,808,449	293,247,952	128,560,497	5.73 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	440,788,223	293,247,952	147,540,271	6.57 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).		40,616	19,526,369	11,712,640	7,813,729	0.35 %
f Health professions education (from Worksheet 5)			179,174,624	108,565,390	70,609,234	3.14 %
g Subsidized health services (from Worksheet 6)			345,207,988	330,386,078	14,821,910	0.66 %
h Research (from Worksheet 7)			194,509,538	154,286,764	40,222,774	1.79 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			73,825		73,825	0 %
j **Total.** Other Benefits	0	40,616	738,492,344	604,950,872	133,541,472	5.95 %
k **Total.** Add lines 7d and 7j	0	40,616	1,179,280,567	898,198,824	281,081,743	12.52 %

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					0	0 %
2 Economic development			2,393,181		2,393,181	0.11 %
3 Community support		12,672	535,141	8,000	527,141	0.02 %
4 Environmental improvements			90,504		90,504	0 %
5 Leadership development and training for community members			57,128		57,128	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy		295	3,866		3,866	0 %
8 Workforce development		676	2,183,399		2,183,399	0.10 %
9 Other					0	0 %
10 Total	0	13,643	5,263,219	8,000	5,255,219	0.23 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	55,450,829		
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	0		
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	291,224,859		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	322,535,760		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-31,310,901		
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 Rush SurgiCenter at the Professional Building LP	Healthcare	51.09 %		48.91 %
2 Rush Oak Brook Surgery Center LLC	Healthcare	25 %		75 %
3 Rush Radiosurgery LLC	Healthcare	49 %		51 %
4 Rush Oak Brook Orthopaedic Center LLC	Healthcare	65 %		35 %
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): https://www.rush.edu/sites/default/files/2020-09/CHNA-CHIP-ONLINE-REV8-8_FNL.pdf			
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): https://www.rush.edu/sites/default/files/2020-09/CHNA-CHIP-ONLINE-REV8-8_FNL.pdf			
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 300.0 % and FPG family income limit for eligibility for discounted care of 400.0 %			
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): https://www.rush.edu/patients-visitors/financial-assistance			
b ☑	The FAP application form was widely available on a website (list url): https://www.Rush.edu/sites/default/files/2020-09/financial-assistance-application.pdf			
c ☑	A plain language summary of the FAP was widely available on a website (list url): https://www.rush.edu/sites/default/files/2020-09/financial-assistance-brochure-english-2019e.pdf			
d ☑	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Rush University Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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, 20a, 20b, 20c, 20d, 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? **0**

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
Schedule H, 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 and coinsurance.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a	The Community Benefits 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.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health (continuation 1)	GOAL 2: IMPROVE ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES. SUPPORTING PROGRAM INFORM ATION: RUSH SCHOOL-BASED HEALTH CENTERS THE RUSH HAS A THIRTY-YEAR HISTORY OF PROVIDING HE ALTH CARE AT SCHOOL-BASED HEALTH CENTERS. RUSH CURRENTLY HAS THREE SBHCS LOCATED WITHIN CH ICAGO PUBLIC SCHOOLS THAT INCLUDE: ORR ACADEMY HIGH SCHOOL (ORR), RICHARD T. CRANE MEDICAL PREPARATORY HIGH SCHOOL (CRANE), AND SIMPSON ACADEMY FOR YOUNG WOMEN (SIMPSON). CRANE AND ORR HAVE STUDENTS IN GRADES 9-12, AND SIMPSON SERVES GIRLS IN GRADES SIX TO 12 THAT ARE P REGNANT, PARENTING, OR BOTH. ALL THREE SCHOOLS HAVE STUDENT BODIES FROM UNDERSERVED POPULA TIONS, AND ARE LOCATED IN NEIGHBORHOODS WITH HIGH POVERTY LEVELS AND HARDSHIP. THE RUSH SB HCS ACT AS SAFETY NETS FOR THESE VULNERABLE STUDENTS. WIDE-RANGING CLINIC SERVICES ARE PRO VIDED BY ADVANCED PRACTICE NURSES, REGISTERED NURSES, COLLABORATING PHYSICIANS, AND LARGE NUMBERS OF RUSH'S INTER-PROFESSIONAL STUDENTS. THE SERVICES INCLUDE PHYSICALS, IMMUNIZATIO NS, TREATMENT OF INJURIES, PRIMARY CARE, INTERMITTENT CARE, MENTAL HEALTH SERVICES, PRENAT AL CARE, PREGNANCY PREVENTION PROGRAMS, HEATH EDUCATION PROGRAMS, AND HEALTH CARE FOR THE CHILDREN OF THE STUDENTS. OUTCOMES OF THIS HEALTH CARE AND EDUCATION COLLABORATION INCLUDE IMPROVED IMMUNIZATION RATES, DECREASED INCIDENCE OF INFECTIOUS DISEASE, DECREASED EMERGEN CY ROOM USAGE, DETECTING AND TREATING ILLNESS, HEALTHY BABY DELIVERIES, INCREASED ACCESS T O MENTAL HEALTH SERVICES, SUCCESS IN PREGNANCY PREVENTION PROGRAMS, AND STUDENTS ESTABLISH ING HEALTHY LIVING PATTERNS AIMED AT CHRONIC DISEASE PREVENTION AND IMPROVED GRADUATION RA TES. Due to the pandemic, the SBHCs were open part-time during fiscal year 2021. SBHC staf f remained connected to school administrations, students and families by engaging in 58 me etings with school staff and 43 with school partners. Fifty-five outreach events were cond ucted, either virtually or in person, for students and larger school communities. SBHC sta ff made outreach calls to 539 families, reaching 371 of them to provide SDOH screenings an d links to community resources. The AFC remained a vital backup for students unable to acc ess SBHC care, so that their care could continue uninterrupted. ADOLESCENT FAMILY CENTER T HE RUSH ADOLESCENT FAMILY CENTER (AFC) HAS EXISTED FOR OVER 46 YEARS. THE AFC PROVIDES REP RODUCTIVE HEALTH CARE, PRENATAL CARE, GYNECOLOGICAL CARE, PREGNANCY PREVENTION PROGRAMS, S EXUALLY TRANSMITTED INFECTION (STI) TESTING AND TREATMENT, AND COMMUNITY HEALTH EDUCATION TO UNDERSERVED CHICAGO AREA YOUTH. ALL OF AFC'S SERVICES ARE PROVIDED REGARDLESS OF INCOME OR ABILITY TO PAY FOR CARE. ALTHOUGH AFC DRAWS PATIENTS FROM OVER 107 CHICAGO AREA ZIP CO DES, THE MAJORITY OF PATIENTS SERVED RESIDE IN THE CHICAGO WEST SIDE COMMUNITIES OF EAST G ARFIELD PARK, WEST GARFIELD PARK, NORTH LAWNDALE, AUSTIN, HUMBOLDT PARK AND THE NEAR WEST SIDE. AS PART OF AFC'S COMMUNITY EDUCATION PROGRAM, STAFFS REGULARLY TRAVEL OFF-SITE TO CH ICAGO AREA HIGH SCHOOLS AND MIDDLE SCHOOLS TO PROVIDE COMMUNITY EDUCATION ON PREGNANCY PRE VENTION, REPRODUCTIVE ANATOMY, CONTRACEPTION, SEXUALLY TRANSMITTED INFECTION PREVENTION AN D REPRODUCTIVE HEALTH. AFC ALSO OFFERS FREE PRENATAL EDUCATION CLASSES TO PREGNANT TEENS A ND THEIR PARTNERS. In FY2021, the AFC provided clinic services to 454 youth (in 1,724 heal thcare encounters) and provided 2,450 minutes of reproductive health education in group se ssions at seven schools and community-based organizations. IN FY2020, AFFIRM: THE RUSH CEN TER FOR GENDER, SEXUALITY AND REPRODUCTIVE HEALTH, HOUSED IN THE AFC, LAUNCHED. In FY2021, 221 LGBTQ+ patients worked with Affirm patient navigators who helped them connect with in clusive care and services at Rush and in the community. Affirm also provided 291 hours of cultural competency training to Rush employees. The Road Home Program provides care for th e "invisible wounds of war" suffered by veterans and their families. Services for veterans include an adult mental health clinic that specializes in post-traumatic stress disorder; family and marital services such as support groups; counseling and guidance for parenting ; a military sexual trauma clinic; and an Intensive Outpatient Program (IOP). The IOP is a three-week program where veterans receive intensive treatment Monday thru Friday from 8 a .m. to 5 p.m. In FY2021, the Road Home Program provided clinical services to 973 veterans. COLLEGE OF NURSING FACULTY PRACTICE PROGRAM THE COLLEGE OF NURSING (CON) HAS A THIRTY-YEA R HISTORY OF PROVIDING HEALTH CARE SERVICES TO UNDERSERVED INDIVIDUALS, FAMILIES, AND COMM UNITIES AT A VARIETY OF DIVERSE COMMUNITY PRACTICE SITES THROUGH THE CON FACULTY PRACTICE PROGRAM. THESE SITES ARE DEPLOYED WHERE INDIVIDUALS LIVE, LEARN, AND WORK AND INCLUDE A WE LLNESS AND HEALTH PROGRAM FOR THE CHILDREN'S SCHOOL AT THE LIGHTHOUSE FOR THE BLIND, A WOM EN'S HEALTH CLINIC, A CASE MANAGEMENT PROGRAM FOR CHRONIC MEDICAL AND MENTAL ILLNESS, A WO RK-PLACE HEALTH CLINIC FOR THE WORKING POOR AND NU

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health (continuation 1)	RSE PRACTITIONER LED PRIMARY HEALTH CARE SITES. MOST RECIPIENTS OF CARE AT THE FACULTY PRA CTICE SITES ARE UNINSURED OR UNDERINSURED AND RELY ON THE SITES AS THEIR MAIN HEALTH CARE SOURCE. IN ADDITION TO THE HOURS OF CARE PROVIDED BY RUSH CON FACULTY PRACTITIONERS, RUSH NURSING STUDENTS DELIVER HEALTH CARE AND HEALTH EDUCATION SERVICES AT THE VARIOUS SITES. T HE STUDENTS' EFFORTS GREATLY ENHANCE THE VOLUME OF HEALTH SERVICES PROVIDED. IN ADDITION, RUSH UNIVERSITY NURSING, MEDICAL, PHYSICIAN ASSISTANT, AND HEALTH SYSTEMS MANAGEMENT STUDE NTS VOLUNTEER AT THESE SITES DEVELOPING AND DELIVERING HEALTH EDUCATION PROGRAMS. NEARLY T WO-THOUSAND HEALTH ENCOUNTERS ARE PROVIDED PER YEAR THROUGH THE CON FACULTY PRACTICE PROGR AM.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health (continuation 2)	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 SCHO OL STUDENTS AT CHICAGO PUBLIC SCHOOLS ON THE FIVE DISEASES PREVALENT IN THE SURROUNDING UN DERSERVED COMMUNITY (ASTHMA, HYPERTENSION, HIV, DIABETES, AND CANCER). 5 + 1 = 20 IS BASED ON THE IDEA THAT KNOWLEDGE OF THESE FIVE (5) COMMON CONDITIONS PLUS ONE (1) INFORMED HIGH SCHOOL STUDENT (OR PERSON) CAN EXTEND ONE'S LIFE BY 20 YEARS (INDIVIDUALS WITHOUT HEALTH INSURANCE HAVE A LIFE EXPECTANCY OF 20 YEARS LESS THAN THE GENERAL US POPULATION). TWICE A MONTH, RUSH STUDENT VOLUNTEERS TEACH A HEALTH TOPIC RELATED TO THE FIVE DISEASES TO HIGH SCHOOL STUDENTS. THE CONTENT OF THE INTERACTIVE HEALTH LECTURES RANGES FROM DISEASE PREVEN TION TO PRACTICAL SKILLS SUCH CHECKING BLOOD PRESSURE. THE HIGH SCHOOL STUDENTS HAVE OPPOR TUNITIES TO SPREAD THEIR KNOWLEDGE THROUGH 5 + 1 = 20 HEALTH FAIRS AT THEIR SCHOOLS. HEALT H FAIR ACTIVITIES INCLUDE BODY MASS INDEX CALCULATIONS, BLOOD PRESSURE SCREENINGS, VISION SCREENINGS, GLUCOSE LEVEL CHECKS, REFERRALS, AND HEALTH EDUCATION. HEALTH FAIR PARTICIPANT S INCLUDE FAMILIES AND FRIENDS OF THE STUDENTS AS WELL AS OTHER MEMBERS OF THEIR COMMUNITI ES. In FY2021, 5 + 1 = 20 reduced its programming to virtual instruction for students at f our schools. In-person sessions resumed at Benito Juarez Community Academy in May 2021 and provided health education and screenings to approximately 140 community members. PROJECT LIFESTYLE CHANGE FOR THE Eighth CONSECUTIVE YEAR, ROPH'S PROJECT LIFESTYLE CHANGE, A GROUP EDUCATION AND SUPPORT PROGRAM THAT INFORMS ON PRE-DIABETES HEALTH, CONTINUED TO MAKE AN I MPACT IN THE COMMUNITY. THE PROGRAM TEACHES BLOOD GLUCOSE MONITORING, RESTRICTED FAT AND C ALORIE MEAL PLANNING, EXERCISE AND BEHAVIOR MODIFICATION AT NO CHARGE. RUSH DEPARTMENT OF SOCIAL WORK AND COMMUNITY HEALTH (SWaCH) THE HEALTH PROMOTION/DISEASE PREVENTION FOCUS OF THE RUSH DEPARTMENT OF SOCIAL WORK AND COMMUNITY HEALTH (SWACH) PROVIDES PATIENTS, THEIR F AMILIES, AND COMMUNITY MEMBERS ACCESS TO AN ARRAY OF PROGRAMS THAT PROVIDE SUPPORT AND PRO MOTE WELLNESS THROUGH EDUCATIONAL PROGRAMS, PHYSICAL ACTIVITY CLASSES, SUPPORT GROUPS, AND WORKSHOPS. RUSH GENERATIONS, A FREE HEALTH AFFINITY MEMBERSHIP PROGRAM OF APPROXIMATELY 1 5,500 MEMBERS, OFFERS OLDER ADULTS AND THEIR CAREGIVERS THE OPPORTUNITY TO BENEFIT FROM HE ALTH AND WELLNESS EDUCATIONAL PROGRAMS. RUSH GENERATIONS OFFERS ITS MEMBERS A FREE QUARTER LY NEWSLETTER, MONTHLY E-NEWSLETTER, ACCESS TO COMMUNITY HEALTH FAIRS AND SCREENINGS, AND OPPORTUNITIES TO BECOME MORE ACTIVE AND ENGAGED BY JOINING THE GENERATIONS VOLUNTEER AMBAS SADOR PROGRAM. OTHER SWACH ACTIVITIES INCLUDED: *TRANSITIONAL CARE TO SUPPORT PATIENTS AND CAREGIVERS AFTER HOSPITAL STAYS USING THE BRIDGE MODEL, ADDRESSING MEDICAL AND NON-MEDICA L ISSUES AS PART OF AN INTERPROFESSIONAL CARE TEAM *OUTPATIENT SOCIAL WORK CARE MANAGEMENT WITH SOCIAL WORKERS INTEGRATED INTO PRIMARY AND SPECIALTY CARE TO ASSESS AND ADDRESS PSYC HOSOCIAL ISSUES RELATED TO CARE, USING THE AIMS MODEL *MENTAL HEALTH AND COLLABORATIVE CAR E, INCLUDING PSYCHOTHERAPY, SUPPORTIVE SERVICES, AND COORDINATION WITH PRIMARY CARE TO SUP PORT PATIENTS 12+ YEARS OLD WHO SCREEN POSITIVELY FOR DEPRESSION. SWACH OPERATES THE ANNE BYRON WAUD RESOURCE CENTER AND THE TOWER RESOURCE CENTER (TRC), WHICH ARE BOTH OPEN DAILY TO THE PUBLIC. EACH CENTER IS STAFFED BY A LICENSED CLINICAL SOCIAL WORKER WHO IS AVAILABL E TO HELP WITH A MYRIAD OF ISSUES RELATED TO HEALTH AND CHRONIC HEALTH ISSUES THAT PARTICU LARLY IMPACT ADULTS AND CAREGIVERS. THE SENIOR HEALTH INSURANCE PROGRAM (SHIP), WHICH PROV IDES FREE OPTIONS COUNSELING TO ASSIST WITH NAVIGATION OF MEDICARE AND RELATED BENEFITS. S WACH IS ALSO LEADING THE SOCIAL DETERMINANTS OF HEALTH INITIATIVE, WHICH IDENTIFIES, MEASU RES, AND MITIGATES THE SOCIAL DETERMINANTS OF HEALTH OF PATIENTS AND COMMUNITY MEMBERS BY OFFERING CLOSED-LOOP REFERRALS TO SERVICES AND RESOURCES TO ALLEVIATE HEALTH DISPARITIES. SWACH ALSO OPERATES THE CENTER FOR HEALTH AND SOCIAL CARE INTEGRATION (CHASCI), WHICH PROV IDES TECHNICAL ASSISTANCE AND A PEER LEARNING COMMUNITY TO SUPPORT PRACTICE AND SYSTEMS CH ANGE WITH COMMUNITY-BASED ORGANIZATIONS AND HEALTH SYSTEMS ACROSS THE COUNTRY. THE CENTER TEACHES LESSONS FROM RESEARCH AND APPLIES THEM TO CLINICAL AND COMMUNITY SETTINGS, IMPROVI NG HOW HEALTH PROFESSIONALS DELIVER CARE AND PREVENT DISEASES. THE CENTER DOES THIS BY HAV ING ITS HEALTH CARE PROVIDER MEMBERS WORK CLOSELY TOGETHER AND SHARE INFORMATION, PROVIDIN G SERVICES AND COLLABORATING ACROSS ITS FIVE CORE AREAS: RESEARCH, OLDER ADULT AND FAMILY CARE, EDUCATION, COMMUNITY HEALTH EQUITY, AND POLICY. WEST SIDE WALK TO WELLNESS THE WEST SIDE WALK TO WELLNESS, DEVELOPED AND CO-LED BY RUSH MEDICAL STUDENTS, WAS DEVELOPED TO ENH ANCE EXERCISE AND WALKING IN OUR WEST SIDE COMMUNITIES, CREATE A SENSE OF ENGAGEMENT, AND LEVEL OF SAFETY TO BE OUTSIDE IN THE COMMUNITY. TH

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health (continuation 2)	E PROGRAM, WHICH LASTED EIGHT WEEKS, ENGAGED 386 UNIQUE COMMUNITY MEMBERS FROM RUSH AND TH E COMMUNITIES WE SERVE. GOAL 4: INCREASE ACCESS TO CARE AND COMMUNITY SERVICES. RCSIP CLIN ICS RCSIP CLINICS ARE RUN BY RUSH VOLUNTEERS, MORE SPECIFICALLY BY A PHYSICIAN LEAD AND AN INTERPROFESSIONAL TEAM OF RUSH STUDENT VOLUNTEERS. THE CLINICS OFFER VARIOUS SERVICES TO PATIENTS SUCH AS PHYSICAL EXAMS, HEALTH EDUCATION, FREE BASIC MEDICATIONS, AND PROCEDURES SUCH AS WOUND CARE AND USE REFERRALS TO HELP PATIENTS ESTABLISH PRIMARY AND/OR SPECIALTY C ARE RELATIONSHIPS THAT ARE AFFORDABLE OR AVAILABLE THROUGH CHARITY CARE. EXAMPLES OF THESE CLINICS INCLUDE: RCSIP Haymarket, which serves adult men and women with primary care, hea lth education; it also provided COVID-19 vaccinations during 13 vaccination days and seven clinic days. More than 360 health care encounters were provided during FY2021. RCSIP Clin ic at Chicago City Church, which serves adult men in rehabilitation for substance abuse is sues. The clinic provided health care to more than 148 men during FY2021.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f	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 $55,450,829.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II	RUSH COVID-19 COMMUNITY RESPONSE: OVERVIEW Health systems across Chicago and the country are responding to COVID-19 with concerted efforts on workforce deployment, medical care capabilities and supply chain management. In addition, the COVID-19 pandemic has increased health-related social needs, exacerbating underlying inequities that have long led to worse health outcomes among black and Latinx communities. The COVID-19 pandemic calls for social services to identify and address social needs, accessible and trauma-informed mental health treatment, health promotion activities that support continued chronic care management during the pandemic and outreach targeted to communities most impacted by the harmful effects. At Rush University System for Health, an integrated academic health system spanning the West Side of Chicago, Oak Park and Aurora, partners from across the institution have worked extensively on many of these issues for years. Together with residents, community leaders, nonprofit organizations and other health care institutions, our goal is to be a catalyst for community health and vitality by dismantling barriers to health, and by promoting health equity both within and outside of Rush. This playbook describes how these partners have come together given the COVID-19 pandemic to align and elevate existing efforts, identify new needs and fill in gaps to best support patients, families and community members in our service areas. Our approach mostly focuses on those particularly impacted by COVID-19, including but not limited to: * Communities of color * Immigrants * Individuals with disabilities * LGBTQ+ individuals * Older adults * People experiencing homelessness

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 COVID Response Efforts	RUSH UNIVERSITY MEDICAL CENTER RECEIVED $25,947,650 IN FUNDING FROM THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT (CARES ACT) AND $2,173,135 FROM THE ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES CARES ACT FOR THE PERIOD JULY 1, 2020 THROUGH JUNE 30, 2021. THESE PAYMENTS WERE DISTRIBUTED BY HRSA THROUGH THE PROVIDER RELIEF FUND (PRF) PROGRAM TO REIMBURSE ELIGIBLE HEALTHCARE PROVIDERS FOR HEALTHCARE RELATED EXPENSES OR LOST REVENUES ATTRIBUTABLE TO CORONAVIRUS. ALL RECIPIENTS WILL BE REQUIRED TO REPORT THEIR USE OF ALL PRF PAYMENTS RECEIVED THROUGH JUNE 30, 2021, BY SEPTEMBER 30, 2022, AS SPECIFIED BY HRSA, BY SUBMITTING THE FOLLOWING INFORMATION: 1. HEALTHCARE RELATED EXPENSES ATTRIBUTABLE TO CORONAVIRUS THAT ANOTHER SOURCE HAS NOT REIMBURSED AND IS NOT OBLIGATED TO REIMBURSE, WHICHINCLUDES GENERAL AND ADMINISTRATIVE (G&A) AND/OR OTHER HEALTHCARE RELATED EXPENSES. 2. PRF PAYMENT AMOUNTS NOT FULLY EXPENDED ON HEALTHCARE RELATED EXPENSES ATTRIBUTABLE TO CORONAVIRUS ARE THEN APPLIED TO PATIENT CARE LOST REVENUES. DOCUMENTATION REQUIREMENTS FOR THESE CALCULATIONS HAVE BEEN PUBLISHED IN THE POST-PAYMENT NOTICE OF REPORTING REQUIREMENTS DATED JUNE 11, 2021. RUSH UNIVERSITY MEDICAL CENTER HAS PERFORMED CALCULATIONS UTILIZING OPTION iii, THE ALTERNATE METHODOLOGY FOR CALCULATING LOST REVENUE ATTRIBUTABLE TO CORONAVIRUS, BASED ON THE JUNE 11TH GUIDELINES AND DETERMINED THAT THE TOTAL OF HEALTHCARE RELATED EXPENSES ATTRIBUTABLE TO CORONAVIRUS AND LOST PATIENT CARE REVENUES FROM JULY 2020 THROUGH JUNE 2021, AS PUBLISHED IN THE APRIL 1, 2021 HHS PROVIDER RELIEF GUIDELINES AS TO HOW THE PROVIDER RELIEF FUNDS CAN BE SPENT, EXCEEDED THE PRF FUNDS RECEIVED PRIOR TO JUNE 30, 2021.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	Rush University Medical Center (RUMC) HAS INCLUDED COSTS ASSOCIATED WITH RUMC OWNED PHYSICIAN CLINICS IN SUBSIDIZED HEALTH SERVICES. THERE IS $224,165,543 IN COSTS IN LINE 7G WHICH REPRESENTS THESE CLINICS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	THE CALCULATION OF THE RATIO OF PATIENT COST TO CHARGES WAS BASED ON Rush University Medical Center's (RUMC) FY2021 AS-FILED MEDICARE COST REPORT. THIS COST TO CHARGE RATIO IS APPLIED TO PART I, LINE 7A AND 7B. RUMC CALCULATES A SEPARATE COST TO CHARGE RATIO FOR SUBSIDIZED HEALTH SERVICES WHICH MORE ACCURATELY PORTRAYS THOSE SERVICES. RUMC 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, 7G, 7H AND 7I.

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	PHYSICAL IMPROVEMENTS AND HOUSING RUSH HAS COMMITTED TO THE CONCEPT OF HOUSING AS HEALTH, WITH SENIOR LEADERSHIP APPROVING A PILOT PROGRAM TO HOUSE SIX OF OUR CHRONICALLY HOMELESS PATIENTS IN PARTNERSHIP WITH THE CENTER FOR HOUSING AND HEALTH, A SUBSIDIARY OF THE AIDS F OUNDATION OF CHICAGO. THIS PILOT FOLLOWS HOUSING AND URBAN DEVELOPMENT (HUD) DEFINITIONS A ND GUIDELINES AND PROVIDES BOTH BRIDGE AND PERMANENT, SUPPORTIVE HOUSING TO INDIVIDUALS IN NEED. RUSH HAS INVESTED SUBSTANTIALLY INTO THIS PROGRAM AND IS EXPANDING IT IN FY2021 WIT H THE NEW CITY OF CHICAGO FLEXIBLE HOUSING POOL. ECONOMIC DEVELOPMENT IN FY2021, RUSH INVE STED $2.39 MILLION IN PROJECTS ON THE WEST SIDE THROUGH COMMUNITY DEVELOPMENT FINANCIAL IN STITUTIONS INCLUDING IFF, CHICAGO COMMUNITY LOAN FUND, ACCION, AND LISC. RUSH ALSO PARTNER ED WITH OTHER HOSPITALS TO AWARD A TOTAL OF $390,000 IN SMALL GRANTS TO 39 SMALL BUSINESSE S ON THE WEST SIDE OF CHICAGO. LOCAL PURCHASING RUSH HAS ORGANIZATIONAL GOALS TO INCREASE PURCHASING WITH VENDORS FROM THE WEST SIDE. RUSH HAS PARTNERED WITH TOGETHER CHICAGO AND C HICAGO ANCHORS FOR A STRONG ECONOMY TO IDENTIFY AND CONTRACT WITH VENDORS AT THE HYPER-LOC AL LEVEL. IN FY2021, RUSH SPENT $8.0 MILLION DOING BUSINESS WITH VENDORS FROM THE ANCHOR M ISSION (AM) COMMUNITIES. RUSH ENGAGED WITH FOODA FOR CAFETERIA SERVICES, WITH A GOAL OF IN CREASING SPENDING IN THE AM COMMUNITIES. IN FY2021, RUSH SPENT APPROXIMATELY $4 MILLION WI TH FOODA AM RESTAURANTS. RUSH IS PART OF THE WEST SIDE ANCHOR COMMITTEE WITH FIVE OTHER HO SPITALS AND HEALTH SYSTEMS TO SHARE BEST PRACTICES AND INCREASE THE USE OF LOCAL VENDORS. EMPLOYEE EFFORTS RUSH IS ALSO COMMITTED TO SERVING OUR EMPLOYEES WHOM WE CONSIDER AS OUR " FIRST COMMUNITY" AND HAVE CREATED PROGRAMS TO CREATE FINANCIAL STABILITY. THESE INCLUDE RE TIREMENT READINESS AND FINANCIAL WELLNESS TRAINING FOR EMPLOYEES THROUGH WORKING CREDIT AN D FIFTH-THIRD E-BUS. ENVIRONMENTAL IMPROVEMENTS In FY2021, the Environmental Sustainabilit y (ES) team at Rush University Medical Center laid the groundwork to grow from a departmen t of one to a department of three to expand its work measuring, managing and minimizing Ru sh's environmental footprint. A sustainability coordinator role was created to focus on Ru sh's utilities consumption and efficiency, data collection and analysis and further engagi ng our staff in sustainability action. The ES department was also selected as an internshi p site for Rush University's Health Systems Management (HSM) first-year student program. T he ES sustainable materials management subcommittee focuses on rethinking and reducing was te while also growing Rush's reuse, reprocessing, and recycling efforts. The environmental ly preferred purchasing subcommittee was launched after Rush pledged to be an early signat ory on the Healthcare Anchor Network's (HAN) Impact Purchasing Commitment (IPC) to "cataly ze prosperity and health for all, especially those impacted by a legacy of disinvestment a nd discrimination." In addition to supporting increases in supplier diversity and communit y wealth building, our pledge to the HAN IPC focuses on making a positive impact across fo ur core sustainability goals by 2025: Increase Rush's renewable energy procurement to 25%; Eliminate chemicals of concern from at least 85% of our furniture and furnishing purchase s.; Eliminate PVC and DEHP from at least 3 of 8 priority medical product categories; Achie ve at least 20% food spend on third party-certified sustainable food products. IN FY2021, Rush's sustainability manager developed five objectives in alignment with Rush's mission " to improve the health of the individuals and diverse communities we serve." Our ES objecti ves include: Mitigating our climate change impacts; Rethinking and reducing our waste; Imp roving our resource consumption efficiency; Evolving our supply chain and procurement prac tices; Engaging and educating our staff, students and visitors. COALITION BUILDING: WEST S IDE UNITED (WSU, WESTSIDEUNITED.ORG) WSU IS A COLLABORATIVE OF 6 HEALTH INSTITUTIONS INCLU DING RUSH UNIVERSITY MEDICAL CENTER, COOK COUNTY HEALTH, ANN AND ROBERT H. LURIE CHILDREN' S HOSPITAL, PRESENCE/AMITA HEALTH SYSTEM, SINAI HEALTH SYSTEM, UI HEALTH, AND OTHER HEALTH CARE PROVIDERS, EDUCATION PROVIDERS, THE FAITH COMMUNITY, BUSINESS, GOVERNMENT, AND RESIDE NTS. THIS COLLABORATIVE IS WORKING TO IMPROVE NEIGHBORHOOD HEALTH BY ADDRESSING INEQUITIES IN HEALTHCARE, EDUCATION, ECONOMIC VITALITY AND THE PHYSICAL ENVIRONMENT USING A CROSS-SE CTOR, PLACEBASED STRATEGY. THE OVERARCHING AIM IS TO REDUCE LIFE EXPECTANCY GAPS BETWEEN T HE LOOP AND THE 10 WEST SIDE NEIGHBORHOODS OF FOCUS BY 50% BY 2030. IN MARCH 2021, WEST SI DE UNITED ANNOUNCED ELEVEN INITIATIVES: HEALTH AND HEALTHCARE *LAUNCH 'LIVE HEALTHY WEST S IDE' A COMMUNITY HEALTH FRAMEWORK THAT PROMOTES HEALTH AND WELL-BEING AROUND THE FOLLOWING TWO HEALTH CONDITIONS: HYPERTENSION MANAGEMENT, AND MATERNAL AND CHILD HEALTH; Serve as R acial Equity Rapid COVID-19 Response and Recovery

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	West Regional Lead for Chicago Department of Public Health Equity Zone; Develop vaccine eq uity strategies; Healthy Chicago 2025 strategy development and implementation NEIGHBORHOOD AND PHYSICAL ENVIRONMENT *STRENGTHENING DIRECT SUPPORT RELATIONSHIPS WITH FOOD PANTRIES * LAUNCH OF A HEALTHY FOOD VOUCHER PROGRAM ECONOMIC VITALITY *COMMITMENT TO IMPACT INVESTING *LOCAL HIRING *LOCAL SPEND DOLLARS *BUSINESS DEVELOPMENT *EMPLOYEE PROFESSIONAL GROWTH ED UCATION *HIGH SCHOOL INTERNSHIPS AND COLLEGE APPRENTICESHIPS *DEVELOPMENT OF COMMUNITY HUB S AT UP TO TWO SCHOOLS WEST SIDE CONNECTED RUSH CONTINUES TO PARTNER WITH THE ORGANIZATION S IN WEST SIDE CONNECTED TO ACHIEVE THE GOAL OF IMPROVING OUR EFFORTS ON SOCIAL DETERMINAN TS OF HEALTH WITH SUPPORT FROM CATHOLIC CHARITIES. THE COALITION HAS GROWN TO INCLUDE LURI E CHILDREN'S HOSPITAL AND ENJOYS CONSISTENT REPRESENTATION BY THE ILLINOIS PARTNERS FOR HU MAN SERVICE, A COALITION OF 800 HUMAN RIGHTS ORGANIZATIONS LOCATED IN EVERY LEGISLATIVE DI STRICT THROUGHOUT ILLINOIS. EFFORTS CONTINUE TO BE FOCUSED ON IMPLEMENTING SCREENING ABOUT HEALTH CARE ACCESS (PRIMARY CARE/INSURANCE), FOOD SECURITY, HOUSING/HOMELESSNESS, UTILITI ES, AND TRANSPORTATION BUT HAVE BROADENED THE SCOPE TO INCLUDE EACH PARTNER'S ENTIRE HOSPI TAL PER INDIVIDUAL INSTITUTIONAL STRATEGIC GOALS. THE COALITION ALSO SECURED FUNDING TO SE CURE A CARE COORDINATOR TO SUPPORT CARE MANAGEMENT NEEDS, AND PLANS TO PILOT A COMPREHENSI VE CARE COORDINATION MODEL. COMMUNITY HEALTH IMPROVEMENT ADVOCACY WORKFORCE DEVELOPMENT TH E RUSH CAPITAL PROJECTS TEAM REVIEWS CONTRACTS FOR CONSTRUCTION AND CAPITAL PROJECTS UNDER TAKEN BY THE HOSPITAL, AND, FOR THE FIRST TIME, DEPENDING ON THE SIZE OF THE PROJECT, INCL UDES GOALS FOR ANCHOR MISSION LOCAL HIRING IN THE CONTRACT LANGUAGE. RUSH CONTRIBUTED $2.1 MILLION IN SALARIES TO AM RESIDENTS THROUGH JUNE 2021 FOR CAPITAL PROJECTS AND HAS SPENT $3 MILLION WITH AM COMPANIES THROUGH JUNE 2021 AS PART OF THE JOAN AND PAUL RUBSCHLAGER BU ILDING PROJECT. Two cohorts of Rush's Medical Assistant Pathway program, with 14 participa nts, graduated in fiscal year 2021. Six of nine people from the first cohort who successfu lly completed the certification program were hired as medical assistants at Rush Universit y Medical Center. Rush University Medical Center's Patient Care Technician Pathway program graduated its fifth cohort in FY2021, with a total of 10 participants. All eight people w ho completed the certification have been hired at Rush University Medical Center. Rush Edu cation & Career Hub launched a Nursing Assistant Pathway with 10 participants during April 2021.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Bad debt expense is estimated based on historical collection experience. Patients who are covered by third-party payors are generally responsible for related deductibles and coinsurance, which vary in amount. RUMC determines its estimate of bad debt for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. RUMC has determined it has bad debt expense for uninsured patients and patients with other uninsured balances, such as copays and deductibles. The bad debt expense is the difference between amounts billed to patients and the amounts expected to be collected based on collection history with those patients.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	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 supporting information. This can create situations in which patients can be mistakenly classified as bad debt that could actually be classified as charity care, but cannot be confirmed.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	During FY2021, RUMC's reported provision for bad debt was a total of $55,450,829 which equates to $19,086,307 at cost based on an overall cost to charge ratio. RUMC provides additional information on the bad debt expense/implicit price concessions in footnote #2 Summary of Significant Accounting Policies - Patient Service Revenue and Patient Accounts Receivable which starts on page 10 of the audited financial statements.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The calculation of the ratio of patient cost to charges was calculated utilizing RUMC's FY2021 As-Filed Medicare Cost Report. Medicare revenues and costs were extracted from the FY2021 As-Filed Medicare Cost Report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	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 our statement 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
Schedule H, Part V, Section B, Line 16a FAP website	- Rush University Medical Center: Line 16a URL: https://www.rush.edu/patients-visitors/financial-assistance;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Rush University Medical Center: Line 16b URL: https://www.Rush.edu/sites/default/files/2020-09/financial-assistance-application.pdf;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Rush University Medical Center: Line 16c URL: https://www.rush.edu/sites/default/files/2020-09/financial-assistance-brochure-english-2019e.pdf;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	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 FY2019, everything was related to that effort.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	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 the Medical Center 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. 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 Rush. 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
Schedule H, Part VI, Line 4 Community information	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.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	SUPPORTING INFORMATION - CHNA/CHIP GOAL 1: REDUCE INEQUITIES CAUSED BY THE SOCIAL, ECONOMI C AND STRUCTURAL DETERMINANTS OF HEALTH. SUPPORTING PROGRAM INFORMATION: RUSH EDUCATION AN D CAREER HUB (REACH) THE RUSH EDUCATION AND CAREER HUB EXTENDS RUSH'S THIRTY-YEAR LEGACY O F SUPPORT FOR CHICAGO SCHOOL COMMUNITIES. SINCE 1990, THOUSANDS OF STUDENTS FROM PRE-KINDE RGARTEN 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 PATHW AY WITH A MISSION OF INCREASING DIVERSITY IN STEM/HEALTH CARE PROFESSIONS. OUR OVERALL GOA LS ARE: 1) TO INCREASE HIGH SCHOOL GRADUATION RATES, COLLEGE MATRICULATION, INTEREST IN HE ALTH CARE/STEM CAREERS, AND 2) TO BUILD SKILLS FOR THE 21ST CENTURY WORKFORCE, INCLUDING C OMMUNICATION, COLLABORATION, CRITICAL THINKING, CREATIVITY, AND LEADERSHIP. THROUGH ENRICH MENT, ENGAGEMENT, SKILLS TRAINING, AND HIGH QUALITY WORK-BASED LEARNING, RUSH IS PREPARING UNDERREPRESENTED YOUTH FOR SUCCESS IN THE HEALTH CARE INDUSTRY. IN FY2021, REACH PROGRAMS SERVED MORE THAN 4,000 STUDENTS, educators and community members. RUSH'S DEDICATION TO PR OMOTING A HEALTHY COMMUNITY HAS FOSTERED A STRONG COMMITMENT TO SUPPORTING THE GROWTH AND DEVELOPMENT OF OUR LOCAL NEIGHBORHOODS; INCLUDING SCHOOL COMMUNITIES. IN FY18, REACH DEEPE NED ITS COLLABORATION WITH FIVE PARTNER ELEMENTARY SCHOOLS AND FOUR HIGH SCHOOLS WITH STEM AND/OR HEALTHCARE PROGRAMS. RUSH UNIVERSITY MEDICAL CENTER IS UNIQUELY SITUATED TO INCREA SE THE DIVERSITY OF THE HEALTHCARE WORKFORCE; ADDRESSING EDUCATIONAL OPPORTUNITY GAPS, AND CULTIVATING A PIPELINE OF HEALTH PROFESSIONALS FOCUSED ON REDUCING HEALTH DISPARITIES FOR WEST SIDE NEIGHBORHOODS. REACH CONTINUES TO PROVIDE PROGRAMMING ACROSS THE PRE-K-16 EDUCA TIONAL CONTINUUM THROUGH THE INITIATIVES HIGHLIGHTED BELOW: ELEMENTARY OUTREACH (GR. PRE-K -5) The STEMagineers program for elementary school students helps establish a foundational interest in STEM and health care. The program builds awareness of STEM and health care ed ucation and careers, teacher professional development, family engagement, classroom curric ulum resources and alignment with standards and research that support best practices in ea rly childhood education. This year, because of the pandemic, resources were delivered thro ugh digital lessons and interactive STEM and health care kits. Digital lessons were create d to support partner schools' specific STEM curricula, as well as national health science observances, National Health Professions Week, American Heart Month and National Nutrition Month. The kits were designed to support STEM learning and social-emotional wellness at h ome. In FY2021, more than 2,000 students, 383 educators and 746 families participated in R EACH elementary school programs. MIDDLE SCHOOL OUTREACH (GR. 6-8TH) In fiscal year 2021, R EACH continued with two programs for students in grades 6 through 8 despite COVID-19 restr ictions. We shifted both programs to virtual delivery beginning in the early spring of 202 1. Vitals for STEM Success is an after-school enrichment program for middle school student s interested in STEM and health care careers. The program consisted of a 10-week virtual s ession this year. In addition to STEM learning experiences, the enrichment program include s career exploration, mentoring and tutoring. Future Ready Learning Labs, supported in par t by the Michael Reese Health Trust, is an enrichment elective focused on building interes t and awareness of careers in the STEM and health care fields, increasing sense of self-ef ficacy, developing 21st-century learning skills and transitioning to high school. REACH's partner school for this program is Nathaniel Dett Elementary. REACH Illinois' first middle school chapter of HOSA-Future Health Professionals (formerly known as Health Occupations Students of America) gives interested students the opportunity to complete enrichment acti vities. Four students participated in state-level and national-level competitions on healt h care knowledge and career preparatory activities HIGH SCHOOL OUTREACH (GR. 9-12) MedSTEM Pathways, one of our signature high school programs, is designed to introduce teens to a wide range of clinical and non-clinical health care careers, develop leadership skills and build academic skills. MedSTEM Pathways provides pre-internships for rising sophomores an d juniors, and internships for rising juniors and seniors. By leveraging resources from ac ross Rush University Medical Center, we provided students with comprehensive, engaging exp eriences, including personal development workshops, industry-recognized certifications and networking with career professionals. Half of the summer's MedSTEM Pathways interns and 1 00% of MedSTEM Explorers earned one or more industry-recognized credentials: CPR, first ai d/basic lifesaving, Phlebotomy and ECG technician. COLLEGE AND BEYOND The Center for Commu nity Health Equity Scholars program offers a paid,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	eight-week summer internship at Rush University Medical Center for four highly motivated college juniors and seniors who have a strong interest in research, health disparities and community relations. The internship mixes workshops and instruction in research methods w ith field trips to sites that include Cook County Hospital, the Sue Gin Health Center that Rush operates at the Oakley Square mixed-income residential complex, the DuSable Museum o f African American History and Garfield Park. Students who complete the internship gain an understanding of historic structural inequities that have an impact on health outcomes; t hey also learn how to conduct research that engages with community members and develop a t eam-based research project centered on education equity. The College and Career Pathways p rogram supports underrepresented young people beyond high school for immersive work-based learning experiences in targeted career paths. The program includes a mix of paid internsh ips and college and career advising as well as professional and technical skills training, which helps participants find jobs with STEM and health care employers. Interns learn ski lls in several Rush University Medical Center departments, including labor and delivery, t he surgical ICU, outpatient psychology and pathology. In FY2021, 25 students each earned m ore than 250 hours of paid, work-based learning experience through College and Career Path ways. In addition, with a generous grant from JP Morgan Chase, REACH completed a pilot of our Health IT program at Richard T. Crane Medical Preparatory High School and Instituto He alth Sciences Academy. A total of 24 students were trained for certification in Epic User End Training modules or Apple Swift. MINI MEDICAL SCHOOL THE RCSIP MINI MEDICAL SCHOOL IS A TEN-WEEK PROGRAM THAT RUNS FROM LATE SEPTEMBER TO MIDMARCH FOR STUDENTS IN FOURTH AND FI FTH GRADE, FROM CHICAGO PUBLIC SCHOOLS ON CHICAGO'S WEST SIDE. THE MAIN OBJECTIVE OF THE P ROGRAM IS TO EXPOSE YOUNG STUDENTS TO THE HEALTH SCIENCES. THIS PROGRAM IS HELD AT RUSH UN IVERSITY AND INCLUDES AN ORIENTATION, ANATOMY AND PHYSIOLOGY LECTURES, ACTIVITIES ON THE F IVE MAJOR BODY SYSTEMS, DISSECTIONS, HOMEWORK, AND A COMPLETION CELEBRATION. RUSH STUDENT AND PHYSICIAN VOLUNTEERS PLAN THE CURRICULUM, IMPLEMENT ACTIVITIES, AND ASSIST THE YOUTH D URING THESE SESSIONS. IN FY2021 Mini Medical School converted to remote learning during th e pandemic. Six remote sessions had 80 to 100 participants per session.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Rush System for Health ("RUSH"), is a multihospital health system with operations that consist of several diverse activities with a shared mission of patient care, education, research, and community service. RUSH consists of an academic medical center, Rush University Medical Center ("RUMC"), two community hospitals, Rush Copley Medical Center ("RCMC") and Rush Oak Park Hospital ("RPPH"), that each serve distinct markets in Chicago, Illinois, metropolitan area and Rush Health, a physician hospital organization and clinically integrated network.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
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
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Rush University Medical Center. Rush's Office of Community Engagement, under its Senior Vice President for Community Health Equity, led the effort for the 2019 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
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Rush University Medical Center. 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 when the CHNA was conducted): Advocate Aurora Health AMITA Health Ann and Robert Lurie Children's Hospital of Chicago Gottlieb Memorial Hospital Loyola University Health System MacNeal Hospital Mercy Hospital and Medical Center Northwestern Medicine Norwegian American Hospital Palos Hospital Roseland Community Hospital Rush University System for Health Sinai Health System Sinai Urban Health Institute South Shore Hospital Swedish Covenant Hospital University 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
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Rush University Medical Center. 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
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Rush University Medical Center. 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 CHNA and CHIP 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
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Rush University Medical Center. 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 iden tify needs, we must simultaneously come up with an approach to address them. The following community health needs were identified in partnership with the Alliance for Health Equity , and the improvements with guidance and focus to connect with local initiatives as Rush b elieves it must partner with others to move the needle to improve health such as the Allia nce, West Side United, Senator Durbin's HEAL initiative, and West Side ConnectED. Given th at our CHNA/CHIP were formally adopted in June 2019, the following efforts tied to the fin al 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 matern al child health as a fifth need. Please note that we only highlight selected information i n the following section. For more detailed information, please find published documents an d supporting programs 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 working to improve educational attainment through long standing programs s uch as our partnership with Malcolm X College, Richard T. Crane Medical Preparatory High S chool, and the K-12 program - REACH, the Rush Education and Career Hub. This builds on yea rs of partnership, but focuses our efforts in communities we identified with the most need . In FY2021, REACH programs served more than 4,000 students, educators and community membe rs across PreK-20 pipeline programs. REACH provided 200+ high school and college students with over 25,000 paid work-based learning hours. B. Identify, measure and mitigate the soc ial determinants of health among those at risk - particularly children, young adults and p eople with chronic illness. During the fiscal year, Rush implemented a screening tool to i dentify non-medical barriers to good health, such as food insecurity, homelessness, lack o f utilities, transportation barriers, and lack of primary care/insurance. This screening t ool was implemented in the Rush University Medical Center emergency department, primary ca re settings, and community based settings. Patients screened for these social determinants of health (SDOH) were connected to services via a partnership with NowPow, a locally-base d, resource directory company which provides curated, personalized resources that are shar ed with patients. Future plans include the integration of the SDOH screening tool with a s creen designed to detect adverse childhood experiences (ACEs) - traumatic events which are strongly related to the development and prevalence of a wide range of health problems thr oughout a person's lifespan. F

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
Schedule H, Part V, Section B, Line 11 Facility , 1	urther, we intend to expand the SDOH screening tool system-wide and connect it with Medica re Health Risk Assessments (HRAs) as well as develop opportunities to study and publish on the impact of screening on patients' overall health outcomes. Rush joined the Alliance fo r Health Equity (AHE) early on and is a member of the steering committee. In addition, a R ush representative chairs several workgroups, including the food security and social deter minants workgroups. Rush is particularly invested in helping guide AHE to focus on our ide ntified needs and improvements. Rush also has a leadership role in data, policy, and traum a informed care work groups. Goal 2: Improve access to mental and behavioral health servic es. A. Address psychological trauma through screening tools and referral programs in schoo l-based health centers (SBHCs) and faith-based organizations. Rush is working to address t he mental and behavioral health needs of our patients and communities by having social wor k services offered to our primary care, inpatient, and emergency department patients. In a ddition, the College of Nursing and Rush Community Based Practices offer mental health ser vices in the community at Simpson Academy for Young Women and the College of Nursing facul ty practice sites. School-based initiatives. Students seen in the SBHCs are receiving age- appropriate risk screening and evaluation for mental health issues. Those identified with mental health issues are referred for in-SBHC or community-based counseling and psychiatri c services. In FY2021, 314 risk screenings were completed, resulting in 192 students linke d to in-SBHC mental health services. Of those, five were pregnant teens who have been refe rred to home visiting services through the ACEs in Pregnancy program. Through a partnershi p with the Rush Department of Psychiatry, psychiatric services, provided both in-SBHC and by telehealth visits. During FY2021, there were 20 students who received SBHC-provided psy chiatric care. SBHC staff delivered 2,000 minutes of group education that focused on self- care, mental health, and skill building for resilience to 1,607 students through school ou treach activities. Finally, 69 teachers, parents, staff, and community members participate d in educational sessions on the same topics. Faith-based initiatives. A total of 130 cong regants and community members were trained in FY2021 in mental health first aid, which tea ches lay people how to identify, understand, and respond to signs of addictions and mental illnesses. In community listening sessions, West Side residents told us that their neighb orhoods lack sufficient mental health resources - a major contributor to health disparitie s. In response, Rush launched Mental Health First Aid training, which trains people to rec ognize signs and symptoms of mental illness, respond appropriately when someone needs help , support fellow community members and help remove the stigma that persists around mental health services. Thirty Rush s

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
Schedule H, Part V, Section B, Line 11 Facility , 1	taff and community members were trained in Mental Health First Aid.

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
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - Rush University Medical Center. Goal 3: Prevent and reduce chronic disease by focusing on risk factors. 1. Reduce risk factors through assessments, disease management programs and improved access to healthy food. The Rush surplus project continued to take place at both Rush University Medical Center and Rush Oak Park Hospital in FY2021. Through a continued partnership with Franciscan Outreach and Beyond Hunger), Rush has provided over 18,000 free meals annually to the organizations, since it was started in 2015. Additionally, Rush continues to collaborate with another community partner, Top Box Foods, to provide local produce to its employees and community members for a discounted rate monthly. In FY2021, Rush connected approximately 1,050 community residents with healthy food during the pandemic. The Metropolitan Chicago Breast Cancer Task Force launched in 2007 as an independent nonprofit based at Rush, with the goal of reducing the disparity in breast cancer deaths between African American women and white women in Chicago. At the time, African American women were 68% more likely than white women to die of breast cancer. Mortality rates for African American and white women had been equal before white women's survival rates began to rise when better screening and treatment became available in the 1990s. After the task force launched, the disparities began to decrease. In addition, Rush Oak Park Hospital provides free mammograms each October to uninsured or underinsured women who live in Oak Park, River Forest, and Proviso Township. This is made possible through a grant from the Westlake Foundation. In FY2021, 216 women were screened.

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
Schedule H, Part V, Section B, Line 11 Facility , 3	Facility , 3 - Rush University Medical Center. 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 UNINSURED 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 FY2021, 264 PATIENTS WERE 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
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Rush University Medical Center. 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 POLICY In addition to meeting financial and residency requirements, individuals applying for financial assistance must: cooperate with Rush and provide information and documentation truthfully and in a timely manner; make a good faith effort to honor the terms of reasonable payment terms on open balances if the individual qualifies only for a partial discount; notify Rush of any change in financial situation which may impact the 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
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - Rush University Medical Center. RUSH CONDUCTS ALL OF THE EFFORTS DESCRIBED IN LINES 20 A-D PRIOR TO INITIATING ANY EXTRAORDINARY COLLECTION ACTIVITIES DESCRIBED IN LINE 19. RUSH REPORTS UNPAID BALANCES TO CREDIT AGENCIES, WHICH GENERALLY OCCURS NO SOONER THAN 540 DAYS AFTER THE DATE ON WHICH THE SERVICE WAS PROVIDED. RUSH ALSO WILL POTENTIALLY DEFER NOT MEDICALLY NECESSARY CARE FOR PATIENTS IN A BAD DEBT COLLECTION STATUS FOR A PRIOR BALANCE. HOWEVER, IF THE PATIENT APPLIES FOR FINANCIAL ASSISTANCE, MAKES A PAYMENT, OR SETS UP A PAYMENT PLAN, THEY WILL NOT HAVE CARE DEFERRED.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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

2020

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 . . . . . ▶ 4

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarships to attend Rush University Medical Center	1271	16,879,515			
(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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	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: 20011424
Software Version: 2020v4.0
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
Equal Hope dba Metropolitan Chicago Breast Cancer Task Force 300 S Ashland Avenue Chicago, IL 60607	26-2264895	501(c)(3)	15,000				Sponsorship
The Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland, OH 44195	34-0714585	501(c)(3)	15,000				Vaccine Campaign

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
United Way of Metropolitan Chicago 333 South Wabash Ave Chicago, IL 60604	30-0200478	501(c)(3)	10,000				General Support
Firebrand Arts Network 9745 South Vanderpoel Avenue Chicago, IL 60643	47-2258494	501(c)(3)	10,000				General Support

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

Schedule J (Form 990)

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

Part I 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 on 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 on 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
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Sherine E Gabriel, MD, MSC was provided a housing benefit that was includable as compensation, subject to a gross-up.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	Sherine E. Gabriel MD, MSC was provided a housing benefit that was includable as compensation, subject to a gross-up. Omar B. Lateef DO was provided supplemental housing at the request of the Board based on his leadership through the COVID-19 pandemic and as a critical care provider. The amount was not includable as compensation, not subject to a gross-up and is included in Schedule J Part II Column D.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	Health or social club dues or initiation fees - membership is maintained for the President & CEO at The Economic Club of Chicago and The Chicago Club and the Senior Vice President of Philanthropy & Chief Development Officer at the University Club. All memberships are used for Rush fundraising and/or business activities.
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following received severance payments in 2020: Joseph Anderson - $172,787 Cynthia Barginere, DNP - $256,810 Melissa Coverdale - $40,238 Michael Dandorph - $1,091,232 Richard K Davis - $198,397 Joan Kurtenbach - $215,386 Michael Mulroe - $149,184 Syed Rab MBBS, MPH, CHCIO - $250,000 Vaness Roshell-Stacks - $112,512 Mary Ellen Schopp - $312,091 Nicole Sibol - $156,811 Scott E Sonnenschein - $151,432 Lynne M Wallace - $147,507
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	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 in 2020 from this plan were as follows: Joseph Anderson - $79,510 David A Ansell MD - $109,322 Cynthia Barginere, DNP - $726,084 Cynthia E Boyd MD - $41,390 Edward W Conway - $44,606 Melissa Coverdale - $375,330 Michael Dandorph - $184,770 Richard K Davis - $29,873 Thomas Deutsch MD - $120,490 Bruce M Elegant MPH, FACHE - $49,701 Marquis Foreman PhD - $40,545 Susan L Freeman MD, MS - $18,453 Sherine E Gabriel MD, MSc - $122,317 Larry J Goodman MD - $250,282 Joshua Jacobs MD - $76,049 K. Ranga Rama Krishnan MB, ChB - $232,896 Joan Kurtenbach - $31,394 Michael E LaMont - $36,359 Diane M McKeever - $94,751 John P Mordach - $872,650 Michael Mulroe - $493,257 Patricia S O'Neil MAE - $45,778 Terry Peterson - $50,167 Vanessa Roshell-Stacks - $43,867 Charlotte Royeen PhD - $36,342 Nicole Sibol - $21,497 Scott E Sonnenschein - $630,325 Denise N Szalko - $50,346 Lynne M Wallace - $19,416 The amounts are included in Schedule J Part II Column (B)(iii).
Schedule J, Part I, Line 7 Non-fixed payments	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.
Schedule J, Part III Voluntary Leadership Pay Reductions	In an effort to preserve Rush's financial viability amid the unparalleled financial challenges resulting from the significant reduction of non-emergent surgery and the costs of handling the pandemic, Rush took a measured and balanced approach in implementing cost containment initiatives and solutions across the system. In April of 2020, Leadership of the Rush System took voluntary pay reductions ranging from 5 - 25%. In addition, annual salary increases, incentive pay, awards and bonuses were suspended.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
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				
1Omar B Lateef DO	(i)	1,205,965	150,000	2,059	22,881	29,296	1,410,200	0
President & CEO START 5/21	(ii)	0	0	0	0	0	0	0
1Edward J Ward MD	(i)	334,784	1,029	0	14,614	30,374	380,801	0
Trustee	(ii)	0	0	0	0	0	0	0
2Melissa Browning DNP	(i)	160,771	2,500	0	9,337	8,439	181,047	0
Trustee (Start 11/20)	(ii)	0	0	0	0	0	0	0
3Vijaya B Reddy MD	(i)	188,984	0	0	16,472	9,790	215,246	0
Trustee (Start 6/21)	(ii)	0	0	0	0	0	0	0
4R Jeffrey Snell MD	(i)	437,141	183	0	23,530	19,241	480,096	0
Trustee (Start 6/21)	(ii)	0	0	0	0	0	0	0
5Frederick M Brown Jr DNP	(i)	194,010	11,672	0	17,684	18,670	242,036	0
Trustee	(ii)	0	0	0	0	0	0	0
6Michael J Dandorph	(i)	0	0	1,268,955	0	25,674	1,294,629	194,935
Former President	(ii)	0	0	0	0	0	0	0
7Larry J Goodman MD	(i)	0	0	250,282	0	0	250,282	250,244
Former Officer	(ii)	0	0	0	0	0	0	0
8 K Ranga Rama Krishnan MB ChB	(i)	1,359,623	0	239,587	22,800	0	1,622,010	243,619
Former Officer	(ii)	0	0	0	0	0	0	0
9John P Mordach	(i)	395,670	0	891,614	22,800	14,423	1,324,506	449,957
Former Officer	(ii)	0	0	0	0	0	0	0
10 Dino Rumoro DO MPH FACEP	(i)	681,686	2	1,638	25,650	30,624	739,601	0
Former Officer	(ii)	0	0	0	0	0	0	0
11Joan Kurtenbach	(i)	0	0	244,302	1,823	15,055	261,180	32,975
Former Officer	(ii)	0	0	0	0	0	0	0
12Mary Ellen Schopp	(i)	0	0	311,413	0	2,194	313,607	0
Former Officer	(ii)	0	0	0	0	0	0	0
13Cynthia Barginere DNP	(i)	356,511	0	991,997	22,596	7,790	1,378,895	529,553
Former Officer	(ii)	0	0	0	0	0	0	0
14Lynne M Wallace	(i)	0	0	163,007	0	14,362	177,368	20,484
Former Officer	(ii)	0	0	0	0	0	0	0
15Brian Patty MD	(i)	151,611	0	938	13,117	13,774	179,440	0
Former Officer	(ii)	0	0	0	0	0	0	0
16Joseph Anderson	(i)	122,406	0	252,539	12,179	27,370	414,494	72,535
Former Officer	(ii)	0	0	0	0	0	0	0
17 Syed Rab MBBS MPH CHCIO	(i)	407,573	0	251,640	22,800	14,795	696,808	0
Former Officer	(ii)	0	0	0	0	0	0	0
18Nicole Sibol	(i)	0	0	178,309	762	0	179,070	22,715
Former Officer	(ii)	0	0	0	0	0	0	0
19Thomas Deutsch MD	(i)	451,449	0	164,272	23,743	21,446	660,910	124,572
Former Officer	(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				
21Richard K Davis	(i)	0	0	227,710	949	2,052	230,711	31,438
Former Officer	(ii)	0	0	0	0	0	0	0
1Marquis Foreman PhD	(i)	31,197	25,228	40,545	7,555	0	104,524	33,151
Former Officer	(ii)	0	0	0	0	0	0	0
2Joshua Jacobs MD	(i)	668,856	0	80,215	25,518	0	774,588	76,199
Former Officer	(ii)	0	0	0	0	0	0	0
3Carl T Bergetz JD	(i)	608,697	0	834	19,775	20,947	650,253	0
SVP & Chief Legal Officer	(ii)	0	0	0	0	0	0	0
4 Bruce M Elegant MPH FACHE	(i)	438,138	0	49,701	23,840	19,391	531,070	52,615
VP Hospital Operation, Pres & CEO ROPH (End 6/21)	(ii)	0	0	0	0	0	0	0
5Diane M McKeever	(i)	531,751	0	137,031	24,794	20,170	713,746	99,213
SVP Philanthropy & Development/Secretary	(ii)	0	0	0	0	0	0	0
6Patricia S O'Neil MAE	(i)	494,978	0	53,472	17,737	11,939	578,126	30,981
SVP CFO & Treasurer START 6/20	(ii)	0	0	0	0	0	0	0
7Cynthia E Boyd MD	(i)	369,542	0	50,226	22,451	900	443,118	43,295
VP and Chief Compliance Officer	(ii)	0	0	0	0	0	0	0
8Scott E Sonnenschein	(i)	263,979	0	787,915	18,823	34,831	1,105,548	289,989
VP Hospital Operations, President HDM LLC (END 7/20)	(ii)	0	0	0	0	0	0	0
9Alex D Wiggins	(i)	377,150	0	496	22,791	34,880	435,318	0
VP, Chief Investment Officer & Treasurer	(ii)	0	0	0	0	0	0	0
10Paola Pescara	(i)	314,528	0	0	18,930	29,074	362,532	0
VP Strategic Outreach	(ii)	0	0	0	0	0	0	0
11Michael Mulroe	(i)	257,839	0	648,749	21,945	28,337	956,871	327,664
VP Hospital Operations (End 7/20)	(ii)	0	0	0	0	0	0	0
12David A Ansell MD	(i)	576,939	81	120,356	25,486	9,730	732,592	109,305
SVP Community Health Equity	(ii)	0	0	0	0	0	0	0
13Deval Daily	(i)	247,332	18,858	13	15,118	36,831	318,152	0
VP and Chief Admin Officer, Neuro-Cardiac SL (Start 3/21)	(ii)	0	0	0	0	0	0	0
14Denise N Szalko	(i)	457,368	0	59,891	20,928	10,938	549,125	0
VP Revenue Cycle	(ii)	0	0	0	0	0	0	0
15Courtney Kammer MHA	(i)	416,367	0	248	19,950	33,219	469,784	0
SVP Human Resources	(ii)	0	0	0	0	0	0	0
16Michael E LaMont	(i)	319,470	0	43,849	23,204	8,538	395,061	38,033
VP Facilities Management (End 12/20)	(ii)	0	0	0	0	0	0	0
17Terry Peterson	(i)	368,115	0	62,671	23,267	900	454,953	35,322
VP Corporate & External Affairs (End 6/21)	(ii)	0	0	0	0	0	0	0
18Patricia Nedved	(i)	238,841	0	0	20,539	29,176	288,556	0
VP, Professional Nursing Practice	(ii)	0	0	0	0	0	0	0
19Katie Conklin Struck JD	(i)	360,282	0	291	15,739	10,968	387,279	0
VP Integrated Solutions and Optimization (End 6/21)	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 Paul Casey MD MBA FACEP	(i)	427,901	0	0	16,538	36,806	481,245	0
SVP and CMO RUMC (Start 11/20)	(ii)	0	0	0	0	0	0	0
1Richa Gupta MBBS MHSA	(i)	449,050	0	326	15,032	18,217	482,625	0
SVP and COO, RUMG	(ii)	0	0	0	0	0	0	0
2Melissa Coverdale	(i)	319,493	0	421,398	20,329	17,456	778,677	265,400
VP Finance (END 10/20)	(ii)	0	0	0	0	0	0	0
3Shonda Morrow JD MS RN	(i)	243,376	0	84	17,106	8,236	268,803	0
VP Patient Care Services (Start 3/21)	(ii)	0	0	0	0	0	0	0
4Shanon Shumpert JD	(i)	152,404	0	150	11,055	6,273	169,881	0
VP Institutional Equity and Title IX Officer (End 7/20)	(ii)	0	0	0	0	0	0	0
5Christa Brawley	(i)	226,842	0	0	10,361	25,770	262,974	0
VP Research Ops & Chief Research Administrator (Start 3/21)	(ii)	0	0	0	0	0	0	0
6Charlotte Royeen PhD	(i)	313,093	0	38,464	20,352	19,115	391,024	38,015
VP and Dean College of Health Sciences	(ii)	0	0	0	0	0	0	0
7 Kerem Korkmaz MSN RN CENP	(i)	211,150	0	18	9,664	0	220,833	0
VP Patient Care Services (Start 3/21)	(ii)	0	0	0	0	0	0	0
8 Darlene Oliver Hightower JD	(i)	239,917	0	274	14,249	26,284	280,725	0
VP Community Health Equity	(ii)	0	0	0	0	0	0	0
9 Angelique Richard PhD RN CENP	(i)	621,483	0	1,232	21,787	13,978	658,480	0
SVP Hospital Operations, CNO	(ii)	0	0	0	0	0	0	0
10Kelly Sullivan JD	(i)	306,781	0	270	16,591	2,250	325,892	0
Deputy General Counsel	(ii)	0	0	0	0	0	0	0
11Quincy M Stanley	(i)	198,392	0	15	8,369	25,342	232,118	0
VP Support Services (Start 3/21)	(ii)	0	0	0	0	0	0	0
12 Aney Abraham DNP RN NE-BC	(i)	238,559	0	0	13,754	20,751	273,064	0
VP Patient Care Services (Start 3/21)	(ii)	0	0	0	0	0	0	0
13Thomas P Wick	(i)	341,292	0	1,082	17,261	27,971	387,607	0
VP Individual Giving, Philanthropy	(ii)	0	0	0	0	0	0	0
14Peter Briechle PhD	(i)	345,383	0	1,082	16,472	12,830	375,766	0
VP Programs and Services, Philanthropy	(ii)	0	0	0	0	0	0	0
15 Janet Stifter PhD RN CPHQ	(i)	248,374	0	0	16,457	8,139	272,970	0
VP Hospital Operations - Periop and Interv (Start 3/21)	(ii)	0	0	0	0	0	0	0
16Andrew Bean PhD	(i)	325,325	0	1,243	15,649	17,484	359,701	0
VP & Dean; Vice Provost, Research (Acting)	(ii)	0	0	0	0	0	0	0
17Bryant A Adibe MD	(i)	315,599	0	197	0	7,498	323,293	0
VP and Chief Wellness Officer (End 4/21)	(ii)	0	0	0	0	0	0	0
18 Sherine E Gabriel MD MSc	(i)	850,744	0	244,958	22,800	16,770	1,135,272	127,948
President, Rush University	(ii)	0	0	0	0	0	0	0
19Wendy Cox-Largent MBA	(i)	333,657	0	568	17,280	27,774	379,280	0
VP Rush University Medical Group (End 6/21)	(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				
61Tatyana Popkova MSM	(i)	604,643	0	413	13,819	1,206	620,082	0
SVP Strategic Planning and Marketing and CSO RUMC	(ii)	0	0	0	0	0	0	0
1Philip Quick	(i)	199,265	0	0	10,183	26,574	236,022	0
VP RUMG Access Center (Start 6/21)	(ii)	0	0	0	0	0	0	0
2James Wilson	(i)	370,963	0	528	8,384	27,574	407,449	0
VP Financial Operations	(ii)	0	0	0	0	0	0	0
3Shannon Driscoll	(i)	189,071	0	0	3,629	8,398	201,098	0
VP RUMG Practice Operations (Start 6/21)	(ii)	0	0	0	0	0	0	0
4Susan L Freeman MD MS	(i)	607,060	25,000	18,453	8,550	9,888	668,951	18,791
SVP and Provost, Rush University	(ii)	0	0	0	0	0	0	0
5Hiten Patel PhD	(i)	306,903	0	0	3,063	38,241	348,207	0
VP Chief Product Officer	(ii)	0	0	0	0	0	0	0
6Kate H Jones	(i)	271,801	45,000	17	0	6,472	323,290	0
VP Strategic Planning, Marketing and Communications	(ii)	0	0	0	0	0	0	0
7 Badrinath Konety MD MBA MBBS	(i)	480,970	75,000	7,517	6,402	3,833	573,722	0
SVP and Dean, Rush Medical College (Start 7/20)	(ii)	0	0	0	0	0	0	0
8Wayne E Keathley MPH	(i)	607,312	0	0	2,592	10,326	620,230	0
EVP and COO	(ii)	0	0	0	0	0	0	0
9Edward W Conway	(i)	340,551	0	64,879	22,994	29,274	457,698	31,407
VP Clinical Affairs for Admin & Finance (End 6/21)	(ii)	0	0	0	0	0	0	0
10Anthony J Perry MD	(i)	402,271	47	1,014	23,833	28,574	455,739	0
VP Ambulatory Transformation	(ii)	0	0	0	0	0	0	0
11Bala Hota MD	(i)	502,075	0	644	19,950	29,274	551,943	0
VP and Chief Analytics Officer	(ii)	0	0	0	0	0	0	0
12BRIAN STEIN MD MS	(i)	521,740	1,303	0	19,903	26,324	569,270	0
Chief Quality Officer (Start 3/21)	(ii)	0	0	0	0	0	0	0
13Jeremy E Strong	(i)	279,647	0	293	18,780	28,074	326,794	0
VP Supply Chain	(ii)	0	0	0	0	0	0	0
14Vanessa Stacks	(i)	217,044	0	156,589	12,478	3,900	390,011	34,579
VP Care Coordination and CDI (End 7/20)	(ii)	0	0	0	0	0	0	0
15Lorenzo Munoz MD	(i)	1,092,887	193	0	22,800	30,574	1,146,453	0
Physician	(ii)	0	0	0	0	0	0	0
16Michael Liptay MD	(i)	1,276,987	142	2,894	22,800	37,311	1,340,135	0
Physician	(ii)	0	0	0	0	0	0	0
17John E O'Toole	(i)	924,864	203	0	19,950	28,674	973,691	0
Physician	(ii)	0	0	0	0	0	0	0
18Vincent Traynelis MD	(i)	982,066	162	0	26,077	16,505	1,024,811	0
Physician	(ii)	0	0	0	0	0	0	0
19Richard Byrne MD	(i)	1,216,178	132	2,894	25,650	27,342	1,272,195	0
Physician	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 instructions and the latest information.

OMB No. 1545-0047

2020

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		38,110,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	50,000,000	457,240,239		
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		
12	Other unspent proceeds				
13	Year of substantial completion	2016	2015		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X			X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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					
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					
c	Are there any research agreements that may result in private business use of bond-financed property?	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					
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 ▶		0.29 %		0.54 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %				
6	Total of lines 4 and 5		0.29 %		0.54 %				
7	Does the bond issue meet the private security or payment test?		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				
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					

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?	X			X				
c	No rebate due?		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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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				
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				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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					

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

Return Reference	Explanation
Schedule K, 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-B were issued for RUMC.

Return Reference	Explanation
Schedule K, Part I, Column (f) Line A	Proceeds were used to refund the Series 2008A bonds issued 12/9/2008.

Return Reference	Explanation
Schedule K, Part I, Column (f) Line B	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
Schedule K, Part IV, Line 6 Column B	This question is being answered without regard to a yield-restricted advanced refunding escrow financed with the proceeds of the bonds.

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name: Illinois Finance Authority The calculation for computing no rebate due was performed on 02/11/2020

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

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 instructions and the latest information.**

OMB No. 1545-0047

2020

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 section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 36-2174823
Name: Rush University Medical Center

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) Donor 22	Substantial Contributor	1,479,726	Services Rendered		No
(1) Donor 48	Substantial Contributor	21,600,037	Sale of Goods		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(3) Donor 65	Substantial Contributor	12,867,951	Sale of Goods		No
(1) Donor 71	Substantial Contributor	2,256,716	Sale of Goods		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(5) Donor 99	Substantial Contributor	148,500	Services Rendered		No
(1) Donor 111	Substantial Contributor	6,531,366	Sale of Goods		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(7) Donor 126	Substantial Contributor	104,552	Services Rendered		No
(1) Donor 134	Substantial Contributor	323,785	Sale of Goods		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(9) Donor 166	Substantial Contributor	994,123	Services Rendered		No
(1) Donor 178	Substantial Contributor	835,480	Sale of Goods		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(11) Donor 187	Substantial Contributor	196,495	Sale of Goods		No
(1) Donor 198	Substantial Contributor	91,172,540	Services Rendered		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(13) Donor 327	Substantial Contributor	205,976	Sale of Goods		No
(1) Donor 385	Substantial Contributor	723,425	Sale of Goods		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(15) Donor 422	Substantial Contributor	769,745	Services Rendered		No
(1) Donor 431	Substantial Contributor	523,225	Services Rendered		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(17) Donor 440	Substantial Contributor	553,132	Services Rendered		No
(1) Donor 472	Substantial Contributor	580,520	Services Rendered		No

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(19) Donor 493	Substantial Contributor	377,664	Services Rendered		No
(1) Donor 518	Substantial Contributor	6,219,208	Services Rendered		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**
(21) Donor 565	Substantial Contributor	42,072,191	Services Rendered		No
(1) Paula Grabler	Family Member of David A Ansell, MD, current Officer	475,960	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**
(23) Candice Brown	Family Member of Frederick M Brown, Jr., DNP, current Trustee	59,010	Wages		No
(1) Nikita Patel	Family Member of Deval K Daily, current Officer	104,026	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**
(25) Shiv K Patel	Family Member of Deval K Daily, current Officer	25,754	Wages		No
(1) Marc A Sarran MD	Family Member of Thomas Deutsch, MD, former Officer	64,583	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**
(27) Michael D Brown MD	Family Member of Francesca Edwardson, current Trustee	427,248	Wages		No
(1) Michael Nevid	Family Member of Larry Field, current Trustee	68,614	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**
(29) Vaishnavi Krishnan	Family Member of K Ranga Rama Krishnan, MB, ChB, former officer	28,762	Wages		No
(1) Najia Shakoor	Family Member of Omar Lateef, current Trustee and Officer	195,987	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**
(31) Colin E Jensen	Family Member of Diane M. McKeever, current Officer	93,177	Wages		No
(1) Kim Perry	Family Member of Anthony J Perry, MD, current Officer	28,274	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**
(33) Sandhya Gantla Reddy	Family Member of Vijaya B Reddy, MD, current Trustee	103,291	Wages		No
(1) Lydia Royeen	Family Member of Charlotte Royeen, PhD, current Officer	63,165	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**
(35) Adrianna Rumoro	Family Member of Dino Rumoro, DO, MPH, FACEP, former Officer	126,847	Wages		No
(1) Kyle Popovich	Family Member of Brian D Stein, MD, current Officer	228,807	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**
(37) James Wyatt	Family Member of Kelly Sullivan, JD, current Officer	169,269	Wages		No
(1) Ryan L Henning	Family Member of James Wilson, current Officer	188,882	Wages		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

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

2020

Open to Public Inspection

Name of the organization
Rush University Medical Center

Employer identification number
36-2174823

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		2,366	Market value
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	63	5,331,385	Market value
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	2	73,902	Market value
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ See Additional Data				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		0
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II.			
33	If the organization didn't 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
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - Number of separate contributions Books and publications - Number of contributions Drugs and medical supplies - Number of contributions Other - Gift Cards Number of items received Other - Children's Games Number of contributions Other - Baby Items Number of contributions Other - Gift Basket Number of contributions Other - Jewelry Number of contributions Other - Event tickets Number of contributions

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 36-2174823
Name: Rush University Medical Center

Part I, Lines 25-28

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (Gift Cards)	X	495	26,975	Market value
Other ▶ (Children's Games)	X	1	4,630	Market value
Other ▶ (Baby Items)	X	1	125	Market value
Other ▶ (Gift Basket)	X	1	250	Market value
Other ▶ (Jewelry)	X	1	5,000	Market value
Other ▶ (Event tickets)	X	1	3,000	Market value

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

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

2020

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 III, Line 4d Description of other program services	(Expenses $ 69,668,901 including grants of $)(Revenue $ 68,323,877) Other program services : Rush provides various services for the benefit of its patients and visitors, such as par king, food services and interpreter services. Rush also sponsors a number of programs in t he community focused on improving health, expanding education in health-related careers, c ommunity-based research to reduce health disparities and initiatives to provide economic d evelopment and job creation. Rush programs influenced tens of thousands of lives in FY2021 .

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Christine A. Edwards and William A. Downe - Business relationship, Jesse H. Ruiz and John J. Sabl - Business relationship, Peter C. B. Bynoe, Esq., William M. Goodyear and Todd W. Lillibridge - Business relationship, E. Scott Santi, David H. B. Smith Jr., Jay L Henderso n and Susan Crown - Business relationship, John L. Howard and E. Scott Santi - Business re lationship, Kapila Kapur Anand and Carole W. Streicher - Business relationship, Martin H. Nesbit and Kip Kirklpatrick - Business relationship, John L. Brennen, Karl A. Palasz and E . David Coolidge III - Business relationship, John W. Rogers, Jr. and John F. Sandner - Bu siness relationship, John W. Rogers Jr. and Sheila A. Penrose - Business relationship, Glo ria Santona, Esq and Michael J. O'Connor - Business relationship, E. David Coolidge III an d Francesca Maher Edwardson - Business relationship, James A. Bell and Thomas E. Richards - Business relationship, Jose Luis Prado and Alejandro Silva - Business relationship, Thom as E. Richards, Sandra P. Guthman, Jay L. Henderson, Susan Crown, Jose Luis Prado and Char les A. Tribbett, III - Business relationship, Peter C. B. Bynoe, Esq. and William K. Hall - Business relationship, John W. Rogers, Jr. and Jonathan W. Thayer - Business relationshi p, E. Scott Santi and Charles L. Evans, PhD - Business relationship, Martin H. Nesbitt and Sheila A. Penrose - Business relationship, Christine A. Edwards and Matthew F. Bergmann - Business relationship, Omar B. Lateef DO; Patricia S. O'Neil MAE; Peter C.B. Bynoe Esq.; Thomas E. Lanctot - Business relationship, Carl T. Bergetz JD; Peter C. B. Bynoe Esq.; E. David Coolidge III; Susan Crown; Bruce W. Dienst; William A. Downe CM; Christine A. Edward s; William M. Goodyear; Sandra P. Guthman; Jay L. Henderson; K. Ranga Rama Kirshnan MB, Ch B; Omar B. Lateef DO; Diane M. McKeever; Mark C. Metzger; Patricia S. O'Neil MAE; Stephen N. Potter; Carole Browe Segal - Business relationship, David A. Ansell MD; Melissa Coverda le; Bruce M. Elegant MPH, FACHE; Karen M. Mayer PhD, MHA, RN, NEA-BC; Gary E. McCullough; Patricia S. O'Neil MAE; Brian Stein MD, MS; Paul Casey MD, MBA, FACEP - Business relations hip

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 3 Delegation of management duties	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Rush System for Health is the sole corporate member of Rush University Medical Center and parent entity of the Rush System.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	As the sole-corporate member of Rush University Medical Center (RUMC), Rush System for Hea lth obtained the Reserved Power to approve the appointment of members to the RUMC board of trustees, the organization's governing body (the "RUMC Board").

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	As the sole corporate member of Rush University Medical Center and Rush Copley Medical Cen ter, Inc. (RCMC), and the parent entity of the Rush System, Rush System for Health holds c ertain Reserved Powers over RUMC and RCMC in order to ensure a uniform vision and strategy across the Rush system.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	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, Line 12c Conflict of interest policy	On an annual basis, members of the Rush University Medical Center (RUMC) Board and the cor porate officers of RUMC complete and return a conflicts of interests survey form. Any disc losures are reviewed by the Institutional Conflicts of Interest (ICOI) Committee which is a sub-Committee of the Audit Committee of the RUSH Board. The ICOI Committee makes any fin al determinations as deemed appropriate or necessary to manage, reduce or eliminate confli cts. 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 make transparency state ments and recuse themselves from any committee or RUMC Board meetings during the time an a genda item that relates to the matters giving rise to the business related conflict of int erest are discussed.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Compensation and Human Resources Committee of the Rush University Medical Center (RUMC) board uses an independent review, comparability data and contemporaneous substantiation to establish compensation packages for the RUMC CEO and other top management officials. Al l such officer compensation packages are approved by the Compensation and Human Resources Committee of the RUMC Board annually.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The Compensation and Human Resources Committee of the RUMC board uses an independent review, comparability data and contemporaneous substantiation to establish compensation packages for the RUMC CEO and other top management officials. All such officer compensation packages are approved by the Compensation and Human Resources Committee of the RUMC Board annually.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The Articles of Incorporation for Rush University Medical Center (RUMC) have been filed wi th 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. T he financial statements of RUMC are available through the Illinois Attorney General's offi ce. 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 Catherine A Dimou, MD; Edward J Ward, MD; Frederick M Brown, DNP; Kenneth J Tu man, MD; Melissa Browning, DNP; Vijaya B Reddy, MD; and Jeffrey R Snell, MD were compensat ed for their roles as employees not as trustees.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other - Total Revenue: 66836987, Related or Exempt Function Revenue: 66836987, Unrelated B usiness Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other - Total Revenue: 1486890, Related or Exempt Function Revenue: 1486890, Unrelated Bus iness Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Post Retirement Related Changes - 64215492; Non Controlling interest in subsidiary - 5412823;

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133066502

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

2020

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	90,527,366	25,660,332	Rush University Medical Center
(2) Vyridian Revenue Management 820 W Jackson Blvd Chicago, IL 60607 36-4208577	Billing Services	IL	94,313	0	Rush University Medical Center
(3) Rush Oak Brook LLC 1653 W Congress Parkway Chicago, IL 60612	No Activity	IL	0	0	Rush University Medical Center
(4) Rush Oak Brook ASC LLC 1653 W Congress Parkway Chicago, IL 60612	Property Management - No Activity	IL	0	0	Rush University Medical Center
(5) Rush 3D LLC 1653 W Congress Parkway Chicago, IL 60612	Healthcare Technology Development	IL	2,020,525	0	Rush University Medical Center
(6) Rush Partners LLC 1653 W Congress Parkway Chicago, IL 60612	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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CIRCLE IMAGING PARTNERS LP 1725 W HARRISON STREET CHICAGO, IL 60612 36-3539382	OPERATION IMAGING	IL	Circle Imaging Management Inc	Related	-676,025	0		No			No	0 %
(2) RUSH SURGICENTRE AT THE PROFESSIONAL BUILDING LP 1725 W HARRISON STREET CHICAGO, IL 60612 36-3853026	SURGERY CENTER	IL	Rush University Medical Center	Related	2,863,954	15,358,971		No			No	51.13 %
(3) RUSH COPLEY CARDIOVASCULAR CONSULTANTS LLC 2000 OGDEN AVENUE AURORA, IL 60504 27-3234201	HEALTHCARE	IL	NA	N/A								
(4) RUSH COPLEY SURGICENTER LLC 2000 OGDEN AVENUE AURORA, IL 60504 38-4012268	SURGERY CENTER	IL	NA	N/A								
(5) RUSH COPLEY HOSPITALISTS LLC 2000 OGDEN AVENUE AURORA, IL 60504 61-1787188	HEALTHCARE	IL	NA	N/A								
(6) RUSH COPLEY ORTHOPEDICS LLC 2000 OGDEN AVENUE AURORA, IL 60504 61-1801175	HEALTHCARE	IL	NA	N/A								
(7) RUSH OAK BROOK ORTHOPEDIC CENTER LLC 2011 YORK ROAD OAK BROOK, IL 60523 35-2539357	HEALTHCARE	IL	Rush University Medical Center	Related	400,605	27,376,245		No	0		No	49.77 %

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

See Additional Data Table

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

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

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

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

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
Schedule R, Part III Circle Imaging Partners, LP	Circle Imaging LLC was dissolved 12/28/2020. The final K-1 was issued for tax year 2020.

Return Reference	Explanation
Schedule R, Part III Rush Oak Brook Orthopaedic Center, LLC	Rush University Medical Center purchased the 35% of the outstanding membership interests of Rush Oak Brook Orthopaedic Center, LLC on 12/16/2020 and now owns 100%. The final K-1 was issued for the short year 7/1/2020 - 12/15/2020.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
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
Health Delivery Management 610 S Maple Avenue Oak Park, IL 60304 36-4085751	Healthcare	IL	90,527,366	25,660,332	Rush University Medical Center
Vyridian Revenue Management 820 W Jackson Blvd Chicago, IL 60607 36-4208577	Billing Services	IL	94,313	0	Rush University Medical Center
Rush Oak Brook LLC 1653 W Congress Parkway Chicago, IL 60612	No Activity	IL	0	0	Rush University Medical Center
Rush Oak Brook ASC LLC 1653 W Congress Parkway Chicago, IL 60612	Property Management - No Activity	IL	0	0	Rush University Medical Center
Rush 3D LLC 1653 W Congress Parkway Chicago, IL 60612	Healthcare Technology Development	IL	2,020,525	0	Rush University Medical Center
Rush Partners LLC 1653 W Congress Parkway Chicago, IL 60612	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 AVENUE AURORA, IL 60504 36-3370216	PROPERTY & HEALTHPLEX OWNER	IL	501(c)(3)	3	RUSH COPLEY MEDICAL CENTER INC	Yes	
2000 OGDEN AVENUE AURORA, IL 60504 36-3093877	CONTRIBUTION SOLICITATION	IL	501(c)(3)	7	RUSH COPLEY MEDICAL CENTER INC	Yes	
2000 OGDEN AVENUE AURORA, IL 60504 36-2170840	HEALTHCARE	IL	501(c)(3)	3	RUSH COPLEY MEDICAL CENTER INC	Yes	
2000 OGDEN AVENUE AURORA, IL 60504 36-3193787	PARENT COMPANY	IL	501(c)(3)	Type II	Rush System for Health	Yes	
520 S MAPLE AVENUE OAK PARK, IL 60304 36-2183812	HEALTHCARE	IL	501(c)(3)	3	RUSH UNIVERSITY MEDICAL CENTER INC	Yes	
1725 W Harrison Street CHICAGO, IL 60612 36-4046278	Healthcare	IL	501(c)(3)	Type III-FI	NA		No
n Liability andor Workers' Comp Losses 1700 WEST VAN BUREN STREET CHICAGO, IL 60612 36-6673233	HEALTHCARE INSURANCE	IL	501(c)(3)	Type III-FI	RUSH UNIVERSITY MEDICAL CENTER INC	Yes	
520 S MAPLE AVENUE OAK PARK, IL 60304 36-2255350	HOSPITAL SUPPORT	IL	501(c)(3)	Type I	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	
CIRCLE IMAGING PARTNERS LP 1725 W HARRISON STREET CHICAGO, IL 60612 36-3539382	OPERATION IMAGING	IL	Circle Imaging Management Inc	Related	-676,025	0		No			No	0 %
RUSH SURGICENTRE AT THE PROFESSIONAL BUILDING LP 1725 W HARRISON STREET CHICAGO, IL 60612 36-3853026	SURGERY CENTER	IL	Rush University Medical Center	Related	2,863,954	15,358,971		No			No	51.13 %
RUSH COPLEY CARDIOVASCULAR CONSULTANTS LLC 2000 OGDEN AVENUE AURORA, IL 60504 27-3234201	HEALTHCARE	IL	NA	N/A								
RUSH COPLEY SURGICENTER LLC 2000 OGDEN AVENUE AURORA, IL 60504 38-4012268	SURGERY CENTER	IL	NA	N/A								
RUSH COPLEY HOSPITALISTS LLC 2000 OGDEN AVENUE AURORA, IL 60504 61-1787188	HEALTHCARE	IL	NA	N/A								
RUSH COPLEY ORTHOPEDICS LLC 2000 OGDEN AVENUE AURORA, IL 60504 61-1801175	HEALTHCARE	IL	NA	N/A								
RUSH OAK BROOK ORTHOPEDIC CENTER LLC 2011 YORK ROAD OAK BROOK, IL 60523 35-2539357	HEALTHCARE	IL	Rush University Medical Center	Related	400,605	27,376,245		No	0		No	49.77 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ROOM FIVE HUNDRED 1725 HARRISON STREET CHICAGO, IL 60612 23-7139832	DINING ROOM	IL	Rush University Medical Center	C Corporation	1,263,316	85,764	100 %	Yes	
RUSH UNIVERSITY MEDICAL CENTER INSURANCE CO LTD PO BOX 1051 GRAND CAYMAN CJ	INSURANCE	CJ	Rush University Medical Center	C Corporation	103,385	13,351,475	100 %	Yes	
RUSH COPLEY MEDICAL GROUP NFP (COPLEY SERVICES) 2000 OGDEN AVENUE AURORA, IL 60504 36-3235315	PHYSICIAN PRACTICES	IL	RUSH COPLEY MEDICAL CENTER INC	C Corporation	-18,773,922	80,225,664	100 %	Yes	
PERPETUAL TRUSTS (14)	TRUSTS	IL	Rush University Medical Center	Trust				Yes	
PERPETUAL TRUSTS (5)	TRUSTS	RI	Rush University Medical Center	Trust				Yes	
PERPETUAL TRUST(2)	TRUST	MI	Rush University Medical Center	Trust				Yes	
PERPETUAL TRUST	TRUST	CA	Rush University Medical Center	Trust				Yes	
PERPETUAL TRUST	TRUST	MN	Rush University Medical Center	Trust				Yes	
PERPETUAL TRUST	TRUST	MO	Rush University Medical Center	Trust				Yes	
PERPETUAL TRUST	TRUST	TX	Rush University Medical Center	Trust				Yes	
CHARITABLE REMAINDER TRUST (2)	TRUST	CA	Rush University Medical Center	Trust				Yes	
CHARITABLE REMAINDER TRUST	TRUST	IL	Rush University Medical Center	Trust				Yes	
CHARITABLE REMAINDER TRUST	TRUST	PA	Rush University Medical Center	Trust				Yes	
CHARITABLE GIFT ANNUITY (5)	GIFT ANNUITY	MA	Rush University Medical Center	Trust				Yes	
CHARITABLE GIFT ANNUITY (9)	GIFT ANNUITY	IL	Rush University Medical Center	Trust				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	**No**
CHARITABLE GIFT ANNUITY (2)	GIFT ANNUITY	NV	Rush University Medical Center	Trust				Yes	
RUSH UNIVERSITY MEDICAL CENTER MASTER RETIREMENT TRUST 1700 W VAN BUREN STREET CHICAGO, IL 60612 91-2043520	PENSION TRUST	IL	Rush University Medical Center	Trust	28,249,924	1,419,598,973	100 %	Yes	
Rush Health 1645 West Jackson Blvd Suite 501 Chicago, IL 606123276 36-3972171	Clinically Integrated Network	IL	NA	C Corporation				Yes	
Rush Health ACO Inc 1645 West Jackson Blvd Suite 501 Chicago, IL 606123276 82-1632136	ACO	IL	NA	C Corporation				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
Copley Memorial Hospital Inc	Q	16,102,275	Cost
Room Five Hundred	A	1,240,551	FMV
Copley Memorial Hospital Inc	K	316,858	FMV
Rush University Medical Center Insurance Co LTD	M	3,303,900	Cost
Rush Health	L	15,031,012	FMV
Rush Health	M	4,250,256	FMV
Rush Health	P	15,948,280	COST
Rush Health	Q	12,518,598	Cost