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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

UHS OPERATES THE UNIVERSITY OF TENNESSEE MEDICAL CENTER ("MEDICAL CENTER") WHICH OFFERS MEDICAL CARE TO A TWENTY-ONE COUNTY SERVICE AREA LOCATED THROUGHOUT EAST TENNESSEE, AND PROVIDES SERVICES TO PATIENTS LOCATED IN SOUTHEAST KENTUCKY, SOUTHWEST VIRGINIA, AND WESTERN NORTH CAROLINA THROUGH OPERATION OF THE MEDICAL CENTER, UHS PROVIDES HEALTHCARE SERVICES WITHIN ITS COMMUNITY AND BEYOND, PROVIDING SPECIALIZED CARE THAT IS CUSTOMARILY ONLY AVAILABLE AT ACADEMIC MEDICAL CENTERS, SUPPORTS MEDICAL RESEARCH AND EDUCATION THROUGH AN AFFILIATION AGREEMENT WITH THE UNIVESRITY OF TENNESSEE GRADUATE SCHOOL OF MEDICINE, PROVIDES A PATIENT BASE FOR TRAINING PHYSICIANS, DENTISTS, NURSES, AND OTHER HEALTH PROFESSIONALS, AND PROVIDES SUPPORT FOR CLINICAL RESEARCH AND RESEARCH TRAINING

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 446,914,286 including grants of \$ 320,306 ) (Revenue \$ 512,080,341 )

PATIENT CARE SERVICESSEE THE STATEMENT OF COMMUNITY BENEFIT PROVIDED IN SCHEDULE O FOR DETAIL RELATED TO PATIENT CARE SERVICES

4b

(Code ) (Expenses \$ 45,123,339 including grants of \$ ) (Revenue \$ 30,220,260 )

AS THE ONLY ACADEMIC MEDICAL CENTER IN THE REGION, UHS IS COMMITTED TO EDUCATION IN ORDER TO PREPARE HEALTHCARE PROFESSIONALS FOR THE FUTURE EDUCATION IS AN ONGOING ENDEAVOR FOR ALL EMPLOYEES, MANY OF WHICH WILL HAVE AN OPPORTUNITY TO SERVE AS TEACHERS AS WELL AS STUDENTS THE MEDICAL CENTER COLLABORATES WITH THE GSM AND OTHER ACADEMIC INSTITUTIONS AND IT MAINTAINS A LEARNING ENVIRONMENT WITH DEVOTION TO TECHNOLOGICAL AND TREATMENT ADVANCES THAT PROVIDE BETTER CARE FOR PATIENTS SEE THE STATEMENT OF COMMUNITY BENEFIT PROVIDED IN SCHEDULE O FOR DETAIL RELATED TO THE UNIVERSITY OF TENNESSEE GRADUATE SCHOOL OF MEDICINE

4c

(Code ) (Expenses \$ 16,278,041 including grants of \$ ) (Revenue \$ )

UNREIMBURSED CHARITY CARE AND SELF-PAY DISCOUNTSEE THE STATEMENT OF COMMUNITY BENEFIT PROVIDED IN SCHEDULE O FOR DETAIL RELATED TO CHARITY CARE AND THE SELF-PAY DISCOUNT

4d

Other program services (Describe in Schedule O )






















(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses\$ 508,315,666

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	318			
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b			0
c			1c	Yes		
2a			2a	4,144		
b			2b	Yes		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).						
3a			3a	Yes		
b			3b	Yes		
4a			4a		No	
b			See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a			5a		No	
b			5b		No	
c			5c			
6a			6a	Yes		
b			6b	Yes		
7 Organizations that may receive deductible contributions under section 170(c).						
a			7a	Yes		
b			7b	Yes		
c			7c		No	
d			7d			
e			7e		No	
f			7f		No	
g			7g			
h			7h			
8			8			
9			9a			
b			9b			
10			10a			
b			10b			
11			11a			
b			11b			
12a			12a			
b			12b			
13			13a			
b			13b			
c			13c			
14a			14a		No	
b			14b			

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	TN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	JOSEPH R LANDSMAN 2121 MEDICAL CENTER WAY NO 200 KNOXVILLE, TN 37920 (865) 305-9430

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

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

Form **990** (2010)



Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								9,638,870	0	536,197

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶174

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual . . . . .*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual . . . . .*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person . . . . .*

Yes

No

3

No

4

Yes

5

No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
GRADUATE SCHOOL OF MEDICINE 1924 ALCOA HIGHWAY KNOXVILLE, TN 37920	MEDICAL EDUCATION	27,467,268
UNIVERSITY PHYSICIANS ASSOCIATION 1520 CHEROKEE TRAIL KNOXVILLE, TN 37920	STAFFING/BILLING/ MGMT SRVCS	12,072,989
LABORATORY CORPORATION OF AMERICA 1924 ALCOA HIGHWAY KNOXVILLE, TN 37920	LABORATORY SERVICES	10,941,762
JOHNSON & GAYLON PO BOX 3070 KNOXVILLE, TN 37927	CONSTRUCTION SERVICES	6,623,380
ORTHO TENNESSEE 260 FORT SANDERS BLVD SUITE 200 KNOXVILLE, TN 37922	MEDICAL COVERAGE	3,656,794

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶107

Form 990 (2010)

Part VIII

Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . . . 1a				
	b Membership dues . . . . . 1b				
	c Fundraising events . . . . . 1c	589,569			
	d Related organizations . . . . . 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,970,738			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f . . . . . ▶	4,560,307			
	Program Service Revenue		Business Code		
2a NET PATIENT REVENUE		621500	518,738,837	518,738,837	
b PROGRAM SERVICE REV		621400	23,561,764	23,429,536	132,228
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f . . . . . ▶		542,300,601			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		4,290,173	668,790	3,621,383
	4 Income from investment of tax-exempt bond proceeds . . ▶				
	5 Royalties . . . . . ▶				
	6a Gross Rents	(i) Real	(ii) Personal		
		3,202,402	41,357		
	b Less rental expenses				
	c Rental income or (loss)	3,202,402	41,357		
	d Net rental income or (loss) . . . . . ▶		3,243,759		3,243,759
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		249,162,619			
	b Less cost or other basis and sales expenses	248,980,305	52		
	c Gain or (loss)	182,314	-52		
	d Net gain or (loss) . . . . . ▶		182,262		182,262
	8a Gross income from fundraising events (not including \$ 589,569 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
		a	173,550		
	b Less direct expenses . . . . . b		173,550		
	c Net income or (loss) from fundraising events . . ▶		0		
	9a Gross income from gaming activities See Part IV, line 19 . a				
	b Less direct expenses . . . . . b				
	c Net income or (loss) from gaming activities . . ▶				
10a Gross sales of inventory, less returns and allowances . . . . .					
	a				
b Less cost of goods sold . . . . . b					
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a PARKING REVENUE	812930	1,073,094		1,073,094	
b TELEPHONE SERVICE	812900	336,747	336,747		
c OTHER SERVICES	624100	240,643	240,643		
d All other revenue . . . . .		470,776	28,707	442,069	
e Total. Add lines 11a-11d . . . . . ▶		2,121,260			
12 Total revenue. See Instructions . . . . . ▶		556,698,362	542,168,373	1,407,115	8,562,567

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	260,108	260,108		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	60,198	60,198		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	7,359,143		7,359,143	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	170,165,245	152,565,558	17,599,687	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	12,472,014	10,953,389	1,518,625	
9	Other employee benefits . . . . .	23,268,335	21,621,623	1,646,712	
10	Payroll taxes . . . . .	11,767,374	10,794,329	973,045	
a	Fees for services (non-employees)				
	Management . . . . .	5,142,026	4,419,873	722,153	
b	Legal . . . . .	12,826,424	11,955,023	871,401	
c	Accounting . . . . .	212,779	42,094	170,685	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .	80,932			80,932
f	Investment management fees . . . . .				
g	Other . . . . .	72,629,574	66,948,124	5,681,450	
12	Advertising and promotion . . . . .	2,068,343	210,066	1,858,277	
13	Office expenses . . . . .	124,119,734	123,361,394	758,340	
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	12,807,271	12,228,626	578,645	
17	Travel . . . . .	714,671	558,771	155,900	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	344,378	292,725	51,653	
20	Interest . . . . .	11,793,072	11,793,072		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	20,174,217	20,174,217		
23	Insurance . . . . .	8,511,599	8,511,599		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	BAD DEBT	47,289,660	47,289,660		
b	EQUIPMENT RENTAL	3,004,184	2,948,801	55,383	
c	PRINTING	605,764	358,484	247,280	
d	POSTAGE	476,391	347,881	128,510	
e	UBI TAX	276,424	276,424		
f	All other expenses	628,975	343,627	285,348	
25	Total functional expenses. Add lines 1 through 24f	549,058,835	508,315,666	40,662,237	80,932
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing . . . . .				62,472,690	1	56,929,702
	2	Savings and temporary cash investments . . . . .				42,349,080	2	50,273,330
	3	Pledges and grants receivable, net . . . . .					3	
	4	Accounts receivable, net . . . . .				57,811,347	4	67,144,220
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .					6	
	7	Notes and loans receivable, net . . . . .					7	
	8	Inventories for sale or use . . . . .				5,647,971	8	5,260,168
	9	Prepaid expenses and deferred charges . . . . .				792,666	9	1,188,753
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	321,799,938	160,940,041	10c	174,499,155	
	b	Less: accumulated depreciation . . . . .	10b	147,300,783				
	11	Investments—publicly traded securities . . . . .				77,997,687	11	90,663,790
	12	Investments—other securities. See Part IV, line 11 . . . . .					12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				1,644,985	13	3,110,846
	14	Intangible assets . . . . .					14	
	15	Other assets. See Part IV, line 11 . . . . .				38,440,281	15	24,903,297
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .				448,096,748	16	473,973,261	
Liabilities	17	Accounts payable and accrued expenses . . . . .				86,354,284	17	91,754,422
	18	Grants payable . . . . .					18	
	19	Deferred revenue . . . . .					19	
	20	Tax-exempt bond liabilities . . . . .				229,165,778	20	231,601,892
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .					22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				15,260,873	23	20,736,026
	24	Unsecured notes and loans payable to unrelated third parties . . . . .					24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .				15,816,231	25	23,404,604
	26	Total liabilities. Add lines 17 through 25 . . . . .				346,597,166	26	367,496,944
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets . . . . .				97,318,882	27	99,973,775
	28	Temporarily restricted net assets . . . . .				333,512	28	1,975,856
	29	Permanently restricted net assets . . . . .				3,847,188	29	4,526,686
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds . . . . .					30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .					31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .					32	
	33	Total net assets or fund balances . . . . .				101,499,582	33	106,476,317
	34	Total liabilities and net assets/fund balances . . . . .				448,096,748	34	473,973,261

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	556,698,362
2	Total expenses (must equal Part IX, column (A), line 25)	2	549,058,835
3	Revenue less expenses Subtract line 2 from line 1	3	7,639,527
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,499,582
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,662,792
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	106,476,317

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization UNIVERSITY HEALTH SYSTEM INC	Employer identification number 31-1626179
--	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

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

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

**If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

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

**If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

Name of the organization UNIVERSITY HEALTH SYSTEM INC	Employer identification number 31-1626179
--	--

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
4a	Was a correction made?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
b	If "Yes," describe in Part IV	

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?	Yes		180
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		172,713
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities? If "Yes," describe in Part IV		No	
<b>j</b>	Total lines 1c through 1i			172,893
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
UNIVERSITY HEALTH SYSTEM INC

Employer identification number  
31-1626179

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►\_\_\_\_\_

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	3,939,899	3,248,694	2,846,890		
b Contributions . . . . .	654,498	608,652	363,843		
c Investment earnings or losses . . . . .	101,770	92,712	93,551		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .		10,159			
f Administrative expenses . . . . .					
g End of year balance . . . . .	4,696,167	3,939,899	3,304,284		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

3a(i)

No

(ii) related organizations . . . . .

3a(ii)

No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		2,614		2,614
b Buildings . . . . .		16,818	11,707	5,111
c Leasehold improvements . . . . .		175,564,511	57,438,152	118,126,359
d Equipment . . . . .		126,674,005	84,044,521	42,629,484
e Other . . . . .		19,541,990	5,806,403	13,735,587
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				174,499,155

Schedule D (Form 990) 2010



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .	2a
b	Donated services and use of facilities . . . . .	2b
c	Recoveries of prior year grants . . . . .	2c
d	Other (Describe in Part XIV) . . . . .	2d
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b	Other (Describe in Part XIV) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .	2a
b	Prior year adjustments . . . . .	2b
c	Other losses . . . . .	2c
d	Other (Describe in Part XIV) . . . . .	2d
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b	Other (Describe in Part XIV) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5

Part XIV Supplemental Information
-----------------------------------

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ALL ENDOWMENT FUNDS ARE USED TO SUPPORT THE OVERALL MISSION OF THE UNIVERSITY HEALTH SYSTEM - PATIENT CARE, RESEARCH, AND EDUCATION



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
UNIVERSITY HEALTH SYSTEM INC

Employer identification number  
31-1626179

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
FOCUS ON FUNDING 107 MULBERRY ST  COLUMBUS, OH 43147	GRANT WRITER		No	27,833	24,510	3,323
BENTZ WHALEY FLESSNER 7251 OHMS LANE  MINNEAPOLIS, MN 55439	STRATEGIC CONSULTING		No	0	50,334	-50,334
Total . . . . . ▶				27,833	74,844	-47,011

3

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

TN

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>EVENING IN ORANGE GALA</u>	<u>GOLF TOURNAMENT</u>	<u>6</u>	(Add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	637,440	72,500	53,179	763,119	
2	Less Charitable contributions	. . .	508,913	50,554	30,102	589,569	
3	Gross income (line 1 minus line 2)	. . .	128,527	21,946	23,077	173,550	
Direct Expenses	4	Cash prizes	. . .				
	5	Non-cash prizes	. .	9,831	395	10,226	
	6	Rent/facility costs	. .	40,620	7,197	3,606	51,423
	7	Food and beverages	. .	54,495	927	6,498	61,920
	8	Entertainment	. . .	5,000	250	1,100	6,350
	9	Other direct expenses	.	28,412	3,742	11,477	43,631
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					173,550
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶					0

Part III Gaming.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

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

b If "No," Explain \_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes

☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes

☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes

☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes

☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public  
Inspection

**Name of the organization**  
UNIVERSITY HEALTH SYSTEM INC

**Employer identification number**  
31-1626179

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			10,194,517		10,194,517	2 030 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			68,710,748	64,217,082	4,493,666	0 900 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			10,284,326	6,693,356	3,590,970	0 720 %
d Total Financial Assistance and Means-Tested Government Programs			89,189,591	70,910,438	18,279,153	3 650 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			366,168		366,168	0 070 %
f Health professions education (from Worksheet 5)			15,473,688		15,473,688	3 080 %
g Subsidized health services (from Worksheet 6)			6,083,524		6,083,524	1 210 %
h Research (from Worksheet 7)			90,000		90,000	0 020 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			119,745		119,745	0 020 %
j Total Other Benefits			22,133,125		22,133,125	4 400 %
k Total. Add lines 7d and 7j			111,322,716	70,910,438	40,412,278	8 050 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members		22,045		22,045	0 %
6	Coalition building					
7	Community health improvement advocacy		222,695		222,695	0 040 %
8	Workforce development					
9	Other					
10	Total		244,740		244,740	0 040 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	13,216,687
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	111,470,102
6	Enter Medicare allowable costs of care relating to payments on line 5	6	115,838,324
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-4,368,222
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes

Part IV

Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 1 DLUHS INC	LABORATORY SERVICES	5 000 %		
2 2 UNIVERSITY AMBULATORY SURGICAL CENTER	SURGERY CENTER	53 500 %		46 500 %
3 3 THE EAST TENNESSEE CENTER FOR SLEEP MEDICINE LLC	SLEEP MEDICINE	50 000 %		
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

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

**Schedule H (Form 990) 2010**

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? \_\_\_\_\_

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

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7 COST IS DERIVED FROM THE ACTUAL EXPENSE DATA ACCUMULATED WITHIN THE UHS GENERAL LEDGER WHICH ADDRESSES ALL PATIENT SEGMENTS (INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, AND SELF-PAY) UHS ALLOCATES THOSE EXPENSES TO ALL PATIENT SEGMENTS AT THE PROCEDURE LEVEL BASED ON A COST TO CHARGE RATIO
		PART I, L7 COL(F) BAD DEBT EXPENSE INCLUDED IN FORM 990, PART IX, LINE 25, COLUMN (A) IS \$47,289,660 UHS EXCLUDED THE FULL AMOUNT, \$47,289,660, FOR PURPOSES OF CALCULATING THE PERCENTAGE IN COLUMN (F), ON PART I, LINE 7
		PART II THE ACTIVITIES REPORTED IN PART II SEEK TO ACHIEVE SPECIFIED OBJECTIVES, INCLUDING IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, AND RELIEF OF GOVERNMENT BURDEN THE ACTIVITIES ARE AVAILABLE TO THE GENERAL PUBLIC, FOCUSING ON LOW-INCOME CONSUMERS
		PART III, LINE 4 TO DETERMINE THE AMOUNTS REPORTED IN PART III, LINES 2 AND 3, UHS USES ACTUAL EXPENSE DATA ACCUMULATED BY PATIENT WITHIN THE TRENDSTAR SYSTEM BASED ON A COST TO CHARGE RATIO THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER UHS'S CHARITY CARE POLICY CONSISTS OF ALL BAD DEBT ACCOUNTS WHEREBY THE PATIENTS 1 DID NOT FOLLOW THROUGH WITH THE APPROPRIATE TNCARE OR CHARITY CARE APPLICATIONS (IF THEY FOLLOWED THROUGH CHARITY WOULD HAVE BEEN GRANTED) 2 HAD TNCARE COVERAGE BUT NOT AT THE TIME OF SERVICE (A MAJORITY WERE PATIENTS DISENROLLED BY TNCARE PROGRAM IN 2010 THESE PATIENTS NEVER FOLLOWED THROUGH WITH REAPPLYING FOR TNCARE OR CHARITY ) 3 LIABILITY AMOUNTS REMAINED UNPAID AFTER THEIR LOCAL GOVERNMENTAL ASSISTANCE PROGRAM PAID AND THEY NEVER FOLLOWED THROUGH WITH CHARITY APPLICATION THE TEXT OF THE UNIVERSITY HEALTH SYSTEM, INC AND SUBSIDIARIES CONSOLIDATED FINANCIAL STATEMENTS READS "NET PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED AND INCLUDES ESTIMATED RETROACTIVE REVENUE ADJUSTMENTS DUE TO FUTURE AUDITS, REVIEWS, AND INVESTIGATIONS RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED, AND SUCH AMOUNTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS, AND INVESTIGATIONS "UHS PROVIDES CARE TO PATIENTS WHO MEET CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES UHS DOES NOT REPORT AS REVENUE THE CHARGES THAT QUALIFY AS CHARITY CARE BECAUSE UHS DOES NOT PURSUE COLLECTION OF THOSE AMOUNTS
		PART III, LINE 8 THE MEDICARE ALLOWABLE COST REPORTED IN THE UHS MEDICARE COST REPORT, AS REFLECTED IN THE AMOUNT REPORTED IN PART III, LINE 6, IS DERIVED FROM THE ACTUAL EXPENSE DATA FROM THE UHS GENERAL LEDGER UHS ALLOCATES THOSE EXPENSES TO PATIENTS AT THE PROCEDURE LEVEL BASED ON A COST TO CHARGE RATIO THE SHORTFALL OF \$4,368,222 AS REPORTED IN PART III, LINE 7, SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE, ABSENT THE MEDICARE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR CHARITY CARE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT ARE RELIEVED WITH RESPECT TO THESE INDIVIDUALS IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENT HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY ALSO, THERE IS A SIGNIFICANT POSSIBILITY THAT CONTINUED REDUCTION IN REIMBURSEMENT MAY ACTUALLY CREATE DIFFICULTIES IN ACCESS FOR THESE INDIVIDUALS, AND THE AMOUNT SPENT TO COVER THE MEDICARE SHORTFALL IS MONEY NOT AVAILABLE TO COVER CHARITY CARE AND OTHER COMMUNITY BENEFIT NEEDS
		PART III, LINE 9B IT IS THE POLICY OF UHS TO PURSUE COLLECTION OF PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THESE SERVICES IF ADDITIONAL ASSISTANCE IS APPROVED, THE FINANCIAL COUNSELOR WILL SUBMIT A LETTER TO THE PATIENT TO INFORM HIM/HER OF APPROVAL OR PROVIDE OTHER INSTRUCTIONS IF APPROVED FOR AN ADJUSTMENT, THE FINANCIAL COUNSELOR WILL SUBMIT THE INFORMATION TO PATIENT ACCOUNTS, WHO WILL PROCESS THE WRITE-OFF OR OTHER DISCOUNTS THE ORGANIZATION'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE THE ORGANIZATION MAINTAINS COLLECTION PRACTICES THAT APPLY TO ALL PATIENTS, CHARITY CARE AND NON-CHARITY CARE PATIENTS, CONSISTENTLY AND FAIRLY REGARDLESS OF INSURANCE STATUS THE MEDICAL CENTER, AS A TRAUMA CENTER, OFTEN TREATS PATIENTS WHO HAVE HAD AN UNPLANNED CATASTROPHIC HEALTHCARE OCCURRENCE PATIENTS MAY HAVE THE MEANS TO PAY ONLY A PORTION OF THE ENTIRE COST ALLOWANCES ARE MADE TO ADJUST THEIR HIGH BALANCES TO A MORE MANAGEABLE PAYOFF AMOUNT WE UTILIZE AN INCOME CRITERION TO ADJUST A SIGNIFICANT PORTION OF THE BALANCE AS A CHARITY DISCOUNT FINANCIAL COUNSELORS DILIGENTLY WORK WITH PATIENTS AND EVALUATE NEW INFORMATION LEARNED DURING THE COLLECTION PROCESS TO DETERMINE IF COLLECTION ACTIVITIES SHOULD BE CEASED OR IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE
UNIVERSITY HEALTH SYSTEM, INC		PART V, SECTION B, LINE 19D THE STATE OF TENNESSEE ALLOWS A HOSPITAL TO CHARGE NO MORE THAN 185% OF THE MOST RECENTLY SETTLED COST TO CHARGE RATIO IN THE MEDICARE COST REPORT UHS AUTOMATICALLY EXTENDS A 40% DISCOUNT TO SELF-PAYING PATIENTS THIS 40% DISCOUNT COMPLIES WITH STATE REGULATIONS
		PART VI, LINE 2 THE UNIVERSITY OF TENNESSEE MEDICAL CENTER (UTMC) COLLABORATES WITH TOGETHER! HEALTHY KNOX (T!HK), AN INITIATIVE OF THE KNOX COUNTY HEALTH DEPARTMENT (KCHD), TO ASSESS THE COMMUNITY HEALTH NEEDS OF KNOX COUNTY THE MISSION OF T!HK IS "A COMMUNITY APPROACH TO BETTER HEALTH " T!HK PROVIDES A FRAMEWORK FOR BRINGING TOGETHER THE INDIVIDUALS, GROUPS AND ORGANIZATIONS THAT MAKE UP THE KNOX COUNTY PUBLIC HEALTH SYSTEM, AND GUIDES THE COMMUNITY TO IDENTIFY AND TAKE ACTION ON PRIORITY HEALTH ISSUES THE PURPOSE OF THE ASSESSMENT IS TO PROVIDE A SNAPSHOT OF THE HEALTH STATUS OF KNOX COUNTY RESIDENTS, TO PROVIDE USEFUL INFORMATION FOR LOCAL PROGRAMMATIC AND FISCAL DECISION-MAKING, AND TO INFORM THE DEVELOPMENT OF A STRATEGIC COMMUNITY HEALTH IMPROVEMENT PLAN DR JACK LACEY, SENIOR VICE PRESIDENT & CHIEF MEDICAL OFFICER OF UTMC REPRESENTS UTMC ON THE T!HK LEADERSHIP TEAM, SERVING WITH EIGHTEEN OTHER VOLUNTEERS WHO SERVE DIVERSE COMMUNITY ORGANIZATIONS THESE COMMUNITY ORGANIZATIONS INCLUDE THE KNOXVILLE AREA CHAMBER PARTNERSHIP, KNOX COUNTY SCHOOLS, THE KNOXVILLE TRACK CLUB, HOLA HORA LATINA, PELLISSIPPI STATE COMMUNITY COLLEGE, UT'S CENTER FOR PUBLIC HEALTH, SUMMIT MEDICAL GROUP, CITY AND COUNTY DEVELOPMENT DEPARTMENTS, THE YMCA, COMPASSION COALITION, AND THE INTERFAITH HEALTH CLINIC T!HK USES THE FOUR ASSESSMENTS OF THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) MODEL FROM COMMUNITY HEALTH PLANNING MAPP WAS DEVELOPED THROUGH A COOPERATIVE AGREEMENT BETWEEN THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION THE KCHD BEGAN DATA COLLECTION FOR THIS INITIATIVE IN 2009, COMPLETING TWO ASSESSMENTS, THE FIRST OF WHICH FOCUSED ON CAUSES OF ILLNESS AND DEATH IN KNOX COUNTY PRE-EXISTING DATABASES CONTAINING LOCAL, STATE, AND NATIONAL HEALTH AND BEHAVIOR DATA WERE USED, INCLUDING THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), YOUTH RISK BEHAVIOR SURVEY (YRBS), DEATH CERTIFICATE DATA, BIRTH CERTIFICATE DATA, AND HOSPITAL DISCHARGE DATA THE SECOND ASSESSMENT FOCUSED ON COUNTY RESIDENTS' ATTITUDES ABOUT THEIR HEALTH AND QUALITY OF LIFE NINE FOCUS GROUPS ON HEALTH & QUALITY OF LIFE WERE HELD THROUGHOUT KNOX COUNTY MORE THAN 3,400 SURVEYS ON HEALTH & QUALITY OF LIFE WERE COMPLETED BY COMMUNITY MEMBERS IN PARTNERSHIP WITH THE UNIVERSITY OF TENNESSEE, TWENTY-SEVEN KEY INFORMANTS WERE ALSO INTERVIEWED AS OF DECEMBER 31, 2010, RESULTS FOR ONLY THE FIRST TWO ASSESSMENTS HAVE BEEN RELEASED REPORTS CAN BE FOUND ON THE WEBSITE WWW.HEALTHYKNOX.ORG TO ASSESS THE COMMUNITY HEALTH NEEDS OF THE COUNTIES SURROUNDING KNOX COUNTY, UTMC CONSULTS THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE'S 2010 COUNTY HEALTH RANKINGS THE COUNTY HEALTH RANKINGS IS A COLLECTION OF 50 REPORTS THAT REFLECT THE OVERALL HEALTH OF COUNTIES IN EVERY STATE ACROSS THE COUNTRY, AND DATA COLLECTED BY OTHER STATE GOVERNMENT AND LOCAL AGENCIES TO ASSESS THE HEALTH OF THE COMMUNITY IT SERVES THE COUNTY HEALTH RANKINGS ARE A KEY COMPONENT OF THE MOBILIZING ACTION TOWARD COMMUNITY HEALTH (MATCH) PROJECT, A COLLABORATION BETWEEN THE ROBERT WOOD JOHNSON FOUNDATION AND THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE THE COUNTY HEALTH RANKINGS TEAM SYNTHESIZES HEALTH INFORMATION FROM A VARIETY OF DATA SOURCES TO CREATE THE RANKINGS MOST OF THE DATA USED IS PUBLIC DATA MEASURES BASED ON VITAL STATISTICS DATA, SEXUAL TRANSMITTED DISEASE RATES, AND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SURVEY DATA WERE CALCULATED SPECIFICALLY FOR THESE RANKINGS BY STAFF AT THE NATIONAL CENTER FOR HEALTH STATISTICS AND OTHER UNITS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) HEALTH CARE QUALITY MEASURES WERE CALCULATED FOR THE RANKINGS BY THE AUTHORS OF THE DARTMOUTH ATLAS OF HEALTHCARE, USING MEDICARE CLAIMS DATA ANOTHER KEY DATA SOURCE, PRIMARILY FOR SOCIAL AND ECONOMIC VARIABLES, WAS THE AMERICAN COMMUNITY SURVEY 2005-2009 COUNTY RANKINGS CAN BE FOUND ON THE WEBSITE WWW.COUNTYHEALTHRANKINGS.ORG IN 2010 AND EARLY 2011, UTMC CREATED A STAKEHOLDER GROUP TO REVIEW THE DATA COLLECTED TO-DATE FROM THE RESOURCES NAMED ABOVE ADDITIONALLY THE UTMC CENTER COMMUNITY HEALTH ADVISORY COMMITTEE WAS FORMED THE COMMITTEE CONSISTS OF INDIVIDUALS WHO WORK AND PROVIDE HEALTH EDUCATIONAL RESOURCES AND HEALTHCARE TO INDIVIDUALS IN KNOX COUNTY AND THE SURROUNDING REGION
		PART VI, LINE 3 TO COMMUNICATE THE HOSPITAL'S FINANCIAL POLICY TO THE PATIENT, THE "UNDERSTANDING YOUR HOSPITAL BILL" BROCHURE IS MADE AVAILABLE AT ALL POINTS OF REGISTRATION (INTAKE PROCESS AND DISCHARGE) AND FINANCIAL COUNSELORS ARE AVAILABLE TO DISCUSS SPECIFIC CASES THE BROCHURE INSTRUCTS THE PATIENT TO CONTACT THE FINANCIAL COUNSELOR OR PATIENT ACCOUNTS FOR MORE INFORMATION ON CHARITY AND OTHER APPLICABLE DISCOUNTS FINANCIAL COUNSELORS VISIT PATIENT ROOMS WHEN POSSIBLE TO EXPLAIN THE UHS BILLING PROCESS, PAYMENT PLANS AND SCREEN FOR ASSISTANCE SUCH AS TENNCARE, VICTIM OF CRIME OR CHARITY WRITE-OFF FINANCIAL COUNSELORS SCREEN ADMISSIONS FOR TRUE HARDSHIP CASES THAT SHOULD BE REVIEWED FOR CHARITY AND CLEARLY STATE THE ELIGIBILITY REQUIREMENTS TO THE PATIENT THE ORGANIZATION'S CHARITY CARE POLICY (A PATIENT-FRIENDLY SUMMARY) AND FINANCIAL ASSISTANCE CONTACT INFORMATION IS POSTED IN THE ADMISSIONS AREAS, EMERGENCY AREAS, AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS MAY BE PRESENT POLICIES ARE ALSO POSTED IN SPANISH DUE TO THE HIGH VOLUME OF SPANISH-SPEAKING PATIENTS ALL STAFF WITH PATIENT CONTACT ARE KNOWLEDGEABLE ABOUT THE CHARITY CARE POLICY (ADMITTING AND BILLING CLERKS, NURSING AND MEDICAL STAFFS, SOCIAL WORKERS, CHAPLAINS, PATIENT ADVOCATES, ETC.)
		PART VI, LINE 4 THE UNIVERSITY OF TENNESSEE MEDICAL CENTER IS LOCATED IN KNOX COUNTY, TENNESSEE AN ESTIMATED 424,000 INDIVIDUALS RESIDED IN KNOX COUNTY BETWEEN 2000 AND 2010 THE METROPOLITAN PLANNING COMMISSION ESTIMATES THAT THE POPULATION BETWEEN 2000 AND 2030 WILL INCREASE NEARLY 38% WHICH IS GREATER THAN THE 29.2% PREDICTED GROWTH FOR THE U.S. AS A WHOLE THE LARGEST PORTION OF THE POPULATION IN KNOX COUNTY IS BETWEEN 20 AND 29 YEARS WITH 62,336 INDIVIDUALS CLOSELY BEHIND ARE 40-49 YEAR OLDS AT 60,512 INDIVIDUALS SINCE 2000, ESTIMATES INDICATE THE POPULATION 60 YEARS OF AGE AND OLDER IN KNOX COUNTY HAS GROWN APPROXIMATELY 26.6% IN 2008, APPROXIMATELY 1.8% IN KNOX COUNTY WERE NON-ENGLISH SPEAKING PERSONS IN KNOX COUNTY, 14.6% OF HIGH SCHOOL STUDENTS DROPPED OUT IN 2008 AND THE GRADUATION RATE WAS ONLY 79.3%, WHEREAS THE STATE-WIDE GRADUATION RATE WAS 82.2% WITH 10.1% OF STUDENTS DROPPING OUT IN 2008, APPROXIMATELY 14.5% OF ALL PEOPLE IN KNOX COUNTY WERE LIVING BELOW THE POVERTY LEVEL (COMPARED TO 12.6% IN 2000 AND 2007.) OF THESE, APPROXIMATELY 15.3% WERE CHILDREN UNDER THE AGE OF 18 THIS INCREASED 6.3% COMPARED TO THE 2000 U.S. CENSUS
		PART VI, LINE 6 THE MEDICAL CENTER IS OPERATED FOR THE BENEFIT OF THE COMMUNITY IN A MANNER CONSISTENT WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE UHS HAS ADOPTED A FORMAL CHARITY CARE POLICY, HAS AN OPEN MEDICAL STAFF, AND OPERATES AN EMERGENCY ROOM, INCLUDING A LEVEL I TRAUMA CENTER IT IS GOVERNED BY A BOARD OF DIRECTORS COMPOSED OF INDEPENDENT CIVIC LEADERS FROM THE COMMUNITY AND REPRESENTATIVES FROM THE UNIVERSITY OF TENNESSEE ADDITIONALLY, PLEASE REFER TO THE STATEMENT OF COMMUNITY BENEFIT AS PROVIDED IN SCHEDULE O FOR FURTHER DOCUMENTATION REGARDING UHS'S COMMITMENT WITHIN ITS COMMUNITY
		PART VI, LINE 7 UHS IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM
REPORTS FILED WITH STATES	PART VI, LINE 7	TN



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
UNIVERSITY HEALTH SYSTEM INC

Employer identification number  
31-1626179

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

Yes

No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . .

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EAST TN CHILDRENS HOSPITALPO BOX 15010 KNOXVILLE,TN 37901	62-6002604	501(C)(3)	6,000				2010 CENTER STAGE SPONSORSHIP
(2) EAST TN ECONOMIC DEVELOPMENT10215 TECHNOLOGY DRIVE STE 202 KNOXVILLE,TN 37932	62-1158958	501(C)(3)	18,000				2010 INVESTMENT - 15 COUNTY REGIONAL ECONOMIC DEVELOPMENT
(3) INTERFAITH HEALTH CLINIC315 GILL AVENUE KNOXVILLE,TN 37917	58-1947641	501(C)(3)	50,000				COMMUNITY HEALTHCARE OUTREACH FOR UNINSURED
(4) KNOX ACADEMY MED PROJECT115 SUBURBAN ROAD KNOXVILLE,TN 37923	62-1458199	501(C)(3)	10,000				2010 GALA DIAMOND SPONSORSHIP
(5) SUSAN G KOMEN FOUNDATION5005 LBJ FREEWAY STE 250 DALLAS,TX 752446100	75-1835298	501(C)(3)	25,000				2010 RACE FOR THE CURE SPONSORSHIP
(6) UNIVERSITY OF TENNESSEE ATHLETIC DEPT301 ANDY HOLT TOWER KNOXVILLE,TN 37996	62-6001636	501(C)(3)	14,558				DONATION TO PURCHASE DEFIBRILLATORS FOR ATHLETE USE
(7) WELLNESS COMMUNITY 2230 SUTHERLAND AVENUE KNOXVILLE,TN 37919	58-1846210	501(C)(3)	40,500				DONATION TO SUPPORT OPERATIONS
(8) KNOXVILLE NEWS SENTINELDEPARTMENT 888581 KNOXVILLE,TN 37995	62-1785559	N/A	8,000				EMPTY STOCKING FUND
(9) MARCH OF DIMES322 NANCY LYNN LANE STE 11 KNOXVILLE,TN 37919	13-1846366	501(C)(3)	8,500				2010 MARCH FOR THE BABIES SPONSORSHIP, 2010 SIGNATURE CHEFS AUCTION, 2010 BRUCE PEARL GOLF TOURNAMENT SPONSORHIP
(10) VARIETY OF EAST TENNESSEE7132 REGAL LANE KNOXVILLE,TN 37918	33-1025696	501(C)(3)	10,100				DONATION TO PROVIDE EQUIPMENT FOR DISABLED CHILDREN

2

Enter total number of section 501(c)(3) and government organizations . . . . .

9

3

Enter total number of other organizations . . . . .

1

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EMPLOYEE ASSISTANCE SCHOLARSHIPS	59	10,958			
(2) CRISIS FUND CHARITABLE ASSISTANCE	2560	33,640			
(3) MEDICAL EXPLORATIONS STIPENDS	40	15,600			

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEES FOR EMPLOYEE EDUCATION ASSISTANCE SCHOLARSHIPS, APPLICANTS MUST SUBMIT RECEIPTS FOR EXPENDITURES FOR OTHER GRANTS, VARIOUS PROCEDURES ARE IN PLACE DEPENDING ON GRANT TYPE, INCLUDING REQUIREMENTS TO SUBMIT APPLICATIONS FOR REVIEW AND APPROVAL ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE LEVELS OF APPROVAL

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
UNIVERSITY HEALTH SYSTEM INC

Employer identification number  
31-1626179

Part I

Questions Regarding Compensation

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

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
( 2 )								
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN NAME AMOUNT JOSEPH R LANDSMAN, JR \$ 150,819 THOMAS M FISHER 101,448 WILLIAM D HALL 108,033 NORMAN D MAJORS 29,158 JOHN W LACEY 47,248 JANNELL R CECIL 11,022 STEVEN R ROSS 29,469 JOHN L BELL, M D 59,517 BENNETT COX 14,948 ROBERT F ELDER, M D 29,457 RICHARD K GEICEK 15,633 BETTY A GISSEL 10,634 LARRY C KILGORE, M D 8,035 JOHN J SHERIDAN 8,735 ABOVE DISTRIBUTIONS WERE INCLUDED IN TAXABLE INCOME DURING 2010 IN ACCORDANCE WITH PLAN DOCUMENTS
	PART I, LINE 7	THE SENIOR VP'S INCENTIVE PLAN IS CONTINGENT UPON TARGETS APPROVED BY THE CEO. THE CEO DISCUSSES THE INCENTIVE PLAN WITH THE BOARD'S COMPENSATION COMMITTEE. COMPENSATION PAID TO BOARD MEMBERS, WHO ARE ALSO EMPLOYEES, IS PRIMARILY FOR PROFESSIONAL RESPONSIBILITIES AS PHYSICIANS OR ADMINISTRATORS.

Software ID:  
Software Version:  
EIN: 31-1626179  
Name: UNIVERSITY HEALTH SYSTEM INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOSEPH R LANDSMAN JR	(i)	822,068	230,000	94,009	69,750	13,009	1,228,836	0
	(ii)	0	0	0	0	0	0	0
ROBERT F ELDER MD	(i)	385,382	30,000	30,747	12,250	810	459,189	0
	(ii)	0	0	0	0	0	0	0
THOMAS M FISHER	(i)	397,568	74,375	57,680	56,875	15,009	601,507	0
	(ii)	0	0	0	0	0	0	0
WILLIAM D HALL	(i)	370,818	65,000	64,792	64,750	13,009	578,369	0
	(ii)	0	0	0	0	0	0	0
NORMAN D MAJORS	(i)	269,848	37,600	25,389	22,250	810	355,897	0
	(ii)	0	0	0	0	0	0	0
JOHN W LACEY	(i)	342,068	48,000	29,228	32,250	13,009	464,555	0
	(ii)	0	0	0	0	0	0	0
STEVEN R ROSS	(i)	319,068	47,600	33,633	12,250	13,009	425,560	0
	(ii)	0	0	0	0	0	0	0
JANELL R CECIL	(i)	237,068	32,000	15,043	12,250	13,009	309,370	0
	(ii)	0	0	0	0	0	0	0
RICHARD K GIECEK	(i)	242,068	28,500	23,172	12,250	18,009	323,999	0
	(ii)	0	0	0	0	0	0	0
BENNETT COX	(i)	241,098	28,350	17,079	12,250	810	299,587	0
	(ii)	0	0	0	0	0	0	0
BETTY A GISSEL	(i)	181,165	23,625	14,683	10,634	7,729	237,836	0
	(ii)	0	0	0	0	0	0	0
JOHN J SHERIDAN	(i)	152,068	18,900	9,537	8,735	13,009	202,249	0
	(ii)	0	0	0	0	0	0	0
STANLEY S MILLER MD	(i)	1,414,125	0	450	12,250	13,009	1,439,834	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY J PANELLA MD	(i)	746,501	0	462	12,250	0	759,213	0
	(ii)	0	0	0	0	0	0	0
LARRY C KILGORE MD	(i)	636,564	0	9,325	8,766	3,878	658,533	0
	(ii)	0	0	0	0	0	0	0
SUSAN N HUNTSINGER MD	(i)	1,106,509	0	300	12,250	13,009	1,132,068	0
	(ii)	0	0	0	0	0	0	0
JOHN L BELL MD	(i)	624,598	0	60,807	12,250	810	698,465	0
	(ii)	0	0	0	0	0	0	0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNIVERSITY HEALTH SYSTEM INC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number  
31-1626179

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE COUNTY OF KNOX	62-1220275	49952MBU9	04-27-2007	236,534,376	REFINANCE THE ISSUERS 1999 BONDS AND FINANCE CERTAIN CAPITAL IMPROVEMENTS		X		X		X
B THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE COUNTY OF KNOX	62-1220275		12-01-2010	50,000,000	CAPITAL ADDITIONS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	236,534,376		50,000,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow	161,918,145							
7	Issuance costs from proceeds	2,045,137		400,000					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	72,571,095		49,600,000					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010		2013					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?	X			X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government <div></div>	3 000 %		3 000 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government <div></div>	0 %		0 %					
6	Total of lines 4 and 5	3 000 %		3 000 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?		X	X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	X			X				
b	Name of provider	DEPFABLB							
c	Term of GIC	2 000000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation



Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization  
UNIVERSITY HEALTH SYSTEM INC

Employer identification number  
31-1626179

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) UNIVERSITY PHYSICIANS ASSOCIATION INC	DR ELDER SERVES ON THE UHS BOARD AND SERVES AS UPA PRESIDENT	12,072,989	UNIVERSITY PHYSICIANS ASSOCIATION, INC PROVIDES PHYSICIAN AND CLINICAL SERVICES AS WELL AS CBO MANAGEMENT TO UHS		No
(2) UNIVERSITY ANESTHESIOLOGISTS	DR EPPS SERVES ON THE UHS BOARD AND IS AN OWNER IN UNIV ANESTHESIOLOGISTS	2,840,020	UNIVERSITY ANESTHESIOLOGISTS PROVIDES PHYSICIAN SERVICES TO UHS		No
(3) UNIVERSITY CARDIOLOGY	DR BRESEE SERVES ON THE UHS BOARD AND IS AN OWNER IN UNIVERSITY CARDIOLOGY	1,134,708	UNIVERSITY CARDIOLOGY PROVIDES PHYSICIAN AND OTHER CLINICAL SERVICES TO UHS		No

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization UNIVERSITY HEALTH SYSTEM INC	Employer identification number 31-1626179
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		BOARD MEMBERS, JOSEPH A DIPIETRO, JOSEPH E JOHNSON, JIMMY CHEEK, AND JAN SIMEK ARE EACH KEY EMPLOYEES OF THE UNIVERSITY OF TENNESSEE

Additional Data

Software ID:

Software Version:

EIN: 31-1626179

Name: UNIVERSITY HEALTH SYSTEM INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH R LANDSMAN JR DIRECTOR/PRESIDENT & CEO	65 00	X		X				1,146,077	0	82,759
ROBERT F ELDER MD DIRECTOR/PHYSICIAN	65 00	X			X			446,129	0	13,060
JAMES A HASLAM II DIRECTOR	1 00	X						0	0	0
JOSEPH E JOHNSON DIRECTOR	1 00	X						0	0	0
STEVE J SCHWAB MD DIRECTOR	1 00	X						0	0	0
JAN SIMEK DIRECTOR	1 00	X						0	0	0
JIMMY CHEEK DIRECTOR	1 00	X						0	0	0
JOSEPH A DIPIETRO DIRECTOR	1 00	X						0	0	0
BERNARD E BERNSTEIN CHAIR	1 00	X						0	0	0
WILLIAM S RUKEYSER VICE-CHAIR	1 00	X						0	0	0
CAROLYN FAIRBANK BIGGS DIRECTOR	1 00	X						0	0	0
JERRY EPPS MD DIRECTOR	1 00	X						0	0	0
SARA FORTUNE ROSE SECRETARY/TREASURER	1 00	X						0	0	0
STEWART BRESEE MD DIRECTOR	1 00	X						0	0	0
REND A J BURKHART DIRECTOR	1 00	X						0	0	0
HW SHERROD JR DIRECTOR	1 00	X						0	0	0
THOMAS M FISHER SR VP/CFO	65 00			X				529,623	0	71,884
WILLIAM D HALL SR VP/COO	65 00			X				500,610	0	77,759
NORMAN D MAJORS SR VP/CAO	65 00			X				332,837	0	23,060
JOHN W LACEY SR VP/CMO	65 00			X				419,296	0	45,259
STEVEN R ROSS SR VP/STRATEGIC DEV	65 00			X				400,301	0	25,259
JANELL R CECIL SR VP/CNO	65 00			X				284,111	0	25,259
RICHARD K GIECEK CHIEF DEVELOPMENT OFFICER	65 00				X			293,740	0	30,259
BENNETT COX CHIEF GENERAL COUNSEL	65 00				X			286,527	0	13,060
BETTY A GISSEL VP HUMAN RESOURCES	65 00				X			219,473	0	18,363

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN J SHERIDAN VP GOVERNMENT RELATIONS	65 00				X			180,505	0	21,744
STANLEY S MILLER MD ONCOLOGIST	65 00					X		1,414,575	0	25,259
TIMOTHY J PANELLA MD ONCOLOGIST	65 00					X		746,963	0	12,250
LARRY C KILGORE MD GYNECOLOGIC ONCOLOGY	65 00					X		645,889	0	12,644
SUSAN N HUNTSINGER MD ONCOLOGIST	65 00					X		1,106,809	0	25,259
JOHN L BELL MD SURGICAL ONCOLOGIST	65 00					X		685,405	0	13,060

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE TAX RETURN IS PREPARED BY AN UNRELATED, INDEPENDENT ACCOUNTING FIRM AND THEN SUBMITTED TO THE UHS CONTROLLER AND CFO FOR INTERNAL REVIEW. A DRAFT IS THEN PROVIDED TO THE UHS FINANCE COMMITTEE AND THEN THE ENTIRE UHS BOARD OF DIRECTORS WHO REVIEWS THE FORM 990 PRIOR TO FILING. THE SENIOR VP/CFO ATTENDS THE MEETINGS TO ANSWER ANY QUESTIONS AND ADDRESS ANY SIGNIFICANT DISCLOSURES WITHIN THE FORM 990.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH MEMBER OF THE BOARD OF DIRECTORS ANNUALLY COMPLETES A CONFLICT OF INTEREST DISCLOSURE THESE CONFLICT OF INTEREST DISCLOSURES ARE REVIEWED BY UHS OFFICE OF GENERAL COUNSEL TO ASSURE COMPLIANCE WITH THE POLICY ADDITIONALLY, BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES ON ANY MATTERS OF INTEREST BEFORE THE BOARD IN WHICH A CONFLICT OF INTEREST MAY EXIST ANY SUCH RECUSAL IS DOCUMENTED WITHIN THE MINUTES OF THE BOARD OR COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE CEO, OFFICERS AND OTHER KEY EMPLOYEES IS DETERMINED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS IN ACCORDANCE WITH A POLICY ADOPTED BY THE BOARD. ONCE APPROVED BY THE COMMITTEE, THE PROPOSED COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND THE FULL BOARD OF DIRECTORS. DATA COMPILED BY INTEGRATED HEALTHCARE STRATEGIES, A THIRD-PARTY COMPENSATION CONSULTANT, IS USED FOR COMPARABILITY.



Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE HELD AS PUBLIC RECORDS OF THE STATE OF TENNESSEE SECRETARY OF STATE OFFICE AS SUCH, THESE DOCUMENTS ARE OPEN TO THE PUBLIC THE CONFLICT OF INTEREST POLICIES OF UHS FOR BOTH EMPLOYEES AND BOARD MEMBERS ARE AVAILABLE UPON REQUEST QUARTERLY FINANCIAL STATEMENTS AND THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE POSTED ON DACBOND.COM AND EMMA.MSRB.ORG, THE OFFICIAL PUBLIC DISCLOSURE WEBSITE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -3,816,318 INCREASE IN TEMPORARILY RESTRICTED ASSETS 1,642,344 PARTNERSHIP INCOME NOT ON BOOKS -488,818 TOTAL TO FORM 990, PART XI, LINE 5 -2,662,792

Identifier	Return Reference	Explanation
AUDIT COMMITTEE	FORM 990, PART XII, LINE 2C	UHS HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANTS THE OVERSIGHT PROCESS IS UNCHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
		<p>STATEMENT OF COMMUNITY BENEFIT UNIVERSITY HEALTH SYSTEM JANUARY 1, 2010 - DECEMBER 31, 2010 I INTRODUCTION UNIVERSITY HEALTH SYSTEM, INC ("UHS") OPERATES THE UNIVERSITY OF TENNESSEE MEDICAL CENTER ("MEDICAL CENTER") WHICH OFFERS MEDICAL CARE TO A TWENTY-ONE COUNTY SERVICE AREA LOCATED THROUGHOUT EAST TENNESSEE, SOUTHEAST KENTUCKY, SOUTHWEST VIRGINIA, WESTERN NORTH CAROLINA AND BEYOND THROUGH OPERATION OF THE MEDICAL CENTER, UHS - PROVIDES HEALTHCARE SERVICES FOR THE RESIDENTS OF MEDICAL CENTER'S SERVICE AREA AND BEYOND, INCLUDING SPECIALIZED CARE THAT IS CUSTOMARILY AVAILABLE AT ACADEMIC MEDICAL CENTERS, - SUPPORTS MEDICAL RESEARCH AND EDUCATION THROUGH AN AFFILIATION AGREEMENT WITH THE UNIVERSITY OF TENNESSEE GRADUATE SCHOOL OF MEDICINE, - PROVIDES A PATIENT BASE FOR TRAINING PHYSICIANS, DENTISTS, NURSES AND OTHER HEALTH PROFESSIONALS, AND - PROVIDES SUPPORT FOR CLINICAL RESEARCH AND RESEARCH TRAINING THE MEDICAL CENTER IS OPERATED FOR THE BENEFIT OF THE COMMUNITY IN A MANNER CONSISTENT WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE UHS HAS ADOPTED A FORMAL CHARITY CARE POLICY, HAS AN OPEN MEDICAL STAFF, AND OPERATES AN EMERGENCY ROOM, INCLUDING A LEVEL I TRAUMA CENTER IT IS GOVERNED BY A BOARD OF DIRECTORS COMPOSED OF INDEPENDENT CIVIC LEADERS FROM THE COMMUNITY AND REPRESENTATIVES FROM THE UNIVERSITY OF TENNESSEE THE MEDICAL CENTER HAS A RICH HISTORY IN THE COMMUNITY OF PROVIDING PATIENT-CENTERED CARE AND REMAINING AT THE FOREFRONT OF RESEARCH, TECHNOLOGY AND TREATMENTS UHS ATTRIBUTES ITS WELL-RESPECTED STANDING WITHIN THE COMMUNITY TO THE EXCEPTIONAL PEOPLE THAT DEDICATE THEMSELVES TO PATIENT CARE EXCELLENCE THE MEDICAL CENTER IS LICENSED FOR 581 ACUTE CARE BEDS AND SERVES AS A REFERRAL CENTER FOR THE REGION, PROVIDING SUPERIOR TREATMENTS AND HEALTHCARE SUPPORT TO RESIDENTS OF THE COMMUNITY AS WELL AS OFFERING EXPERT CARE AS THE AREA'S ONLY LEVEL I TRAUMA CENTER THE MEDICAL CENTER IS A TERTIARY FACILITY, OFFERING GENERAL, SPECIALTY AND SUB-SPECIALTY CARE IN A FULL RANGE OF MEDICAL FIELDS THE STATE HAS ALSO DESIGNATED THE MEDICAL CENTER AS A REGIONAL PERINATAL CENTER FOR HIGH-RISK PREGNANCY AND OPERATES A LEVEL III NURSERY, HEMOPHILIA CENTER AND CENTER FOR TRANSPLANT SERVICES WHICH PERFORMS KIDNEY AND PANCREAS TRANSPLANTS THE MEDICAL CENTER IS COMMITTED TO IMPROVING THE QUALITY OF LIFE OF PATIENTS THROUGH LEADERSHIP IN HEALTHCARE, HEALTH EDUCATION AND CLINICAL RESEARCH IT IS UNIQUE BECAUSE OF ITS STANDING AS THE ONLY ACADEMIC HOSPITAL IN THE REGION, MAKING IT THE LEADING RESOURCE FOR RESEARCH, DISCOVERY AND UPDATED TREATMENTS IN THE COMMUNITY II HISTORY UHS WAS CREATED ON DECEMBER 21, 1998, FOR THE PURPOSE OF RESTRUCTURING THE OPERATION, MANAGEMENT, AND GOVERNANCE OF THE MEDICAL CENTER, AND TO NEGOTIATE AGREEMENTS WITH THE UNIVERSITY OF TENNESSEE ("THE UNIVERSITY") TO FACILITATE THE RESTRUCTURING EFFECTIVE JULY 29, 1999, UHS ACQUIRED CERTAIN ASSETS AND THE OPERATIONS OF THE MEDICAL CENTER FROM THE UNIVERSITY, AND THE MEDICAL CENTER BECAME AN OPERATING DIVISION OF UHS PRIOR TO JULY 29, 1999, THE MEDICAL CENTER OPERATED AS A BUDGET ENTITY OF THE UNIVERSITY UHS ENTERED INTO THE FOLLOWING AGREEMENTS TO ACQUIRE THE OPERATIONS OF THE MEDICAL CENTER FROM THE UNIVERSITY 1) THE LEASE AND TRANSFER AGREEMENT, WHEREBY UHS LEASES CERTAIN REAL PROPERTY AND ACQUIRED CERTAIN PERSONAL PROPERTY FROM THE UNIVERSITY, 2) THE EMPLOYEE SERVICES AGREEMENT, WHEREBY UHS LEASES CERTAIN OF THE MEDICAL CENTER'S EMPLOYEES FROM THE UNIVERSITY, AND 3) THE AFFILIATION AGREEMENT, WHEREBY UHS AND THE UNIVERSITY AGREE TO CONTINUE THE MEDICAL CENTER'S HISTORICAL RELATIONSHIP WITH THE UNIVERSITY OF TENNESSEE MEMPHIS GRADUATE SCHOOL OF MEDICINE ("GSM") UNDER THE TERMS OF THE LEASE AND TRANSFER AGREEMENT, UHS PURCHASED ALL OF THE OPERATING ASSETS OF THE MEDICAL CENTER, INCLUDING ALL PERSONAL PROPERTY, EQUIPMENT, INVENTORY, CURRENT ASSETS, AND OTHER ASSETS USED BY THE MEDICAL CENTER, OTHER THAN REAL PROPERTY THE REAL PROPERTY IS LEASED FROM THE UNIVERSITY TO UHS FOR A TERM OF 50 YEARS UNDER THE TERMS OF THE EMPLOYEE SERVICES AGREEMENT, EXISTING UHS EMPLOYEES, AND ALL EMPLOYEES HIRED SUBSEQUENT TO JULY 28, 1999, ARE UHS EMPLOYEES ALL OTHER MEDICAL CENTER EMPLOYEES AS OF JULY 28, 1999, ARE LEASED BY UHS FROM THE UNIVERSITY AND RETAIN ALL UNIVERSITY BENEFITS THE EMPLOYEE SERVICES AGREEMENT CONTINUES UNTIL THE EARLIER OF THE TERMINATION OF THE LEASE AND TRANSFER AGREEMENT OR THE SEPARATION FROM SERVICE OF THE LAST LEASED UNIVERSITY EMPLOYEE THE AFFILIATION AGREEMENT GOVERNS THE CONTINUED RELATIONSHIP BETWEEN UHS AND THE GSM UHS WILL PASS THROUGH CERTAIN FEDERAL AND STATE FUNDS EARMARKED FOR GRADUATE MEDICAL EDUCATION, AND THE MEDICAL CENTER WILL CONTINUE TO BE THE PRIMARY TEACHING SITE FOR THE GSM III PATIENT CARE SERVICES IN AN EFFORT TO PROVIDE A CONTINUUM OF CARE FOR PATIENTS, FROM DIAGNOSIS THROUGH RECOVERY, UHS OFFERS CENTERS OF EXCELLENCE TO ENHANCE THE QUALITY OF HEALTHCARE DELIVERED TO THE COMMUNITY THE CENTERS OF EXCELLENCE ARE AS FOLLOWS BRAIN AND SPINE INSTITUTE THE BRAIN AND SPINE INSTITUTE IS MADE UP OF EXPERTS IN THE FIELD OF NEUROSCIENCE IN ORDER TO BRING PATIENTS THE MOST ADVANCED HEALTHCARE IN EAST TENNESSEE FOR A FULL RANGE OF NEUROLOGICAL DISEASES AND DISORDERS THE INSTITUTE OFFERS PATIENT-CENTERED CARE FOR INJURIES AND DISEASES SUCH AS TRAUMA (SPINAL CORD INJURY AND BRAIN INJURY), DEGENERATIVE DISEASES (ALZHEIMER'S AND PARKINSON'S), VASCULAR DISORDERS (STROKE AND ANEURYSMS), STRUCTURAL INJURIES AND CONDITIONS OF THE SPINE, AND TUMORS DIAGNOSING AND TREATING BRAIN AND SPINE DISEASES AND CONDITIONS DEMANDS MANY SPECIALISTS THAT PATIENTS CAN ACCESS THROUGH THE BRAIN AND SPINE INSTITUTE A TEAM OF SPECIALISTS INCLUDING NEUROSURGEONS AND NEUROLOGISTS PROVIDE PATIENTS WITH THE HIGHEST QUALITY CARE THE BRAIN AND SPINE INSTITUTE OFFERS UNMATCHED EXPERTISE WITH THE COLE NEUROSCIENCE CENTER FOR DEGENERATIVE NEUROLOGICAL (BRAIN) DISORDERS AND STATE-OF-THE-ART TECHNOLOGY WITH THE ONLY CYBERKNIFE CENTER IN THE KNOXVILLE REGION THE MEDICAL CENTER IS THE FIRST IN THE REGION TO EARN THE PRESTIGIOUS PRIMARY STROKE CENTER CERTIFICATION FROM THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) THE DESIGNATION COMES AFTER AN ON-SITE REVIEW BY JCAHO, THE NATION'S PREDOMINANT STANDARDS-SETTING AND ACCREDITING BODY IN HEALTHCARE THE MEDICAL CENTER IS THE ONLY STROKE CENTER IN THE STATE TO BE RECOGNIZED BY THE AMERICAN HEART AND AMERICAN STROKE ASSOCIATIONS WITH THE GOLD PLUS ACHIEVEMENT AWARD FOR 2 YEARS OF 85% OR HIGHER OUTCOMES THE SPINE CENTER HAS BEEN RECOGNIZED BY BLUE CROSS BLUE SHIELD AS A BLUE CENTER OF DISTINCTION WITH THREE DEDICATED NEUROSURGICAL OPERATING ROOMS, A DEDICATED STROKE UNIT, MEDICAL AND SURGICAL INTENSIVE CARE UNITS, THE COLE NEUROSCIENCE CENTER AND THE LATEST TECHNOLOGY COMBINED WITH THE EXPERIENCE AND SKILL OF THE BRAIN AND SPINE INSTITUTE STAFF, THE MEDICAL CENTER PROVIDES QUALITY CARE TO THE EAST TENNESSEE COMMUNITY FOR TREATMENT OF BRAIN AND SPINE DISEASE OR INJURY CANCER INSTITUTE THE CANCER INSTITUTE AT THE MEDICAL CENTER CONTINUES ITS MISSION TO SERVE PATIENTS IN KNOXVILLE AND THE EAST TENNESSEE COMMUNITY THROUGH PATIENT CARE, EDUCATION, AND RESEARCH IN 2010, THE CANCER INSTITUTE PROVIDED CARE TO OVER 2000 NEW CANCER PATIENTS AND RECORDED OVER 50,000 PATIENT VISITS THE CANCER INSTITUTE OPENED THE GASTROINTESTINAL TUMOR SERVICE (GITS) MODELED AFTER SIMILAR SUCCESSFUL PROGRAMS SUCH AS THE CHEST SERVICE, THE BREAST CARE SERVICE AND THE UNIVERSITY PROSTATE AND UROLOGY SERVICE THE GITS IS DESIGNED TO EXPEDITE THE CARE OF PATIENTS REFERRED WITH SYMPTOMS OR SUSPICIOUS FINDINGS OR A CONFIRMED CANCER DIAGNOSIS FOR A GI MALIGNANCY</p>

Identifier	Return Reference	Explanation
		<p>THE GITS NURSE NAVIGATOR ASSISTS WITH THE COORDINATION OF EACH REFERRAL TO THE APPROPRIATE PHYSICIANS WHILE PROVIDING INFORMATION, EDUCATION, AND SUPPORT FOR PATIENTS AND THEIR FAMILIES</p> <p>THE CANCER INSTITUTE RECRUITED A PLASTIC SURGEON FELLOWSHIP TRAINED IN MICROVASCULAR TECHNIQUES OFFERING A NEW LEVEL OF CARE TO CANCER AND OTHER PATIENTS IN NEED OF COMPLEX RECONSTRUCTION AFTER SURGERY OR TRAUMA</p> <p>THE CANCER INSTITUTE ALSO PROVIDES SUPPORT SERVICES TO ASSIST PATIENTS WITH THE EMOTIONAL, PSYCHOLOGICAL, AND FINANCIAL ISSUES RELATED TO A CANCER DIAGNOSIS</p> <p>DURING 2010, THE CANCER INSTITUTE OFFERED THE ACS MAN TO MAN PROSTATE SUPPORT PROGRAM, THE ACS LOOK GOOD FEEL BETTER PROGRAM AND INITIATED THE NEW 6-WEEK PROGRAM, HEALTHY HORIZONS, TO HELP CANCER PATIENTS COMPLETING THEIR CARE RETURN BACK TO A NORMAL LIFE</p> <p>THE CANCER INSTITUTE'S DEDICATED SOCIAL WORKER, CHAPLAIN, AND DIETICIAN ARE AVAILABLE AND ACTIVE IN PROVIDING THE NECESSARY SUPPORT TO PATIENTS AND FAMILIES THROUGH THEIR CANCER JOURNEY</p> <p>THE CANCER INSTITUTE CONTINUED TO BE A LEADER IN COMMUNITY EDUCATION PROVIDING 457 OUTREACH PROGRAMS AND 3,700 SCREENINGS FOR BREAST, PROSTATE, SKIN AND COLON CANCER THROUGHOUT EAST TENNESSEE</p> <p>IN EARLY 2010, THE MEDICAL CENTER MOBILE MAMMOGRAPHY UNIT WAS UPGRADED WITH DIGITAL EQUIPMENT OFFERING WOMEN THROUGHOUT THE REGION THE LATEST IN SCREENING TECHNOLOGY</p> <p>THE CANCER INSTITUTE IS ALSO ACTIVE IN FUNDRAISING TO SUPPORT OUTREACH AND PATIENT SUPPORT PROGRAMS THROUGH SUCH EVENTS AS THE MAN RUN, THE MAN RIDE, THE KOMEN RACE FOR THE CURE AND THE LEUKEMIA AND LYMPHOMA SOCIETY'S LIGHT THE NIGHT</p> <p>IN ADDITION, CANCER PATIENTS BENEFIT FROM THE DEDICATED CLINICAL TRIALS PROGRAM AT THE CANCER INSTITUTE</p> <p>AN AVERAGE OF 50 FEDERALLY-FUNDED OR PHARMACEUTICAL SPONSORED TRIALS ARE OPEN AT ANY TIME PROVIDING PATIENTS CUTTING-EDGE TREATMENT IN THE FIGHT AGAINST CANCER</p> <p>IN 2010, 150 PATIENTS WERE ENROLLED IN AN ONCOLOGY CLINICAL TRIAL</p> <p>CLINICIAN RESEARCHERS AT THE CANCER INSTITUTE ARE ALSO ACTIVE IN DEVELOPING INTERNAL INVESTIGATOR-INITIATED TRIALS CONTRIBUTING TO ADVANCING THE CARE OF CANCER PATIENTS</p> <p>ALL CANCER INSTITUTE SERVICES ARE PROVIDED BY A TEAM OF DEDICATED CANCER SPECIALISTS IN A CARING AND COMPASSIONATE ENVIRONMENT</p> <p>EMERGENCY AND TRAUMA SERVICES</p> <p>THE MEDICAL CENTER IS THE ONLY LEVEL I TRAUMA CENTER IN THE REGION FOR ADULTS AND CHILDREN AND SERVES AS THE TERTIARY REFERRAL CENTER FOR MEDICAL CARE IN EAST TENNESSEE, SERVING KNOX COUNTY AND TWENTY SURROUNDING COUNTIES</p> <p>THE HEALTHCARE EXPERTS IN THE EMERGENCY DEPARTMENT TREAT MORE THAN 64,000 PATIENTS IN A YEAR WITH A COMMITMENT TO INDIVIDUALIZED PATIENT-CENTERED CARE AND TEAMWORK</p> <p>WHETHER ARRIVING BY AMBULANCE, AEROMEDICAL TRANSPORT SERVICE, OR PRIVATE VEHICLE, PATIENTS RECEIVE A FULL RANGE OF MEDICAL CARE</p> <p>THE FACILITY IS COMPRISED OF FIVE AREAS</p> <p>A CRITICAL RESUSCITATION BAY FOR THE MOST SERIOUSLY INJURED OR ILL PATIENTS, AN EMERGENT TREATMENT AREA FOR THOSE WITH A POTENTIALLY SERIOUS PROBLEM, AN URGENT CARE AREA FOR THE LESS ILL AND INJURED, AND THE CLINICAL DECISION UNIT FOR LONG-TERM EVALUATIONS AND TREATMENT OF SPECIFIC MEDICAL PROBLEMS</p> <p>TO HOLD A LEVEL I TRAUMA CENTER DESIGNATION, THE MEDICAL CENTER, PROVIDES A TEAM OF SPECIALLY TRAINED PERSONNEL TO MEET THE EMERGENT AS WELL AS ON-GOING AND CHANGING NEEDS OF THE TRAUMA PATIENTS FROM ADMISSION TO DISCHARGE</p> <p>THE HEAD OF THIS TEAM IS THE TRAUMA SURGEON WHO SUPERVISES AND COORDINATES PATIENT CARE</p> <p>VARIOUS SPECIALTY PHYSICIANS SUCH AS A NEUROSURGEONS, ORTHOPEDIC SURGEONS OR MAXILLOFACIAL OR PLASTIC SURGEONS ARE READILY AVAILABLE AND ARE CONSULTED AS NEEDED</p> <p>AFTER EVALUATION IN THE EMERGENCY DEPARTMENT, CRITICAL TRAUMA PATIENTS, INCLUDING THOSE WITH TRAUMATIC BRAIN INJURIES, ARE THEN TRANSPORTED TO THE 32 BED SURGICAL CRITICAL CARE UNIT (SCC)</p> <p>IN THE SCC, THE PATIENT IS FURTHER EVALUATED AND CONSTANTLY MONITORED</p> <p>CRITICALLY INJURED PATIENTS ARE COMPLEX AND CHALLENGING</p> <p>THEY OFTEN REQUIRE MASSIVE RESUSCITATION, INTRACRANIAL PRESSURE AND PARTIAL BRAIN TISSUE OXYGENATION MONITORING, VENTILATION, CONTINUOUS RENAL REPLACEMENT THERAPY, AS WELL AS MANY OTHER SPECIALIZED TREATMENTS AND PROCEDURES</p> <p>THE SCC IS STAFFED WITH EXPERIENCED PROFESSIONALS SUCH AS CRITICAL CARE NURSES, RESPIRATORY THERAPISTS, A CASE MANAGER AND CERTIFIED NURSING ASSISTANTS</p> <p>BECAUSE OF THE SPECIALIZED TRAINING AND EQUIPMENT NEEDED TO CARE FOR THIS PATIENT POPULATION, THE SCC ALSO PROVIDES CARE FOR PATIENTS SUFFERING FROM HEMORRHAGIC STROKES AND OTHER NEUROLOGIC CONDITIONS</p> <p>AS AN ACADEMIC MEDICAL CENTER, EXISTING CLINICAL RESEARCH IS EVALUATED, NEW RESEARCH IS CONDUCTED AND CARE PATHS ARE EVIDENCE-BASED ALLOWING PATIENTS THE MOST UP TO DATE CARE AVAILABLE</p> <p>MULTIDISCIPLINARY DAILY ROUNDS ARE MADE BY THE TRAUMA TEAM CONSISTING OF RESIDENT PHYSICIANS, NURSES, PHARMACISTS, RESPIRATORY THERAPISTS, AND STUDENTS LED BY ATTENDING PHYSICIANS WHO DISCUSS THE CARE AND PROGRESS OF TRAUMA PATIENTS, AND ESTABLISH THE DAILY PATIENT GOALS WHILE ENSURING HIGH QUALITY COMPREHENSIVE CARE PLANNING</p> <p>FAMILIES ARE ASKED AND ENCOURAGED TO ATTEND THESE ROUNDS INCLUDING THEM AS PART OF THE TEAM CARING FOR THEIR LOVED ONE</p> <p>THE STAFF OF THE SCC UTILIZE THE PATIENT AND FAMILY CENTERED MODEL OF CARE</p> <p>EVIDENCE OF THIS INCLUSIVE MODEL IS SEEN IN THE SCC'S OPEN VISITATION HOURS, FAMILY PRESENCE AT ROUNDS, REFERRALS TO CASE MANAGEMENT, PASTORAL CARE AND IN THE ONGOING COMMUNICATION WITH PATIENTS AND THEIR FAMILIES</p> <p>HEART LUNG VASCULAR INSTITUTE</p> <p>THE HEART LUNG VASCULAR INSTITUTE WAS ESTABLISHED IN 2000 TO HELP MEET THE INCREASING NEED FOR CARDIOVASCULAR AND LUNG DISEASE CARE</p> <p>HEART DISEASE, STROKE AND PULMONARY DISEASE ARE AMONG THE LEADING CAUSES OF DEATH IN THE UNITED STATES</p> <p>IN ADDITION, TENNESSEE IS ONE OF THE WORST FIVE STATES FOR SMOKING, OBESITY, AND HIGH BLOOD PRESSURE - ALL OF WHICH CONTRIBUTE TO THE DEVELOPMENT OF HEART AND LUNG DISEASE</p> <p>QUALITY AND SAFETY IN PATIENT CARE HAVE BEEN AN INTEGRAL PART OF OUR MISSION AT THE HLVI</p> <p>THIS LED TO THE BUILDING OF A DEDICATED HEART HOSPITAL WITH A STATE OF THE ART CARDIOVASCULAR INTENSIVE CARE UNIT (CVICU)</p> <p>MULTIDISCIPLINARY TEAMS, INCLUDING PHYSICIANS, NURSES, PHARMACISTS, RESPIRATORY THERAPISTS, AND OTHERS, USE EVIDENCE-BASED CARE PLANS TO IMPLEMENT A PATIENT-FAMILY CENTERED MODEL OF CARE</p> <p>FACILITY DESIGN, TECHNOLOGY, AND INFORMATION SYSTEMS ALSO SUPPORT OUR GOAL OF EXCELLENCE</p> <p>THE GOALS OF THE HEART LUNG VASCULAR INSTITUTE ARE TO ATTAIN EXCELLENCE IN PATIENT CARE, PREVENTIVE MEDICINE, REHABILITATION SERVICES, RESEARCH, AND EDUCATION</p> <p>EXCELLENCE IN PATIENT CARE MEANS OFFERING THE BEST DIAGNOSTIC AND TREATMENT PLANS USING THE LATEST TECHNOLOGY IN A COMPASSIONATE MANNER</p> <p>THE HEART LUNG VASCULAR INSTITUTE OFFERS A COMPREHENSIVE ARRAY OF SERVICES THAT INCLUDE NON-INVASIVE DIAGNOSTICS SUCH AS ECHOCARDIOGRAPHY AND ULTRASOUND TECHNOLOGY, AS WELL AS INVASIVE SERVICES, SUCH AS CARDIAC CATHETERIZATION, ENDOVASCULAR SURGERY AND CARDIAC SURGERY (ADULT AND PEDIATRIC)</p> <p>THE HEART LUNG VASCULAR INSTITUTE WAS AWARDED THE AMERICAN HEART ASSOCIATION GET WITH THE GUIDELINES GOLD AWARD FOR HEART FAILURE IN 2010</p> <p>PREVENTIVE MEDICINE INVOLVES EDUCATION ABOUT DISEASE PROCESSES AND RISK REDUCTION THROUGH COMMUNITY SEMINARS AND SCREENINGS SUCH AS THE HEART WISE PROGRAM</p> <p>THE HEART LUNG VASCULAR INSTITUTE PARTICIPATES IN MULTIPLE EDUCATIONAL SEMINARS FOR THE PUBLIC AND HEALTHCARE PROVIDERS, AS WELL AS SCREENINGS FOR CARDIAC, PULMONARY, AND VASCULAR DISEASE</p> <p>REHABILITATION SERVICES HELP PATIENTS RECOVERING FROM HEART ATTACKS, HEART FAILURE, HEART AND LUNG SURGERY, AND CHRONIC LUNG DISEASE</p> <p>THE HEART LUNG VASCULAR INSTITUTE OFFERS CARDIOVASCULAR AND PULMONARY REHABILITATION IN A MULTIDISCIPLINARY, FULLY ACCREDITED PROGRAM</p> <p>THE MEDICAL CENTER IS THE AREA'S ONLY ACADEMIC MEDICAL CENTER, AND RESEARCH INTO THE CAUSE AND TREATMENT OF DISEASE IS PART OF OUR MISSION</p> <p>THE OTHER ROLE OF ACADEMICS INVOLVES PHYSICIAN EDUCATION, THE UT GSM CURRENTLY OFFERS FELLOWSHIPS IN CARDIOVASCULAR MEDICINE, VASCULAR SURGERY AND PULMONARY MEDICINE</p> <p>THE HEART LUNG VASCULAR INSTITUTE SUPPORTS THE MEDICAL CENTERS' VISION TO BE NATIONALLY RECOGNIZED FOR EXCELLENCE IN PATIENT CARE, MEDICAL EDUCATION AND BIOMEDICAL RESEARCH</p>

Identifier	Return Reference	Explanation
		<p>CENTER FOR WOMEN &amp; CHILDREN'S HEALTH THE CENTER FOR WOMEN &amp; CHILDREN'S HEALTH IS A HUB FOR SUPPORTING WOMEN'S AND CHILDREN'S INDIVIDUAL HEALTHCARE NEEDS THE CENTER OFFERS COMPREHENSIVE SERVICES FOR CHILDBIRTH, HIGH RISK OBSTETRICS, NEONATAL CARE, WOMEN'S MID-LIFE HEALTH, INCLUDING OSTEOPOROSIS, HEART HEALTH, ONCOLOGY SERVICES, GYNECOLOGICAL HEALTH, BREAST HEALTH, AND PSYCHO-SOCIAL NEEDS IT PROVIDES SUPPORT, RESEARCH AND HEALTH INFORMATION, AN EXCEPTIONAL HEALTHCARE TEAM, CUTTING-EDGE TECHNOLOGY AND UNMATCHED PATIENT AND FAMILY-CENTERED CARE THE REGIONAL NEONATAL PROGRAM HAS PROVIDED SERVICES SINCE 1974 WHICH INCLUDES A LEVEL III NEONATAL INTENSIVE CARE UNIT, BOARD CERTIFIED NEONATOLOGISTS, PEDIATRIC SURGEONS, A PEDIATRIC CARDIOLOGIST, AND OTHER SUB-SPECIALIST THE CENTER OFFERS PREMIER TECHNOLOGY WITH HIGHLY TRAINED HEALTHCARE PROFESSIONALS TO PROVIDE EXCELLENT PATIENT AND FAMILY-CENTERED CARE PATIENTS ARE PROVIDED COMPREHENSIVE SERVICES IN ONE LOCATION INCLUDING DIAGNOSIS, TREATMENT, SUPPORT, AND REHABILITATION UTILIZATION AS OF THE YEAR ENDING DECEMBER 31, 2010, UHS MAINTAINED THE FOLLOWING OPERATING STATISTICS INPATIENT ADMISSIONS 25,539 OUTPATIENT VISITS 109,387 EMERGENCY ROOM VISITS 64,686 IV UNCOMPENSATED CARE THE HISTORY OF UHS DEMONSTRATES A CLEAR AND CONSISTENT CHARITABLE PURPOSE THE PROVISION OF HEALTHCARE SERVICES TO ALL RESIDENTS OF THE COMMUNITY WITHOUT REGARD TO AGE, RACE, GENDER, CREED, GEOGRAPHIC LOCATION, CULTURAL BACKGROUND, OR ABILITY TO PAY THESE SERVICES SHOULD BE DELIVERED IN A WAY THAT MAINTAINS INDIVIDUAL DIGNITY AND ENHANCES THE QUALITY OF LIFE OF THE PERSONS SERVED ONE OF THE MOST TANGIBLE EXPRESSIONS OF THE UHS CHARITABLE PURPOSE IS THE PROVISION OF CARE TO THOSE WHO DO NOT HAVE THE ABILITY TO PAY A CHARITY CARE AND SELF-PAY DISCOUNT THE MEDICAL CENTER PROVIDES MEDICALLY NECESSARY SERVICES TO ALL PEOPLE, REGARDLESS OF THEIR ABILITY TO PAY UHS HAS A DOCUMENTED CHARITY POLICY, WHICH TAKES INTO CONSIDERATION INCOME LEVELS, AND OTHER DEMOGRAPHIC FACTORS FOR THOSE WHO DO NOT QUALIFY UNDER THE EXISTING POLICY BUT ARE FACING DIFFICULT ECONOMIC CIRCUMSTANCES, ABILITY TO PAY IS DETERMINED ON A CASE-BY-CASE BASIS THE MEDICAL CENTER ALSO HAS A POLICY REGARDING THOSE SELF-PAY PATIENTS WHO ARE INELIGIBLE FOR CHARITY CARE CONSIDERATION SUCH PATIENTS WILL RECEIVE A 40% DISCOUNT FROM CHARGES FOR THE YEAR ENDING DECEMBER 31, 2010, THE SYSTEM PROVIDED SERVICES UNDER THE PREVIOUSLY STATED POLICY WHICH RESULTED IN LOSSES TO UHS OF APPROXIMATELY \$16,278,041 BOTH INPATIENTS AND OUTPATIENTS WERE PROVIDED CARE UNDER THE AFOREMENTIONED POLICY NO PATIENT WAS REFUSED NECESSARY MEDICAL CARE ON THE BASIS OF HIS OR HER ABILITY TO PAY UNREIMBURSED CHARITY CARE AND SELF-PAY DISCOUNT \$16,278,041 B MEDICARE IN ADDITION TO THE PROVISION OF CARE WITHOUT EXPECTATION OF PAYMENT AND THE PROVISION OF CARE TO TENNCARE-ELIGIBLE PEOPLE AT RATES SUBSTANTIALLY BELOW COST, UHS PROVIDED SERVICES TO PEOPLE COVERED UNDER THE FEDERAL MEDICARE PROGRAM MEDICARE RECIPIENTS WERE THE LARGEST SINGLE PAYOR CLASSIFICATION OF PATIENTS SERVED BY UHS THE PAYMENT RATE FOR INPATIENT SERVICES WAS ON A PER CASE RATE, CALCULATED BASED ON THE DIAGNOSTIC-RELATED GROUP INTO WHICH THE PATIENT WAS CATEGORIZED, COUPLED WITH OTHER FACTORS RELATED TO AREA WAGE RATES, MEDICAL EDUCATION, CAPITAL COSTS AND OTHER VARIABLES OUTPATIENT SERVICES WERE REIMBURSED ON A PRE-DETERMINED CASE RATE FOR THE YEAR ENDING DECEMBER 31, 2010, UNREIMBURSED SERVICES PROVIDED TO MEDICARE PATIENTS RESULTED IN A FINANCIAL LOSS OF \$4,368,222 UNREIMBURSED MEDICARE SERVICES \$4,368,222</p>

Identifier	Return Reference	Explanation
		<p>C PUBLIC/INDIGENT CARE IN ADDITION TO THE LEVEL OF SERVICES IDENTIFIED IN PARAGRAPH A ABOVE, UHS IS AN ACTIVE PARTICIPANT IN OTHER FEDERAL, STATE OR LOCAL AND PUBLIC/INDIGENT PROGRAMS THESE PROGRAMS SEEK TO PROVIDE PAYMENT FOR HEALTHCARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND CATEGORICAL REQUIREMENTS FINANCIAL REQUIREMENTS INCLUDE EVALUATION OF BOTH ASSETS AND INCOME PUBLIC/INDIGENT PROGRAMS REIMBURSEMENT RATES ARE SUBSTANTIALLY BELOW COST FOR THE YEAR ENDING DECEMBER 31, 2010, UNREIMBURSED PUBLIC/INDIGENT SERVICES REPRESENTING A FINANCIAL LOSS TO UHS OF APPROXIMATELY \$3,366,028 UNREIMBURSED PUBLIC/INDIGENT SERVICES \$3,366,028 C TENNCARE IN ADDITION TO THE LEVEL OF SERVICES IDENTIFIED IN PARAGRAPH A ABOVE, UHS IS AN ACTIVE PARTICIPANT IN THE STATE OF TENNESSEE TENNCARE PROGRAM THE TENNCARE PROGRAM SEEKS TO PROVIDE PAYMENT FOR HEALTHCARE SERVICES TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL AND CATEGORICAL REQUIREMENTS FINANCIAL REQUIREMENTS INCLUDE EVALUATION OF BOTH ASSETS AND INCOME TENNCARE PROGRAM REIMBURSEMENT RATES ARE SUBSTANTIALLY BELOW COST FOR THE YEAR ENDING DECEMBER 31, 2010, UNREIMBURSED TENNCARE SERVICES REPRESENTING A FINANCIAL LOSS TO UHS OF APPROXIMATELY \$4,493,666 UNREIMBURSED TENNCARE SERVICES \$4,493,666 D COVERTN UHS SUBSIDIZED HEALTH SERVICES PROVIDED TO PATIENTS COVERED BY COVERTN COVERTN IS A PARTNERSHIP BETWEEN THE STATE, PRIVATE EMPLOYERS AND INDIVIDUALS TO OFFER A LIMITED BENEFIT, BASIC HEALTH PLAN TO EMPLOYEES OF TENNESSEE'S SMALL BUSINESS AND SELF-EMPLOYED THE SERVICES PROVIDED TO THE COVERTN PATIENTS WERE PROVIDED BELOW COST FOR THE YEAR ENDING DECEMBER 31, 2010, THE UNREIMBURSED SERVICES PROVIDED TO COVERTN PATIENTS RESULTED IN A FINANCIAL LOSS OF \$224,942 UNREIMBURSED COVERTN SERVICES \$224,942 SUMMARY, COMMUNITY BENEFIT TOTALS FOR UNCOMPENSATED CARE UNREIMBURSED CHARITY CARE \$ 16,278,041 UNREIMBURSED MEDICARE \$ 4,368,222 UNREIMBURSED PUBLIC/INDIGENT CARE \$ 3,366,028 UNREIMBURSED TENNCARE \$ 4,493,666 UNREIMBURSED COVERTN \$ 224,942 TOTAL UNCOMPENSATED CARE \$ 28,730,899 V COMMUNITY SERVICES UHS PROVIDES NUMEROUS EDUCATION AND OUTREACH EFFORTS TO THE COMMUNITY, RANGING FROM HEALTH SCREENINGS AND FAIRS TO PRESENTATIONS TO AREA GROUPS THE VARIOUS PROGRAMS AND SERVICES ARE PROVIDED COMPLIMENTARY OR AT A MINIMAL CHARGE THESE ARE OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES WHICH UHS BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED A COMMUNITY EDUCATION AND OUTREACH UHS HAS A LONG-STANDING COMMITMENT TO COMMUNITY OUTREACH, AS EVIDENCED BY AN ACTIVE SCHEDULE OF SPECIAL PROGRAMS, SPEAKERS, AND DISTRIBUTION OF EDUCATIONAL MATERIALS, AS WELL AS HEALTH EDUCATION PRESENTATIONS FOR THE GENERAL PUBLIC AND CLASSES FOR POPULATIONS WITH SPECIAL HEALTH NEEDS IN 2010, THE MEDICAL CENTER HELD VARIOUS EDUCATIONAL PROGRAMS FOR THE COMMUNITY, INCLUDING LUNCH AND LEARN SERIES, HEALTH FAIRS AND FLU SHOTS MANY TIMES, A FEE WOULD COVER ONLY THE COST OF FOOD OR WOULD BE USED ONLY AS AN INCENTIVE FOR PARTICIPATION NO FEES WERE CHARGED FOR EDUCATION IN CORPORATE VENUES, OFFERED FOR EMPLOYEES AND FAMILIES TOTAL COST OF LECTURES, SEMINARS, AND EDUCATIONAL PROGRAMS \$58,651 IN 2010, UHS PROVIDED THE FOLLOWING OTHER PROGRAMS AND ACTIVITIES THAT PROMOTE HEALTH FOR THE BENEFIT OF THE COMMUNITY SUPPORT GROUPS \$ 8,000 ALZHEIMER'S SUPPORT GROUP PARKINSON'S SUPPORT GROUP MULTIPLE SCLEROSIS SUPPORT GROUP KNOXVILLE LUNG WALK 1,000 CHEF'S AUCTION MARCH OF DIMES 2,000 HEART WALK 5,000 ALZHEIMER'S MEMORY WALK 1,356 CANCER SURVIVOR'S DAY 5,075 BREAST HEALTH OUTREACH 3,031 MAN RUN 12,236 HEARTWISE 10,000 HEALTHY LIVING EXPO 14,858 RACE FOR THE CURE 15,000 TOTAL OTHER EDUCATION AND OUTREACH \$ 77,556 B HEALTH SCREENINGS UHS EMPLOYEES WORK DILIGENTLY TO ACHIEVE THE UHS MISSION OF SUPPORTING HEALTH EDUCATION FOR THE PUBLIC FROM PROVIDING DISPLAYS AND STAFF WHO CAN ANSWER QUESTIONS AT LOCAL HEALTH FAIRS TO UNDERWRITING THE COST OF COMPLIMENTARY COMMUNITY SCREENINGS, THE ORGANIZATION REACHES INTO THE COMMUNITY IN MANY WAYS TO IMPROVE RESIDENTS' UNDERSTANDING OF THE IMPACT OF LIFESTYLE CHOICES ON HEALTH SCREENINGS INCLUDED BLOOD PRESSURE, OSTEOPOROSIS, CHOLESTEROL, VISION, AND CANCER TOTAL COST OF SCREENINGS \$229,961 SUMMARY, COMMUNITY SERVICES EDUCATIONAL PROGRAMS \$ 58,651 TOTAL OTHER EDUCATION/OUTREACH 77,556 TOTAL HEALTH SCREENINGS 229,961 TOTAL QUANTIFIABLE VALUE OF COMMUNITY SERVICES \$366,168 VI TRAINING AND EDUCATION FOR HEALTHCARE PROFESSIONALS AS THE ONLY ACADEMIC MEDICAL CENTER IN THE REGION, UHS IS COMMITTED TO EDUCATION IN ORDER TO PREPARE HEALTHCARE PROFESSIONALS FOR THE FUTURE EDUCATION IS AN ONGOING ENDEAVOR FOR ALL EMPLOYEES, MANY OF WHICH WILL HAVE AN OPPORTUNITY TO SERVE AS TEACHERS AS WELL AS STUDENTS THE MEDICAL CENTER COLLABORATES WITH THE GSM AND OTHER ACADEMIC INSTITUTIONS AND IT MAINTAINS A LEARNING ENVIRONMENT WITH DEVOTION TO TECHNOLOGICAL AND TREATMENT ADVANCES THAT PROVIDE BETTER CARE FOR PATIENTS UNIVERSITY OF TENNESSEE GRADUATE SCHOOL OF MEDICINE THE MEDICAL CENTER SERVES AS THE CLINICAL EDUCATION SITE OF THE GSM, WHICH MANAGES ALL RESIDENCY, FELLOWSHIP AND SUBSPECIALTY PROGRAMS IN ASSOCIATION WITH THE UT COLLEGE OF MEDICINE AND DENTISTRY THE GRADUATE SCHOOL OF MEDICINE HAS A THREE-FOLD MISSION OF EXCELLENCE IN EDUCATION, PATIENT CARE, AND RESEARCH ANNUALLY, THE GSM MAINTAINS OVER 200 FACULTY AND 164 RESIDENTS IN TRAINING AT THE MEDICAL CENTER COMPONENTS OF THE GSM INCLUDE - RESIDENCY AND FELLOWSHIP PROGRAMS ARE OFFERED IN MEDICINE AND DENTISTRY - THE PRIMARY CARE RESIDENCY PROGRAMS ARE FAMILY MEDICINE, INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY - THE REMAINING MEDICINE PROGRAMS INCLUDE ANESTHESIOLOGY, GENERAL SURGERY, NUCLEAR MEDICINE, PATHOLOGY, RADIOLOGY, TRANSITIONAL YEAR, AND UROLOGY - FELLOWSHIPS ARE OFFERED THROUGH THE DEPARTMENTS OF FAMILY MEDICINE, MEDICINE, SURGERY, AND PATHOLOGY - FAMILY MEDICINE FELLOWSHIPS INCLUDE EMERGENCY MEDICINE, SPORTS MEDICINE, BEHAVIORAL MEDICINE, OBSTETRICS, AND IN CONJUNCTION WITH THE DEPARTMENT OF MEDICINE A FELLOWSHIP IN GERIATRIC MEDICINE - SURGERY OFFERS FELLOWSHIPS IN BOTH VASCULAR SURGERY AND TRAUMA/CRITICAL CARE - THE DEPARTMENT OF PATHOLOGY OFFERS A FELLOWSHIP IN CYTOPATHOLOGY AND SURGICAL PATHOLOGY, AND IS IN THE PROCESS OF OFFERING A FELLOWSHIP IN FORENSIC PATHOLOGY - THE DEPARTMENT OF RADIOLOGY OFFERS EDUCATIONAL OPPORTUNITIES IN POSITRON EMISSION TOMOGRAPHY (PET) - RESIDENCIES ARE OFFERED IN GENERAL DENTISTRY AS WELL AS ORAL AND MAXILLOFACIAL SURGERY ADDITIONALLY, THE MEDICAL CENTER SERVES AS A CLINICAL EDUCATION SITE FOR THE UT COLLEGE OF PHARMACY OTHER TRAINING PROGRAMS OFFERED INCLUDE MEDICAL TECHNOLOGY, NUCLEAR MEDICINE TECHNOLOGY, NURSE ANESTHESIA CONCENTRATION, CLINICAL PASTORAL EDUCATION, AND RADIOGRAPHY TECHNOLOGY 2010 FINANCIAL SUPPORT FOR HEALTHCARE TRAINING AND EDUCATION IS AS FOLLOWS (UNREIMBURSED COST IS BELOW) NURSE ANESTHESIA CONCENTRATION (43) \$ 94,352 SCHOOL OF RADIOLOGIC TECHNOLOGY (10) 95,534 SCHOOL OF NUCLEAR MEDICAL TECHNOLOGY (6) 78,697 SCHOOL OF MEDICAL TECHNOLOGY (11) 23,986 PHARMACY (11) 126,522 PASTORAL CARE (11) 151,518 GRADUATE SCHOOL OF MEDICINE (164) 14,903,079 TOTAL UNREIMBURSED COSTS OF TRAINING AND EDUCATION \$ 15,473,688</p>

Identifier	Return Reference	Explanation
		<p>VII MEDICAL RESEARCH RESEARCH IS AN IMPORTANT PART OF THE UHS MISSION PATIENTS NEED PRACTITIONERS FAMILIAR WITH THE LA TEST MEDICAL PROCEDURES AND TECHNOLOGY INVOLVEMENT IN CLINICAL TRIALS ADVANCES THE KNOWLEDGE OF OUR PHY SICIANS AND PROVIDES PATIENTS WITH ACCESS TO NEW THERAPIES THAT ARE OTHERWISE UNAVAILABLE RESEARCH ONE YEAR MAY BECOME STANDARD MEDICAL THERAPY THE FOLLOWING YEAR OF COURSE, LABORATORY RESEARCH SERVES AS THE UNDERPINNING FOR OUR CLINICAL INVESTIGATIONS RESEARCHERS ARE INVOLVED IN BASIC AND CLINICAL RESEARCH AND CLINICAL TRIALS PRIMARY RESEARCH AREAS INCLUDE VASCULAR ENDOTHELIAL BIOLOGY , IMMUNOLOGY , ONCOLOGY , AMYLOID-RELATED DISEASE, DIABETES, ALZHEIMER'S DISEASE, NUTRITION AND TRAUMA THE UNIVERSITY OF TENNESSEE GRADUATE SCHOOL OF MEDICINE HOUSES A NUMBER OF RESEARCH EFFORTS THAT HAVE ALREADY MADE A CONSIDERABLE IMPACT ON THE UNDERSTANDING AND TREATMENT OF SERIOUS MEDICAL DISORDERS, INCLUDING ALZHEIMER'S DISEASE, HUNTINGTON'S DISEASE, AMYLOID DISEASE, MULTIPLE MYELOMA, OVARIAN AND BREAST CANCER, AND REPRODUCTIVE DISORDERS THESE FOCUSED AREAS OF EXCELLENCE PROVIDE AN EVER INCREASING INTERFACE BETWEEN THE CLINICAL AND RESEARCH ARMS OF THE MEDICAL CENTER TOTAL UNREIMBURSED COST OF MEDICAL RESEARCH \$90,000 VIII DONATIONS UHS RECOGNIZES THE IMPACT THAT OTHER NON-PROFIT ORGANIZATIONS HAVE ON THE COMMUNITY IN WHICH THEY SERVE IN ADDITION TO ITS DIRECT CONTRIBUTIONS TO THE COMMUNITY THROUGH ITS SERVICES, INDIGENT CARE, AND COMMUNITY EDUCATION AND OUTREACH, UHS PROVIDES CASH AND NONCASH DONATIONS TO VARIOUS CHARITABLE AND CIVIC ORGANIZATIONS WITHIN THE COMMUNITY THESE EFFORTS AFFIRM UHS'S ROLE AS A CORPORATE CITIZEN, SUPPORTING COMMUNITY ORGANIZATIONS AND ENHANCING THE QUALITY OF LIFE IN THE EAST TENNESSEE AREA IN 2010, UHS PROVIDED SUPPORT OF MORE THAN \$119,745 NUMEROUS HEALTH AND HUMAN SERVICE AGENCIES, INCLUDING BUT NOT LIMITED TO THE FOLLOWING RECIPIENTS - ALZHEIMER'S ASSOCIATION - AMERICAN CANCER SOCIETY - AMERICAN HEART ASSOCIATION - AMERICAN DIABETES ASSOCIATION - BREAST CANCER FOUNDATION - BREATH OF LIFE SUPPORT FOUNDATION - EAST TENNESSEE CHILDREN'S HOSPITAL - EAST TENNESSEE ECONOMIC DEVELOPMENT - EAST TENNESSEE TECHNOLOGY ACCESS CENTER - GOODWILL INDUSTRIES-KNOXVILLE - GREAT SMOKY MOUNTAIN COUNCIL - HELEN ROSS MCNABB - JUVENILE DIABETES - KNOXVILLE ACADEMY OF MEDICINE - KNOXVILLE ACADEMY OF MEDICINE PROJECT ACCESS - KNOX COUNTY IMAGINATION LIBRARY - INTERFAITH HEALTH CLINIC - MARCH OF DIMES - MORRISTOWN-HAMBLEN HOSPITAL - NATIONAL KIDNEY FOUNDATION - SECOND HARVEST FOOD PANTRY - SUSAN G KOMEN FOUNDATION - UNITED WAY - VARIETY OF EAST TENNESSEE - WELLNESS COMMUNITY - MANY ADDITIONAL DONATIONS TO SUPPORT COMMUNITY EVENTS AND SERVICES, CHURCHES AND SCHOOLS IN ADDITION TO THE CASH DONATIONS ITEMIZED ABOVE, UHS IS UNABLE TO QUANTIFY MANY OF THE SERVICES AND BENEFITS IT PROVIDES TO VARIOUS ORGANIZATIONS TOTAL DONATIONS AND IN-KIND CONTRIBUTIONS \$260,108 IX OTHER COMMUNITY BUILDING ACTIVITIES A IMPROVE ACCESS TO HEALTHCARE UHS ALSO PROVIDES PROGRAMS TO IMPROVE ACCESS TO HEALTHCARE FOR INDIVIDUALS WHO LACK INSURANCE DURING 2010, UHS DEDICATED AN EMPLOYEE TO WORK ENTIRELY WITH SELF-PAY PATIENTS IN HELPING THEM APPLY FOR STATE ASSISTANCE THROUGH THE TENNCARE PROGRAM ADDITIONALLY DURING 2010, UHS DEDICATED TWO CLERKS TO ASSIST, ONE OF WHICH SERVES AS AN INTERPRETER FOR PATIENTS WHOSE FIRST LANGUAGE IS NOT ENGLISH UHS STRIVES TO MEET THE NEEDS OF THE COMMUNITY'S EVER-GROWING IMMIGRANT POPULATION BY ENSURING FULL ACCESS TO HEALTHCARE WITHOUT ALLOWING COMMUNICATION TO BE A BARRIER B COMMUNITY HEALTH IMPROVEMENT UHS PROVIDED SUPPORT TO INTERFAITH HEALTH CLINIC PROVIDING AFFORDABLE MEDICAL CARE, DENTAL CARE, MENTAL HEALTH COUNSELING AND PRESCRIPTION MEDICATIONS FOR THE WORKING UNINSURED C COMMUNICATION INTERPRETER THE COMMUNITY IN WHICH UHS OPERATES HAS EXPERIENCED A SIGNIFICANT INCREASE IN INDIVIDUALS WHO SPEAK LIMITED OR NO ENGLISH AND/OR WHO USE ENGLISH ONLY AS A SECOND LANGUAGE AS SUCH, UHS HAS EXPANDED ITS OUTREACH EFFORTS TO SUCH INDIVIDUALS BY USING INTERPRETERS DURING 2010, UHS INCURRED COSTS FOR THE CYRACOM TELEPHONE INTERPRETER, WHEREBY NON-ENGLISH SPEAKING PATIENTS ARE ABLE TO COMMUNICATE WITH THE MEDICAL STAFF D ECONOMIC DEVELOPMENT UHS SUPPORTS ECONOMIC DEVELOPMENT ACTIVITIES THROUGH THE EAST TENNESSEE DEVELOPMENT AGENCY AND LEADERSHIP DEVELOPMENT TOTAL OTHER QUANTIFIABLE COMMUNITY BUILDING ACTIVITIES \$244,740 X CONTRIBUTIONS OF VOLUNTEERS SINCE 1962, THE MEDICAL CENTER HAS ENJOYED THE SERVICES OF THE VOLUNTEERS WHO HAVE GIVEN OVER 800,000 HOURS THE VOLUNTEER DEPARTMENT COORDINATES THE ACTIVITIES OF THREE MAIN GROUPS OF VOLUNTEERS THE AUXILIARY , INDEPENDENT VOLUNTEERS, AND THE JUNIOR VOLUNTEERS ALL VOLUNTEERS WHO DONATE TIME AND SERVICE TO THE MEDICAL CENTER WORK IN A VARIETY OF SETTINGS SUCH AS INPATIENT AND OUTPATIENT FACILITY DEPARTMENTS, PATIENT RECEPTION AREAS, GIFT SHOP, ETC LIFTING THE SPIRITS OF THE MEDICAL CENTER PATIENTS IS WHAT THE VOLUNTEER PROGRAM IS ALL ABOUT VOLUNTEERS ARE INVOLVED IN SUCH ACTIVITIES AS DELIVERING FLOWERS, MAIL AND GIFTS, SERVING REFRESHMENTS AND PROVIDING WARM BLANKETS FOR ONCOLOGY PATIENTS, READING MATERIALS, A CHEERFUL SMILE AND A COMFORTING WORD VOLUNTEERS ALSO PROVIDE A VALUABLE SOURCE OF INFORMATION FOR THE PATIENTS' FAMILIES AND FRIENDS AND ARE ESPECIALLY IMPORTANT WHEN SERVING AS A LIAISON DURING CRUCIAL TIMES IN THE FAMILY WAITING LOUNGES CURRENTLY , THE GROUP OF NEARLY 300 PEOPLE IS DIVIDED AMONG AUXILIARY MEMBERS, INDEPENDENT VOLUNTEERS, AND JUNIOR VOLUNTEERS FOR 2010, VOLUNTEERS DONATED APPROXIMATELY 34,000 HOURS OF SERVICE TO THE MEDICAL CENTER THE AUXILIARY CONTRIBUTED NEARLY \$120,000 TO THE MEDICAL CENTER IN 2010 AS FOLLOWS THE FINAL PAYMENT ON THE \$250,000 PLEDGE TO THE NICU OF \$50,000, THE SECOND OF A TWO YEAR COMMITMENT TO THE MAGNET NURSING PROGRAM OF \$38,000, \$10,000 TO THE CHAPLAIN'S CRISIS FUND, \$20,000 TO PURCHASE A NEW GENERATOR AND A/C UNIT FOR THE MOBILE MAMMOGRAPHY VEHICLE, AND THE DEVELOPMENTAL AND GENETIC CENTER RECEIVED \$1,000 OVER THE YEARS, THE UNIVERSITY OF TENNESSEE HOSPITAL AUXILIARY HAS PROVIDED NEARLY 3 MILLION DOLLARS TO THE MEDICAL CENTER IN SUPPORT OF THE ONGOING MISSION, VISION AND VALUES OF THE INSTITUTION XI SUMMARY OF QUANTIFIABLE COMMUNITY BENEFITS PROVIDED BY THE SY STEM, 2010 A SUMMARY LISTING OF THE QUANTIFIABLE COMMUNITY BENEFITS PROVIDED BY UHS DESCRIBED IN THE BODY OF THIS REPORT APPEARS BELOW MANY OF THE BENEFITS DESCRIBED ON THE PREVIOUS PAGES CANNOT BE QUANTIFIED IN DOLLARS, ESPECIALLY MANY OF UHS'S CONTRIBUTIONS IN THE AREA OF COMMUNITY HEALTH EDUCATION AND OUTREACH A CONTRIBUTIONS MEASURABLE IN DOLLARS UNCOMPENSATED PATIENT CARE \$ 28,730,899 COMMUNITY SERVICES 366,168 TRAINING AND EDUCATION FOR HEALTHCARE PROFESSIONALS 15,473,688 RESEARCH 90,000 DONATIONS 260,108 OTHER COMMUNITY OUTREACH ACTIVITIES 244,740 TOTAL CONTRIBUTIONS \$ 45,165,603 B RELATED CONTRIBUTIONS MEASURABLE IN DOLLARS EMPLOYEE DONATIONS FOR HEALTH SY STEM-SANCTIONED CHARITABLE AND COMMUNITY SERVICE EVENTS \$ 19,556 CONTRIBUTIONS OF HOSPITALS' VOLUNTEER ORGANIZATIONS 120,000 TOTAL RELATED CONTRIBUTIONS \$ 139,556 TOTAL QUANTIFIABLE COMMUNITY BENEFITS, 2009 TOTAL CONTRIBUTIONS \$ 45,025,240 RELATED CONTRIBUTIONS 139,556 TOTAL QUANTIFIABLE COMMUNITY BENEFITS \$ 45,164,796</p>



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
UNIVERSITY HEALTH SYSTEM INC

Employer identification number  
31-1626179

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UHS ASC LLC 1520 CHEROKEE TRAIL STE 200 KNOXVILLE, TN 37920 31-1626179	INVESTMENT COMPANY	TN	0	0	N/A

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE EAST TENNESSEE CENTER FOR SLEEP MEDICINE LLC  1520 CHEROKEE TRAIL SUITE 330 KNOXVILLE, TN37920 26-1243117	SLEEP MEDICINE	TN	N/A	RELATED	-7,848			No		Yes		50 000 %
(2) UNIVERSITY AMBULATORY SURGICAL CENTER  1934 ALCOA HWY D170 KNOXVILLE, TN37920 62-1835971	SURGERY CENTER	TN	UHS ASC LLC	RELATED	326,778	1,667,435		No		Yes		53 500 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) UHS VENTURES INC 9000 EXECUTIVE PARK DRIVE D-240 KNOXVILLE, TN37923 62-1619460	MANAGEMENT SERVICES	TN	N/A	C	1,054,006	1,618,525	100 000 %
(2) REGIONAL TRAUMA SERVICES INC 1520 CHEROKEE TRAIL SUITE 330 KNOXVILLE, TN37920 20-2769076	HEALTH CARE TRAUMA MANAGEMENT	TN	N/A	C	2,212,196		100 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

Yes

No

Yes

No

Yes

No

No

No

No

Yes

Yes

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY AMBULATORY SURGICAL CENTER	R	67,185	COST
(2) UNIVERSITY AMBULATORY SURGICAL CENTER	G	777,306	COST
(3) UNIVERSITY AMBULATORY SURGICAL CENTER	I	638,254	COST
(4) EAST TENNESSEE CENTER FOR SLEEP MEDICINE LLC	R	868,630	COST
(5) UNIVERSITY OF TENNESSEE MEDICAL CENTER HOME CARE SERVICES LLC	R	396,471	COST
(6) UNIVERSITY AMBULATORY SURGICAL CENTER	P	13,307	COST

Schedule R (Form 990) 2010

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

[illegible]

**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 31-1626179

Name: UNIVERSITY HEALTH SYSTEM INC

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) UNIVERSITY AMBULATORY SURGICAL CENTER	R	67,185	COST
(2) UNIVERSITY AMBULATORY SURGICAL CENTER	G	777,306	COST
(3) UNIVERSITY AMBULATORY SURGICAL CENTER	I	638,254	COST
(4) EAST TENNESSEE CENTER FOR SLEEP MEDICINE LLC	R	868,630	COST
(5) UNIVERSITY OF TENNESSEE MEDICAL CENTER HOME CARE SERVICES LLC	R	396,471	COST
(6) UNIVERSITY AMBULATORY SURGICAL CENTER	P	13,307	COST