# Rush University Medical Center Obligated Group

Consolidated Financial Statements as of and for the Years Ended June 30, 2014 and 2013, and OMB Circular A-133 Supplementary Report for the Year Ended June 30, 2014, and Independent Auditors' Reports



# **RUSH UNIVERSITY MEDICAL CENTER OBLIGATED GROUP**

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#### **INDEPENDENT AUDITORS' REPORT**

To the Board of Trustees of Rush University Medical Center:

We have audited the accompanying consolidated financial statements of Rush University Medical Center Obligated Group (including Rush University Medical Center and Rush-Copley Medical Center) (collectively, "Rush"), which comprise the consolidated balance sheets as of June 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended and the related notes to the consolidated financial statements.

#### Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

#### **Auditors' Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Rush's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Rush's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Rush as of June 30, 2014 and 2013, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### Other Matters

#### Other Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The schedules of expenditures of federal awards and state awards as required by the Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Not For Profit Organizations, are presented for the purpose of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of Rush's management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in our audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information

directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

#### Other Reporting Required by Government Auditing Standards

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In accordance with *Government Auditing Standards*, we have also issued our report dated October 28, 2014 on our consideration of Rush's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of the report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Rush's internal control over financial reporting and compliance

October 28, 2014

# RUSH UNIVERSITY MEDICAL CENTER OBLIGATED GROUP CONSOLIDATED BALANCE SHEETS

(Dollars in thousands)	As of June 30,		
	2014	2013	
ASSETS			
CURRENT ASSETS:  Cash and cash equivalents  Accounts receivable for patient services - net of allowance for doubtful accounts of \$46,871 and \$47,097 as of June 30, 2014 and	\$ 139,390	\$ 195,751	
2013, respectively Other accounts receivable - net of reserves of \$2,695 and \$2,310 as of	211,369	190,145	
June 30, 2014 and 2013, respectively	50,120 27,404	47,385 24.724	
Self-insurance trust - current portion Other current assets	49,495	24,724 51,360	
Total current assets	477,778	509,365	
ASSETS LIMITED AS TO USE AND INVESTMENTS:			
Investments - less current portion	876,808	654,721	
Limited as to use by donor or time restriction or other	514,630	476,069	
Self-insurance trust - less current portion  Debt service reserve fund	98,808	100,497	
	48,654	48,661	
Total assets limited as to use and investments	1,538,900	1,279,948	
PROPERTY AND EQUIPMENT - net of accumulated depreciation of \$1,231,468 and \$1,116,509 as of June 30, 2014 and 2013, respectively	1,355,611	1,376,118	
OTHER ASSETS	56,101	39,152	
TOTAL ASSETS	\$ 3,428,390	\$ 3,204,583	
LIABILITIES AND NET ASSETS			
CURRENT LIABILITIES:			
Accounts payable	\$ 133,829	\$ 108,070	
Accrued expenses	154,471	141,430	
Student loan funds	23,489	22,919	
Estimated third-party settlements payable	155,652	149,192	
Current portion of accrued liability under self-insurance programs	45,396	35,880	
Current portion of long-term debt	12,928	12,065	
Total current liabilities	525,765	469,556	
LONG-TERM LIABILITIES:			
Accrued liability under self-insurance programs - less current portion	202,314	197,188	
Postretirement and pension benefits	53,481	85,242	
Long-term debt - less current portion, net	584,453	597,166	
Obligations under capital lease and other financing arrangements Other long-term liabilities	38,791 78,883	43,037 76,118	
Total long-term liabilities		998,751	
Total liabilities	957,922		
Total habilities	1,483,687	1,468,307	
NET ASSETS:			
Unrestricted	1,317,776	1,159,532	
Temporarily restricted	369,656	328,127	
Permanently restricted	257,271	248,617	
Total net assets	1,944,703	1,736,276	
TOTAL LIABILITIES AND NET ASSETS	\$ 3,428,390	\$ 3,204,583	
See notes to consolidated financial statements.			

# RUSH UNIVERSITY MEDICAL CENTER OBLIGATED GROUP CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

(Dollars in thousands)	For the Years Ended June 30			
	2014	2013		
REVENUE:				
Patient service revenue (net of contractual allowances and discounts)	\$ 1,787,341	\$ 1,655,120		
Provision for uncollectible accounts	(67,665)	(62,413)		
Net patient service revenue less provision for uncollectible accounts	1,719,676	1,592,707		
University services:				
Tuition and educational grants	62,563	62,530		
Research and other operations	99,594	100,844		
Other revenue	87,805	81,752		
Total revenue	1,969,638	1,837,833		
EXPENSES:				
Salaries, wages, and employee benefits	988,381	935,857		
Supplies, utilities, and other	582,908	515,978		
Insurance	44,314	39,438		
Purchased services	110,122	95,780		
Depreciation and amortization	121,028	132,330		
Interest	40,340	42,167		
Total expenses	1,887,093	1,761,550		
OPERATING INCOME	82,545	76,283		
OPERATING INCOME	62,343	70,283		
NONOPERATING INCOME (EXPENSE):				
Investment income and other	50,756	17,889		
Unrestricted contributions	3,960	6,884		
Fundraising expenses	(6,744)	(6,345)		
Change in fair value of interest rate swaps	429	7,451		
Net gain on sale	1,501	8,842		
Total nonoperating income	49,902	34,721		
EXCESS OF REVENUE OVER EXPENSES	\$ 132,447	\$ 111,004		

# RUSH UNIVERSITY MEDICAL CENTER OBLIGATED GROUP CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

(Dollars in thousands)	For the Years Ended June 30,		
	2014	2013	
UNRESTRICTED NET ASSETS			
Excess of revenue over expenses	\$ 132,447	\$ 111,004	
Recovery of impaired endowment corpus	-	233	
Net assets released from restrictions used for purchase of property and			
equipment	24,895	12,340	
Postretirement related changes other than net periodic postretirement cost	1,303	62,776	
Other	(401)	1,053	
INCREASE IN UNRESTRICTED NET ASSETS	158,244	187,406	
RESTRICTED NET ASSETS			
TEMPORARILY RESTRICTED NET ASSETS:			
Pledges, contributions, and grants	49,856	33,449	
Net assets released from restrictions	(59,903)	(46,680)	
Net realized and unrealized gains on investments	51,576	47,020	
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	41,529	33,789	
PERMANENTLY RESTRICTED NET ASSETS:			
Pledges and contributions	6,663	5,462	
Change in unrealized gains (losses) impacting endowment corpus	-	233	
(Replenishment) of impaired endowment corpus	-	(233)	
Investment gains on trustee-held investments	1,991	1,035	
INCREASE IN PERMANENTLY RESTRICTED NET ASSETS	8,654	6,497	
INCREASE IN NET ASSETS	208,427	227,692	
NET ASSETS — Beginning of year	1,736,276	1,508,584	
NET ASSETS — End of year	\$ 1,944,703	\$ 1,736,276	
See notes to consolidated financial statements.		(Concluded)	

# RUSH UNIVERSITY MEDICAL CENTER OBLIGATED GROUP CONSOLIDATED STATEMENTS OF CASH FLOWS

(Dollars in thousands)	For the Years Ended June 30			l June 30,
		2014		2013
OPERATING ACTIVITIES:				
Increase in net assets	\$	208,427	\$	227,692
Adjustments to reconcile increase in net assets to net cash				
provided by operating activities:				
Depreciation and amortization		121,028		132,330
Postretirement-related changes other than net periodic postretirement cost		1,303		(62,776)
Provision for uncollectible accounts		67,665		62,413
Change in fair value of interest rate swaps		(429)		(7,451)
Net unrealized and realized (gains) losses on investments		(102,799)		(46,590)
Restricted contributions and investment income received		(33,238)		(21,687)
Investment (gains) losses on trustee-held investments		(1,991)		(1,035)
Loss on disposal of equipment and other		207		237
Net gain on sale		(1,501)		(8,842)
Changes in operating assets and liabilities:		( , ,		, ,
Accounts receivable for patient services		(88,889)		(2,586)
Accounts payable and accrued expenses		34,864		8,522
Estimated third-party settlements payable		6,460		(9,592)
Postretirement and pension benefits		(33,064)		(21,857)
Accrued liability under self-insurance program		10,757		(3,917)
Other changes in operating assets and liabilities		(3,856)		21,942
Net cash provided by operating activities		184,944		266,803
The completion of operating determines		20 .,5		
INVESTING ACTIVITIES:				
Additions to property and equipment		(101,178)		(84,054)
Purchase of investments		(1,368,644)	(	1,974,934)
Sale of investments		1,210,360		1,818,223
Proceeds from sale of building		-		25,396
Net cash used in investing activities		(259,462)		
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FINANCING ACTIVITIES:				
Proceeds from restricted contributions and investment income		35,251		25,096
Payment of long-term debt		(12,065)		(6,610)
Payment of obligations under capital lease and other financing arrangements		(5,029)		(5,213)
Net cash provided by financing activities		18,157		13,273
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS		(56,361)		64,707
CASH AND CASH EQUIVALENTS — Beginning of year		195,751		131,044
CASH AND CASH EQUIVALENTS — End of year	\$	139,390	\$	195,751
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION:				
Cash paid for interest — including capitalized interest of \$1,274				
and \$232 for the years ended June 30, 2014 and 2013, respectively	\$	41,386	\$	42,358
		•	•	
Noncash additions to property and equipment	\$	(51)	\$	754

See notes to consolidated financial statements.

#### RUSH UNIVERSITY MEDICAL CENTER OBLIGATED GROUP

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2014 AND 2013 (Dollars in thousands)

#### 1. ORGANIZATION AND BASIS OF CONSOLIDATION

Rush University Medical Center Obligated Group (the "Obligated Group") is a multihospital system with operations that consist of several diverse activities with a shared mission of patient care, education, research, and community service. The Obligated Group hospitals consist of an academic medical center and two community hospitals that each serve distinct markets in the Chicago, Illinois, metropolitan area. The accompanying consolidated financial statements include the accounts of Rush University Medical Center and subsidiaries (RUMC) and Rush-Copley Medical Center and subsidiaries (RCMC) (collectively, "Rush"). Both RUMC and RCMC are Illinois not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

#### **Rush University Medical Center**

RUMC, the largest member of the Obligated Group, is an academic medical center comprising Rush University Hospital (RUH) and Rush University, located in Chicago, Illinois, and Rush Oak Park Hospital (ROPH), located in Oak Park, Illinois.

RUH — Consists of an acute care hospital and the Johnson R. Bowman Health Center for the Elderly, a rehabilitation and psychiatric facility, licensed in total for 731 beds. RUH also includes a faculty practice plan, Rush University Medical Group, which employed 462 physicians as of June 30, 2014.

Rush University — A health sciences university that educates students in health-related fields. This includes Rush Medical College, the College of Nursing, the College of Health Sciences, and the Graduate College. Rush University also includes a research operation with \$129,103 and \$134,525 in annual research expenditures during fiscal years 2014 and 2013, respectively.

ROPH — A 296-bed licensed acute care, rehabilitation, and skilled nursing hospital located in Oak Park, Illinois, eight miles west of RUH, which includes an employed medical group with 41 physicians as of June 30, 2014.

Rush Health, a network of providers whose members include RUH, ROPH, RCMC, effective January 1, 2014, and approximately 918 physicians and 213 allied health providers who are on the medical staff of the member hospitals. As of June 30, 2014, the Obligated Group has recorded equity in Rush Health based on membership interest of 65%. The financial results of Rush Health are not consolidated with the financial results of Rush and are accounted for using the equity method of accounting (see Note 18).

#### **Rush-Copley Medical Center**

RCMC is the sole corporate member of Copley Memorial Hospital, Inc., a 210-bed licensed acute care hospital located in Aurora, Illinois, which includes an employed medical group of 66 physicians as of June 30, 2014.

RUMC and RCMC are affiliated for the purpose of advancing their missions in patient care, education, research, and community service through formal affiliation agreements, which cover governance and other organizational relationships. Pursuant to the Amended and Restated Master Trust Indenture dated August 1, 2006, RUMC and

RCMC established an Obligated Group of which both are members. RUMC and RCMC are jointly and severally liable for certain debt issued through the Illinois Finance Authority (see Note 9).

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **Basis of Presentation**

The accompanying consolidated financial statements have been presented in conformity with accounting principles generally accepted in the United States of America (GAAP) as recommended in the *Audit and Accounting Guide for Health Care Organizations* published by the American Institute of Certified Public Accountants.

#### **Basis of Consolidation**

Included in Rush's consolidated financial statements are all of its wholly owned or controlled subsidiaries. All significant intercompany transactions have been eliminated in consolidation.

The supplemental consolidating balance sheet information and consolidating statement of operations and changes in net asset information as of and for the year ended June 30, 2014, are presented for the purpose of additional analysis of Rush's basic 2014 consolidated financial statements taken as a whole. RUMC amounts included in the supplemental consolidating schedules exclude RUMC's controlling interest in RCMC.

#### **Use of Estimates**

The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

#### **Cash and Cash Equivalents**

Cash and investments having an original maturity of 90 days or less when purchased are considered to be cash and cash equivalents. These securities are so near maturity that they present insignificant risk of changes in value.

#### Net Patient Service Revenue, Patient Accounts Receivable, and Allowance for Doubtful Accounts

Net patient service revenue is reported at the estimated net realizable amounts from third-party payors, patients, and others for services rendered. Rush has agreements with third-party payors that provide for payments at amounts different from established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, per diem payments, and discounted charges, including estimated retroactive settlements under payment agreements with third-party payors.

Rush recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. Provisions for adjustments to net patient service revenue are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. For uninsured patients that do not qualify for charity care, Rush recognizes revenue based on its discounted rates. On the basis of historical experience, a significant portion of Rush's uninsured patients will be unable or unwilling to pay for the services provided. Thus, Rush records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided.

Patient accounts receivable are based on gross charges and stated at net realizable value. Accounts receivable are reduced by an allowance for contractual adjustments, based on expected payment rates from payors under current reimbursement methodologies, and also by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, Rush analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate appropriate allowance for doubtful accounts and provision for uncollectible

accounts based upon management's assessment of historical and expected net collections considering business and economic conditions, trends in health care coverage, and other collection indicators. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for contractual adjustments and allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, Rush analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts (for example, for expected uncollectible deductibles and co-payments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and co-payment balances due for which third-party coverage exists for part of the bill), Rush records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible.

The difference between the discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is written off against the allowance for doubtful accounts in the period they are determined uncollectible.

Rush's allowance for doubtful accounts for self-pay patients decreased from 70% of self-pay accounts receivable at June 30, 2013, to 67% of self-pay accounts receivable as of June 30, 2014. The decrease was the result of lower self-pay volumes. Rush does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

#### **Charity Care**

It is an inherent part of Rush's mission to provide necessary medical care free of charge, or at a discount, to individuals without insurance or other means of paying for such care. As the amounts determined to qualify for charity care are not pursued for collection, they are not reported as net patient service revenue.

# Inventory

Medical supplies, pharmaceuticals, and other inventories are stated at the lower of cost or market and are included in other current assets in the accompanying consolidated balance sheets.

#### **Fair Value of Financial Instruments**

Financial instruments consist of cash and cash equivalents, investments, derivative instruments, accounts receivable, accounts payable, accrued expenses, estimated third-party settlements, and debt. The fair value of cash and cash equivalents, accounts receivable, accounts payable, accrued expenses, and estimated third-party settlements approximated their financial statement carrying amount as of June 30, 2014 and 2013, because of their short-term maturity. The fair value of the other instruments is disclosed in Notes 6, 9, and 12.

# Assets Limited as to Use and Investments

Assets limited as to use consist primarily of investments limited as to use by donors, unconditional promises to contribute, assets held by trustees under debt or other agreements and for self-insurance, and board-designated assets set aside for a specified future use. Investments in equity and debt securities with readily determinable fair values are measured at fair value using quoted market prices or model-driven valuations.

Alternative investments consist of limited partnerships that invest primarily in marketable securities (hedge funds), real estate, and limited partnerships that invest in nonmarketable securities (private equity). Investments in hedge funds and private equity funds are generally not marketable and may be divested only at specified times.

Investments in hedge funds are measured at fair market value based on Rush's interest in the net asset value (NAV) of the respective fund. The estimated valuations of hedge fund investments are subject to uncertainty and could differ had a ready market existed for these investments. Such differences could be material. Investments in private equity funds entered into on or after July 1, 2012, are measured at fair market value based on the estimated fair values of the nonmarketable private equity partnerships in which it invests, which is equivalent to NAV, when Rush's ownership is minor (less than 5%). The estimated valuations of private equity partnerships are subject to uncertainty and could differ had a ready market existed for these investments. Investments in private equity funds entered into during fiscal year 2012 or prior years are reported at cost, adjusted for impairment losses, based on information provided by the respective partnership when Rush's ownership percentage is minor (less than 5%). Investments in private equity funds where Rush's ownership percentage is more than minor, but consolidation is not required (5% to 50%), are accounted for on the equity basis. These investments are periodically assessed for impairment. The financial statements of hedge funds and private equity funds are audited annually, generally on December 31. Real estate investments are carried at amortized cost. Rush's risk in alternative investments is limited to its capital investment and any future capital commitments (see Note 5).

Investment income or loss (including interest, dividends, realized and unrealized gains and losses, and changes in cost-based valuations) is reported within the excess of revenue over expenses, unless the income or loss is restricted by donor or interpretation of law. Investment gains and losses on Rush's endowment are recognized within temporarily restricted net assets until appropriated for use (see Note 7). Investment gains and losses on permanently restricted assets are allocated to purposes specified by the donor either as temporarily restricted or unrestricted, as applicable. Income earned on tax-exempt borrowings for specific construction projects is offset against interest expense capitalized for such projects.

#### **Unconditional Promises to Contribute**

Unconditional promises to contribute (pledges receivable) are recorded at the net present value of their estimated future cash flows. Estimated future cash flows due after one year are discounted using interest rates commensurate with the time value of money concept. Rush maintains an estimated allowance for uncollectible pledges based upon management's assessment of historical and expected net collections considering business and economic conditions and other collection indicators. Net unconditional promises to contribute are reported in assets limited as to use by donor or time restriction in the accompanying consolidated balance sheets and amounted to \$32,215 and \$34,738 as of June 30, 2014 and 2013, respectively (see Note 16).

#### **Derivative Instruments**

Derivative instruments, specifically interest rate swaps, are recorded in the consolidated balance sheets as either assets or liabilities at their respective fair values. The change in the fair value of derivative instruments is reflected in nonoperating income (expense) in the accompanying consolidated statements of operations and changes in net assets. Net cash settlements and payments, representing the realized changes in the fair value of the interest rate swaps, are included in interest expense in the accompanying consolidated statements of operations and changes in net assets and as operating cash flows in the accompanying consolidated statements of cash flows (see Note 10).

# **Property and Equipment**

Property and equipment are recorded at cost or, if donated, at fair market value at the date of receipt. Expenditures that substantially increase the useful life of existing property and equipment are capitalized. Routine maintenance and repairs are expensed as incurred. Depreciation expense, including amortization of capital leased assets, is recognized over the estimated useful lives of the assets using the straight-line method. Asset charges of \$1,490 are included in supplies, utilities, and other expense for the year ended June 30, 2014, and \$9,583 in depreciation expense for the year ended June 30, 2013.

Costs of computer software developed or obtained for internal use, including external direct costs of materials and services, payroll, and payroll-related costs for employees directly associated with internal-use software development projects, and interest costs incurred during the development period are expensed or capitalized depending on whether the costs are incurred in the preliminary project stage, development stage, or operational stage.

# **Capitalized Interest**

Interest expense from bond proceeds, net of interest income, incurred during the construction of major projects is capitalized during the construction period. Such capitalized interest is amortized over the depreciable life of the related assets on a straight-line basis. Interest expense of \$1,274 and \$232 was capitalized during the years ended June 30, 2014 and 2013, respectively.

#### **Long-Lived Assets and Impairment**

Rush carries tangible and intangible long-lived assets, including goodwill. Rush continually evaluates the recoverability of the carrying value of long-lived assets by reviewing long-lived assets for impairment. Impairment write-downs are recognized in operating income at the time the impairment is identified. During the years ended June 30, 2014 and 2013, Rush recorded impairments of assets of \$1,490 and \$9,583, respectively. Goodwill is assessed for impairment on an annual basis and there was no impairment of goodwill during fiscal year 2014.

# **Asset Retirement Obligations**

Rush recognizes the fair value of a liability for legal obligations associated with asset retirements in the period in which it is incurred if a reasonable estimate of the fair value of the obligation can be made. When the liability is initially recorded, Rush capitalizes the cost of the asset retirement obligation by increasing the carrying amount of the related long-lived asset. The liability is accreted to its present value each period, and the capitalized cost associated with the retirement obligation is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the cost to settle an asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

#### **Ownership Interests in Other Health-Related Entities**

Rush has a majority ownership interest in a number of subsidiaries, which provide outpatient surgical and imaging services. An ownership interest of more than 50% in another health-related entity in which Rush has a controlling interest is consolidated, except for Rush Health as previously discussed. As of June 30, 2014 and 2013, noncontrolling interests in consolidated subsidiaries amounted to \$4,809 and \$5,208, respectively. The amounts related to noncontrolling interests are recorded in unrestricted net assets, and as the amounts are not material, they are not separately presented in the accompanying consolidated financial statements. Rush also has affiliations with and interests in other organizations that are not consolidated. These organizations primarily provide outpatient health care and managed care contracting services. An ownership interest in another health-related entity of at least 20%, but not more than 50%, in which Rush has the ability to exercise significant influence over the operating and financial decisions of the investee, is accounted for on the equity basis (see Note 18), and the income (loss) is reflected in other revenue. An ownership interest in a health-related entity of less than 20%, in which Rush does not have the ability to exercise significant influence over the operating and financial decisions of the investee, is carried at cost or estimated net realizable value and reported within other assets, which is not material to the consolidated financial statements.

#### **Deferred Financing Costs**

Debt issuance costs, net of amortization computed on a straight-line basis over the life of the related debt, are reported within other assets in the accompanying consolidated balance sheets. The straight-line basis

approximates the effective interest method, which is required under GAAP. Unamortized debt issuance costs amounted to \$9,756 and \$10,231 as of June 30, 2014 and 2013, respectively.

# Other Long-term Liabilities

Other long-term liabilities include asset retirement obligations, employee benefit plan liabilities for certain defined contribution and supplemental retirement plans other than defined benefit pension plans (see Note 12), liabilities for derivative instruments, and other long-term obligations.

#### **Net Assets**

Resources of Rush are designated as permanent, temporary, or unrestricted. Permanently restricted net assets include the original value of contributions that are required by donors to be permanently retained, including any accumulations to the permanent endowment made in accordance with the direction of the applicable gift instrument. Temporarily restricted net assets include contributions and accumulated investment returns whose use is limited by donors for a specified purpose or time period or by interpretations of law. Unrestricted net assets include the remaining resources of Rush that are not restricted and arise from the general operations of the organization.

#### **Contributions**

Unconditional promises to contribute cash and other assets are reported at fair value at the date the promise is received. Conditional gifts are reported at fair value when the conditions have been substantially met.

Contributions are either reported as temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as other revenue (if time restricted or restricted for operating purposes) or reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions used for purchase of property and equipment (if restricted for capital acquisitions). Donor-restricted contributions for operating purposes whose restrictions are met within the same year as received are reported as other revenue in the accompanying consolidated statements of operations and changes in net assets.

Rush is the beneficiary of several split-interest agreements, primarily perpetual trusts held by others. Rush recognizes its interest in these trusts based on either Rush's percentage of the fair value of the trust assets or the present value of expected future cash flows to be received from the trusts, as appropriate, based on each trust arrangement.

# **Grants**

Grants and other contracts are reflected in research and other operations revenue when the funds are expended in accordance with the specifications of the grantor or donor. Indirect costs relating to certain government grants and contracts are reimbursed at a fixed rates negotiated with government agencies.

#### **Electronic Health Record Incentive Payments**

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and provide for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology in ways that demonstrate improved quality, safety, and effectiveness of care. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. An initial Medicaid incentive payment is available to providers

that adopt, implement, or upgrade certified EHR technology. Providers must demonstrate meaningful use of such technology in subsequent years in order to qualify for additional Medicaid incentive payments.

Rush recognizes HITECH incentive payments as revenue when it is reasonably assured that the meaningful use objectives have been achieved. Rush recognized incentive payments totaling \$7,369 and \$10,426 for the years ended June 30, 2014 and 2013, respectively, within other revenue in the consolidated statements of operations and changes in net assets. Rush's compliance with the meaningful use criteria is subject to audit by the federal government

#### **Excess of Revenue over Expenses**

The consolidated statements of operations and changes in net assets include excess of revenue over expenses as a performance indicator. Excess of revenue over expenses includes all changes in unrestricted net assets, except for permanent transfers of assets to and from affiliates for other than goods and services, contributions of (and assets released from donor restrictions related to) long-lived assets, and other items that are required by GAAP to be reported separately (such as extraordinary items, the effect of discontinued operations, postretirement-related changes other than net periodic postretirement costs, and the cumulative effect of changes in accounting principle).

#### Nonoperating Income (Expense)

Nonoperating income (expense) includes items not directly associated with patient care or other activities not relating to the core operations of Rush. Nonoperating income (expense) consists primarily of unrestricted investment returns, endowment investment income appropriated for use, the difference between total investment return and amount allocated to operations for investments designated for self-insurance programs, investment income or loss (including interest, dividends, and realized and unrealized gains and losses) on all other investments unless restricted by donor or interpretation of law, changes in the fair value of interest rate swaps, losses on extinguishment of debt, net gains (losses) on sales, unrestricted contributions, and fund-raising expenses.

#### **New Accounting Pronouncements**

In May 2014, the Financial Accounting Standards Board (FASB) and International Accounting Standards Board (IASB) issued their final standard on revenue from contracts with customers. The standard outlines a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance. The ASU's requirements related to variable consideration may affect how health care providers account for arrangements that contain significant price adjustments (e.g., contractual allowances, discounts, and concessions). The ASU's guidance on collectibility may affect the timing of revenue recognition when credit risk is not assessed until after services are performed (e.g., emergency room visits). In addition to considering the ASU's potential impact on our accounting policies, Rush is also beginning to assess which transition approach, as well as which adoption date. The date of implementation is fiscal year 2018.

In October 2012, the FASB issued new guidance which requires not-for-profit (NFP) entities to classify cash receipts from the sale of donated financial assets consistently with cash donations received in the statement of cash flows if those cash receipts were from the sale of donated financial assets that upon receipt were directed without any NFP-imposed limitations for sale and were converted nearly immediately into cash. Those cash receipts would be classified as cash inflows from operating activities, unless the donor restricted the use of the contributed resources to long-term purposes, in which case those cash receipts would be classified as cash flows from financing activities. Otherwise, cash receipts from the sale of donated financial assets should be classified as cash flows from investing activities in the statement of cash flows. This guidance was adopted for the year ended June 30, 2014, and did not have a material impact to the consolidated financial statements.

#### Consideration of Events Subsequent to the Consolidated Balance Sheet Date

Rush has evaluated events occurring subsequent to the consolidated balance sheet date through October 28, 2014, the date the consolidated financial statements were issued.

#### 3. NET PATIENT SERVICE REVENUE

The mix of patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized during the years ended June 30, 2014 and 2013, by major payor source, was as follows:

	 2014			2013		
Medicare	\$ 449,594	25 %	\$	435,311	26 %	
Medicaid	252,860	14		209,656	13	
Blue Cross	522,629	29		487,069	30	
Managed care	416,804	24		367,554	22	
Commercial, self-pay, and other	 145,454	8		155,530	9	
Total patient service revenue	\$ 1,787,341	100 %	\$	1,655,120	100 %	

Changes in estimates relating to prior periods increased net patient service revenue by \$16,885 and \$22,083 in fiscal years 2014 and 2013, respectively. Laws and regulations governing government and other payment programs are complex and subject to interpretation. As a result, there is a reasonable possibility that recorded estimated third-party settlements could change by a material amount.

Rush has filed formal appeals relating to the settlement of certain prior-year Medicare cost reports. The outcome of such appeals cannot be determined at this time. Any resulting gains will be recognized in the consolidated statements of operations and changes in net assets when realized.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity continues with respect to investigations and allegations concerning possible violations of regulations by health care providers, which could result in the imposition of significant fines and penalties, as well as significant repayment of previously billed and collected revenues from patient services. Management believes that Rush is in substantial compliance with current laws and regulations.

#### 4. CHARITY CARE

Rush has an established charity care policy and maintains records to identify and monitor the level of charity care it provides. RUMC provides free care to all patients whose family income is 300% of the federal poverty level or less and a 68% discount to all uninsured patients regardless of ability to pay, also providing further discounts for patients with a family income up to 400% of the federal poverty level. RCMC provides free care to all patients whose family income is less than 300% of the federal poverty level and a 30% discount to all uninsured patients regardless of ability to pay, also providing discount balances to patients under 600% of the federal poverty level. Interest-free payment plans are also provided. Charity care includes the estimated cost of unreimbursed services provided and supplies furnished under its charity care policy and the excess of cost over reimbursement for Medicaid patients. The estimated cost of charity care provided is determined using a ratio of cost to gross charges and multiplying that ratio by the gross unreimbursed charges associated with providing care to charity patients.

In December 2008, the Centers for Medicare and Medicaid Services approved the Illinois Hospital Assessment Program (the "Program") to improve Medicaid reimbursement for Illinois hospitals. This Program increased net patient service revenue in the form of additional Medicaid payments and increased supplies, utilities, and other expense through a tax assessment from the State of Illinois. In fiscal year 2014, the State of Illinois approved a new enhanced assessment program providing additional funding to Rush. These additional payments increased net patient service revenue and were retroactive dating back to June 2012. The net benefit to Rush from the Program was \$44,643 and \$20,935 during the years ended June 30, 2014 and 2013, respectively. For the years ended June 30, 2014 and 2013, the Medicaid payment of \$102,882 and \$54,366 was included in net patient service revenue, representing 6% and 3%, respectively, of the net patient service revenue, and the tax assessment of \$58,239 and \$33,431, respectively was included in supplies, utilities, and other expenses. The Program is approved through June 30, 2018; however, the future of the Program is uncertain.

The following table presents the level of charity care provided for the years ended June 30, 2014 and 2013:

	2014	2013
Excess of allocated cost over reimbursement for services provided to hospital Medicaid patients — net of net benefit under the Program Estimated costs and expenses incurred to provide charity care	\$ 54,885	\$ 75,023
in the hospitals	54,372	45,881
Total	\$ 109,257	\$ 120,904

The total number of patients that were either provided charity care directly by Rush or that were covered by the Program represented 26% and 24% of Rush's total patients in each of the fiscal years 2014 and 2013, respectively.

Beyond the cost to provide charity care and unreimbursed services to hospital Medicaid patients, Rush also provides substantial additional benefits to the community, including educating future health care providers, supporting research into new treatments for disease, and providing subsidized medical services in response to community and health care needs, as well as other volunteer services. These community services are provided free of charge or at a fee below the cost of providing them.

#### 5. ASSETS LIMITED AS TO USE AND INVESTMENTS

Assets limited as to use and investments consist primarily of marketable equity and debt securities, which are held in investment pools to satisfy the investment objectives for which the assets are held or to satisfy donor restrictions. Rush also holds certain investments in alternative securities consisting of hedge funds, real estate investments, and private equity funds (see Note 2). Assets limited as to use by donor or time restriction also include unconditional promises to contribute (see Note 16).

Following is a summary of the composition of assets limited as to use and investments as of June 30, 2014 and 2013:

	2014	2013
Marketable securities and short-term investment funds Fixed-income securities, including commingled funds Equity securities, including commingled funds World asset allocation mutual funds Hedge fund of funds Private equity partnerships Real estate	\$ 74,275 721,274 427,218 209,092 26,503 40,901 2,921	\$ 19,345 706,416 329,043 125,660 27,970 29,510 3,106
Beneficial interest in trusts	 28,613	 26,622
Total assets limited as to use and investments — excluding pledges receivable	1,530,797	1,267,672
Net pledges and grants receivable	 35,507	 37,000
Total assets limited as to use and investments	1,566,304	1,304,672
Less amount reported as current assets	 (27,404)	 (24,724)
Assets limited as to use and investments — noncurrent	\$ 1,538,900	\$ 1,279,948

The table above comprises all of Rush's investments, including those measured at fair value, as well as certain alternative investments in private equity partnerships or real estate measured under the cost or equity method of accounting. The fair value of private equity investments, as estimated by management of the limited partnerships based on audited financial statements and other relevant factors, was \$33,305 and \$38,774 as of June 30, 2014 and 2013, respectively. Rush's private equity investments have diverse strategies, consisting of the following as of June 30, 2014 and 2013:

Private Equity Fund Allocations	2014	2013
Buyout and growth capital Distressed debt and special situations	17 % 12	21 % 29
Diversified private equity fund of funds	42	29
Venture capital Direct equity	26 -	18 2
Co-investment private equity	3	1
	100 %	100 %

Investments in private equity funds recorded on the equity basis amounted to \$851 and \$669 as of June 30, 2014 and 2013, respectively. As many factors are considered in arriving at the estimated fair value, Rush routinely monitors and assesses methodologies and assumptions used in valuing these partnerships. As of June 30, 2014 and 2013, commitments for additional contributions to private equity partnerships totaled \$49,561 and \$17,717, respectively.

It is Rush's intent to maintain a long-term investment portfolio to support its self-insurance program. Accordingly, the total return on investments restricted for the self-insurance program is reported in the consolidated statements of operations and changes in net assets in two income statement line items. The investment return allocated to operations, reported in other revenue, is determined by a formula designed to provide a consistent stream of investment earnings to support the self-insurance provision reported in insurance expense in the accompanying consolidated statements of operations and changes in net assets. This allocated return, 5% for the years ended June 30, 2014 and 2013, approximates the real return that Rush expects to earn on its investments over the long term and totaled \$6,105 and \$5,950 for years ended June 30, 2014 and 2013, respectively. The difference between the total investment return and the amount allocated to operations is reported in nonoperating income (expense) and totaled \$2,253 and \$1,070 for the years ended June 30, 2014 and 2013, respectively. There is no guarantee that the investment return expected by management will be realized. For the years ended June 30, 2014 and 2013, the total annual investment return was approximately 7.0% and 6.3%, respectively.

The composition and presentation of investment income and the realized and unrealized gains and losses on all investments for the years ended June 30, 2014 and 2013, are as follows:

		2014		2013
Interest and dividends	\$	22,712	\$	36,338
Net realized gains on sales of securities		37,544		23,185
Unrealized gains (losses) — unrestricted		29,325		1,710
Unrealized gains (losses) — restricted		21,878		22,699
	\$	111,459	\$	83,932
	_			
Reported as:				
Other operating revenue	\$	7,095	\$	17,755
Nonoperating income		50,865		17,889
Restricted net assets — net realized and unrealized gains on investments		53,499		48,288
	_			
	\$	111,459	\$	83,932
			_	

Gains and losses on alternative investments included above as of June 30, 2014 and 2013, are as follows:

	2	2014		2013
Reported as: Nonoperating income	\$	56 6 4 <b>7</b> 3	\$	66
Restricted net assets — net realized and unrealized gains on investments		6,172	_	5,538
	\$	6,228	\$	5,604

#### 6. FAIR VALUE MEASUREMENTS

As of June 30, 2014 and 2013, Rush held certain assets and liabilities that are required to be measured at fair value on a recurring basis, including marketable securities and short-term investments, certain restricted, trusteed and other investments, derivative instruments, and beneficial interests in trusts. Certain alternative investments measured using either the cost or equity method of accounting are excluded from the fair value disclosure provided herein.

#### **Valuation Principles**

Under FASB guidance on fair value measurements, fair value is defined as an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The valuation techniques used to measure fair value are based upon observable and unobservable inputs. Observable inputs generally reflect market data from independent sources and are supported by market activity, while unobservable inputs are generally unsupported by market activity. The three-level valuation hierarchy, which prioritizes the inputs used in measuring fair value of an asset or liability at the measurement date, includes:

Level 1 inputs — Quoted prices (unadjusted) for identical assets or liabilities in active markets. Securities typically priced using Level 1 inputs include listed equities and exchange-traded mutual funds.

Level 2 inputs — Quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets and liabilities in nonactive markets, and model-driven valuations whose inputs are observable for the asset or liability, either directly or indirectly. Securities typically priced using Level 2 inputs include government bonds (including U.S. treasuries and agencies), corporate and municipal bonds, collateralized obligations, interest rate swaps, commercial paper and currency options, and commingled funds where NAV is corroborated with observable data.

Level 3 inputs — Unobservable inputs for which there is little or no market data available and are based on the reporting entity's own judgment or estimation of the assumptions that market participants would use in pricing the asset or liability. The fair values for securities typically priced using Level 3 inputs are determined using model-driven techniques, which include option-pricing models, discounted cash flow models, and similar methods. The Level 3 classification primarily includes Rush's interest in hedge funds and beneficial interests in trusts.

# Fair Value Measurements at the Consolidated Balance Sheet Date

The following tables present Rush's fair value hierarchy for its financial assets and liabilities measured at fair value on a recurring basis as of June 30, 2014 and 2013:

Fair Value Measurements as of June 30, 2014	Level 1	Level 2	Level 3	Total Fair Value
Assets:				
Marketable securities and short-term investments	\$ 32,289	\$ 41,987	\$ -	\$ 74,276
Fixed-income securities:				
U.S. government and agency securities	-	192,578	-	192,578
Corporate bonds	-	145,081	-	145,081
Fixed-income mutual funds	287,867	-	-	287,867
Collateralized securities and other	-	85,818	-	85,818
U.S. equity securities	281,336	8,022	-	289,358
International equity securities	70,821	52,917	-	123,738
World asset allocation funds				
Mutual funds	156,961	-		156,961
Commingled funds	-	18,805	7,333	26,138
Moderate allocation mutual funds {a}	21,674	-	-	21,674
Alternative investments:				
Hedge fund of funds	-	-	52,495	52,495
Private equity partnerships	-	-	13,166	13,166
Accrued interest and other	-	2,378	-	2,378
Beneficial interest in trusts			28,613	28,613
Total assets at fair value	\$ 850,948	\$ 547,586	\$ 101,607	\$ 1,500,141
Liabilities:				
Obligations under interest rate swap agreements	\$ -	\$ 17,380	\$ -	\$ 17,380
Total liabilities at fair value	\$ -	\$ 17,380	\$ -	\$ 17,380

<sup>{</sup>a} This class includes investments in mutual funds that allocate assets among equity and fixed-income investments, and includes \$7,551 (35%) in fixed-income securities and \$14,123 (65%) in equity securities at June 30, 2014.

Fair Value Measurements				Total
as of June 30, 2013	Level 1	Level 2	Level 3	Fair Value
Assets:				
Marketable securities and short-term investments	\$ 1,273	\$ 18,072	\$ -	\$ 19,345
Fixed-income securities:				
U.S. government and agency securities	-	229,107	-	229,107
Corporate bonds	-	102,532	-	102,532
Fixed-income mutual funds	177	272,271	-	272,448
Collateralized securities and other	71	92,935	-	93,006
U.S. equity securities	220,325	4,456	-	224,781
International equity securities	45,549	45,397	-	90,946
World asset allocation funds	94,199	21,478	9,983	125,660
Moderate allocation mutual funds {a}	20,409	-	-	20,409
Alternative investments:				
Hedge fund of funds	-	-	27,970	27,970
Private equity partnerships	-	-	40	40
Accrued interest and other	-	2,230	-	2,230
Beneficial interest in trusts			26,622	26,622
Total assets at fair value	\$ 382,003	\$ 788,478	\$ 64,615	\$ 1,235,096
Liabilities:				
Obligations under interest rate swap agreements	\$ -	\$ 17,808	\$ -	\$ 17,808
Total liabilities at fair value	\$ -	\$ 17,808	\$ -	\$ 17,808

<sup>{</sup>a} This class includes investments in mutual funds that allocate assets among equity and fixed-income investments, and includes \$7,093 (35%) in fixed-income securities and \$13,316 (65%) in equity securities at June 30, 2013.

During the year ended June 30, 2014, there were security transfers of \$287,598 from Level 2 to Level 1. This transfer is the result of a reassessment of the liquidity of the underlying investment. There were no other security transfers between Levels 1, 2, and 3 during the year ended June 30, 2014. There were no security transfers between Levels 1, 2, and 3 during the years ended June 30, 2013.

## Valuation Techniques and Inputs for Level 2 and Level 3 Instruments

The Level 2 and Level 3 instruments listed in the preceding fair value tables use the following valuation techniques and inputs as of the valuation date:

Marketable Securities and Short-term Investments — Marketable securities classified as Level 2 are invested in a short-term collective fund that serves as an investment vehicle for cash reserves. Fair value was determined using the calculated NAV as of the valuation date, based on a constant price. These funds are invested in high-grade, short-term money market instruments with daily liquidity.

*U.S. Government and Agency Securities* — The fair value of investments in U.S. government and agency securities classified as Level 2 was primarily determined using techniques consistent with the market approach, including matrix pricing. Significant observable inputs to the market approach include institutional bids, trade data, broker and dealer quotes, discount rates, issuer spreads, and benchmark yield curves.

Corporate Bonds and Fixed-Income Mutual Funds — The fair value of investments in corporate bonds of U.S. and international issuers, classified as Level 2 was primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yield curves, reported trades, observable broker or dealer quotes, issuer spreads, and security-specific characteristics. Significant unobservable inputs may be used, including bid or ask/offer quotes that are uncorroborated, which result in a Level 3 classification.

Collateralized Securities and Other — This class encompasses collateralized bond obligations, collateralized loan obligations, collateralized mortgage obligations, and any other asset-backed securities, including government asset-backed securities. This class also includes international government securities and agencies, municipal bonds, convertible equity, real estate funds, and some commercial paper. The fair value of collateralized and other obligations classified as Level 2 was determined using techniques consistent with the market and income approach, such as discounted cash flows and matrix pricing. Significant observable inputs include prepayment spreads, discount rates, reported trades, benchmark yield curves, volatility measures, and quotes.

*U.S.* and International Equity Securities — The fair value of U.S. and international equity securities classified as Level 2 was primarily determined using the calculated NAV at the valuation date under a market approach. This includes investments in commingled funds that invest primarily in domestic and foreign equity securities whose underlying values are based on Level 1 inputs. The NAV is often corroborated through ongoing redemption or subscription activity. Certain common and preferred stocks held by Rush under this classification may not have available current market quotes and were primarily valued using techniques consistent with the market approach utilizing significant observable inputs, such as mid, bid, and ask or offer quotes.

World Asset Allocation Funds — This category includes investments in fund of funds that seek to provide both capital appreciation and income by investing primarily in both traditional and alternative asset funds. The asset allocation is driven by the fund manager's long-range forecasts of asset-class real returns. Investments in this category classified as Level 2 are held in a commingled fund that invests primarily in global equity and bond mutual funds. The fair value of this commingled fund is based upon the calculated NAV at the valuation date under a market approach (Level 2 inputs). Investments in this category classified as Level 3, which are invested in a multistrategy hedge fund, are priced on the last business day of each calendar month. The values for underlying investments are estimated based on many factors, including operating performance, balance sheet indicators, growth, and other market and business fundamentals (Level 3 inputs). The underlying investment strategies can include long-short, global macro, fixed-income and currency hedges, and other tactical opportunity-related strategies.

Hedge Fund of Funds — This class includes diversified investments in hedge fund of funds with diverse strategies, including equity long/short, credit long/short, event-driven, relative value, global opportunities, and other multistrategy funds. Hedge fund of funds investments are valued based on Rush's ownership interest in the NAV of the respective fund as estimated by the general partner, which approximates fair value. Rush routinely monitors and assesses methodologies and assumptions used in valuing these interests. The values for underlying investments are estimated either internally or by an external fund manager based on many factors, including operating performance, balance sheet indicators, growth, and other market and business fundamentals. Hedge fund investments also include certain liquidity restrictions that may require 65 to 95 days' advance notice for redemptions. Due to significant unobservable inputs used in estimating the NAV and liquidity restrictions, Rush classifies all hedge fund investments as Level 3.

*Private Equity Partnerships* — Effective July 1, 2012, Rush elected to measure all new private equity partnerships entered into on or after July 1, 2012, at fair value (see Note 2). Private equity partnerships are valued based on the estimated fair values of the nonmarketable private equity partnerships in which it invests (Level 3 inputs), which is an equivalent of NAV. The partnerships' privately held investments are restricted and are not actively traded and may invoke significant redemption restrictions, which vary per partnership agreement.

Beneficial Interest in Trusts — The fair value of beneficial interests in perpetual and charitable trusts classified as Level 3 was determined using an income approach based on the present value of expected future cash flows to be received from the trust or based on Rush's beneficial interest in the investments held in the trust measured at fair value. Since Rush is unable to liquidate the funds held and benefits only from the distributions generated off of such investments, the interests in such trusts are all shown in Level 3.

Obligations Under Interest Rate Swap Agreements — The fair value of Rush's obligations under interest rate swap agreements classified as Level 2 is valued using a market approach. The valuation is based on a determination of market expectations relating to the future cash flows associated with the swap contract using sophisticated modeling based on observable market-based inputs, such as interest rate curves. The fair value of the obligation reported in Rush's consolidated balance sheets includes an adjustment for the Obligated Group's credit risk, but may not be indicative of the value Rush would be required to pay upon early termination of the swap agreements.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while Rush believes that its methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

#### **Level 3 Rollforward**

A rollforward of the amounts in the consolidated balance sheets for financial instruments classified by Rush within Level 3 of the fair value hierarchy is as follows:

	Hedge Fund of Funds & Private Equity Partnerships	Beneficial Interest in Trusts	Total Assets at Fair Value
Fair value — June 30, 2012 Actual return on investments —	\$ 31,718	\$ 25,587	\$ 57,305
Realized and unrealized gains	2,983	1,035	4,018
Purchases	3,317	-	3,317
Sales	(25)		(25)
Fair value — June 30, 2013 Actual return on investments —	37,993	26,622	64,615
Realized and unrealized gains	3,584	1,991	5,575
Purchases	64,418	-	64,418
Sales	(33,001)		(33,001)
Fair value — June 30, 2014	\$ 72,994	\$ 28,613	\$ 101,607

For the year ended June 30, 2014, realized and unrealized losses pertaining to Level 3 investments include \$66 reported within excess of revenue over expenses and \$3,518 and \$1,991 reported within temporarily and permanently restricted net assets, respectively. For the year ended June 30, 2013, realized and unrealized losses pertaining to Level 3 investments include \$31 reported within excess of revenue over expenses and \$2,952 and \$1,035 reported within temporarily and permanently restricted net assets, respectively.

#### **Investments in Entities that Report Fair Value Using NAV**

Included within the fair value table above are investments in certain entities that report fair value using a calculated NAV or its equivalent and are classified as Level 2 or Level 3 investments. The following table summarizes the attributes relating to the nature and risk of such investments as of June 30, 2014:

Entities that Report Fair Value Using NAV	Fair Value 2014 (In Thousands)	Fair Value 2013 (In Thousands)	Unfunded Commitments (In Thousands)	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Short-term collective funds					
(marketable securities and short-term investments)	\$41,987	\$18,072	None	Dailv	None
Domestic equity commingled funds	8,022	4,456	None	Monthly	30 days
International equity commingled funds	52,917	45,397	None	Daily/Monthly	1-30 days
World asset allocation					
commingled funds	26,138	31,461	None	Monthly	1-14 days
Hedge fund of funds	52,495	27,970	None	Quarterly	65-95 days
Private equity partnerships	13,166	40	\$ 6,916	Not currently redeemable	N/A

#### 7. ENDOWMENT FUNDS

Rush's endowment consists of more than 380 individual funds, which are established for a variety of purposes. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

#### **Interpretation of Relevant Law**

Rush has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring preservation of the original value of the gift as of the gift date absent explicit donor stipulations to the contrary. As a result of this interpretation, Rush classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of any subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable gift instrument at the time the accumulation is added to the fund. The portion of the donor-restricted endowment fund that is not classified as permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standards of prudence under UPMIFA. In accordance with UPMIFA, Rush considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

- a. The duration and preservation of the fund
- b. The purposes of the organization and the donor-restricted endowment fund
- c. General economic conditions
- d. The possible effect of inflation and deflation
- e. The expected total return from income and the appreciation of investments
- f. Other resources of the organization
- g. The investment policies of the organization

#### **Endowment Investment and Spending Policies**

Rush has adopted endowment investment and spending policies to preserve purchasing power over the long term and provide stable annual support to the programs supported by the endowment, including professorships, research and education, free care, student financial aid, scholarships, and fellowships. Approximately 17% of Rush's endowment is available for general purposes.

The Investment Committee of the Board is responsible for defining and reviewing the investment policy to determine an appropriate long-term asset allocation policy. The asset allocation policy reflects the objective with allocations structured for capital growth and inflation protection over the long term. The current asset allocation targets and ranges as well as the asset allocation as of June 30, 2014 and 2013, are as follows:

	Target Allocat	Target Allocation and Range		owment Assets
Asset Class	June 30, 2014	June 30, 2013	2014	2013
Global equity	40%(+/-5%)	40%(+/-5%)	43 %	40 %
Private equity	10%(+/-5%)	10%(+/-5%)	9	8
Real estate	5%(+/-5%)	5%(+/-5%)	4	5
Fixed income	25%(+/-5%)	30%(+/-5%)	23	28
Multi Asset Fund	20%(+/-5%)	-	21	-
World asset allocation	-	10%(+/-5%)	-	13
Hedge funds	-	5%(+/-5%)	-	6

To achieve its long-term rate of return objectives, Rush relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current income (interest and dividends). The expected long-term rate of return target of the endowment given its current asset allocation structure is approximately 7.5%. Actual returns in any given year may vary from this amount. Rush has established market-related benchmarks to evaluate the endowment fund's performance on an ongoing basis.

The Finance Committee of the Board approves the annual spending policy for program support. In establishing the annual spending policy, Rush's main objectives are to provide for intergenerational equity over the long term, the concept that future beneficiaries will receive the same level of support as current beneficiaries on an inflation-adjusted basis, and to maximize annual support to the programs supported by the endowment. The spending rate was 4.0% for the fiscal years ended June 30, 2014 and 2013, respectively, and income from the endowment fund provided \$16,574 and \$16,386 of support for Rush's programs during the fiscal years ended June 30, 2014 and 2013, respectively. The spending rate for fiscal year 2011 was based on a three-year moving average of ending market values for pooled assets. Effective September 30, 2011, Rush changed the spending policy to lengthen the smoothing period from a three-year moving average to a five-year moving average and also added an inflation component to provide more consistent spending growth.

# **Composition of Endowment Fund and Reconciliation**

The endowment net asset composition by type of fund as of June 30, 2014, consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds Board-designated endowment funds	\$ - <u>5,278</u>	\$ 266,362	\$ 256,641 630	\$ 523,003 5,908
Total funds	\$ 5,278	\$ 266,362	\$ 257,271	\$ 528,911

Changes in endowment net assets for the fiscal year ended June 30, 2014, consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets — beginning of year	\$ 4,898	\$ 229,057	\$ 248,617	\$ 482,572
Investment return: Investment (loss) income Recovery of endowment impairment	(111)	4,295	924	5,108
Net appreciation (realized and unrealized)	491	48,070	1,991	50,552
Total investment return	380	52,365	2,915	55,660
Contributions Transfer of unrestricted endowment appreciation		- (15,060)	6,662 (923)	6,662 (15,983)
Endowment net assets — end of year	\$ 5,278	\$ 266,362	\$ 257,271	\$ 528,911

The endowment net asset composition by type of fund as of June 30, 2013, consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds Board-designated endowment funds	\$ - <u>4,898</u>	\$ 229,057	\$ 248,083 534	\$ 477,140 5,432
Total funds	\$ 4,898	\$ 229,057	\$ 248,617	\$ 482,572

Changes in endowment net assets for the fiscal year ended June 30, 2013, consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets — beginning of year	\$ 4,427	\$ 196,142	\$ 242,120	\$ 442,689
Investment return: Investment (loss) income Recovery of endowment impairment Net appreciation (realized and unrealized)	(101) - 447	6,864 - 42,101	621 (233) 1,268	7,384 (233) 43,816
Total investment return	346	48,965	1,656	50,967
Contributions Transfer of unrestricted endowment appreciation	125 	- (16,050)	5,462 (621)	5,587 (16,671)
Endowment net assets — end of year	\$ 4,898	\$ 229,057	\$ 248,617	\$ 482,572

#### **Fund Deficiencies**

Rush monitors the accumulated losses on permanently restricted investments to determine whether the endowment corpus has been impaired and restores these losses through unrestricted net assets, as necessary. During the year ended June 30, 2013, \$233 was recovered and replenished through unrestricted net assets. During the year ended June 30, 2014, no additional funding was required and no amounts were recovered and replenished through unrestricted net assets.

# 8. PROPERTY AND EQUIPMENT

Property and equipment as of June 30, 2014 and 2013, consisted of the following:

	2014	2013
Land and buildings Equipment	\$ 1,969,218 591,173	\$ 1,906,997 549,283
Construction in progress	 26,688	 36,347
	2,587,079	2,492,627
Less accumulated depreciation	 (1,231,468)	 (1,116,509)
Property and equipment, net	\$ 1,355,611	\$ 1,376,118

Property and equipment, net, includes \$63,274 and \$69,802 in leased buildings and equipment as of June 30, 2014 and 2013, respectively. Accumulated depreciation on leased property and equipment amounted to \$32,728 and \$36,292 as of June 30, 2014 and 2013, respectively.

#### 9. LONG-TERM DEBT AND CREDIT ARRANGEMENTS

Rush's long-term debt is issued under a Master Trust Indenture, which established an Obligated Group composed of RUMC and RCMC. During fiscal year 2014, ROPH also became a member of the Obligated Group. The Obligated Group is jointly and severally liable for the obligations issued under the Master Trust Indenture. Each Obligated Group member is expected to pay its allocated share of the debt issued on its behalf. As of June 30, 2014 and 2013, such issuances are secured by a pledge of gross receipts and a mortgage on certain primary health care facilities, as defined, of the Obligated Group members.

A summary of Rush's long-term debt as of June 30, 2014 and 2013, is as follows:

				tstanding at e 30,
_	Interest Rates	Final Maturity Date	2014	2013
Illinois Finance Authority Revenue Bonds: Fixed-rate revenue bonds:				
Series 2009 C/D	6.375% to 6.625%	November 1, 2039	\$ 200,000	\$ 200,000
Series 2009 A/B	5.0% to 7.25%	November 1, 2038	208,625	211,620
Series 2006B	5.0% to 5.75%	November 1, 2035	92,800	95,950
Total fixed-rate debt Variable-rate revenue bonds:			501,425	507,570
Series 2008A	Average of 0.06% and 0.17% in FY2014 and FY2013, respectively	November 1, 2045	50,000	50,000
Series 2011, Tax-Exempt Private	Average of 1.29% and 1.38% in FY2014 and			
Placement with a commercial bank	FY2013, respectively	November 1, 2024	45,720	50,895
Total variable rate debt			95,720	100,895
Total tax-exempt debt  Mortgage loan, collateralized by			597,145	608,465
fitness center	5.50%	May 2016	6,461	7,206
Total par value of debt			603,606	615,671
Less current portion of long-term debt			(12,928)	(12,065)
Net discount			(6,225)	(6,440)
Long-term debt			\$ 584,453	\$ 597,166
Estimated fair value based on quoted market prices and other relevant information				
(Level 2 classification)			\$ 661,257	\$ 659,913

The fair value of Rush's long-term debt is estimated by an independent third party using a pricing scale based on spreads to Municipal Market Data of comparable transactions that price in the market as well as secondary market trades for comparable credits. Since such amounts are estimates based on limited available market information and do not acknowledge certain restrictions that may exist, the actual fair market values for these obligations may differ significantly from what is provided herein or upon settlement of the obligation.

Under its various indebtedness agreements, the Obligated Group is subject to certain financial covenants, including maintaining a minimum historical debt service coverage and maximum annual debt service coverage ratios; maintaining minimum levels of days cash on hand; maintaining debt to capitalization at certain levels; limitations on selling, leasing, or otherwise disposing of Obligated Group property; and certain other nonfinancial covenants. The Obligated Group was in compliance with its financial covenants as of June 30, 2014 and 2013.

Annual maturities of outstanding long-term debt are as follows:

#### **Years Ending June 30**

2015	\$ 12,140
2016	6,320
2017	8,805
2018	9,975
2019	10,645
Thereafter	549,260
Total	\$ 597,145

# **Letters of Credit Arrangements**

The Obligated Group's variable-rate revenue bonds are subject to remarketing provisions that require the Obligated Group to repurchase the bonds if they cannot be sold to a third party. The Obligated Group entered into letters of credit with commercial banks to provide funding for such repurchases, as necessary. The letter of credit related to the Series 2008A Variable Rate Demand Bonds (the "Series 2008A Bonds") expires in February 2017. Any amounts borrowed under these letters of credit are due and payable more than one year from the date of such borrowing. In the absence of such agreement, the Obligated Group would be required to replace it with a similar credit arrangement, convert the related debt from variable to fixed interest rate, or fund required repurchases from available funds. Draws are routinely made from the letter of credit to pay off principal and interest and are reimbursed to the commercial bank on the following business day. As of June 30, 2014 and 2013, there were outstanding draws against the letter of credit related to the Series 2008A Bonds representing interest paid to the bondholders on July 1, 2014 and 2013, of \$3.

# **Lines of Credit Arrangements**

The Obligated Group also had a \$100 million short-term line of credit with a bank as of June 30, 2014 and 2013, which matures on December 31, 2016. Any borrowings on this short-term line of credit are due and payable in 180 days. As of June 30, 2014 and 2013, the Obligated Group had no amounts outstanding on this line of credit.

#### 10. DERIVATIVES

#### **Derivatives Policy**

The Obligated Group uses derivative instruments, specifically interest rate swaps, to manage its exposure to changes in interest rates on variable rate borrowings. The use of derivative instruments exposes the Obligated Group to additional risks related to the derivative instrument, including market, credit, and termination, as described below, and the Obligated Group has defined risk management practices to mitigate these risks.

Market risk represents the potential adverse effect on the fair value and cash flow of a derivative instrument due to changes in interest rates or rate spreads. Market risk is managed through ongoing monitoring of interest rate exposure based on set parameters regarding the type and degree of market risk that the Obligated Group will accept. Credit risk is the risk that the counterparty on a derivative instrument may be unable to perform its obligations during the term of the contract. When the fair value of a derivative contract is positive (an asset to the Obligated Group), the counterparty owes the Obligated Group, which creates credit risk. Credit risk is managed by setting stringent requirements for qualified counterparties at the date of execution of a derivative transaction and requiring counterparties to post collateral in the event of a credit rating downgrade or if the fair value of the derivative contract exceeds a negotiated threshold. Termination risk represents the risk that the Obligated Group

may be required to make a significant payment to the counterparty if the derivative contract is terminated early. Termination risk is assessed at onset by performing a statistical analysis of the potential for a significant termination payment under various scenarios designed to encompass expected interest rate changes over the life of the proposed contract. The test measures the ability to make a termination payment without a significant impairment to the Obligated Group's ability to meet its debt or liquidity covenants.

Board approval is required to enter or modify any derivatives transaction. Management periodically reviews existing derivative positions as its risk tolerance and cost of capital changes over time.

#### **Interest Rate Swap Agreements**

The Obligated Group has two interest rate swap agreements (the "Swap Agreements"), which were designed to synthetically fix the interest payments on the Series 2006A Bonds. Under the Swap Agreements, the Obligated Group makes fixed-rate payments equal to 3.945% to the swap counterparties and receives variable-rate payments equal to 68% of London InterBank Offered Rate (0.155% as of June 30, 2014, and 0.195% as of June 30, 2013) from the swap counterparties, each calculated on the notional amount of the Swap Agreements. As of June 30, 2014 and 2013, the Swap Agreements had a notional amount of \$92,700 and \$95,950, respectively (\$46,350 and \$47,975 in notional amount, respectively, with each counterparty), of which \$63,000 and \$66,250, respectively, is attributable to Rush. Following the refinancing of the Series 2006A Bonds, the Obligated Group used \$50,000 in notional amount of the Swap Agreements to synthetically fix the interest on the Series 2008A Bonds. The Swap Agreements each expire on November 1, 2035, and amortize annually commencing in November 2012. The Swap Agreements are secured by obligations issued under the Master Trust Indenture.

The Swap Agreements also require either party to post collateral in the form of cash and certain cash equivalents to secure potential termination payments. The amount of collateral that is required to be posted is based on the relevant party's long-term credit rating. Based on its current rating, the Obligated Group is required to post collateral with the Swap Counterparties in the event that the market value of the Swap Agreements exceeds \$(25,000) or \$(12,500) for each Swap Agreement. As of June 30, 2014, the Obligated Group had no collateral posted under Swap Agreements.

The fair value of the Swap Agreements was as follows as of June 30, 2014 and 2013:

	June 30			1	
	Reported As	2014	2013		
Obligations under Swap Agreements Collateral posted under Swap Agreements	Other long-term liabilities Other current assets	\$ (17,380) 	\$ (17,808) 		
Obligations under Swap Agreements, net		\$ (17,380)	\$ (17,808)		

The fair value of the Swap Agreements reported in Rush's consolidated balance sheets as of June 30, 2014 and 2013, includes an adjustment for the Obligated Group's credit risk and may not be indicative of the termination value that Rush would be required to pay upon early termination of the Swap Agreements.

Management has not designated the Swap Agreements as hedging instruments. Amounts recorded in the accompanying consolidated statements of operations and changes in net assets for the Swap Agreements allocated to Rush for the fiscal years ended June 30, 2014 and 2013, were as follows:

		Fiscal Years Ended June 30			
	Reported As	2014	2013		
Change in fair value of interest rate swaps Net cash payments on interest rate swaps	Nonoperating income (expense) Interest expense	\$ 429 (3,594)	\$ 7,451 (3,597)		

#### 11. OBLIGATIONS UNDER CAPITAL LEASE AND DEFERRED FINANCING ARRANGEMENTS

Rush is party to certain capital lease and long-term financing arrangements relating to medical and office equipment and buildings. Expiration of leases ranges from 2013 to 2026. Annual interest expense under these lease agreements was \$3,399 and \$3,644 for the years ended June 30, 2014 and 2013, respectively. Assets acquired under capital lease and long-term financing arrangements are included in property and equipment, net, in the accompanying consolidated balance sheets.

Future minimum lease payments under noncancelable capital leases and other financing arrangements are as follows:

Years Ending June 30		
2015 2016 2017 2018 2019	\$	13,795 6,679 7,921 5,005 5,143
Thereafter  Total minimum payments		16,268 54,811
Less amount representing interest		(11,809)
Net present value of obligations under capital lease and other financing arrangements		43,002
Less current portions included in accounts payable	_	(4,211)
Long-term portion of obligations under capital lease and other financing arrangements	\$	38,791

#### 12. PENSION AND OTHER POSTRETIREMENT BENEFIT PLANS

Rush maintains a defined benefit pension plan, defined contribution plans, and other postretirement benefit plans that together cover substantially all of Rush's employees.

Prior to January 1, 2012, Rush had two defined benefit pension plans, the Retirement Plan and the Pension Plan (collectively, the "Defined Benefit Pension Plans"), covering substantially all of its employees. Benefits are based

on the years of service and the employee's final average earnings, as defined. Plan assets and obligations are measured as of June 30 (the "Measurement Date") each year.

Effective as of the close of business on December 31, 2011, the Pension Plan, representing certain union employees, was amended to freeze benefit accruals for all participants. No additional benefits will accrue, and no additional individuals will become plan participants in the Pension Plan as of January 1, 2012. Also, effective December 31, 2011, the Pension Plan was merged into the Retirement Plan with all accrued benefits of the Pension Plan participants preserved as part of the merger. Effective January 1, 2012, the Retirement Plan was amended to include eligible union members previously covered by the Pension Plan.

In addition to the pension programs, Rush also provides postretirement health care benefits for certain employees (the "Postretirement Healthcare Plans"). Further benefits under the Postretirement Healthcare Plans have been curtailed.

# **Obligations and Funded Status**

The table below sets forth the accumulated benefit obligation, the change in the projected benefit obligation, and the change in the plan assets of the Defined Benefit Pension Plan(s) and Postretirement Healthcare Plans (collectively, the "Plans"). The table also reflects the funded status of the Plans as of the Measurement Date and amounts recognized in Rush's consolidated balance sheets as of June 30, 2014 and 2013.

Obligations and Funded Status	Defined Benefit Pension Plan(s)			irement are Plans
	2014	2013	2014	2013
Actuarial present value of benefit obligations —				
accumulated benefit obligation	\$ 940,302	\$ 878,769	\$ 7,198	\$ 8,003
Change in projected benefit obligations:				
Projected benefit obligation — beginning of				
measurement period	\$ 883,311	\$ 933,774		
Service costs	15,066	16,386		
Interest costs	44,087	42,112		
Plan settlements	-	(370)		
Actuarial losses (gains)	83,000	(53,433)		
Benefits paid	(65,747)	(55,158)		
Projected benefit obligation — end of measurement period	\$ 959,717	\$ 883,311		
Change in plan assets:				
Fair value of plan assets — beginning of				
measurement period	\$ 805,326	\$ 772,343	\$ -	\$ -
Actual return on plan assets	121,525	42,640	-	-
Employer contributions	51,774	45,870	402	361
Plan participant contributions	-	-	562	581
Benefits paid	(65,747)	(55,528)	(964)	(942)
Fair value of plan assets — end of measurement period	\$ 912,878	\$ 805,325	<u>\$ -</u>	<u>\$ -</u>
Accrued benefit liability	\$ 46,839	\$ 77,986	\$ 7,198	\$ 8,003

The actuarial cost method used to compute the Defined Benefit Pension Plan(s) liabilities and expenses is the projected unit credit method.

The components of net periodic pension cost for the Plans were as follows:

Components of Net Periodic Pension Cost Year Ended June 30		d Benefit on Plans	Postretirement Healthcare Plans		
	2014	2013	2014	2013	
Net periodic pension cost comprised the following:					
Service cost	\$ 15,066	\$ 16,386	\$ 163	\$ 172	
Interest cost on projected benefit obligation	44,087	42,112	397	409	
Expected return on plan assets	(52,162)	(54,749)	-	-	
Amortization of prior service cost and other actuarial amounts	(2,051)	(2,074)	(287)	(294)	
Recognized actuarial loss (gain)	16,855	22,385	(541)	(173)	
Recognized settlement loss		41			
Net periodic pension cost (credit)	\$21,795	\$ 24,101	\$ (268)	\$ 114	

In accordance with FASB guidance regarding accounting for defined benefit pension and other postretirement plans, all previously unrecognized actuarial losses and prior service costs are reflected in the consolidated balance sheets. The postretirement-related charges other than net periodic benefit cost related to the pension and postretirement health care plans are included as a separate increase to unrestricted net assets and total \$1,303 and \$62,776 for fiscal years 2014 and 2013, respectively. For fiscal year 2014, this amount includes actuarial losses arising during fiscal year 2014 of \$12,673 and a reclassification adjustment for losses reflected in periodic expense in fiscal year 2014 of \$13,976. For fiscal year 2013, this amount includes actuarial gains arising during fiscal year 2013 of \$42,891 and a reclassification adjustment for losses reflected in periodic expense in fiscal year 2013 of \$19,885.

The table below sets forth the change in the accrued benefit liability of the Plans.

Accrued Benefit Liability		d Benefit on Plans	Postretirement Healthcare Plans		
·	2014	2013	2014	2013	
Accrued benefit liability — beginning of year Fiscal year activity:	\$ 77,986	\$161,431	\$ 8,003	\$ 9,351	
Net periodic pension cost Employer contributions Postretirement-related changes other than net periodic postretirement cost:	21,795 (51,774)	24,101 (45,870)	(268) (402)	114 (361)	
Actuarial losses (gains) Reclassification adjustment for losses reflected in periodic expense	13,636 (14,804)	(41,324) (20,352)	(963) 828	(1,568) 467	
Accrued benefit liability — end of year	\$ 46,839	\$ 77,986	\$ 7,198	\$ 8,003	
Recognized in the consolidated balance sheets as follows: Accrued expenses Noncurrent liabilities	\$ - 46,839	\$ - 	\$ 557 <u>6,641</u>	\$ 747 7,256	
	\$ 46,839	\$ 77,986	\$ 7,198	\$ 8,003	

In accordance with FASB Accounting Standards Codification Topic 715, Compensation — Retirement Benefits, all previously unrecognized actuarial losses are reflected in the consolidated balance sheets. The pension plan and postretirement benefit plan items not yet recognized as a component of periodic pension and postretirement medical plan expense, but included within unrestricted net assets, as of and for the years ended June 30, 2014 and 2013, are as follows:

	Defined Benefit Pension Plans			tirement care Plans
	2014	2013	2014	2013
Unrecognized prior service credit Unrecognized net actuarial (loss) gain	\$ 8,437 (200,570)	\$ 10,487 (203,788)	\$ 431 1,863	\$ 719 1,441
Total	\$(192,133)	\$(193,301)	\$ 2,294	\$ 2,160

An estimated \$2,051 in prior service credit and (\$16,086) in net actuarial loss will be included as components of periodic pension expense in fiscal year 2015. An estimated \$287 in prior service credit and \$698 in net actuarial gain will be included as components of periodic postretirement expense in fiscal year 2015.

## **Assumptions**

The actuarial assumptions used to determine benefit obligations at the measurement date and net periodic benefit cost for the Plans are as follows:

Assumptions Used to Determine Benefit Obligations and Net Periodic Benefit Cost	Defined I Pension		Postretirement Healthcare Plans	
	2014	2013	2014	2013
Discount rate — benefit obligation	4.60 %	5.20 %	4.60 %	5.20 %
Discount rate — pension expense	5.20	4.60	5.20	4.60
Rate of increase in compensation levels	5.38	5.35	-	-
Expected long-term rate of return on plan assets	7.00	7.00	-	-
Health care cost trend rate (initial)	-	-	7.50	7.70

The discount rate used is based on a spot interest rate yield curve based on a broad group of corporate bonds rated AA or better as of the Measurement Date. Rush uses this yield curve and the estimated payouts of the Plans to develop an aggregate discount rate. The estimated payouts are the sum of the payouts under the Defined Benefit Pension Plan(s) and the Postretirement Healthcare Plans. For fiscal years 2014 and 2013, the discount rate was estimated under a bond model approach, which is based on a hypothetical bond portfolio whose cash flow from coupons and maturities match the year-by-year Plans' cash flows using bonds rated AA or better.

For the years ended June 30, 2014 and 2013, the actual rate of return on plan assets was 16.1% and 5.8%, respectively.

#### **Plan Assets**

Rush's investment objective for its Defined Benefit Pension Plans is to achieve a total return on plan assets that meets or exceeds the return on the plan's liability over a full market cycle with consideration of the plan's current funded status. Investment risk is effectively managed through diversification of assets for a mix of capital growth and capital protection across various investment styles. The asset allocation policy reflects this objective with

allocations to return generating assets (e.g., equity and alternative investments, consisting of hedge funds and limited partnerships) and interest rate hedging assets (e.g., fixed-income securities).

All of the plan's assets are measured at fair value, including alternative investments. Fair value methodologies used to assign plan assets to levels of FASB's valuation hierarchy are consistent with the inputs described in Note 6. Fair value methodologies used to value interests in private equity limited partnerships that hold restricted securities and are not publicly traded are based on Rush's ownership interest in the NAV of the respective fund as estimated by the general partner, which approximates fair value. Rush routinely monitors and assesses methodologies and assumptions used in valuing these interests. Due to significant unobservable inputs used in estimating the NAV of private equity limited partnerships, Rush classifies all such investments as Level 3.

The fair value of the Defined Benefit Pension Plan assets as of June 30, 2014 and 2013, is as follows:

Fair Value Measurements as of June 30, 2014	Level 1	Level 2	Level 3	Total Fair Value
Cash, cash equivalents, and short-term investments	\$ 3,126	\$ 17,769	\$ -	\$ 20,895
Fixed-income securities:				
U.S. government securities and agencies	-	204,748	-	204,748
International government securities	-	8,068	-	8,068
Corporate bonds	-	303,853	-	303,853
Collateralized securities and other	-	54,837	-	54,837
U.S. equity securities	118,670	-	-	118,670
International equity securities	-	94,574	-	94,574
World asset allocation funds	60,861	36,864	14,505	112,230
Alternative investments:				
Private equity partnerships {a}	-	-	27,178	27,178
Accrued interest and other	(4,931)	11,429	20	6,518
Pending transactions	14	(38,707)		(38,693)
Total plan assets	\$ 177,740	\$ 693,435	\$ 41,703	\$ 912,878

<sup>{</sup>a} This class includes investments in funds with diverse strategies, including approximately 20% in buyout and growth capital, 29% in diversified fund of funds, 29% in distressed debt and special situations, 18% in venture capital, 2% in co-investment private equity funds, and 2% in direct equity.

#### Fair Value Measurements as of June 30, 2013

Cash, cash equivalents, and short-term investments Fixed-income securities:	\$ 17,450	\$ 13,349	\$ -	\$ 30,799
U.S. government securities and agencies	-	149,563	-	149,563
International government securities	-	12,662	-	12,662
Corporate bonds	-	240,768	-	240,768
Collateralized securities and other	-	42,433	-	42,433
U.S. equity securities	134,623	-	-	134,623
International equity securities	-	54,879	-	54,879
World asset allocation funds	64,592	30,617	14,187	109,396
Alternative investments:				
Private equity partnerships {a}	-	-	24,868	24,868
Accrued interest and other		5,724	(390)	5,334
Total plan assets	\$ 216,665	\$ 549,995	\$ 38,665	\$ 805,325

<sup>{</sup>a} This class includes investments in funds with diverse strategies, including approximately 20% in buyout and growth capital, 38% in diversified fund of funds, 15% in distressed debt and special situations, 24% in venture capital, and 3% in co-investment private equity funds.

A rollforward of the amounts in the Plans for financial instruments classified by Rush within Level 3 of the fair value hierarchy is as follows:

Rollforward of Level 3 Investments	Accrued Interest and Other	Hedge Fund of Funds	Private Equity Partnerships	Total Assets at Fair Value
Fair value at June 30, 2012 Actual return on plan assets:	\$ 67	\$ 11,202	\$ 25,418	\$ 36,687
Realized and unrealized (losses) gains	(18)	2,242	1,891	4,115
Purchases	11	743	2,150	2,904
Sales	(450)		(4,591)	(5,041)
Fair value at June 30, 2013 Actual return on plan assets:	(390)	14,187	24,868	38,665
Realized and unrealized gains (losses)	1	(1,014)	5,067	4,054
Purchases	410	1,331	1,908	3,649
Sales			(4,665)	(4,665)
Fair value at June 30, 2014	\$ 21	\$ 14,504	\$ 27,178	\$ 41,703

#### **Cash Flows**

Rush expects to make estimated contributions to and benefit payments from its Defined Benefit Pension Plans and Postretirement Healthcare Plans for the years ending June 30 as follows:

	Defined Benefit Pension Plans	Postretirement Healthcare Plans
Expected contributions in 2015	\$ 38,686	\$ 557
Estimated Benefit Payments		
2015	\$ 100,228	\$ 557
2016	49,457	600
2017	51,978	619
2018	55,047	636
2019	59,778	622
2020 through 2024	327,678	2,893
Total	\$ 644,166	\$ 5,927

#### **Other Postretirement Benefit Plans**

Both RUMC and RCMC maintain a voluntary tax-deferred retirement savings plan. Under these defined contribution plans, employees may elect to contribute a percentage of their salary, which may be matched in accordance with the provisions of the plans. Other provisions of the plans may provide for employer contributions to the plans based on eligible earnings, regardless of whether the employee elects to contribute to the plan. Maximum annual contributions are limited by federal regulations. Employer contributions to these Plans were \$12,307 and \$11,248 for the years ended June 30, 2014 and 2013, respectively.

RUMC also sponsors a noncontributory defined contribution plan covering selected employees ("457(b) Plan"). Contributions to the 457(b) Plan are based on a percentage of qualifying compensation up to certain limits as defined by the provisions of the 457(b) Plan. The 457(b) Plan assets and liabilities totaled \$14,178 and \$12,627 as of June 30, 2014 and 2013, respectively, and are included in investments — less current portion and other long-term liabilities in the accompanying consolidated balance sheets. The assets of the 457(b) Plan are subject to the claims of the general creditors of RUMC.

Rush also sponsors supplemental retirement plans for certain management employees ("Supplemental Plans"). The Supplemental Plans are noncontributory, and annual benefits are credited to each participant's account based on a percentage of qualifying compensation, as defined by the provisions of the plan. Assets set aside to fund the Supplemental Plans amounted to \$11,812 and \$11,410 as of June 30, 2014 and 2013, respectively, and are included in investments — less current portion in the accompanying consolidated balance sheets. These supplemental retirement plans are currently funded at 87% of benefits accrued.

RUMC also maintains a frozen nonqualified supplemental defined benefit retirement plan for certain management employees, which is unfunded. Benefits under the supplemental defined benefit plan, which were curtailed as of December 31, 2004, are paid when incurred from operating funds.

It is Rush's policy to meet the requirement of the Employee Retirement Income Security Act of 1974 and the Pension Protection Act of 2006.

#### 13. CONCENTRATION OF CREDIT RISK

Rush grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of net patient accounts receivable, net of contractuals allowances, but before provision for uncollectible accounts, from patients and third-party payors as of June 30, 2014 and 2013, was as follows:

	2014	2013
Medicare	15 %	13 %
Medicaid	15	15
Managed care	58	55
Commercial	3	3
Self-pay	9	14
Total	<u>100</u> %	100 %

Products sponsored by Blue Cross Blue Shield of Illinois, the largest health insurer in the market, accounted for 51% and 35% of managed care net patient accounts receivable as of June 30, 2014 and 2013, respectively; and 30% and 19% of net patient accounts receivable of the Obligated Group for the fiscal year ended June 30, 2014 and 2013, respectively.

#### 14. COMMITMENTS AND CONTINGENCIES

#### **Professional Liability**

Rush maintains insurance programs, including both self-insured and purchased insurance arrangements, for certain professional liability claims. Self-insured risks are retained in varying amounts according to policy year and entity. For the years ended June 30, 2014 and 2013, RUMC retained self-insured risk of \$20 million on the first case, \$15 million on the second case, and \$10 million on any additional cases. RUMC also maintains excess liability insurance coverage with combined limits of \$80 million per occurrence and in the aggregate. From October 1986 through December 2009, RCMC participated in a retrospectively rated pooled insurance program (Chicago Hospital Risk Pooling Program (CHRPP)) and retained self-insured risk to \$1 million per occurrence and \$3 million annual aggregate, with excess coverage limits of \$10 million per occurrence and \$20 million annual aggregate. Starting on January 1, 2010, RCMC maintains a self-insurance program for claims not covered under the CHRPP plan and retained self-insured risk of \$2 million per claim and \$10 million annual aggregate with a \$1,000 per claim and \$1,000 aggregate buffer. Under the terms of the CHRPP arrangement, RCMC can be charged retrospective premiums if actuarially determined funding for the group insurance program in which it participates proves inadequate. RCMC also maintains excess liability insurance coverage with combined limits of \$35 million per claim and in the aggregate. Amounts above the specified self-insured limits are insured through purchased insurance policies. Insurance is purchased on a claims-made basis. RUMC has an established irrevocable trust fund, and RCMC has an established separate account, to pay claims and related costs.

Rush has employed an independent actuary to estimate the ultimate costs of claim settlements. Self-insured liabilities are based on the actuarial estimate of losses using Rush's actual payout patterns and various other assumptions. Rush's self-insured liabilities of \$247,710 and \$233,068 as of June 30, 2014 and 2013, respectively, are recorded as noncurrent and current liabilities in the accompanying consolidated balance sheets, as appropriate, and based on the estimated present value of self-insured claims that will be settled in the future. If the present value method was not used, Rush's liability for self-insured claims would be approximately \$46,565 and \$32,964 higher than the amounts recorded in the consolidated balance sheets as of June 30, 2014 and 2013, respectively. The discount rates used in calculating the present value by organization was 4% for fiscal years ended June 30, 2014 and 2013. Insurance recoveries are presented separately within noncurrent and current assets in the accompanying consolidated balance sheets, as appropriate. As of June 30, 2014 and 2013, no insurance recoveries were recorded.

Rush is subject to various other regulatory investigations, legal proceedings, and claims that are incidental to its normal business activities. In the opinion of management, the amount of ultimate liability with respect to professional liability matters and other actions will not have a material adverse effect on the consolidated financial position or results of operations of Rush.

#### **Obligations under Operating Leases**

Rush is party to various noncancelable operating leases with third parties. Rental expense was approximately \$25,875 and \$23,714 for the years ended June 30, 2014 and 2013, respectively, and was included in supplies, utilities, and other expenses in the accompanying consolidated statements of operations and changes in net assets. Total minimum payments under noncancelable operating leases as of June 30, 2014, are as follows:

Years Ending June 30	
2015	\$ 18,304
2016	13,481
2017	12,737
2018	9,556
2019	7,214
Thereafter	22,297
Total	\$ 83,589

#### 15. CAMPUS TRANSFORMATION COMMITMENTS

In fiscal year 2004, RUMC began a Campus Transformation project that currently includes the addition of new facilities, including a new hospital and the renovation of existing facilities. The project is driven by a redesign of patient care processes to improve efficiency and patient safety and to provide a more inviting environment to physicians, patients, and visitors. The project is estimated to cost approximately \$1.1 billion to complete over a 13-year period (fiscal year 2004 to fiscal year 2016). As of June 30, 2014, \$1.1 billion has been spent on the campus redevelopment plan, and construction commitments outstanding were \$12.1 million.

#### 16. PROMISES TO CONTRIBUTE

Included in assets limited by donor or time restriction are the following unconditional promises to contribute as of June 30, 2014 and 2013:

	2014	2013
Capital campaign Restricted to future periods	\$ 34,068 162	\$ 36,791 162
Unconditional promises to contribute before unamortized discount and allowance for uncollectibles	34,230	36,953
Less unamortized discount Less allowance for uncollectibles	 (1,358) (657)	 (1,506) (709)
Net unconditional promises to contribute	\$ 32,215	\$ 34,738
Amounts due in: Less than one year One to five years More than five years	\$ 11,883 16,297 6,050	\$ 12,321 18,732 5,900
Total unconditional promises to contribute	\$ 34,230	\$ 36,953

In addition, Rush has received conditional promises to contribute that are not recognized as assets in the consolidated balance sheet as of June 30, 2014. The total is not considered material to the consolidated financial statements as of June 30, 2014.

#### 17. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily and permanently restricted net assets were available for the following purposes as of June 30, 2014 and 2013:

	2014	2013
Temporarily Restricted Net Assets: Construction and purchase of equipment Health education Research, charity, and other Unappropriated endowment appreciation available for operations	\$ 7,522 10,655 297,871 53,608	\$ 9,826 9,798 260,852 47,651
Total temporarily restricted net assets	\$ 369,656	\$ 328,127
Permanently Restricted Net Assets, income from which is expendable to support: Health education Research, charity, and other Operations	\$ 153,544 66,292 37,435	\$ 150,312 61,182 37,123
Total permanently restricted net assets	\$ 257,271	\$ 248,617

During fiscal years 2014 and 2013, net assets were released from donor restrictions for purchasing property and equipment of \$24,895 and \$12,340, respectively, and incurring expenses of \$35,008 and \$34,340, respectively, both of which satisfied the restricted purposes of the donors. Net assets released from restriction used in operations are included in other revenue in the accompanying consolidated statements of operations and changes in net assets.

### 18. JOINT VENTURES AND OTHER AFFILIATIONS

Investments in unconsolidated joint ventures, accounted for on the equity method, totaled \$5,655 and \$6,153 as of June 30, 2014 and 2013, respectively, and are included in other assets in the accompanying consolidated balance sheets. Income recognized from these joint ventures, reported in other revenue, was \$1,355 and \$2,339 during the years ended June 30, 2014 and 2013, respectively.

The Obligated Group has a majority interest in Rush Health and a majority representation on the Board of Directors as of June 30, 2014. The addition of RCMC to the network resulted in a restructuring of the governance and membership structure of Rush Health. As of June 30, 2014, Rush has recorded equity in Rush Health based on membership interest of 65% or \$3,287. Rush has elected not to consolidate its interest in Rush Health, as it expects control to be temporary and believes the effects of consolidation to be immaterial.

#### 19. FUNCTIONAL EXPENSES

Expenses related to the patient care, education, and research services provided by Rush for the years ended June 30, 2014 and 2013, were as follows:

	2014	2013
Health care	\$ 1,500,408	\$ 1,408,491
University services, including research	195,195	195,159
General and administrative	133,251	124,469
Illinois Medicaid hospital assessment	58,239	33,431
Total	<u>\$ 1,887,093</u>	\$ 1,761,550

#### 20. FICA TAX Refund SETTLEMENT

Rush has historically paid FICA tax on medical residents as if they were employees. In March 2010, the Internal Revenue Service (IRS) made an administrative determination that teaching hospitals and medical residents are exempt from paying FICA taxes under the student exception for time spent in a residency program between 1994 and April 1, 2005, when new IRS regulations imposing a specific FICA requirement for medical residents were put into place. Teaching hospitals and residents are eligible for a refund of FICA taxes paid, plus interest. As of June 30, 2010, Rush recorded a FICA tax receivable of \$19,690, representing the recovered cost of FICA taxes previously paid and expensed, which is reported in other assets in the accompanying consolidated balance sheets as of June 30, 2012. During the year ended June 30, 2013, Rush received \$62,901 from the IRS, representing a refund of FICA taxes previously paid of \$19,986, \$10,571 in settlement interest and \$32,344 for the resident portion to be distributed to the residents. Rush recognized the interest component of the FICA refund of \$10,571 as a reduction in salaries, wages, and benefit expense. The resident portion was paid out to the residents during the year and is not included in the accompanying consolidated balance sheet as of June 30, 2013.

#### 21. SIGNIFICANT TRANSACTIONS

During fiscal year 2013, Copley Memorial Hospital sold a professional office building to an unrelated third party for net proceeds of \$25,396, resulting in a net gain of \$22,189, and signed operating lease agreements to rent back approximately 90% of the rentable square footage with initial lease terms ranging from five to 10 years. A gain on sale of \$8,842 was recognized within nonoperating income in the accompanying consolidated statement of operations for the year ended June 30, 2013, with a deferred gain of \$13,347 recorded within other liabilities in the accompanying consolidated balance sheet as of June 30, 2013. The remaining deferred gain will be recognized over the life of the initial lease terms.

### 22. SUBSEQUENT EVENTS

During July 2014, RUMC sold royalties relating to worldwide sales of a prescription drug to a private equity fund for approximately \$42 million, of which half of the proceeds will be paid to the inventors of the drug. In fiscal year 2015, through the date of this report, RUMC recorded \$41,744 within cash and \$17,372 within operating income.

**SUPPLEMENTAL SCHEDULES** 



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# INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Trustees of Rush University Medical Center:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Rush University Medical Center Obligated Group (including Rush University Medical Center and Rush-Copley Medical Center) (collectively, "Rush"), as of and for the year ended June 30, 2014, and the related notes to the financial statements, and have issued our report thereon dated October 28, 2014.

#### **Internal Control over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered Rush's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Rush's internal control. Accordingly, we do not express an opinion on the effectiveness of Rush's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

#### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Rush's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Rush's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Rush's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

October 28, 2014

Deloitle & Touche LLP



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# INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

To the Board of Trustees of Rush University Medical Center:

#### Report on Compliance for Each Major Federal Program

We have audited the Rush University Medical Center Obligated Group's (including Rush University Medical Center and Rush-Copley Medical Center) (collectively, "Rush") compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on Rush's major federal program for the year ended June 30, 2014. Rush's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

#### Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on compliance for Rush's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on the major federal program occurred. An audit includes examining, on a test basis, evidence about Rush's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of Rush's compliance.

#### **Opinion on Each Major Federal Program**

In our opinion, Rush complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2014.

#### **Report on Internal Control Over Compliance**

Management of Rush is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Rush's internal control over compliance with the types of requirements that could have a direct and material effect on its major federal program to determine the auditing procedures that are appropriate in the

circumstances for the purpose of expressing an opinion on compliance for its major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Rush's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

December 18, 2014

Deloitle & Touche LLP

Federal Grantor/Pass-through Grantor/Program or Cluster Title	Federal CFDA Number	Federal Grantor/ Pass-through Grantor's Number	Federal Expenditures
Research and Development:  U.S. Department of Health and Human Services:			
National Institute of Health	93.RD		41,285,942
	93.RD 93.701		131,893
NIH-American Recovery Reinvestment Act (ARRA)	93.701		131,893
ARRA-Passed through Duke University:			
Accelerating Adoption of Comparative Effectiveness Research in Premature Infants	93.726	R18 AE000028	51,134
ARRA-Passed through Social and Scientific Systems:			
NIAID Influenza Research Collaboration	93.CRB	CRB-DCR01-S-09-00292	973
A Pilot Study for Collection of Anit-Influenza A H1N1 Immune Plasma	93.856	CRB-DCR01-S-09-00292	736
ARRA-Passed through the Medical College of Wisconsin:  Platelet-Oriented inhibition in new Tia and Monor Ischemic Stroke Trial	93.701	U01 NS062835	191
ARRA-Passed through Governors State University:	93.701	001 103002833	191
Building Complex Language: Effect of Treatment and Dosage	93.701	R15 DC011165	13,338
Passed through the Mayo Clinic Rochester:	25.701	RIS BOULTIOS	13,330
Phase I/II study of Dasatinib/Bevacizumab in recurrent Gliolatoma	93.395	U10 CA025224	283
Passed through Hektoen Institute:			
Center for Disease Control and Prevention	93.283	U54 CK000161	105,673
pilot	93.855	U01 AI034993	6,753
Chicago WIH Consortium	93.855	U01 AI034993	1,076
Trust in Healthcare and Racial Disparities in an aging population	93.866	R01 AG033172	72,168
Chicago's Women's Interagency HIV Consortium	93.855	U01 AI034993	16,637
Chicago Consortium for the Women's Interagency HIV Study	93.855	U01 AI034993	163,023
Passed through Columbia University:			
HIV and the Menopausal transition: Effects on Musculoskeletal Health	93.855	R01 AI095089	36,928
Epidemiology of Familial late-onset Alzheimer's Disease	93.866	R01 AG041797	33,889
Passed through Jaeb Center for Health Research:			
Prompt Panretinal Photocoagulation versus Intravitreal Ranibizumab with deferred Panretinal	02.05	T.1.0 EXT. 100.1	(12 500)
Photocoagulation for Proliferative Diabetic Retinopathy  Passed through Northwestern University:	93.867	U10 EY14231	(13,709)
Blood Markers of Vulnerability in high Vascular Patients BRAVO	93.837	R01 HL089619	(2,115)
Multicenter AIDS Cohort Study	93.855	U01 AI035039	29,864
A Family-Genetic Study of Autism and Fragile X Syndrome	93.242	R01 MH091131	132,270
The Study of Soy Isoflavones in Asthma	93.838	U01 HL087987	(1,076)
Synaptic Substrates of Age-Dependent memory deficits	93.866	R01 AG017139	169,631
HIV/AIDS Clinical Trials	93.855	U01 AI069471	163,137
Chicagoland Metropolitan Asthma Net Consortium	93.837	U10 HL098096	23,634
Vitamin D add-on therapy enhances Corticosteroid responsiveness in Asthma	93.837	U10 HL098096	176,451
Adapting Patient Navigation to promote Cancer Screening in Chicago's Chinatown	93.393	R01CA163830	33,855
HIT Extension Centers-3012-The Chicago HIT Regional Extension Center	93.718	90RC0020/01	182,600
Chicago Clinical Trials Unit	93.855	UM1AI069471	276,038
Passed through Social and Scientific Systems, Inc.:			
Cardiovascular, Anthropometric, and Skeletal effects of Anti-retroviral initiation with			
Tenofovir/Emtricitabine plus ATV/R, DRV/R or RTG-Metabolic substudy of A5257	93.837	R01 HL095132	8,709
ACTG Protocol A5303	93.855	BRS-ACURE-S-11-001960	33,623
Passed through University of Chicago:			
Home Sleep and circadian phase: Mediators of Racial disparities in Diabetes risk	93.847	R01 DK095207	50,802
Integrated Inpatient/Outpatient Care for Patients at High Risk of Hopitalization	93.610	C12012001832	24,068
Passed through University of Illinois:	93.307	DC0 MD002424	
Chicago Colon Cancer Patterns of Care Study Training in Cellular Signaling in the Cardiovascular system	93.307 93.837	P60 MD003424 5T32 HL007692	57,878
Training in Ceitular Signating in the Cardiovascular system  Tools for Optimizing Medication Safety	93.837	U19 HS021093	15.737
Chicago Colon Cancer Patterns of Care Study. Center for Excellence in Eliminating Disparities	93.226	P60 MD003424	4,158
BAILA: Being Active Increasing Latino's Healthy Aging	93.307	R01 NR013151	4,158 18,432
The Audible Human Project	93.286	R01 EB012142	18,432 44,441
Intensive Nutrition on ARDS: A Clinical trial	93.837	R01 HL093142	31,336
MR Monitoring of Engineered Tissues	93.286	E5081	66,110
Community-Based End-of-Life Intervention for African American Caregivers	93.866	R01 AG043485	8,798
Cost Analusis of a Nrse Managed Worksite health Clinic	93.262	3T20H008672	4,591
STN Stimulation Neural Control of Movement and Posture	93.853	R56 NS040902	15,207
Being Active, increasing Latinos Health Aging BAILA	93.361	R01 NR013151	29,522
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Federal Grantor/Pass-through Grantor/Program or Cluster Title	Federal CFDA Number	Federal Grantor/ Pass-through Grantor's Number	Federal Expenditures
Passed through Westat Inc:			201.645
NICHD International and Domestic Pediatric and Maternal HIV studies Coordinating Center  Passed through Yale University:	93.HHSN	HHSN275201300003C	881,647
The Insulin Resistance Intervention After Stroke Trial  Passed through Ohio State University:	93.853	U01 NS044876	526
Cooperative Tissue Bank of HIV Malignancies Individualized Planning for the first year following Acute Rehabilitation	93.395 84.133	U01 CA66531 H133AO80023	28,141 113,276
Passed through University of Texas-Houston:			
Parkinson's Disease Neuroprotection Clinical Trial: Statistical Center A Randomized Recruitment Intervention (RECRUIT)	93.853 93.307	U01 NS043127 U24 MD006941	16,784 11,320
NIAID (DHHS) Contract: Virology Quality Assurance Program	93.HHSN	HHSN272201200023C	714,481
Virology Quality Assurance Program	93.HHSN	HHSN272201200023C	1,955,526
Passed through Medical University of South Carolina:  Stenting vs. Aggressive Medical Management for Preventing Recurrent events in Intracranial Stenosis	93.853	U01 NS058728	10
Passed through University of Miami:			
Leukadherins as novel compounds for treating restenosis  Role of Obesity and breast fat tissue inflammation in breast cancer promotion	93.837 93.396	R01 HL109582 R21 CA176055	84,412 5,180
Passed through University of California:	75.570	K21 C/11/0055	5,100
Effects of traumatic brain injury and post traumatic stress disorder on Alzheimer's disease in Veterans	40.400		20.200
using ADNI Changing Lives by Eradicating Antibiotic Resistance	12.420 93.226	W91XWH-12-2-0212 HS019388	29,209 50,901
Solid Organ Transplantation in HIV	93.855	U01 AI052748	1,522
The Epilepsy Phenome/Genome Project	93.853	R01 NS053998	3,867
Multi-Center Trial to Evaluate Home-based assessment Methods for Alzheimer's Disease Prevention Research in People over 75 years old	93.866	U01 AG010483	10,042
Develop improved methods which will lead to uniform standards for acquiring longitudinal multi site	93.800	UU1 AUU10483	10,042
MRI and Pet data on patients with AD, MCI and normal control	93.866	U01 AG024904	49,121
CAMKII and Ins-P3 Mediated signaling in Cardiac Myoctyes	93.837	P01 HL080101	413,532
Alzheimer's Disease Neuroimaging initiative	93.866	AG24904	41,577
A Randomized Double blind Controlled PHASE II Multicenter Trial of CTLA4G NEPHRITIS plus CYCLOPHOSPHAMIDE VS CYCLOPHOSPHAMIDE alone in treatment of LUPUS Multi-Center Trial to Evaluate Home-Based assessment methods for Alzheimer's Disease prevention	93.N01	NO1-AI-15416	684
research in people over 75 years old	93.866	U01 AG10483	25,710
Decreasing Bioburden to reduce Healthcare-Associated Infections and Readmissions	93.213	ATT007769	47,709
Expressive languages sampling as an outcome measure  Therapeutic Effects of Intranasally-Administered Insulin (INI) in Adults with Amnestic Mild Cognitive	93.865	R01 HD074346	161,571
Impairment (aMCI) or Mild Alzheimer's Disease	93.866	RF1 AG041845	15,452
Passed through Duke University Medical Center:  Bridge: Bridging Anticoagulation in patients who require temporary interruption of Warfarin therapy for			
an elective invasive procedure or surgery	93.839	U01 HL087229	10,340
Catheter Ablation versus Antiarrhythmic drug therapy for Atrial Fibrillation trial	93.837	HL089786	726
Chemical Biology Approaches to Combat Parkinson's Disease and Dyskinesia  Passed through University of Washington:	93.853	R21 NS084261	14,083
Two Preclinical Latent Scores to Predict Occurrence of DAT	93.866	R01 AG034119	39,872
National Alzheimer's Coordinating Center	93.866	U01 AG016976	24,169
Passed through Eastern Cooperative Oncology Group: ECOG	93.40	ECOG-00101102	9,404
Passed through Emory University:		ECOG-00101102	
Clinical Studies of Dystonia and Related Disorders  Passed through University of Pennsylvania:	93.853	U54 NS065701	129,985
Alzheimer's Disease Genetics Consortium	93.866	U01 AG032984	17,461
Targeted Proteomics of resilient cognition in Aging	93.866	R01 AG039478	93,726
Passed through Radiation Oncology Group: Phase II Randomized Study of Rituximab, Methotrexate, Procarbazine, Vincristine, and Cytarabine With and Without Low-Dose Whole-Brain Radiotherapy for Primary Central Nervous System			
Lymphoma	93.395	U10 CA021661	485
Passed through Albert Einstein College of Medicine: Inflammatory and Immune Mechanisms of Atherosclerosis in HIV Infected Women	93.837	R01 HL095140	4,995
HPV and Cervis Neoplasia in a large long term HIV cohort research on malignancies in the context of HIV/AIDS	93.393	R01 CA085178	135,027
Passed through John Hopkins:			ŕ
Multi Uveitis Steroid treatment trial	93.867	U10 EY014660	5,199
Clot Lysis: Evaluating accelerated resolution of Intraventricular Hemorrhage  Mitochondrial Dysfunction in Cardiac Hypertrophy and Failure	93.853 93.837	U01 NS062851 R01 HL101235	3,073 115,000
International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT)	93.855	UM1 AI068635	11,855

Federal Grantor/Pass-through Grantor/Program or Cluster Title	Federal CFDA Number	Federal Grantor/ Pass-through Grantor's Number	Federal Expenditures
Passed through Brigham and Women's Hospital:			
Role of the Innate Immune System in Aging and Development of Alzheimer's Disease	93.310	R01AG043975	188,900
Altered monocyte function in relation to the CD33 Alzheimers disease locus	93.866	R01 AG043617	77,594
AIDS Clinical Trial Group	93.855	7UM1 AI068636	221,508
Exploring the role of the brain transciptome in cognitive decline	93.866	R01 AG036836	148,110
Vitamin D and Omega-3 Trial (VITAL)	93.393	U01 CA138962	7,352 73,937
LaboratoryCenter, AIDS Clinical Trial Group (ACTG) AIDS Clincial Trial Group Network	93.855	1UM AI106701 UM AI068636	51,800
ACTG UPC Chair funding	93.855	UM AI068636	72,088
AIDS Clinical Trial Group-Protocol Implementation funding Co-chair support	93.855	7UM1AI068636-07	14,333
AIDS Clinical Trial Group Network	93.855	UM AI068636	68,699
Passed through Massachusetts General Hospital:			
Role of Dynamin for Podocytes Structure and function	93.847 93.213	R01DK093773	75,447
Creatine Safety, Tolerability and efficacy in Huntington's Disease CoEnzyme Q10 in Huntington's Disease	93.213	U01 AT000613 5 U01 NS052592	(62,643) 12,407
Passed through NSABT:	93.833	3 001 N3032392	12,407
Radiation Therapy alone for Women with HER-2 Positive Ductal Carcinoma in Situ Resected by			
Lumpectomy	93.B-43	B-43	194,237
Breast Cancer Prevention Trial	93.399	U10 CA37377	488
Passed through Case Western Reserve University:	02.055	DOI 41076174	5.027
Defining the Pathogenesis of Immune Deficiency in Chronic HIV Infection  Passed through University Health System:	93.855	P01 AI076174	5,837
Domestic medical travel	11.112	UHC	60
Passed through Salk Institute:			
Stress and CRF Signaling in Alzheimer's Disease Pathogenesis	93.866	R01 AG032755	1,474
Passed through MCHC Chicago Hospital Council:			
MCHC - Chicago Hospital Council Subaward Agreement	93.889	25088	45,000
Passed through Great Lakes Hemophilia:  Public Health Surveillance for the Prevention of complications of Bleeding and Clotting Disorders	93.184	U27 DD000862	25,233
Maternal Child Health Bureau	93.110	5 H30 MC24052	1,074
Regional Program	93.184	H30 MC24052	43,585
Passed through University of Colorado:			,
Intubatin Mechanics of the Stable and Unstable Cervical Spine	93.286	R01 EB012048	116,073
Exploratory study of different doses of endurance exercise in people with Parkinson's disease	93.853	R01 NS074343	158,732
Passed through Great Lakes Neurotechnologies:	93.879	R44 AG034708	120,264
Etsense: Adaptive portable essential tumor monitor phase II  Passed through Upstairs Solution:	93.879	R44 AG054708	120,264
Using technology to deliver evidence-based interventions to Alzheimer caregivers	93.866	R42 AG032159	26,276
Passed through John Wayne Cancer Institute:			
A phase III Multicenter Randomized Trial of Sentinel Lympadenectomy and complete Lymph node			
dissection versus Sentinel Lymphadenectomy alone in cutaneous Melanoma Patients with molecular or			
Histopathological evidence of Metastases in the Sentinel node	93.395	P01 CA029605	861
Passed through University of Florida:  Pharmacotherapy for Alcohol consumption in HIV infected women	93.273	U01 AA020797	10,035
Southern HIV Alcohol Research Consortium (SHARC) Admin and Research Support Core	93.273	U24 AA022002	25,055
Passed through University of Kentucky:	70.270		,
Role of Impaired cognitive States and risk factors in conversion to mixed Dementias	93.866	R01 AG038651	94,372
Passed through Soar Technology:			
Virtual environment for social information processing  Passed through University of Pittsburgh:	84.133	H133S11048	2,698
Translational Evaluation of Aging, Inflammation & HIV in Lung Dysfunction	93.838	R01 HL120398	8,811
Cardiovascular and HIV/AIDS effect on Brain Structure/Function and Cognition	93.866	R01 AG034852	24,750
Passed through University of Michigan:			,
Early and Mid-life social determinants of Racial disparities in late life health	93.866	AG032247	33,952
Passed through George Washington University:	02.055	D20 11005511	21.010
District of Columbia developmental center for Aids research  Passed through University of Cincinnati:	93.855	P30 AI087714	21,918
Clinical Trials Network	93.279	U10 DA013732	(56,847)
Passed through Vanderbilt University:			(**,****)
Predictors of Opioid Analgesic responses and common endogenous Opioid mechanisms	93.279	R01 DA031726	241,452
Passed through Pacific Northwest National Lab			
Development of Lewy Bodies Biofluid Signatures by Targeted Proteomics	93.853	U18NS082140	62,448
Passed through Wake Forest University Health Sciences: Oxidative Stress and the Development of Osteoarthritis	93.866	R01 AG044034	42,316
Developing Research at the Interface of HIV and Aging	93.866	R24AG044325	22,935
Passed through Research Foundation of SUNY:		•	,
Effects of Vascular Health, Aging and HAART on Cognition in HIV: A Pilot Study	93.242	R21 MH097639	40,689
Stoke and APL: Community based Clinicopathological study	93.837	R01 HL096944	123,861
Passed through Dartmouth College:  Thermal Tomography as a Predictor for Radiation-Induced Skin injuries	93.856	U19 AI091173	6,359
i nermai i omography as a riculcioi foi Radiadon-induced skill injunes	93.630	019 AI0911/3	0,339

Place II Double-binded Piccelo Controlled Study of Bebacicamanb with or without AMG 386 in Patients with Recurrent Gilobateoms or Gilosarcoms and Application of a Novel Symbiotic to Modulate the Human Gut Microbiota and Improve Health in Obese Application of a Novel Symbiotic to Modulate the Human Gut Microbiota and Improve Health in Obese Application of Teces of Control of the Pascel through New England Research Institute:  Pascel through New England Research Institute:  Treatment of Preserved Cardiac Function Heart Failure with an Addosterone Antagonist-Topeat 93.801 NO-14IC-45207 (Control of Pascel through Nutrabiotic):  Use of Novel Probiotic Fiber of Targeted Dietary Management of Irritable Bowel Syndrome  Use of Novel Probiotic Fiber of Targeted Dietary Management of Irritable Bowel Syndrome  Use of Novel Probiotic Fiber of Targeted Dietary Management of Irritable Bowel Syndrome  Pascel through Technique Syndromental Research Foundation:  Cencies and Environmental Research Genomental Research Secure of Pascel Irritable Executed Transport Syndrome 93.855 R01 AID68759  Pascel through Technique Syndroment Promotypes in Multiple Families  Pascel through Technique Syndromen Promotypes in Multiple Families  Pascel Irritable Individual Control of the Musician's Hand  Pascel Irritable Individual Control of the Musician's Hand Pascel Irritable Individual Control of the Musician's Hand Pascel Irritable Irri	Federal Grantor/Pass-through Grantor/Program or Cluster Title	Federal CFDA Number	Federal Grantor/ Pass-through Grantor's Number	Federal Expenditures
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Adults Passed through New England Research Institute: Treatment of Preserved Cardiac Function Heart Failure with an Adosterone Antagonist-Topcat 93.801 N01-HC-45207 (Passed through Nutrabiotis: Use of Novel Prehiotic Fiber of Targeted Dietary Management of Irritable Bowel Syndrome 93.847 2844DK088525 15  Passed through Nutrabiotis: Use of Novel Prehiotic Fiber of Targeted Dietary Management of Irritable Bowel Syndrome 93.847 2844DK088525 15  Passed through Statistic Research Foundation: Genetic and Environmental Risk Factors for PSP 93.866 5 R01 AG024040 (Passed Through Statistic Institute for Medical Research: Mapping Autoimmune Phenotypes in Multiple Families Mapping Autoimmune Phenotypes in Multiple Families A New Rating Scale for Focal Task-Specific Dystonin of the Musician's Hand 93.853 N0867501  Passed through Statistic Passed for Focal Task-Specific Dystonin of the Musician's Hand 93.853 N0867501  Passed through Task Statistic Passed Through Task Syndrome 93.855 R01 HD071987  Passed through University Condition of Cardina and Chapel Hill: Concincts—Informatiss Trial of Warfarin to Prevent DVT 93.839 R01 HL097036  Passed through University of North Carolina and Chapel Hill: Using NK Cells Eliminate the Latent HIV Reservoir 93.855 U19 Al096113  Passed through University of North Carolina and Chapel Hill: Asset Defining and Preventing Voundation-Associated Complications in Pediatrics 93.226 IRISHS021636 1  Passed through Task Syndrome 93.855 R01 Al101820 1  Total U.S. Department of Heath and Human Services 93.856 U24 AG021886 2  Passed through Minagenpoits Medical Research Foundation: Applin in croacing Concology Group 93.856 U01 AG046152 2  Passed through Minagenpoits Medical Research Poundation: Applin in croacing events in the ciledry by nolecular targeted ultrasound imaging together with serum marke	Passed through University of Nebraska:	75.575	010 07021001	3,373
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Use of Novel Prebiotic Fiber of Targeted Delatry Management of Irritable Bowel Syndrome  Passed thru University of Louisville Research Foundation: Genetic and Environmental Risk Factors for PSP  Passed thru Britistic for Medical Research:  Passed thru Dystonia Conflicion: Alews Rating Scale for Focal Task-Specific Dystonia of the Musician's Hand Alexander and Environmental Risk Factors for PSP  Passed thru Dystonia Conflicion: Alews Rating Scale for Focal Task-Specific Dystonia of the Musician's Hand Alexander and Ethnic Disparities in Lung Cancer: Genetic and Epigenetic Factors Gender and Ethnic Disparities in Lung Cancer: Genetic and Epigenetic Factors Gender and Ethnic Disparities in Lung Cancer: Genetic and Epigenetic Factors Genetic and Ethnic Disparities in Lung Cancer: Genetic and Epigenetic Factors Based thru Washington University: Genetics-Informatics Trial of Warfarin to Prevent DVT Based thru Aldhacer Pharmaceuticals: Using NK Cells to Eliminate the Latern HIV Reservoir  Passed thru Aldhacer Pharmaceuticals:  Defining and Preventing Venilator-Associated Complications in Pediatrics Defining and Preventing Venilation for Alzheimer's Disease (NCRAD)  Passed thru Hand Associated Associated Complications in Pediatrics Defining and Preventing Venilation for Alzheimer's Disease (NCRAD)  Passed thru University: Chronic Effects of Neurotaman Consortium Definition of Alzheimer's Disease (NCRAD)  Passed thru University: Chronic Effects of Neurotaman Consortium Definition of Alzheimer's Disease (NCRAD)  Passed	Treatment of Preserved Cardiac Function Heart Failure with an Aldosterone Antagonist-Topcat	93.N01	N01-HC-45207	(2,250)
Cenetic and Environmental Risk Factors for PSP   Passed thro Feinstein Institute for Medical Research:   Mapping Autoimmune Phenotypes in Multiple Families   Passed thro Dystonia Coalition   Nonother Planshook (International Penature)   Passed through Penature   Passed		93.847	2R44DK088525	157,219
Passed thru Daybonia Coaliforn:   A New Rating Scale for Focal Task-Specific Dystonia of the Musician's Hand   93.83   NS067501		93.866	5 R01 AG024040	(3,900)
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Passed thm Northern Illinois University: Gender and Ethnic Disparities in Lung Cancer: Genetic and Epigenetic Factors Passed thm Research Triangle Institute: Decisional Capacity and informed consent in Fragile X Syndrome Passed thm Washington University: Genetics-Informatics Trial of Warfarin to Prevent DVT Passed thm University of North Carolina at Chapel Hill: Using NK Cells to Eliminate the Latent HIV Reservoir Passed thm University of North Carolina at Chapel Hill: Weight Cells to Eliminate the Latent HIV Reservoir Passed thm University of North Carolina at Chapel Hill: Weight Cells to Eliminate the Latent HIV Reservoir Passed thm University of North Carolina at Chapel Hill: Weight Cells to Eliminate the Latent HIV Reservoir Passed thm University of North Carolina at Chapel Hill: Weight Cells to Eliminate the Latent HIV Reservoir Passed thm University of Indiana: Assay Development to Discover Therapeutics Against Human Cytomegalovirus Passed thm University of Indiana: National Cell Repository for Abeliane's Disease (NCRAD) Passed thm University of Indiana: National Cell Repository for Abeliane's Disease (NCRAD) Passed thm Virginia Commonwealth University: Chronic Effects of Neutroniana Consortium 12.42 W81XWH-13-2-0095 Passed thm University Contology Group Passed thm University Chronic Effects of Neutroniana Consortium Patsway Discovery, Validation and Compound Identification for Alzheimer's Disease Passed through Minneapolis Medical Research Foundation: Aspirin in reducing events in the elderly Patsway Discovery, Validation and Compound Identification for Alzheimer's Disease Passed through Minneapolis Medical Research Foundation: Aspirin in reducing events in the elderly Pathway Discovery, Validation and Compound imaging together with serum markers of turnor associated nuclear change and angiogeness Full Against Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment 12.42 W81XWH-10-2-0138 Pathway Discovery Validation of Artifical Intelligence in real-time for disease identification and not	Passed thru Dystonia Coalition:			
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Decisional Capacity and informed consent in Fragile X Syndrome Passed thru Washington University: Genetics-Informatics Trial of Warfarin to Prevent DVT Based thru University of North Carolina at Chapel Hill: Using NK Cells to Eliminate the Latent HIV Reservoir Passed thru University of North Carolina at Chapel Hill: Using NK Cells to Eliminate the Latent HIV Reservoir Passed thru Adhaere Pharmaceuticals: Medical Chemistry based Optimization for Lead Compounds against Multiple Sclerosis Passed thru Harvard Pligrim Health Care: Defining and Preventing Venitlator-Associated Complications in Pediatrics Defining and Preventing Venitlator-Associated Complications in Pediatrics Passed thru Ichard Pligrim Health Care: Defining and Preventing Venitlator-Associated Complications in Pediatrics Passed thru Ichard School of Medicine at Mount Sinai: Assay Development to Discover Therapeutics Against Human Cytomegalovirus Passed thru Ichard School of Medicine at Mount Sinai: Assay Development to Discover Therapeutics Against Human Cytomegalovirus Passed thru University of Indiana: National Cell Repository for Alzheimer's Disease (NCRAD) 93.866 U24 AG021886 2 Passed thru Virginia Commonwealth University: Chronic Effects of Neurotrauma Consortium 12.42 W81XWH-13-2-0095 4 Passed thru University Office Schoology Group Passed thru Be Brada Institute: Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Pathway Discovery, Validation and Com		93.393	R15 CA152896	5,821
Genetics-Informatics Trial of Warfarin to Prevent DVT Passed thru University of North Carolina and Chapel Hill: Using NK Cells to Eliminate the Latent HIV Reservoir Passed thru Adhaere Pharmaceuticals: Medical Chemistry based Optimization for Lead Compounds against Multiple Sclerosis Medical Chemistry based Optimization for Lead Compounds against Multiple Sclerosis Medical Chemistry based Optimization for Lead Compounds against Multiple Sclerosis Medical Chemistry based Optimization for Lead Compounds against Multiple Sclerosis Medical Chemistry based Optimization for Lead Compounds against Multiple Sclerosis Medical Chemistry based Optimization for Lead Compounds against Multiple Sclerosis Medical Chemistry based Optimization for Lead Compounds against Multiple Sclerosis Passed thru University of Indiana: National Cell Repository for Alzheimer's Disease (NCRAD)  Passed thru University of Indiana: National Cell Repository for Alzheimer's Disease (NCRAD)  Passed thru Virginia Commonwealth University: Chronic Effects of Neurotrauma Consortium  Passed thru Gynecologic Oncology Group: Qanceologic Oncology Group: Qanceologic Oncology Group: Apairum The Broad Institute: Passed thru Broad Institute: Passed thru Broad Institute: Application Medical Research Foundation: Aspirin in reducing events in the elderly  Total U.S. Department of Health and Human Services  U.S. Army Medical Research Acquisition Activity: Battlefield-acquired minunogenicity to metals affects Orthopedic implant outcome Early detection of ovarian cancer by molecular trageted ultrasound imaging together with serum markers of tumor associated nuckar change and angiogenesis Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification (Guardian A New Therapeutic Target For Microgial Activation in AD  12.42 W81XWH-10-1-1054 11.27 W81XWH-10-1-1064 12.42 W81XWH-10-1-1064 12.42 W81XWH-10-1-1064 13.47 14.48 15.47 15.48 15.49 15.40 15.40 15.41 15.41 15.42 15.42 15.42 15.42 15.42 15.42 15.42 15.43 15.44 15.44 15.45	Decisional Capacity and informed consent in Fragile X Syndrome	93.865	R01 HD071987	5,999
Using NK Cells to Eliminate the Latent HIV Reservoir Passed thru Alhaere Pharmaceuticals:  Medical Chemistry based Optimization for Lead Compounds against Multiple Sclerosis Passed thru Harvard Pligrim Health Care: Defining and Preventing Venitlator-Associated Complications in Pediatrics Assay Development to Discover Therapeutics Against Human Cytomegalovirus Assay Development to Discover Therapeutics Against Human Cytomegalovirus Passed thru University of Indiana: National Cell Repository for Alzheimer's Disease (NCRAD) Passed thru Virginia Commonwealth University: Chronic Effects of Neurotranua Consortium Passed thru Gynecologic Oncology Group: Queccologic Oncology Group: Queccologic Oncology Group: Passed thru The Broad Institute: Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Passed thru Broad Institute: Passed through Minneapolis Medical Research Foundation: Aspirin in reducing events in the elderly  Total U.S. Department of Health and Human Services  U.S. Army Medical Research Acquisition Activity: Battlefield-acquired immunogenicity to metals affects Orthopedic implant outcome Passed thru Gynecologic Orthopedic Intelligence in real-time for disease identification and notification Orthopedic Trauma Treatment Intelligence in real-time f		93.839	R01 HL097036	8,798
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Passed thru Harvard Pilgrim Health Care:  Defining and Preventing Venitlator-Associated Complications in Pediatrics  Defining and Preventing Venitlator-Associated Complications in Pediatrics  Passed thru Icahn School of Medicine at Mount Sinai:  Assay Development to Discover Therapeutics Against Human Cytomegalovirus  Passed thru University of Indiana:  National Cell Repository for Alzheimer's Disease (NCRAD)  Passed thru Virginia Commonwealth University:  Chronic Effects of Neurotrauma Consortium  Passed thru Gynecologic Oncology Group:  Gynecologic Oncology Group:  Gynecologic Oncology Group:  Gynecologic Oncology Group  Passed thru Broad Institute:  Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease  Passed through Minneapolis Medical Research Foundation:  Total U.S. Department of Health and Human Services  U.S. Army Medical Research Acquisition Activity:  Battlefield-acquired immunogenicity to metals affects Orthopedic implant outcome  Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis  Geographic Ullization of Artificial Intelligence in real-time for disease identification and notification  (Guardian)  Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment  12.42  W81XWH-11-1-01062  W81XWH-11-1-01062  W81XWH-10-1-0662  45  A New Therapeutic Target For Microglal Activation in AD  Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound  12.42  W81XWH-12-1-0466  W81XWH-12-1-0466  W81XWH-12-1-0466  W81XWH-12-1-0466		02 855	P43 A1100400	10,032
Passed thru Icahn School of Medicine at Mount Sinai:  Assay Development to Discover Therapeutics Against Human Cytomegalovirus  Assay Development to Discover Therapeutics Against Human Cytomegalovirus  National Cell Repository for Alzheimer's Disease (NCRAD)  Passed thru University of Indiana:  National Cell Repository for Alzheimer's Disease (NCRAD)  Passed thru Virginia Commonwealth University:  Chronic Effects of Neurotrauma Consortium  12.42  Passed thru Gynecologic Oncology Group:  Gynecologic Oncology Group  Passed thru Gynecologic Oncology Group  Passed thru Be Broad Institute:  Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease  Passed through Minneapolis Medical Research Foundation:  Aspirin in reducing events in the elderly  Total U.S. Department of Health and Human Services  U.S. Army Medical Research Acquisition Activity:  Battlefield-acquired immunogenicity to metals affects Orthopedic implant outcome  Farly detection of ovarian canneer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis  Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification (Guardian)  Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment Guardian  A New Therapeutic Target For Microglial Activation in AD  L2.42  W81XWH-10-1-1054  W81XWH-10-1-1054  W81XWH-12-1-0460  W81XWH-12-1-0460  W81XWH-12-1-0460  W81XWH-12-1-0460	Passed thru Harvard Pilgrim Health Care:			
Passed thru University of Indiana: National Cell Repository for Alzheimer's Disease (NCRAD)  Passed thru Virginia Commonwealth University: Chronic Effects of Neurotrauma Consortium  Passed thru Gynecologic Oncology Group: Gynecologic Oncology Group  Passed thru The Broad Institute: Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Passed through Minneapolis Medical Research Foundation: Aspirin in reducing events in the elderly  Total U.S. Department of Health and Human Services  U.S. Army Medical Research Acquisition Activity: Battefield-acquired immunogenicity to metals affects Orthopedic implant outcome Yin and Yang of Heparanase in Breast Cancer initiation Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification (Guardian)  Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment Quardian A New Therapeutic Target For Microglial Activation in AD 12.42 W81XWH-10-1-1054 15.42 W81XWH-10-1-10662 15.43 W81XWH-12-1-0460 15.44 W81XWH-12-1-0460 15.45 W81XWH-12-1-0460 15.46 W81XWH-12-1-0460		93.226	1R18HS021636	14,953
National Cell Repository for Alzheimer's Disease (NCRAD)  Passed thru Virginia Commonwealth University: Chronic Effects of Neurotrauma Consortium  12.42 W81XWH-13-2-0095  4  Passesd thru Gynecologic Oncology Group: Gynecologic Oncology Group  Passed thru Gynecologic Oncology Group  Passed thru The Broad Institute: Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease  Passed through Minneapolis Medical Research Foundation: Aspirin in reducing events in the elderly  Total U.S. Department of Health and Human Services  U.S. Army Medical Research Acquisition Activity: Battlefield-acquired immunogenicity to metals affects Orthopedic implant outcome Yin and Yang of Heparanase in Breast Cancer initiation Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification (Guardian) Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment Guardian A New Therapeutic Target For Microglial Activation in AD 12.42 W81XWH-10-1-1054 15.45 W81XWH-10-1-1054 16.46 W81XWH-10-1-1066 17.47 W81XWH-10-1-1064 18.48 W81XWH-10-1-1064 19.49 W81XWH-10-1-1064 19.40 W81XWH-10-1-1064 19.40 W81XWH-10-1-1064 19.41 W81XWH-10-1-1064 19.42 W81XWH-10-1-1064 19.43 W81XWH-10-1-1064 19.44 W81XWH-10-1-1064 19.44 W81XWH-10-1-1066 19.45 W81XWH-10-1-1066 19.46 W81XWH-10-1-1066 19.47 W81XWH-10-1-1066 19.48 W81XWH-10-1-1066 19.49 W81XWH-10-1-1066 19.40 W81XWH-10-1-1066 19.40 W81XWH-10-1-1066 19.40 W81XWH-10-1-1066 19.40 W81XWH-10-1-1066 19.40 W81XWH-10-1-1066 19.41 W81XWH-10-1-1066 19.42 W81XWH-10-1-1066 19.44 W81XWH-10-1-1066 19.45 W81XWH-10-1-1066 19.46 W81XWH-10-1-1066 19.48 W81XWH-10-1-1066 19.49 W81XWH-10-1-1066 19.40 W81XWH-10-1-1066 1	Assay Development to Discover Therapeutics Against Human Cytomegalovirus	93.855	R01 AI101820	14,995
Chronic Effects of Neurotrauma Consortium  Passed thru Gynecologic Oncology Group:     Gynecologic Oncology Group:     Gynecologic Oncology Group  Passed thru The Broad Institute:     Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease  Passed through Minneapolis Medical Research Foundation:     Aspirin in reducing events in the elderly  Total U.S. Department of Health and Human Services  U.S. Army Medical Research Acquisition Activity:     Battlefield-acquired immunogenicity to metals affects Orthopedic implant outcome     Yin and Yang of Heparanase in Breast Cancer initiation     Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis     Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification     (Guardian)     Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment     A New Therapeutic Target For Microglial Activation in AD     A New Therapeutic Target For Microglial Activation in AD     Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound     12.42     W81XWH-12-1-0460     15	National Cell Repository for Alzheimer's Disease (NCRAD)	93.866	U24 AG021886	20,211
Passed thru Gynecologic Oncology Group Gynecologic Oncology Group Gynecologic Oncology Group Passed thru The Broad Institute: Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Passed through Minneapolis Medical Research Foundation: Aspirin in reducing events in the elderly  Total U.S. Department of Health and Human Services  Total U.S. Department of Health and Human Services  U.S. Army Medical Research Acquisition Activity: Battlefield-acquired immunogenicity to metals affects Orthopedic implant outcome Yin and Yang of Heparanase in Breast Cancer initiation Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis Geographic Utilization of Artificial Intelligence in real-time for disease identification (Guardian) Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment Guardian A New Therapeutic Target For Microglial Activation in AD Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound 12.42 W81XWH-12-1-0460 W81XWH-12-1-0460 W81XWH-12-1-0460		12.42	W81XWH-13-2-0095	41,299
Passed thru The Broad Institute: Pathway Discovery, Validation and Compound Identification for Alzheimer's Disease Passed through Minneapolis Medical Research Foundation: Aspirin in reducing events in the elderly  Total U.S. Department of Health and Human Services  12.42  Battlefield-acquired immunogenicity to metals affects Orthopedic implant outcome Yin and Yang of Heparanase in Breast Cancer initiation Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification (Guardian)  Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment Guardian 12.42  W81XWH-11-1-0510 8  W81XWH-11-1-0510 12.42  W81XWH-11-1-0510 12.42  W81XWH-10-1-1054 11  12.42  W81XWH-10-1-1054 11  12.42  W81XWH-10-1-1055 12  Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound 12.42  W81XWH-12-1-0460 15	Passesd thru Gynecologic Oncology Group:			
Passed through Minneapolis Medical Research Foundation: Aspirin in reducing events in the elderly  Total U.S. Department of Health and Human Services  51,95  U.S. Army Medical Research Acquisition Activity: Battlefield-acquired immunogenicity to metals affects Orthopedic implant outcome Yin and Yang of Heparanase in Breast Cancer initiation Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification (Guardian) Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment Guardian A New Therapeutic Target For Microglial Activation in AD Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound 12.42 W81XWH-12-1-0460 W81XWH-12-1-0460 W81XWH-12-1-0460		93.395	2/469-09	41,388
Aspirin in reducing events in the elderly  Total U.S. Department of Health and Human Services  51,95  U.S. Army Medical Research Acquisition Activity:  Battlefield-acquired immunogenicity to metals affects Orthopedic implant outcome Yin and Yang of Heparanase in Breast Cancer initiation Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification (Guardian)  Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment Guardian A New Therapeutic Target For Microglial Activation in AD Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound 12.42 W81XWH-12-1-0460 W81XWH-12-1-0460 W81XWH-12-1-0460		93.866	U01 AG046152	229,774
U.S. Army Medical Research Acquisition Activity:  Battle field-acquired immunogenicity to metals affects Orthopedic implant outcome Yin and Yang of Heparanase in Breast Cancer initiation Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification (Guardian) Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment Guardian A New Therapeutic Target For Microglial Activation in AD Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound  12.42 W81XWH-10-2-0138 W81XWH-10-2-0138 W81XWH-10-1-0510 8 W81XWH-10-1-10510 12.42 W81XWH-10-1-1054 11 1.27 W81XWH-10-1-1054 12.42 W81XWH-10-1-1054 15		93.866	U01 AG029824	132,976
Battlefield-acquired immunogenicity to metals affects Orthopedic implant outcome Yin and Yang of Heparanase in Breast Cancer initiation Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification (Guardian) Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment Guardian A New Therapeutic Target For Microglial Activation in AD Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound  12.42 W81XWH-11-1-0711 1,27 W81XWH-10-1-1054 11 12.42 W81XWH-10-1-1055 25 Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound 12.42 W81XWH-12-1-0460 15	Total U.S. Department of Health and Human Services			51,955,203
Yin and Yang of Heparanase in Breast Cancer initiation  Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis  Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification  (Guardian)  Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment  Guardian  A New Therapeutic Target For Microglial Activation in AD  Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound  12.42  W81XWH-11-1-0510  8  W81XWH-11-1-0711  1.27  W81XWH-10-1-1054  11  12.42  W81XWH-10-1-1054  12.42  W81XWH-12-1-0465  25  Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound  12.42  W81XWH-12-1-0460  15				
Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis  Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification  (Guardian)  Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment  Guardian  A New Therapeutic Target For Microglial Activation in AD  Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound  12.42  W81XWH-11-1-0510  8  W81XWH-11-1-0510  12.42  W81XWH-10-1-1054  11  12.42  W81XWH-12-1-0065  25  Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound  12.42  W81XWH-12-1-0460  15				349 248,377
Geographic Utilization of Artificial Intelligence in real-time for disease identification and notification (Guardian)  Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment Guardian  12.42  W81XWH-10-1-1054  11.42  W81XWH-09-1-0662  45  A New Therapeutic Target For Microglial Activation in AD  12.42  W81XWH-12-1-0065  25  Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound  12.42  W81XWH-12-1-0460  15	Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers			
Modulating WNT Signaling Pathway to Enhance Allograft Integration in Orthopedic Trauma Treatment  Guardian  12.42  W81XWH-10-1-1054  11.42  W81XWH-09-1-0662  45  A New Therapeutic Target For Microglial Activation in AD  Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound  12.42  W81XWH-12-1-0460  15		12.42	W81XWH-11-1-0510	84,818
Guardian 12.42 W81XWH-09-1-0662 45 A New Therapeutic Target For Microglial Activation in AD 12.42 W81XWH-12-1-0065 25 Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound 12.42 W81XWH-12-1-0460 15				1,277,253
A New Therapeutic Target For Microglial Activation in AD  Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound  12.42 W81XWH-12-1-0465 25  W81XWH-12-1-0460 15				114,374 456,018
				251,045
Total U.S. Army Medical Research Acquisition Activity 2,58	Early detection of Ovarian Cancer by Tumor Epithelium-Targeted Molecular Ultrasound	12.42	W81XWH-12-1-0460	155,857
	Total U.S. Army Medical Research Acquisition Activity			2,588,092
Department of Education:       National Center for Education Research     84.305     R305 A110143     60		84.305	R305 A110143	609,947
Total Department of Education 60	Total Department of Education			609,947

Federal Grantor/Pass-through Grantor/Program or Cluster Title	Federal CFDA Number	Federal Grantor/ Pass-through Grantor's Number	Federal Expenditures
National Science Foundation: Tribochemically Induced Gelation and Film Formation at Metal Interfaces	47.041	1160951	27,705
Collaborative Research: Electrokinetic Transport and Seperation in MEMS-fabricated Nanofluidic Channels	47.041	1402897	663
Total Department of National Science Foundation			28,369
Department of Energy:  Proof of Concept Studies of an Ultra-High Performance Cardiac Imaging System: C-SPECT-II	81.049	DE-SC0002138	26,681
Total Department of Energy			26,681
TOTAL RESEARCH AND DEVELOPMENT			55,208,292
Student Financial Assistance:			33,200,272
U.S. Department of Education:			
Stafford Loan	84.268	P268K5336	37,023,913
Grad Plus	84.268	P268K5336	9,766,960
Parent Loans for Undergraduate Students Perkins Loan	84.268 84.038	P268K5336 P038A031271	60,482 2,191,745
Perkins Loan  Perkins Loan-outstanding loan bal. at measurement date	84.038	F038A0312/1	10,697,865
Pell Grant Program	84.063	P063P125336	159,092
Supplemental Educational Opportunity Grant	84.007	P007A121271	96,400
Federal Work Study	84.033	P033A121271	373,832
Total U.S. Dept of Education			60,370,289
U.S. Department of Health and Human Services:			
Loans for Disadvantaged Students-outstanding loan bal. at measurement date	93.342		2,276,267
Nursing Student Loan-Undergraduate-outstanding loan bal. at measurement date	93.364		251,739
Nursing Student Loan-Graduate-outstanding loan bal. at measurement date	93.364		536,873
Primary Care Loan/HPSL-outstanding loan bal. at measurement date	93.342		2,137,141
Nurse Faculty Loan Program-outstanding loan bal. at measurement date-ARRA	93.408		301,694
Nurse Faculty Loan Program-outstanding loan bal. at measurement date	93.264	E4 BVB10100	698,575
Nursing Student Loan	93.364	E4 DHP19180	143,998
Nurse Faculty Loan Program Nurse Faculty Loan Program-ARRA	93.264 93.408	E01 HP25888 E0 AHP18909	214,284 93,924
Total U.S. Department of Health and Human Services			6,654,495
TOTAL STUDENT FINANCIAL ASSISTANCE			67,024,784
Other Federal Assistance:			
U.S. Department of Health and Human Services:	07		
Professional Nurse Traineeship	93.358	A10 HP25129	269,556
Nurse Anesthetist Traineeship	93.124	A22HP26003	21,930
Passed through State of Illinois Department of Human Services:  Early Intervention Services	84.181	FCSRO00924	939,138
Passed through State of Illinois Department of Public Health:	64.161	1 C3KO00924	939,138
	93.217,93.667,		
Family Planning Program	93.994	46080080B	124,144
School Health Centers	93.994,93.667	46080109B	304,017
IDPH-Emergency Dept. Asthma Surveillance	93.070	43283008B	9,496
IDPH-Emergency Dept. Asthma Surveillance	93.070	33283008A	13,695
Regional Perinatal Network	93.994,93.991	43789007B	254,256
Total Other Federal Assistance			1,936,232
TOTAL EXPENDITURES OF FEDERAL AWARDS			124,169,308
			(Concluded)

## RUSH UNIVERSITY MEDICAL CENTER

# SCHEDULE OF EXPENDITURES OF STATE AWARDS YEAR ENDED JUNE 30, 2014

Federal Grantor/Pass-through Grantor/Program or Cluster Title	Grantor/ Pass-through Grantor's Number	State Expenditures	
Passed through the Illinois Department of Public Health:			
IEDASP/Quitline	33281102A	\$	48,595
IEDASP/Quitline	33283009A	•	109
Genetic Counseling/Clinical Services	43780246B		62,000
Regional Perinatal Network	43789007B		136,156
Sickle Cell Program	43780259B		19,000
Total Illinois Department of Public Health			265,860
Passed through the Illinois Department of Human Services:			
Early Intervention Services	FCSRO00924		2,397,058
Total Illinois Department of Human Services			2,397,058
TOTAL EXPENDITURES OF STATE AWARDS		\$	2,662,918

# NOTES TO THE SCHEDULES OF EXPENDITURES OF FEDERAL AWARDS AND STATE AWARDS FOR THE YEAR ENDED JUNE 30, 2014

#### 1. BASIS OF PRESENTATION

The accompanying Schedules of Expenditures of Federal Awards and State Awards (the "Schedules") includes the federal and state grant activity of Rush University Medical Center Obligated Group (Rush). The Schedules have been prepared on the accrual basis of accounting. The information in the Schedules is presented in accordance with the requirements of U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*.

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES

Expenditures reported on the Schedules are presented on the accrual basis of accounting. Such expenditures are recognized following cost principles contained in OMB Circular A-122, Cost Principles for Non-profit Organizations, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Pass-through entity identifying numbers are presented where available.

#### 3. SUBRECIPIENTS

For the year ended June 30, 2014, Rush provided \$5,773,307 to subrecipients, as detailed in the table below. Such payments to subrecipients are included in federal expenditures presented in the accompanying Schedule of Expenditures of Federal Awards.

Program Title	CFDA	Subrecipient	Amount
National Institute of Health	93.RD	Various	\$ 4,731,304
Virology Quality Assessment	93.HHSN	Frontier Science Foundation Research Triangle Institute	60,705 113,954
Virology Quality Assessment	93.HHSN	Frontier Science Foundation Research Triangle Institute	97,308 226,475
Westat Contract	93.HHSN	Hektoen Institute	78,722
Guardian	12.42	Metropolitan Chicago Health Care Council	368,057
National Center for Education Research	84.305	University of Illinois	13,562
Early detection of ovarian cancer by molecular targeted ultrasound imaging together with serum markers of tumor associated nuclear change and angiogenesis	12.42	University of Illinois	33,868
Early detection of ovarian cancer by Tumor Epithelium Targeted Molecular Ultrasound	12.42	University of Illinois	13,177
District of Columbia developmental center for Aids research	93.855	Hektoen Institute	32,390
Detection of Ovarian Cancer by Contrast-Enhanced Ultrasound Targeted Imaging	12.42	University of Illinois	3,785
Total			\$ 5,773,307

#### 4. NONCASH ASSISTANCE

Rush did not receive any noncash federal awards or in-kind contributions during fiscal year 2014. In addition, Rush did not have any federal insurance in effect during the year ended June 30, 2014 to specifically cover federal expenditures.

# SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JUNE 30, 2014

Par	t I — Summary of Auditors' Results						
Financial Statements							
Type of auditors' report issued: unmodified							
Internal control over financial reporting:							
•	Material weakness(es) identified?		yes	X	no		
•	Significant deficiency(ies) identified that are not considered to be material weaknesses?		yes	_x	none reported		
•	Noncompliance material to consolidated financial statements noted?		yes	X	no		
Federal Awards							
Internal control over major programs:							
•	Material weakness(es) identified?		yes	X	no		
•	Significant deficiency(ies) identified that are not considered to be material weakness(es)?		yes	x	none reported		
Type of auditors' report issued on compliance for major programs: unmodified							
req	audit findings disclosed that are uired to be reported in accordance with tion 510(a) of OMB Circular A-133?		yes	x_	no		
Identification of major programs:							
C	CFDA Numbers		Name of Federal Program or Cluster				
V	Various	Student Financial Assistance Cluster					
	lar threshold used to distinguish between e A and type B programs:	\$3,000,000					
Aud	ditee qualified as low-risk auditee?	Χ	ves		no		

# SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JUNE 30, 2014

Part II — Financial Statement Findings

None noted.

Part III — Federal Award Findings and Questioned Costs

None noted.

# SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS FOR THE YEAR ENDED JUNE 30, 2014

Part II — Financial Statement Findings

None noted.

Part III — Federal Award Findings and Questioned Costs

None noted.