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A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization
UNIVERSITY HEALTH SYSTEM INC

Doing business as
UNIV OF TN MEDICAL CENTER

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2121 MEDICAL CENTER WAY NO 200

City or town, state or province, country, and ZIP or foreign postal code
KNOXVILLE, TN 37920

F Name and address of principal officer
JOSEPH R LANDSMAN JR
2121 MEDICAL CENTER WAY NO 200
KNOXVILLE,TN 37920

D Employer identification number
31-1626179

E Telephone number
(865) 251-4417

G Gross receipts \$ 835,574,013

I Tax-exempt status
☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.UTMEDICALCENTER.ORG

K Form of organization
☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1998

M State of legal domicile TN

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO OPERATE AN ACADEMIC MEDICAL CENTER, PROVIDING HEALTHCARE & SUPPORTING RESEARCH & EDUCATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	4,659
Revenue	6 Total number of volunteers (estimate if necessary)	6	203
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,101,542
	b Net unrelated business taxable income from Form 990-T, line 34	7b	722,534
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,146,849	5,339,010
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	764,065,900	818,253,209
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,434,133	3,924,013
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,873,127	7,918,958
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	780,520,009	835,435,190
	14 Benefits paid to or for members (Part IX, column (A), line 4)	474,240	523,341
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	301,011,655	333,521,143
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	463,816,088	482,237,432
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	765,301,983	816,281,916
	19 Revenue less expenses Subtract line 18 from line 12	765,301,983	816,281,916
		15,218,026	19,153,274
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	625,000,843	668,752,697
	21 Total liabilities (Part X, line 26)	449,204,306	472,911,393
	22 Net assets or fund balances Subtract line 21 from line 20	175,796,537	195,841,304

Part II Signature Block

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

Sign Here

Signature of officer
THOMAS FISHER CFO
Type or print name and title

2016-11-10
Date

Paid Preparer Use Only

Print/Type preparer's name
AMY BIBBY

Preparer's signature
AMY BIBBY

Date

Check ☐ if self-employed

PTIN
P00445891

Firm's name ▶ DIXON HUGHES GOODMAN LLP

Firm's EIN ▶ 56-0747981

Firm's address ▶ 500 RIDGEFIELD COURT
ASHEVILLE, NC 28806

Phone no (828) 254-2254

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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 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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$ 719,090,702 including grants of \$ 523,341) (Revenue \$ 824,332,622)
	PATIENT CARE SERVICESPLEASE SEE SCHEDULE O FOR DETAIL REGARDING PATIENT CARE SERVICES IN THE STATEMENT OF COMMUNITY BENEFIT

4b	(Code) (Expenses \$ 17,785,183 including grants of \$) (Revenue \$)
	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 WHOM WILL HAVE AN OPPORTUNITY TO SERVE AS TEACHERS AS WELL AS STUDENTS. THE MEDICAL CENTER COLLABORATES WITH THE GRADUATE SCHOOL OF MEDICINE AND OTHER ACADEMIC INSTITUTIONS, AND IT MAINTAINS A LEARNING ENVIRONMENT WITH DEVOTION TO TECHNOLOGICAL AND TREATMENT ADVANCES THAT PROVIDE BETTER CARE FOR PATIENTS

4c	(Code) (Expenses \$ 20,083,140 including grants of \$) (Revenue \$)
	UNREIMBURSED CHARITY CARE AND SELF-PAY DISCOUNT

4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 756,959,025
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	504
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	4,659
b	At least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	15	
b	Enter the number of voting members included in line 1a, above, who are independent	11	
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **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 made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOSEPH R LANDSMAN 2121 MEDICAL CENTER WAY NO 200 KNOXVILLE, TN 37920 (865) 305-9430

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

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

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

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

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

[illegible]

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

[illegible]

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	12,936,642	0	1,774,941

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 304

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRADUATE SCHOOL OF MEDICINE 1924 ALCOA HWY KNOXVILLE, TN 37920	MEDICAL EDUCATION	31,163,045
UNIVERSITY PHYSICIANS ASSOCIATION 9000 EXECUTIVE PARK DRIVE KNOXVILLE, TN 37923	PHYSICIAN SALARIES/CBO MANAGEMENT	29,304,441
LABORATOROY CORPORATION OF AMERICA 1924 ALCOA HIGHWAY KNOXVILLE, TN 37920	LABORATORY SERVICES	15,652,176
UNIVERSITY ANESTHESIOLOGIST PO BOX 51947 KNOXVILLE, TN 37950	MEDICAL COVERAGE	10,493,808
CROTHALL LAUNDRY SERVICES 1500 LIBERTY RIDGE DRIVE WAYNE, TN 37987	MANAGEMENT BIOMED/ENVIRONMENTAL SERVICES	9,291,322

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 151

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	250,196			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,088,814			
	g	Noncash contributions included in lines 1a-1f \$		85,168			
	h	Total. Add lines 1a-1f		5,339,010			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code				
			621500	791,962,327	791,962,327		
	b	PROGRAM SERVICE REVENUE	621400	25,892,125	25,690,204	201,921	
	c	EHR MEANINGFUL USE	621400	398,757	398,757		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		818,253,209			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,167,003		596,541	570,462
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross rents	(i) Real 6,281,334	(ii) Personal			
	b	Less rental expenses	0				
	c	Rental income or (loss)	6,281,334				
	d	Net rental income or (loss)		6,281,334	6,281,334		
	7a	Gross amount from sales of assets other than inventory	(i) Securities 2,699,905	(ii) Other 57,105			
	b	Less cost or other basis and sales expenses	0	0			
	c	Gain or (loss)	2,699,905	57,105			
	d	Net gain or (loss)		2,757,010			2,757,010
	8a	Gross income from fundraising events (not including \$ 250,196 of contributions reported on line 1c) See Part IV, line 18 . . .	a	0			
	b	Less direct expenses	b	138,823			
	c	Net income or (loss) from fundraising events . .		-138,823			-138,823
	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	949,616			949,616
	b	OTHER SERVICES	624100	523,751			523,751
	c	TELEPHONE SERVICES	812900	303,080		303,080	
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,776,447			
12	Total revenue. See Instructions		835,435,190	824,332,622	1,101,542	4,662,016	

Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	471,238	471,238		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	52,103	52,103		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,891,316		8,891,316	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	227,482	212,354	15,128	
7	Other salaries and wages	265,693,158	248,024,563	17,668,595	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,051,218	14,983,812	1,067,406	
9	Other employee benefits	25,952,764	24,226,905	1,725,859	
10	Payroll taxes	16,705,205	15,594,309	1,110,896	
11	Fees for services (non-employees)				
a	Management	13,380,393	12,490,597	889,796	
b	Legal	24,971,121	23,310,541	1,660,580	
c	Accounting	409,945	382,684	27,261	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	104,582,135	97,627,423	6,954,712	
12	Advertising and promotion	2,552,863	2,383,098	169,765	
13	Office expenses	12,451,421	11,623,402	828,019	
14	Information technology	116,252	108,521	7,731	
15	Royalties				
16	Occupancy	16,272,502	15,190,381	1,082,121	
17	Travel	1,193,059	1,113,721	79,338	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	631,294	589,313	41,981	
20	Interest	12,553,011	12,553,011		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,518,084	29,518,084		
23	Insurance	6,426,612	6,426,612		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MEDICAL SUPPLIES	200,198,178	186,884,999	13,313,179	
b	BAD DEBT EXPENSE	55,048,897	51,388,145	3,660,752	
c	EQUIPMENT RENTAL	1,931,665	1,803,209	128,456	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	816,281,916	756,959,025	59,322,891	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			80,177,614	1	99,686,517
	2	Savings and temporary cash investments			8,205,028	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			91,144,690	4	120,405,259
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			5,265,960	8	5,899,901
	9	Prepaid expenses and deferred charges			1,639,893	9	2,530,804
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	499,862,347			
	b	Less—accumulated depreciation	10b	269,086,461	223,678,388	10c	230,775,886
	11	Investments—publicly traded securities			167,386,484	11	178,887,614
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			2,414,943	13	2,426,827
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			45,087,843	15	28,139,889
16	Total assets. Add lines 1 through 15 (must equal line 34)			625,000,843	16	668,752,697	
Liabilities	17	Accounts payable and accrued expenses			137,332,847	17	156,258,264
	18	Grants payable				18	
	19	Deferred revenue				19	3,889,085
	20	Tax-exempt bond liabilities			264,881,933	20	282,242,004
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			21,665,905	23	13,173,005
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			25,323,621	25	17,349,035
	26	Total liabilities. Add lines 17 through 25			449,204,306	26	472,911,393
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			165,994,834	27	184,506,641
	28	Temporarily restricted net assets			3,085,956	28	3,820,201
	29	Permanently restricted net assets			6,715,747	29	7,514,462
	Organizations that do not follow SFAS 117 (ASC 958), 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			175,796,537	33	195,841,304
	34	Total liabilities and net assets/fund balances			625,000,843	34	668,752,697

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	835,435,190
2	Total expenses (must equal Part IX, column (A), line 25)	2	816,281,916
3	Revenue less expenses Subtract line 2 from line 1	3	19,153,274
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	175,796,537
5	Net unrealized gains (losses) on investments	5	-2,657,082
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,548,575
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	195,841,304

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM S RUKEYSER CHAIR	1 00	X						0	0	0
RENDA BURKHART VICE CHAIR	1 00	X						0	0	0
CAROLYN FAIRBANK BIGGS BOARD MEMBER	1 00	X						0	0	0
STUART J BRESEE MC BOARD MEMBER	1 00	X						0	0	0
DR JOSEPH E JOHNSON BOARD MEMBER	1 00	X						0	0	0
DR DAVID E MILLHORN BOARD MEMBER	1 00	X						0	0	0
WES STOWERS BOARD MEMBER	1 00	X						0	0	0
HW SHERROD JR BOARD MEMBER	1 00	X						0	0	0
MICHAEL STRICKLAND BOARD MEMBER	1 00	X						0	0	0
DR JIMMY CHEEK BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR JOSEPH DIPIETRO BOARD MEMBER	1 00	X						0	0	0
ROBERT F ELDER MD BOARD MEMBER	1 00	X						0	0	0
STEVE J SCHWAB MD BOARD MEMBER	1 00	X						0	0	0
JOSEPH LANDSMAN PRESIDENT & CEO	65 00	X		X				1,280,098	0	257,460
W BEDFORD WATERS BOARD MEMBER	1 00	X						0	0	0
THOMAS FISHER SR VP & CFO	65 00			X				645,128	0	120,840
WILLIAM HALL SR VP & COO	65 00			X				593,866	0	115,790
JOHN LACEY SR VP & CMO	65 00			X				621,050	0	108,450
STEVEN ROSS SR VP	65 00			X				588,715	0	96,350
TERESA LEVEY SR VP	65 00			X				452,983	0	82,210

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANELL CECIL SR VP & CNO	65 00			X				553,111	0	90,962
INGA HIMELRIGHT SR VP & CQO	65 00			X				466,950	0	90,550
JERRY EPPS SR VP & CMO	65 00			X				107,935	0	13,880
JOHN BELL PHYSICIAN/MEDICAL DIRECTOR	65 00				X			811,402	0	78,690
BENNETT COX CHIEF GENERAL COUNSEL	65 00				X			428,365	0	76,270
ROBERT ELDER PHYSICIAN/MEDICAL DIRECTOR	65 00				X			583,396	0	53,070
KATHERINE BOYD CHIEF DEVELOPMENT OFFICER	65 00				X			209,215	0	14,510
RICHARD GIECEK CHIEF DEVELOPMENT OFFICER	65 00				X			444,301	0	35,950
DAVID ALJADIR PHYSICIAN ONCOLOGY	65 00					X		849,241	0	97,520
MICHAEL FREEMAN PHYSICIAN VASCULAR	65 00					X		1,086,803	0	109,410

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY KILGORE PHYSICIAN GYN ONCOLOGY	65 00					X		1,165,450	0	112,411
OSCAR GRANDAS PHYSICIAN VASCULAR	65 00					X		1,182,620	0	121,541
NATHAN SCHROCK PHYSICIAN ONCOLOGY	65 00					X		866,013	0	99,000

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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 (Form 990 or 990-EZ))
- 3

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions)

12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14
15 Public support percentage for 2014 Schedule A, Part II, line 14	15

16a 33 1/3% support test—2015.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—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 <u>Activities Test</u> Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970: **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization 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"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?

☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 1
- During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
- a
- Volunteers?
- b
- Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- c
- Media advertisements?
- d
- Mailings to members, legislators, or the public?
- e
- Publications, or published or broadcast statements?
- f
- Grants to other organizations for lobbying purposes?
- g
- Direct contact with legislators, their staffs, government officials, or a legislative body?
- h
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i
- Other activities?
- j
- Total. Add lines 1c through 1i.
- 2a
- Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b
- If "Yes," enter the amount of any tax incurred under section 4912.
- c
- If "Yes," enter the amount of any tax incurred by organization managers under section 4912.
- d
- If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

(a)		(b)
Yes	No	Amount
	No	
	No	
	No	
Yes		257
	No	
	No	
Yes		226,828
	No	
	No	
		227,085
	No	

Part III-A

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

	Yes	No
1		
2		
3		

Part III-B

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

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

1	
2a	
2b	
2c	
3	
4	
5	

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING EXPENDITURES INCLUDE AN ALLOCATION OF THE SALARY OF THE VICE PRESIDENT FOR GOVERNMENT RELATIONS, INCLUDING TIME AND EXPENSES ASSOCIATED WITH CONTACTING LEGISLATORS IN MATTERS IMPACTING THE HEALTH SYSTEM AND COMMUNITIES IN WHICH IT SERVES

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 6.

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

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

1

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

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

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	8,276,241	6,658,273	5,543,702	5,335,691	4,696,167
b Contributions	799,597	1,259,163	347,497	62,517	526,636
c Net investment earnings, gains, and losses	-48,550	358,805	767,074	145,494	112,888
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,027,288	8,276,241	6,658,273	5,543,702	5,335,691

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

100 000 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

Yes

No

3a(ii)

Yes

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		1,764,427		1,764,427
b Buildings		8,362,347	326,711	8,035,636
c Leasehold improvements		271,337,348	111,811,903	159,525,445
d Equipment		177,739,882	134,219,639	43,520,243
e Other		40,658,343	22,728,208	17,930,135
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				230,775,886

Schedule D (Form 990) 2015

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	781,672,781
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-2,657,082
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	4,365,592
e	Add lines 2a through 2d	2e	1,708,510
3	Subtract line 2e from line 1	3	779,964,271
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	55,470,919
c	Add lines 4a and 4b	4c	55,470,919
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	835,435,190

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	761,628,014
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	394,995
e	Add lines 2a through 2d	2e	394,995
3	Subtract line 2e from line 1	3	761,233,019
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	55,048,897
c	Add lines 4a and 4b	4c	55,048,897
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	816,281,916

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	ALL ENDOWMENT FUNDS ARE USED TO SUPPORT THE OVERALL MISSION OF THE UNIVERSITY HEALTH SYSTEM - PATIENT CARE, RESEARCH, AND EDUCATION. THERE ARE SIXTEEN FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE INTEREST INCOME IS POSTED TO GIFT FUNDS ASSOCIATED WITH THE ENDOWMENTS AND IS FOR EITHER GENERAL OR SPECIFIC PURPOSES BASED UPON THE INTENT OF THE DONOR.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSE 138,823 EXPENSES NET WITH REVENUE 256,172 CHANGE IN VALUE OF DERIVATIVE INSTRUMENT 3,970,597 PERMANENTLY RESTRICTED CONTRIBUTIONS NET ASSETS RELEASED FROM RESTRICTIONS
PART XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 55,048,897 LOSS ON EXTINGUISHMENT ON DEBT 422,022
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES NET WITH REVENUE 256,172 SPECIAL EVENT EXPENSE 138,823
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 55,048,897

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		TEE UP FOR TRAUMA (event type)	BLACKBERRY WINE EVENT (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	114,000	136,196		250,196
	2 Less Contributions	114,000	136,196		250,196
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	48,352	90,471		138,823
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				138,823
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-138,823

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

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

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

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

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

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

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

Enter 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 of the third party

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

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization UNIVERSITY HEALTH SYSTEM INC	Employer identification number 31-1626179
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,083,140		20,083,140	2 640 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)			11,217,661	6,295,802	4,921,859	0 650 %
d Total Financial Assistance and Means-Tested Government Programs			31,300,801	6,295,802	25,004,999	3 290 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			381,168		381,168	0 050 %
f Health professions education (from Worksheet 5)			17,785,183		17,785,183	2 340 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			157,955		157,955	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			248,085		248,085	0 030 %
j Total. Other Benefits			18,572,391		18,572,391	2 440 %
k Total. Add lines 7d and 7j			49,873,192	6,295,802	43,577,390	5 730 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support		2,038		2,038	0 %
4	Environmental improvements					
5	Leadership development and training for community members		43,000		43,000	0 010 %
6	Coalition building		11,871		11,871	0 %
7	Community health improvement advocacy		338,818		338,818	0 040 %
8	Workforce development		2,540		2,540	0 %
9	Other					
10	Total		398,267		398,267	0 050 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

11,338,266

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

8,200,000

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

253,124,731

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

255,006,598

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-1,881,867

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

No

b

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

9b

Yes

No

Part IVManagement Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C)	3 Yes	
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website (list url) <u>SEE DISCLOSURE</u> b <input type="checkbox"/> Other website (list url) <u>WWW.HOSPITALALLIANCE.ETN.COM</u> c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C)	7 Yes	
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>SEE DISCLOSURE</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10 Yes	
10b		No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

UNIVERSITY HEALTH SYSTEM INC

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input type="checkbox"/> Asset level d <input type="checkbox"/> Medical indigency e <input type="checkbox"/> Insurance status f <input type="checkbox"/> Underinsurance discount g <input type="checkbox"/> Residency h <input type="checkbox"/> Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The FAP was widely available on a website (list url) SEE DISCLOSURE b <input type="checkbox"/> The FAP application form was widely available on a website (list url) SEE DISCLOSURE c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE DISCLOSURE d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input type="checkbox"/> Other (describe in Section C)	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) e <input type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information *(continued)*

UNIVERSITY HEALTH SYSTEM INC			
Name of hospital facility or letter of facility reporting group			
		Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		19	No
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		21	Yes
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		24	No

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

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

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

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

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

(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 7	COST IS DERIVED FROM THE ACTUAL EXPENSE DATA ACCUMULATED WITHIN THE UNIVERSITY HEALTH SYSTEM, INC ("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 AND AGGREGATES THE EXPENSES AT THE PATIENT LEVEL

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 55,048,897

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	THE ACTIVITIES REPORT IN PART II SEEK TO ACHIEVE SPECIFICED 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

Form and Line Reference	Explanation
PART III, LINE 4	<p>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 MAY HAVE BEEN GRANTED) 2 HAD TNCARE COVERAGE BUT NOT AT THE TIME OF SERVICE (A MAJORITY WERE PATIENTS DISRENROLLED BY THE TNCARE PROGRAM THESE PATIENTS NEVER FOLLOWED THROUGH WITH REAPPLYING FOR TNCARE OR CHARITY CARE) 3 LIABILITY AMOUNTS REMAINED UNPAID AFTER THEIR LOCAL GOVERNMENTAL ASSISTANCE PROGRAM PAID AND THEY NEVER FOLLOWED THROUGH WITH CHARITY APPLICATION THE TEXT OF THE UHS 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 ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF UHS' UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED THEREFORE, UHS RECORDS A SIGNIFICANT PROVISION FOR DOUBTFUL ACCOUNTS RELATED TO UNINSURED PATIENTS THIS PROVISION FOR DOUBTFUL ACCOUNTS IS PRESENTED ON THE CONSOLIDATED STATEMENTS OF OPERATIONS AS A COMPONENT OF NET PATIENT REVENUE "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 NET REVENUE THE CHARGES THAT QUALIFY AS CHARITY CARE BECAUSE UHS DOES NOT PURSUE COLLECTION OF THOSE AMOUNTS</p>

Form and Line Reference	Explanation
PART III, LINE 8	<p>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 \$1,881,697 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.</p>

Form and Line Reference	Explanation
PART III, LINE 9B	<p>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 PATIENT ACCOUNT REPRESENTATIVE WILL SUBMIT A LETTER TO THE PATIENT TO INFORM HIM/HER OF APPROVAL OR PROVIDE OTHER INSTRUCTIONS IF APPROVED FOR AN ADJUSTMENT, THE PATIENT ACCOUNT REPRESENTATIVE 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 UNIVERSITY OF TENNESSEE MEDICAL CENTER ("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 PATIENT ACCOUNT REPRESENTATIVES 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</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>UHS SUPPORTS AND STRENGTHENS OUR KEY COMMUNITIES THROUGH DELIVERING NEEDED SERVICES BY LEADING AND PARTNERING WITH OTHER ORGANIZATIONS TO POSITIVELY IMPACT HIGH PRIORITY HEALTH ISSUES. THE COMMUNITY HEALTH ADVISORY COMMITTEE ("CHAS") ANALYZES MULTIPLE SOURCES OF HEALTH STATUS, DEMOGRAPHIC, AND SOCIOECONOMIC INFORMATION TO IDENTIFY KEY COMMUNITIES, PRIORITIZE SPECIFIC POPULATION NEEDS, AND DETERMINE THE FOCUS FOR UHS INVOLVEMENT. THE CHAC REVIEWS AND FORMULATES RECOMMENDATIONS FOR ORGANIZATIONAL INVOLVEMENT FOR IDENTIFIED NEEDS. THE CHAC TEAM LEVERAGES OUR CORE COMPETENCIES TO DESIGN AND IMPLEMENT STRATEGIC INITIATIVES AND ACTION PLANS TO ADDRESS THESE PRIORITIES. THE CHAC MONITORS PROGRESS THROUGH ACTION PLANS AND PERFORMANCE MEASURES AND REPORTS RESULTS QUARTERLY TO SENIOR LEADERS AND TO THE CHAC IN COLLABORATION WITH OUR LOCAL COUNTY HEALTH DEPARTMENT AND COMMUNITY RESOURCE PROGRAMS. A COLLABORATION WAS FORMED TO BRING TOGETHER HEALTH CARE PROVIDERS AND ORGANIZATIONS THAT MAKE UP OUR LOCAL PUBLIC HEALTH SYSTEM AND SERVICES TO GUIDE OUR COMMUNITY IDENTIFY AND TAKE ACTION ON PRIORITY HEALTH ISSUES. TOGETHER HEALTHY KNOX PROVIDES A FRAMEWORK FOR LOCAL PROGRAMMATIC AND FISCAL DECISION-MAKING AND INFORMS THE DEVELOPMENT OF A STRATEGIC COMMUNITY HEALTH IMPROVEMENT PLAN. UHS UTILIZES DATA OBTAINED DURING THIS ASSESSMENT INITIATIVE TO IMPROVE DELIVERY OF SELECT SERVICES TO MEET THE NEEDS OF THE COMMUNITY IT SERVES. UHS' IMPACT OF SUPPORT IS DETERMINED THROUGH A COMMUNITY BENEFIT DATABASE ANALYSIS OF DISBURSEMENTS AND ANNUAL PROCESS REVIEW.</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>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 AND PROCESS) AND FINANCIAL COUNSELORS ALONG WITH CUSTOMER SERVICE REPRESENTATIVES 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 SCREENS 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, AS WELL AS ON OUR WEBSITE POLICIES ARE ALSO POSTED IN SPANISH DUE TO THE HIGH VOLUMES OF SPANISH-SPEAKING PATIENTS THE MAJORITY OF STAFF ASSOCIATED WITH PATIENT CONTACT ARE KNOWLEDGEABLE ABOUT THE CHARITY CARE POLICY</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>UHS' KEY COMMUNITIES ARE DEFINED BY OUR DEMOGRAPHIC LOCATIONS WITHIN A 21 COUNTY REGIONAL SERVICE AREA KNOX COUNTY IS CONSIDERED OUR PRIMARY SERVICE AREA WHERE OUR ACADEMIC MEDICAL CENTER RESIDES SURROUNDING COUNTIES, SUCH AS ANDERSON, SEVIER, BLOUNT, LOUDON, JEFFERSON, AND HAMBLLEN COUNTIES ARE SUPPORTED BY OUR NETWORK OF PRIMARY CARE PHYSICIANS, SPECIALISTS, AND OTHER CLINICAL SERVICES UHS' KEY COMMUNITIES INCLUDE THE UNDERSERVED AND DISADVANTAGED POPULATIONS, PRIORITIZED BY THOSE WITH THE GREATEST NEED FOR SERVICES UHS IDENTIFIES ITS KEY COMMUNITIES AND DETERMINES AREAS FOR ORGANIZATIONAL INVOLVEMENT BY THE CHAC AND UHS TEAM MEMBER ANALYSIS OF STATE, LOCAL, AND REGIONAL HEALTH STATISTICAL DATA UHS HAS MANY PROGRAMS AND PARTNERSHIPS IN PLACE TO SUPPORT AND BENEFIT HIGH PRIORITY AND KEY COMMUNITIES WHICH INCLUDES -HEALTH LIVING KITCHEN PROVIDES NUTRITIONALLY BASED EDUCATION CLASSES AND TEACHES INDIVIDUALS HOW TO COOK HEALTHY TO IMPROVE HEALTH STATUS AND MANAGE DIETS WHICH LESSENS THE IMPACT OF CHRONIC DISEASE, SUCH AS DIABETES AND CARDIOVASCULAR DISORDERS -COMMUNITY AND WORKSITE BASED HEALTH SCREENINGS AND EDUCATION FOR CANCER, DIABETES, HYPERTENSION, OBESITY, AND HYPERLIPIDEMIA -RESPIRATORY THERAPY PARTNERS WITH COORDINATED SCHOOL HEALTH STAFF TO IMPLEMENT SMOKING CESSATION AND PREVENTATION PROGRAMS TO MIDDLE SCHOOL AGED CHILDREN -BREAST HEALTH OUTREACH PROGRAM (BHOP) WHICH PROVIDES MOBILE BREAST SCREENINGS TO DISADVANTAGED POPULATIONS THROUGH A COLLABORATIVE PARTNERSHIP EFFORT WITH SUSAN G KOMEN AND AVON FOUNDATIONS -CANCER INSTITUTE PROVIDES PROSTATE AND SKIN CANCER EDUCATION AND SCREENINGS -REGIONAL INFANT MORTALITY REDUCTION TASK FORCE WHICH IS COMPOSED OF THE MEDICAL CENTER TEAM MEMBERS, PUBLIC HEALTH ENTITIES, AND COMMUNITY PARTNERS</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>UHS USES MULTIPLE STAKEHOLDERS AND ATA TO SUPPORT SOCIETAL WELL-BEING FOR OUR COMMUNITY OUR CORE COMPETENCIES ARE PARTNERING WITH COMMUNITY ORGANIZATIONS AND INNOVATION, WHILE ALSO CONTRIBUTING TO OUR ENVIRONMENT, SOCIAL, AND ECONOMIC SYSTEMS UHS CONSIDERS ENVIRONMENTAL IMPACT IN PROJECT ANALYSIS AND DAILY OPERATIONS SEVERAL STRATEGIES TO CONSERVE ENERGY AND RECYCLE PAPER ARE IMPLEMENTED AND EVIDENCED THROUGHOUT OUR CAMPUS AND DAILY ACTIVITIES UHS ACTIVITY PARTICIPATES IN KNOXVILLE AREA PROJECT ACCESS ("KAPA"), AN INNOVATIVE COMMUNITY APPROACH THROUGH WHICH THE MEDICAL CENTER'S PHYSICIANS AND SPECIALISTS PROVIDE CARE FOR THOSE IN OUR SERVICE AREA WHO ARE WITHOUT THE ABILITY TO PAY KAPA IS A PHYSICIAN-LED COMMUNITY EFFORT AND WAS CREATED AS A COMPREHENSIVE HEALTHCARE PLAN TO HELP PATIENTS WHO STRUGGLE EVERYDAY WITH THE CHALLENGES OF POVERTY, HAVE NO ACCESS TO EMPLOYER-SPONSORED OR GOVERNMENT-SPONSORED INSURANCE PROGRAMS, AND HAVE AN INCOME OF 200% OF THE POVERTY LEVEL OR BELOW THE INTERFAITH HEALTH CLINIC PROVIDES PRIMARY CARE SERVICES TO A SEGMENT OF THE COMMUNITY THAT IS IN NEED - THE WORKING UNINSURED THEY SERVE THE NEEDS OF OUR RESIDENTS THAT DO NOT QUALIFY FOR TENNCARE AND CANNOT AFFORD TO PURCHASE PRIVATE HEALTH INSURANCE UHS IS PROUD TO HAVE PARTNERED WITH INTERFAITH HEALTH CLINIC SINCE THE BEGINNING OF THIS INNOVATIVE COMMUNITY EFFORT WHICH BEGAN IN 1991 WE HAVE OFFERED OUR SUPPORT BOTH FINANCIALLY AND THROUGH GIFTS OF IN-KIND SERVICES IN KEEPING WITH OUR MISSION TO SERVE THROUGH HEALING, EDUCATION, AND DISCOVERY, WE ALSO VALUE THE IMPORTANCE OF PREVENTION STRATEGIES TO IMPEDED CHRONIC DISEASE DEVELOPMENT UHS USES NATIONAL AND STATE HEALTH POLICY AND LOCAL COUNTY STATISTICAL DATA WHEN AVAILABLE TO IDENTIFY COMMUNITY SPECIFIC HEALTH PRIORITIES WITHIN THE REGION SUCH AS HIGH SMOKING LEVELS, CANCER RATES, HEART DISEASE, AND DIABETES WE REVALIDATE OUR COMMUNITY INVOLVEMENT BASED ON MARKET INFORMATION, FOCUS GROUPS, STRATEGIC PLANNING PROCESS, AND COMMUNITY NEEDS ASSESSMENT TO ALIGN OUR CRITERIA THAT WILL BE USED TO SUPPORT OUR INVOLVEMENT UTILIZING THE INFORMATION AND DATA COLLECTED FROM NUMEROUS SOURCES, UHS IDENTIFIES RESOURCES AND ORGANIZATIONAL ALLIANCES LOCALLY TO FORM RESOURCE PARTNERSHIPS TO INITIATE A PROCESS TO ADDRESS THE PRIORITIES OF NEED WE SOLICIT REQUESTS FROM SERVICE LINE LEADERS TO ENSURE THAT WE IDENTIFY WHAT WE AS AN ORGANIZATION DESIRE TO SUPPORT AND EVALUATE ADDITIONAL REQUEST FOR SUPPORT FROM THE COMMUNITY WHEN A NEED IS IDENTIFIED THE MEDICAL CENTER HAS POSITIONED ITSELF TO IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE BY OUR ORGANIZATIONAL STRUCTURE, SUBDIVISIONS OF RESPONSIBILITY, AND ALIGNMENT OF OUR MISSION, VISION, AND VALUES, OUR CORE COMPETENCIES, OUR CENTERS OF EXCELLENCE FOCUSED PRIORITIES, AND INTEGRATION OF OUR SUPPORT INTO THE COMMUNITY THROUGH COLLABORATION AND PARTNERSHIPS SENIOR LEADERS AND TEAM MEMBERS CONTRIBUTE TO IMPROVING COMMUNITIES AND BUILDING COMMUNITY HEALTH BY ACTIVELY PARTICIPATING IN COMMUNITY SERVICE PROGRAMS AND PARTNERSHIPS SENIOR LEADERS PERSONALLY SERVE ON COMMUNITY SERVICE BOARDS AND LEAD COLLABORATIVE PARTNERSHIP INITIATIVES INCLUDING GOVERNMENT, COMPETITORS, NOT-FOR PROFIT ORGANIZATIONS, AND FOUNDATION ADDITIONALLY, PLEASE REFER TO THE STATEMENT OF COMMUNITY BENEFIT AS PROVIDED IN SCHEDULE O FOR FURTHER DOCUMENTATION REGARDING UHS' COMMITMENT WITHIN ITS COMMUNITY</p>

Form and Line Reference	Explanation
PART VI, LINE 6	UHS IS CURRENTLY AFFILIATED WITH EAST TENNESSEE CHILDREN'S HOSPITAL IN PROVIDING JOINT HEALTHCARE SERVICES FOR THE PEDIATRIC POPULATION OF OUR REGION UHS PARTNERS WITH SEVERAL LOCAL ORGANIZATIONS IN SUPPORT OF CHILDREN'S HEALTH AND WELLBEING

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	TN

Schedule H (Form 990) 2015

Additional Data

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

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	UNIVERSITY HEALTH SYSTEM 9000 EXECUTIVE PARK DRIVE BLDG D-240 KNOXVILLE, TN 37923 WWW.UTMEDICALCENTER.ORG	X	X	X		X	X			

OMB No 1545-0047

2015

31-1626179

☒ Yes ☐ No

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **25**

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) MEDICAL EXPLORATIONS STIPENDS	7	7,000			
(2) STEPHENS FUND	140	17,048			
(3) MEN'S HEALTH CANCER FUND	161	1,610			
(4) CHAPLAIN'S CRISIS FUND	2867	26,445			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEEES 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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 871 WEISGARGER RD KNOXVILLE,TN 37909	64-0329009	501(C)(3)	11,000				GENERAL DONATION
AMERICAN HEART ASSN 4708 PAPERMILL DR KNOXVILLE,TN 37909	13-5613797	501(C)(3)	35,000				GENERAL DONATION
CANCER SUPPORT COMMUNITY-EAST TENNESSEE 2230 SUTHERLAND AVE KNOXVILLE,TN 37919	58-1846210	501(C)(3)	30,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST TENNESSEE FOUNDATION 625 MARKET STREET STE 1400 KNOXVILLE, TN 37902	62-0807696	501(C)(3)	7,100				GENERAL DONATION
EAST TN ECONOMIC DEVELOPMENT (ETEDA) 10215 TECHNOLOGY DR SUITE 202 KNOXVILLE, TN 37932	62-1158958	501(C)(3)	18,000				GENERAL DONATION
GREAT SMOKEY MOUNTAIN COUNCIL PO BOX 51885 KNOXVILLE, TN 379501885	62-0476811	501(C)(3)	25,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNOVATION VALLEY 17 MARKET SQUARE 201 KNOXVILLE, TN 37902	26-2087582	501(C)(3)	20,000				GENERAL DONATION
KNOX ACADEMY MEDICINE FOUNDATION 115 SUBURBAN RD KNOXVILLE, TN 37923	62-0550978	501(C)(3)	10,000				GENERAL DONATION
KNOXVILLE NEWS SENTINEL CHARITIES INC 2332 NEWS SENTINEL DRIVE KNOXVILLE, TN 37921	51-0141541	501(C)(3)	22,800				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES BIRTH DEF FND 322 NANCY LYNN LANE STE 11 KNOXVILLE, TN 37919	13-1846366	501(C)(3)	10,000				GENERAL DONATION
SUSAN G KOMEN FOUNDATION 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 752446100	75-1835298	501(C)(3)	25,000				GENERAL DONATION
THE UNIVERSITY OF TENNESSEE 301 ANDY HOLT TOWER KNOXVILLE, TN 37996	62-6001636	GOVT	41,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY GREATER KNOX INC 1301 HANNAH AVENUE KNOXVILLE, TN 37921	62-0475748	501(C)(3)	85,500				GENERAL DONATION
VARIETY OF EASTERN TENNESSEE 7132 REGAL LANE KNOXVILLE, TN 37918	33-1025696	501(C)(3)	9,000				GENERAL DONATION
LEADERSHIP KNOXVILLE INC PO BOX 326 KNOXVILLE, TN 37901	62-1212211	501(C)(3)	5,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	23-1907729	501(C)(3)	7,500				GENERAL DONATION
BOYS & GIRLS CLUB OF TN VALLEY 1100 MARION ST SUITE 100 KNOXVILLE, TN 37921	62-0475743	501(C)(3)	5,000				GENERAL DONATION
EMERALD YOUTH FOUNDATION 1718 NORTH CENTRAL STREET KNOXVILLE, TN 37917	62-1474791	501(C)(3)	5,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNXOVILLE MUSEUM OF ART 1050 WORLDS FAIR PARK DRIVE KNOXVILLE, TN 37916	62-0677701	501(C)(3)	10,000				GENERAL DONATION
KNOX COUNTY IMAGINATION LIBRARY 500 WEST CHURCH AVENUE KNOXVILLE, TN 37902	62-0807696	501(C)(3)	5,000				GENERAL DONATION
RANDOM ACTS OF FLOWERS PO BOX 27817 KNOXVILLE, TN 379277817	26-3006360	501(C)(3)	10,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT SMOKEY MOUNTAINS INSTITUTE AT TREMONT 9275 TREMONT ROAD TOWNSEND, TN 37882	62-1833479	501(C)(3)	5,000				GENERAL DONATION
ALZHEIMER'S TENNESSEE INC 5801 KINGSTON PIKE KNOXVILLE, TN 37919	62-1206312	501(C)(3)	5,500				GENERAL DONATION
RONALD MCDONALD HOUSE 1705 W CLINCH AVENUE KNOXVILLE, TN 37916	58-1510276	501(C)(3)	5,000				GENERAL DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HART TCI-III LLC 191 NORTH WACKER DRIVE SUITE 2500 CHICAGO, IL 60606	77-0672767	501(C)(3)	5,000				GENERAL DONATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEM INC

Employer identification number
31-1626179

Part I

Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	THE FOLLOWING DISTRIBUTIONS ARE FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND WERE INCLUDED IN TAXABLE INCOME DURING 2015 IN ACCORDANCE WITH PLAN DOCUMENTS. NAME AMOUNT JOHN BELL \$ 64,309 KATHERINE BOYD 10,522 BENNETT COX 61,612 ROBERT ELDER 38,683 RICHARD GIECEK 18,609 JANELL CECIL 69,142 JERRY EPPS 13,640 THOMAS FISHER 94,441 WILLIAM HALL 90,890 INGA HIMELRIGHT 71,261 JOHN LACEY 87,380 JOSEPH LANDSMAN 235,169 TERESA LEVEY 67,933 STEVEN ROSS 81,604 DAVID ALJADIR 72,118 MICHAEL FREEMAN 95,430 OSCAR GRANDAS 107,527 LARRY KILGORE 97,988 NATHAN SCHROCK 73,639
PART I, LINE 7	THE SENIOR VP'S INCENTIVE PLAN IS CONTINGENT UPON TARGETS APPROVED BY THE CEO, WHICH INCLUDES ACHIEVEMENTS OF QUALITY, OPERATIONAL, FINANCIAL, AND STRATEGIC TARGETS. THE CEO DISCUSSES THE INCENTIVE PLAN WITH THE BOARD'S COMPENSATION COMMITTEE WITH BOARD APPROVAL REQUIRED OF THE PLAN. THE INCENTIVE PLAN WAS REVIEWED BY INTEGRATED HEALTHCARE STRATEGIES (IHS), A THIRD-PARTY COMPENSATION CONSULTANT. DATA COMPILED BY IHS IS USED FOR COMPARABILITY. COMPENSATION PAID TO BOARD MEMBERS, WHO ARE ALSO EMPLOYEES, IS PRIMARILY FOR PROFESSIONAL RESPONSIBILITIES AS PHYSICIANS OR ADMINISTRATORS. THE COMPENSATION PACKAGES OF THE CEO, OFFICERS, EMPLOYED PHYSICIAN BOARD MEMBERS, AND OTHER KEY EMPLOYEES ARE REVIEWED AND APPROVED BY THE ENTIRE BOARD OF DIRECTORS ANNUALLY. COMPENSATION IS DETERMINED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS AND APPROVED BY THE HUMAN RESOURCES COMMITTEE AND THE FULL BOARD. THE BOARD MAINTAINS COMPARABILITY DATA FROM INDEPENDENT THIRD-PARTY COMPENSATION CONSULTANTS AND COMPENSATION DATA FROM SIMILARLY-SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS. THE BOARD ADHERES TO THE CONFLICT OF INTEREST POLICY AT ALL TIMES WITH REGARD TO APPROVAL OF COMPENSATION.

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOSEPH LANDSMAN PRESIDENT & CEO	(i)	876,374	343,980	59,744	248,419	9,043	1,537,560	0
	(ii)	0	0	0	0	-0	-0	0
1THOMAS FISHER SR VP & CFO	(i)	453,894	114,750	76,484	107,691	13,154	765,973	0
	(ii)	0	0	0	0	-0	-0	0
2WILLIAM HALLSR VP & COO	(i)	456,254	108,000	29,612	104,140	11,659	709,665	0
	(ii)	0	0	0	0	-0	-0	0
3JOHN LACEYSR VP & CMO	(i)	441,374	85,200	94,476	100,630	7,825	729,505	0
	(ii)	0	0	0	0	-0	-0	0
4STEVEN ROSSSR VP	(i)	414,512	82,170	92,033	94,854	1,505	685,074	0
	(ii)	0	0	0	0	-0	-0	0
5TERESA LEVEYSR VP	(i)	379,000	69,600	4,383	81,183	1,027	535,193	0
	(ii)	0	0	0	0	-0	-0	0
6JANELL CECILSR VP & CNO	(i)	346,374	67,300	139,437	82,392	8,570	644,073	0
	(ii)	0	0	0	0	-0	-0	0
7INGA HIMELRIGHT SR VP & CQO	(i)	387,447	77,775	1,728	84,511	6,044	557,505	0
	(ii)	0	0	0	0	-0	-0	0
8JOHN BELL PHYSICIAN/MEDICAL DIRECTOR	(i)	690,098	41,895	79,409	77,559	1,138	890,099	0
	(ii)	0	0	0	0	-0	-0	0
9BENNETT COX CHIEF GENERAL COUNSEL	(i)	350,598	56,834	20,933	74,862	1,412	504,639	0
	(ii)	0	0	0	0	-0	-0	0
10ROBERT ELDER PHYSICIAN/MEDICAL DIRECTOR	(i)	431,598	20,880	130,918	51,933	1,138	636,467	0
	(ii)	0	0	0	0	-0	-0	0
11KATHERINE BOYD CHIEF DEVELOPMENT OFFICER	(i)	208,789	0	426	10,522	3,997	223,734	0
	(ii)	0	0	0	0	-0	-0	0
12RICHARD GIECEK CHIEF DEVELOPMENT OFFICER	(i)	394,203	24,786	25,312	31,859	4,096	480,256	0
	(ii)	0	0	0	0	-0	-0	0
13DAVID ALJADIR PHYSICIAN ONCOLOGY	(i)	470,564	378,407	270	85,368	12,152	946,761	0
	(ii)	0	0	0	0	-0	-0	0
14MICHAEL FREEMAN PHYSICIAN VASCULAR	(i)	500,000	584,823	1,980	108,680	730	1,196,213	0
	(ii)	0	0	0	0	-0	-0	0
15LARRY KILGORE PHYSICIAN GYN ONCOLOGY	(i)	830,349	40,000	295,101	111,238	1,174	1,277,862	0
	(ii)	0	0	0	0	-0	-0	0
16OSCAR GRANDAS PHYSICIAN VASCULAR	(i)	699,914	482,016	690	120,777	766	1,304,163	0
	(ii)	0	0	0	0	-0	-0	0
17NATHAN SCHROCK PHYSICIAN ONCOLOGY	(i)	470,650	391,963	3,400	86,889	12,116	965,018	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 Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

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		07-23-2014	10,000,000	ADDITIONS AND IMPROVEMENTS TO MEDICAL CENTER		X		X		X
C THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE COUNTY OF KNOX	62-1220275		06-25-2015	90,000,000	CURRENT REFUNDING AND CAPITAL PROJECT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	32,345,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	236,534,376		10,000,000		90,000,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	161,918,145							
7	Issuance costs from proceeds	2,045,137				250,000			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	72,571,095		5,833,447		40,445,000			
11	Other spent proceeds								
12	Other unspent proceeds			4,166,553					
13	Year of substantial completion	2010		2015		2015			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?	X			X	X			
16	Has the final allocation of proceeds been made?	X			X	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X	X			

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 ▶	2 500 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	2 500 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?	X			X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		
b	Name of provider	DEPFABLB							
c	Term of GIC	200 00000000000 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?			X		X				

Part VI

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME THE HEALTH, EDUCATIONAL AND HOUSING FACILITY BOARD OF THE COUN DATE THE REBATE COMPUTATION WAS PERFORMED 06/03/2010

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
UNIVERSITY HEALTH SYSTEM INC

Employer identification number
31-1626179

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ \$ _____

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JAMES RUKEYSER	FAMILY RELATIONSHIP WITH BOARD MEMBER	52,096	COMPENSATION AS EMPLOYEE		No
(2) MARY ELLEN COX	FAMILY RELATIONSHIP WITH KEY EMPLOYEE	121,376	COMPENSATION AS EMPLOYEE		No
(3) FRANK LIST	FAMILY RELATIONSHIP WITH OFFICER	54,010	COMPENSATION AS EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

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

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	80,168	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PIANO)	X	1	5,000	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

Return Reference

Explanation

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
UNIVERSITY HEALTH SYSTEM INC**Employer identification number**

31-1626179

**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 SENIOR VP/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

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 CONFLICTS OF INTEREST DISCLOSURES ARE REVIEWED BY THE 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

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 THE HAY GROUP, A THIRD-PARTY COMPENSATION CONSULTANT, IS USED FOR COMPARABILITY

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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p> PURCHASED SERVICES PROGRAM SERVICE EXPENSES 64,368,044 MANAGEMENT AND GENERAL EXPENSES 4,585,404 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 68,953,448 COMMUNICATION SERVICES PROGRAM SERVICE EXPENSES 12,492,059 MANAGEMENT AND GENERAL EXPENSES 889,900 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 13,381,959 CLINICAL SERVICES PROGRAM SERVICE EXPENSES 18,691,025 MANAGEMENT AND GENERAL EXPENSES 1,331,498 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 20,022,523 ENVIRONMENTAL SERVICES PROGRAM SERVICE EXPENSES 1,413,399 MANAGEMENT AND GENERAL EXPENSES 100,687 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,514,086 OTHER SERVICES PROGRAM SERVICE EXPENSES 662,896 MANAGEMENT AND GENERAL EXPENSES 47,223 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 710,119 </p>

Return Reference	Explanation
FORM 990, PART XI, LINE 9	LOSS ON EXTINGUISHMENT OF DEBT -422,022 CHANGE IN VALUE OF DERIVATIVE INSTRUMENT 3,970,597

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

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>STATEMENT OF COMMUNITY BENEFIT UNIVERSITY HEALTH SYSTEM JANUARY 1, 2014 - DECEMBER 31, 2014 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 TRANSPLANTS THE MEDICAL CENTER IS COMMITTED TO IMPROVING THE PATIENTS' QUALITY OF LIFE 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</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>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 NEUROLOGICAL TUMORS DIAGNOSING AND TREATING BRAIN AND SPINE DISEASES AND CONDITIONS DEMANDS MANY SPECIALISTS THAT PATIENTS CAN ACCESS THROUGH THE BRAIN AND SPINE INSTITUTE. THE TEAM OF SPECIALISTS INCLUDING NEUROSURGEONS AND NEUROLOGISTS PROVIDE PATIENTS WITH THE HIGHEST QUALITY CARE THE BRAIN AND SPINE INSTITUTE OFFERS UNMATCHED EXPERTISE WITH ITS COLE NEUROSCIENCE CENTER FOR DEGENERATIVE NEUROLOGICAL (BRAIN) DISORDERS AND STATE-OF-THE-ART TECHNOLOGY WITH THE ONLY CYBERKNIFE CENTER IN THE KNOXVILLE REGION UTMCK ALSO PARTNERED WITH THE PAT SUMMITT FOUNDATION TO CREATE THE PAT SUMMITT ALZHEIMER'S CLINIC UT MEDICAL CENTER IS THE 31ST HOSPITAL IN THE US TO EARN COMPREHENSIVE STROKE CERTIFICATION FROM THE JOINT COMMISSION (TJC) THE STROKE CENTER AT UTMCK HAS BEEN RECOGNIZED BY AMERICAN HEART AND AMERICAN STROKE ASSOCIATION WITH THE GOLD PLUS ACHIEVEMENT AWARD FOR 5 YEARS OF 85% OR HIGHER OUTCOMES THE STROKE CENTER WAS ALSO AWARDED TARGET STROKE GOLD ELITE PLUS FOR ACHIEVING > 50% PATIENTS RECEIVING TPA IN LESS THAN 45 MINUTES FROM ARRIVAL AT THE MEDICAL CENTER THE SPINE CENTER HAS BEEN RECOGNIZED BY BLUE CROSS BLUE SHIELD AS A BLUE CENTER OF DISTINCTION WITH FOUR DEDICATED NEUROSURGICAL OPERATING ROOMS, A DEDICATED STROKE UNIT, A DEDICATED NEUROLOGICAL INTENSIVE CARE UNIT, THE COLE NEUROSCIENCE CENTER AND THE LATEST TECHNOLOGY COMBINED WITH THE EXPERIENCE AND SKILL OF THE BRAIN AND SPINE INSTITUTE STAFF, UT 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 PROVIDES EACH PATIENT WITH COMPASSIONATE, COMPREHENSIVE AND COORDINATED CARE THROUGH A MULTIDISCIPLINARY TEAM OF SPECIALISTS FOCUSED ON THE TREATMENT, EARLY DETECTION AND PREVENTION IN THE FIGHT AGAINST CANCER. THE CANCER INSTITUTE IS COMMITTED TO OVERCOMING THE CHALLENGE OF CANCER THROUGH TREATMENT, RESEARCH AND EDUCATION IN PARTNERSHIP WITH THOSE WE SERVE AS PART OF OUR MISSION, THE CANCER INSTITUTE STRIVES TO PROVIDE CANCER PATIENTS AND THEIR FAMILIES THE HIGHEST LEVEL OF CLINICAL CARE THE CANCER INSTITUTE ALSO PROVIDES THE NECESSARY SUPPORT AND INTEGRATIVE MEDICINE SERVICES TO PATIENTS IN ORDER TO BETTER COPE WITH THE EMOTIONAL, PSYCHOLOGICAL AND FINANCIAL ISSUES RELATED TO A CANCER DIAGNOSIS SERVICES AT THE CANCER INSTITUTE RANGE FROM A SINGLE ENTRY POINT FOR THE MANAGEMENT OF BREAST, PROSTATE, LUNG AND GASTROINTESTINAL CANCERS TO ADVANCED TREATMENT TECHNOLOGIES TO A TEAM OF HEALTHCARE PROVIDERS INCLUDING COUNSELORS AND CHAPLAINS TO PROVIDE EMOTIONAL AND SPIRITUAL SUPPORT THROUGHOUT CANCER TREATMENT ALL PATIENT SERVICES ARE PROVIDED BY A TEAM OF TRAINED AND EXPERIENCED PROFESSIONALS IN A CARING AND COMPASSIONATE ENVIRONMENT THE CANCER INSTITUTE HAS DEVELOPED A ROBUST OUTREACH PROGRAM PROVIDING BOTH PROFESSIONAL AND COMMUNITY EDUCATION AS WELL AS FREE OR LOW COST SCREENINGS FOCUSED ON THE EARLY DETECTION AND/OR PREVENTION OF CANCER ALSO AS PART OF OUR MISSION, THE CANCER INSTITUTE ACTIVELY PARTICIPATES IN CLINICAL RESEARCH PROGRAMS TO DISCOVER NEW WAYS TO PREVENT, DETECT, AND TREAT CANCER EMERGENCY AND TRAUMA SERVICES THE EMERGENCY DEPARTMENT AND THE TRAUMA SERVICE AT THE UNIVERSITY OF TENNESSEE MEDICAL CENTER (UTMCK) PROVIDE ESSENTIAL TERTIARY SERVICES TO THE CITIZENS OF KNOX COUNTY AND TWENTY-ONE SURROUNDING COUNTIES IN EAST TENNESSEE THE EMERGENCY DEPARTMENT PROVIDES URGENT AND EMERGENT CARE FOR OVER 84,000 PATIENTS EACH YEAR, RELIEVING SUFFERING AND DELIVERING LIFE-SAVING CARE WHILE REMAINING COMMITTED TO INDIVIDUALIZED PATIENT AND FAMILY CENTERED CARE THE PATIENTS ARRIVE TO THE ED BY MANY ROUTES GROUND AMBULANCES, AEROMEDICAL TRANSPORT SERVICES OR PRIVATE VEHICLES UPON ARRIVAL THEY CAN BE TREATED IN ONE OF FOUR AREAS A CRITICAL RESUSCITATION BAY FOR THE MOST SERIOUSLY INJURED OR ILL PATIENTS, AN EMERGENT TREATMENT AREA FOR THOSE WITH A POTENTIALLY SERIOUS PROBLEM, A RAPID EVALUATION AND TREATMENT AREA FOR THE LESS ILL AND INJURED, AND A FAST-TRACK AREA FOR THOSE WITH MINOR INJURY OR ILLNESS UT MEDICAL CENTER IS THE ONLY LEVEL ONE TRAUMA CENTER IN THE REGION, PROVIDING CARE FOR OVER 4000 SEVERELY INJURED ADULTS AND CHILDREN EACH YEAR. A LEVEL ONE TRAUMA CENTER IS THE HIGHEST LEVEL TRAUMA CENTER AND IS REQUIRED TO HAVE IMMEDIATE OPERATIVE CARE AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK ALONG WITH TEAM OF SPECIALLY TRAINED PERSONNEL THE HEAD OF THIS TEAM IS THE TRAUMA SURGEON WHO SUPERVISES AND COORDINATES PATIENT CARE WHILE SPECIALTY PHYSICIANS, WHO INCLUDE NEUROSURGEONS, ORTHOPEDIC SURGEONS, AND MAXILLOFACIAL OR PLASTIC SURGEONS, ARE CONSULTED AS NEEDED AFTER EVALUATION IN THE EMERGENCY DEPARTMENT AND ANY NECESSARY OPERATIVE INTERVENTIONS, CRITICALLY INJURED TRAUMA PATIENT ARE ADMITTED TO ONE OF OUR CRITICAL CARE UNITS IN THE CRITICAL CARE UNIT, THE PATIENT RECEIVES FURTHER EVALUATION AND PROCEDURES AS NECESSARY, SUCH AS FOLLOW UP IMAGING, SUTURING, SPLINTING AND OBSERVATION CRITICALLY INJURED PATIENTS ARE COMPLEX AND CHALLENGING THEY OFTEN REQUIRE MASSIVE RESUSCITATION, INTRACRANIAL PRESSURE AND PARTIAL BRAIN TISSUE OXYGENATION MONITORING, MECHANICAL VENTILATION, CONTINUOUS RENAL REPLACEMENT THERAPY, AS WELL AS MANY OTHER SPECIALIZED TREATMENTS AND PROCEDURES UTMCK IS AN ACADEMIC MEDICAL CENTER WHERE EXISTING CLINICAL RESEARCH IS EVALUATED, NEW RESEARCH IS CONDUCTED AND EVIDENCED-BASED CARE PATHS ARE DEVELOPED TO ENSURE PATIENTS RECEIVE THE MOST UP-TO-DATE CARE AVAILABLE MULTIDISCIPLINARY DAILY ROUNDS ARE MADE BY COLLABORATION OF PROFESSIONALS THAT INCLUDE RESIDENT PHYSICIANS, CRITICAL CARE NURSES, PHARMACISTS, RESPIRATORY THERAPISTS, AND STUDENTS THE ROUNDS ARE LED BY THE ATTENDING TRAUMA SURGEONS WHO DISCUSS THE CARE AND PROGRESS OF TRAUMA PATIENTS, ESTABLISH THE DAILY PATIENT GOALS AND ENSURE HIGH QUALITY COMPREHENSIVE CARE PLANNING FAMILIES ARE ASKED AND ENCOURAGED TO ATTEND THESE ROUNDS AS PART OF THE TEAM CARING FOR THEIR LOVED ONE THE STAFF OF THE CRITICAL CARE UTILIZE THE PATIENT AND FAMILY CENTERED MODEL OF CARE, WHICH ENCOURAGES OPEN VISITATION HOURS, FAMILY PRESENCE AT ROUNDS, REFERRALS TO CASE MANAGEMENT, PASTORAL CARE AND ONGOING COMMUNICATION WITH PATIENTS AND THEIR FAMILIES HEART LUNG VASCULAR INSTITUTE THE HEART LUNG VASCULAR INSTITUTE WAS ESTABLISHED IN 2000 TO HELP MEET THE INCREASING NEED FOR CARDIOVASCULAR AND LUNG DISEASE CARE HEART DISEASE, STROKE AND PULMONARY DISEASE ARE AMONG THE LEADING CAUSES OF DEATH IN THE UNITED STATES 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 QUALITY AND SAFETY IN PATIENT CARE HAVE BEEN AN INTEGRAL PART OF OUR MISSION AT THE HLVI THIS LED TO THE BUILDING OF A DEDICATED HEART HOSPITAL WITH A STATE OF THE ART CARDIOVASCULAR INTENSIVE CARE UNIT (CVICU), CARDIOTHORACIC SURGERY UNIT (3HH) AND MEDICAL CARDIOLOGY UNIT (4HH) MULTIDISCIPLINARY TEAMS, INCLUDING PHYSICIANS, NURSES, PHARMACISTS, RESPIRATORY THERAPISTS, AND OTHERS, USE EVIDENCE-BASED CARE PLANS TO IMPLEMENT A PATIENT-FAMILY CENTERED MODEL OF CARE FACILITY DESIGN, TECHNOLOGY, AND INFORMATION SYSTEMS ALSO SUPPORT OUR GOAL OF EXCELLENCE THE UNIVERSITY OF TENNESSEE MEDICAL CENTER IS THE AREA'S ONLY ACADEMIC MEDICAL CENTER, AND RESEARCH INTO THE CAUSE AND TREATMENT OF DISEASE IS PART OF OUR MISSION THE OTHER ROLE OF ACADEMICS INVOLVES PHYSICIAN EDUCATION, THE UT GRADUATE SCHOOL OF MEDICINE CURRENTLY OFFERS FELLOWSHIPS IN CARDIOVASCULAR MEDICINE, VASCULAR SURGERY AND PULMONARY MEDICINE THE GOALS OF THE HEART LUNG VASCULAR INSTITUTE ARE TO ATTAIN EXCELLENCE IN PATIENT CARE, PREVENTIVE MEDICINE, REHABILITATION SERVICES, RESEARCH AND EDUCATION EXCELLENCE IN PATIENT CARE MEANS OFFERING THE BEST DIAGNOSTIC AND TREATMENT PLANS USING THE LATEST TECHNOLOGY IN A COMPASSIONATE MANNER, KEEPING THE PATIENT AND FAMILY INFORMED AND COMFORTABLE, BOTH PHYSICALLY AND EMOTIONALLY PREVENTIVE MEDICINE INVOLVES EDUCATION ABOUT CARDIOVASCULAR AND LUNG DISEASE PROCESSES AND RISK REDUCTION THROUGH COMMUNITY SEMINARS AND SCREENINGS SUCH AS THE HEARTWISE PROGRAM REHABILITATION SERVICES HELP PATIENTS RECOVERING FROM HEART ATTACKS, HEART FAILURE, HEART</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>UTILIZATION AS OF THE YEAR ENDING DECEMBER 31, 2014, UHS MAINTAINED THE FOLLOWING OPERATING STATISTICS INPATIENT ADMISSIONS 27,875 OUTPATIENT VISITS 168,776 EMERGENCY ROOM VISITS 85,612 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 50% DISCOUNT FROM CHARGES FOR THE YEAR ENDING DECEMBER 31, 2014, THE SYSTEM PROVIDED SERVICES UNDER THE PREVIOUSLY STATED POLICY WHICH RESULTED IN LOSSES TO UHS OF APPROXIMATELY \$18,976,066 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 \$18,976,066 B MEDICARE IN ADDITION TO THE PROVISION OF CARE WITHOUT EXPECTATION OF PAYMENT, 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 DISCHARGE BASIS, 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, 2014, UNREIMBURSED SERVICES PROVIDED TO MEDICARE PATIENTS RESULTED IN A FINANCIAL LOSS OF \$5,274,369 UNREIMBURSED MEDICARE SERVICES \$5,274,369 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, 2014, UNREIMBURSED PUBLIC/INDIGENT SERVICES REPRESENTING A FINANCIAL LOSS TO UHS OF APPROXIMATELY \$5,221,563 UNREIMBURSED PUBLIC/INDIGENT SERVICES \$5,221,563 SUMMARY, COMMUNITY BENEFIT TOTALS FOR UNCOMPENSATED CARE UNREIMBURSED CHARITY CARE & SELF-PAY DISCOUNT \$18,976,066 UNREIMBURSED MEDICARE \$5,274,369 UNREIMBURSED PUBLIC/INDIGENT CARE \$5,221,563 TOTAL UNCOMPENSATED CARE \$29,471,998 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 2014, 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 \$74,745 IN 2014, UHS PROVIDED OTHER PROGRAMS AND ACTIVITIES THAT PROMOTE HEALTH FOR THE BENEFIT OF THE COMMUNITY SUCH AS SUPPORT GROUPS (ALZHEIMER'S DISEASE/MS DYSTROPHY/PARKINSON'S DISEASE AND STROKE), DISASTER READINESS, HEALTHY LIVING KITCHEN, SUSAN G KOMEN AND MANY OTHER FUNDRAISERS TOTAL OTHER EDUCATION AND OUTREACH \$115,847 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 \$90,702 SUMMARY, COMMUNITY SERVICES EDUCATIONAL PROGRAMS \$74,745 TOTAL OTHER EDUCATION/OUTREACH 115,847 TOTAL HEALTH SCREENINGS 90,702 TOTAL QUANTIFIABLE VALUE OF COMMUNITY SERVICES \$281,294 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 GRADUATE SCHOOL OF MEDICINE MAINTAINS OVER 200 FACULTY AND OVER 200 RESIDENTS IN TRAINING AT THE MEDICAL CENTER COMPONENTS OF THE GRADUATE SCHOOL OF MEDICINE 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 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 2014 FINANCIAL SUPPORT FOR HEALTHCARE TRAINING AND EDUCATION IS AS FOLLOWS (UNREIMBURSED COST IS BELOW) SCHOOL OF MEDICAL TECHNOLOGY (5) \$ 3,480 PHARMACY (11) 50,318 NURSE ANESTHESIA CONCENTRATION (47) 75,000 SCHOOL OF RADIOLOGIC TECHNOLOGY (8) 95,055 PASTORAL CARE (11) 208,383 GRADUATE SCHOOL OF MEDICINE (188) 16,775,140 TOTAL UNREIMBURSED COSTS OF TRAINING AND EDUCATION \$17,207,376</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>VII MEDICAL RESEARCH RESEARCH IS AN IMPORTANT PART OF THE UHS MISSION PATIENTS NEED PRACTITIONERS FAMILIAR WITH THE LATEST MEDICAL PROCEDURES AND TECHNOLOGY INVOLVEMENT IN CLINICAL TRIALS ADVANCES THE KNOWLEDGE OF OUR PHYSICIANS 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 \$163,918.</p> <p>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' ROLE AS A CORPORATE CITIZEN, SUPPORTING COMMUNITY ORGANIZATIONS AND ENHANCING THE QUALITY OF LIFE IN THE EAST TENNESSEE AREA. IN 2014, UHS PROVIDED SUPPORT OF MORE THAN \$359,605 TO NUMEROUS HEALTH AND HUMAN SERVICE AGENCIES, INCLUDING BUT NOT LIMITED TO THE FOLLOWING RECIPIENTS - AMERICAN CANCER SOCIETY - EAST TENNESSEE CHILDREN'S HOSPITAL - GOODWILL INDUSTRIES-KNOXVILLE - GREAT SMOKY MOUNTAIN COUNCIL - HELEN ROSS MCNABB - KNOXVILLE ACADEMY OF MEDICINE FOUNDATION - KNOX COUNTY OFFICE ON AGING - RONALD MCDONALD HOUSE - UNITED WAY - 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 \$359,605.</p> <p>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 2014, UHS DEDICATED AN EMPLOYEE TO WORK ENTIRELY WITH SELF-PAY PATIENTS IN HELPING THEM APPLY FOR STATE ASSISTANCE THROUGH THE TENNCARE PROGRAM. ADDITIONALLY DURING 2014, 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. COSTS RELATED TO IMPROVING ACCESS TO HEALTHCARE IN 2014 WERE \$92,000.</p> <p>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. COSTS RELATED TO COMMUNITY HEALTH IMPROVEMENT WERE \$25,000 IN 2014.</p> <p>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. IN ADDITION, UHS PURCHASES INTERPRETER SERVICES FOR THOSE WHO ARE HEARING IMPAIRED. DURING 2014, UHS INCURRED COSTS FOR THE CYRACOM TELEPHONE INTERPRETER, WHEREBY NON-ENGLISH SPEAKING PATIENTS ARE ABLE TO COMMUNICATE WITH THE MEDICAL STAFF AND HEARING IMPAIRED INTERPRETERS. COSTS FOR INTERPRETERS IN 2014 WERE \$216,162.</p> <p>D ECONOMIC DEVELOPMENT UHS SUPPORT ECONOMIC DEVELOPMENT ACTIVITIES THROUGH THE EAST TENNESSEE ECONOMIC DEVELOPMENT AGENCY AND LEADERSHIP DEVELOPMENT. COSTS RELATED TO ECONOMIC DEVELOPMENT IN 2014 WERE \$48,083.</p> <p>TOTAL OTHER QUANTIFIABLE COMMUNITY BUILDING ACTIVITIES \$381,245.</p> <p>X CONTRIBUTIONS OF VOLUNTEERS SINCE 1962, UT MEDICAL CENTER HAS ENJOYED THE SERVICES OF THE VOLUNTEERS WHO HAVE GIVEN OVER 873,259 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 UTMC 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 THE 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 275 PEOPLE IS DIVIDED AMONG AUXILIARY MEMBERS, INDEPENDENT VOLUNTEERS, AND JUNIOR VOLUNTEERS. FOR 2014, VOLUNTEERS DONATED ALMOST 27,000 HOURS OF SERVICE TO THE MEDICAL CENTER. THE AUXILIARY CONTRIBUTED \$76,000 TO THE MEDICAL CENTER IN 2014 AS FOLLOWS: \$25,000 TO START THE FIRST K-9 SECURITY UNIT IN TENNESSEE, \$50,000 TOWARD THE PRESTON MEDICAL LIBRARY AND \$1,000 TO THE HEALTHY LIVING KITCHEN IN UT CANCER INSTITUTE. 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.</p> <p>XI SUMMARY OF QUANTIFIABLE COMMUNITY BENEFITS PROVIDED BY THE SYSTEM, 2014. 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' CONTRIBUTIONS IN THE AREA OF COMMUNITY HEALTH EDUCATION AND OUTREACH.</p> <p>A CONTRIBUTIONS MEASURABLE IN DOLLARS: UNCOMPENSATED PATIENT CARE \$29,471,998. SERVICES \$281,294. TRAINING AND EDUCATION FOR HEALTHCARE PROFESSIONALS \$17,207,376. RESEARCH \$163,918. DONATIONS \$359,605. OTHER COMMUNITY OUTREACH ACTIVITIES \$381,245. TOTAL CONTRIBUTIONS \$47,865,436.</p> <p>B RELATED CONTRIBUTIONS MEASURABLE IN DOLLARS: EMPLOYEE DONATIONS FOR HEALTH SYSTEM-SANCTIONED CHARITABLE AND COMMUNITY SERVICE EVENTS \$56,585. CONTRIBUTIONS OF HOSPITALS' VOLUNTEER ORGANIZATIONS \$76,000. TOTAL RELATED CONTRIBUTIONS \$82,585.</p> <p>TOTAL QUANTIFIABLE COMMUNITY BENEFITS, 2014: TOTAL CONTRIBUTIONS \$49,130,896. RELATED CONTRIBUTIONS \$82,585. TOTAL QUANTIFIABLE COMMUNITY BENEFITS \$49,213,481.</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UHS ASC LLC 1520 CHEROKEE TRAIL STE 200 KNOXVILLE, TN 37920 31-1626179	INACTIVE	TN	0	0	UNIVERSITY HEALTH SYSTEM INC
(2) REGIONAL TRAUMA SERVICES LLC 1520 CHEROKEE TRAIL STE 330 KNOXVILLE, TN 37920 20-2769076	TRAUMA MANAGEMENT	TN	1,866,360	414,219	UNIVERSITY HEALTH SYSTEM INC
(3) UNIVERSITY CARDIOLOGY GROUP LLC 1520 CHEROKEE TRAIL STE 330 KNOXVILLE, TN 37920 46-4901485	PHYSICIAN SERVICE	TN	11,326,941	2,060,791	UNIVERSITY HEALTH SYSTEM INC

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 entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)UHS VENTURES INC 9000 EXECUTIVE PARK DRIVE D-240 KNOXVILLE, TN 37923 62-1619460	MANAGEMENT SERVICES	TN	UNIVERSITY HEALTH SYSTEM INC	C	1,326,965	900,871	100 000 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

Yes

1s

Yes

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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