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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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)

2121 MEDICAL CENTER WAY NO 200

Room/suite

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

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

31-1626179

E Telephone number

(865) 251-4417

G Gross receipts \$

907,403,566

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

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 ☐ 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)

15

4 Number of independent voting members of the governing body (Part VI, line 1b)

11

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

5,059

6 Total number of volunteers (estimate if necessary)

256

7a Total unrelated business revenue from Part VIII, column (C), line 12

1,249,767

7b Net unrelated business taxable income from Form 990-T, line 34

877,533

Revenue

8 Contributions and grants (Part VIII, line 1h)

5,840,130

9 Program service revenue (Part VIII, line 2g)

869,451,621

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

4,594,570

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

8,541,742

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

888,428,063

907,237,386

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

621,659

459,820

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

356,746,189

376,633,324

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

527,316,578

532,407,900

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

884,684,426

909,501,044

19 Revenue less expenses Subtract line 18 from line 12

3,743,637

-2,263,658

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

747,730,366

776,135,189

21 Total liabilities (Part X, line 26)

549,760,823

578,713,616

22 Net assets or fund balances Subtract line 21 from line 20

197,969,543

197,421,573

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

2018-11-13

Date

BENJAMIN M CUNNINGHAM JR SVP/CFO

Type or print name and title

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

Phone no (828) 254-2254

ASHEVILLE, NC 28806

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 (2017)

Part III Statement of Program Service AccomplishmentsCheck 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 \$	805,633,568	including grants of \$	459,820)	(Revenue \$	886,499,760)
See Additional Data							





















4b	(Code)	(Expenses \$	19,890,048	including grants of \$		(Revenue \$	
See Additional Data							

4c	(Code)	(Expenses \$	25,488,651	including grants of \$		(Revenue \$	
See Additional Data							

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

4e	Total program service expenses ▶	851,012,267
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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 Yes	
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

Part IV Checklist of Required Schedules (continued)

	Yes	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	
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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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	28a 28b 28c	No Yes No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
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 ComplianceCheck 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	434
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	5,059
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	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?	2	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	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?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

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 ☐

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

Form **990** (2017)

[illegible]

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 ► 385

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY PHYSICIANS ASSOCIATION 9000 EXECUTIVE PARK DR KNOXVILLE, TN 37923	PHYSICIANS/CBO MGMT	39,266,059
GRADUATE SCHOOL OF MEDICINE 1924 ALCOA HIGHWAY KNOXVILLE, TN 37920	MEDICAL EDUCATION	33,582,402
JOHNSON & GALYON CONTRACTORS PO BOX 3070 KNOXVILLE, TN 37927	CONTRACTORS	32,677,116
LABORATORY CORPORATION OF AMERICA 1924 ALCOA HIGHWAY KNOXVILLE, TN 37920	LABORATORY SERVICES	17,380,081
CERNER CORPORATION PO BOX 959156 ST LOUIS, MO 631959156	COMPUTER SUBSCRIPTION/SUPPORT	9,376,279

Form 990 (2017)

Part VIII **Statement of Revenue**

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

**Contributions, Gifts, Grants
and Other Similar Amounts**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c	235,824			
d Related organizations	1d	54,000			
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	5,786,861			
g Noncash contributions included in lines 1a-1f \$ _____	20,000				
h Total. Add lines 1a-1f		6,076,685			

Program Service Revenue

	Business Code				
2a NET PATIENT SERVICE REVENUE	621500	840,956,515	840,956,515		
b PROGRAM SERVICE REVENUE	621400	39,082,188	38,893,092	189,096	
c EHR MEANINGFUL USE	621400	104,247	104,247		
d _____					
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f		880,142,950			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		1,712,085		805,445	906,640
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
	6,545,906				
b Less rental expenses	0				
c Rental income or (loss)	6,545,906				
d Net rental income or (loss)		6,545,906	6,545,906		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	10,944,274	17,876			
b Less cost or other basis and sales expenses	0	0			
c Gain or (loss)	10,944,274	17,876			
d Net gain or (loss)		10,962,150			10,962,150
8a Gross income from fundraising events (not including \$ _____ 235,824 of contributions reported on line 1c) See Part IV, line 18	a	166,180			
b Less direct expenses	b	166,180			
c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a PARKING REVENUE	812930	1,030,310			1,030,310
b OTHER SERVICES	624100	512,074			512,074
c TELEPHONE SERVICES	812900	255,226		255,226	
d All other revenue					
e Total. Add lines 11a-11d		1,797,610			
12 Total revenue. See Instructions		907,237,386	886,499,760	1,249,767	13,411,174

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.	378,855	378,855		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	80,965	80,965		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	8,179,870		8,179,870	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	115,828	108,998	6,830	
7 Other salaries and wages.	300,182,955	282,481,166	17,701,789	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	19,764,176	18,598,683	1,165,493	
9 Other employee benefits.	29,586,364	27,841,656	1,744,708	
10 Payroll taxes.	18,804,131	17,695,251	1,108,880	
11 Fees for services (non-employees):				
a Management.	12,043,129	11,332,946	710,183	
b Legal.	27,987,494	26,337,071	1,650,423	
c Accounting.	478,047	449,857	28,190	
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).	111,158,408	104,603,397	6,555,011	
12 Advertising and promotion.	2,393,990	2,252,816	141,174	
13 Office expenses.	14,943,280	14,062,075	881,205	
14 Information technology.	329,047	309,643	19,404	
15 Royalties.				
16 Occupancy.	17,662,067	16,620,535	1,041,532	
17 Travel.	1,334,170	1,255,494	78,676	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	680,493	640,364	40,129	
20 Interest.	13,048,749	13,048,749		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	29,436,195	29,436,195		
23 Insurance.	5,249,268	5,249,268		
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	241,317,042	227,086,576	14,230,466	
b BAD DEBT EXPENSE	52,323,611	49,238,088	3,085,523	
c EQUIPMENT RENTAL	2,022,910	1,903,619	119,291	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	909,501,044	851,012,267	58,488,777	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		77,235,143	1	53,397,297
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		145,671,615	4	160,189,924
	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		8,203,797	8	8,578,882
	9	Prepaid expenses and deferred charges		2,509,212	9	2,969,405
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	619,418,116		
	b	Less: accumulated depreciation	10b	325,093,445		
				241,296,346	10c	294,324,671
	11	Investments—publicly traded securities		188,587,448	11	197,042,380
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		2,586,912	13	2,485,318
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		81,639,893	15	57,147,312	
16	Total assets. Add lines 1 through 15 (must equal line 34)		747,730,366	16	776,135,189	
Liabilities	17	Accounts payable and accrued expenses		179,487,006	17	186,652,909
	18	Grants payable			18	
	19	Deferred revenue		3,333,468	19	3,668,476
	20	Tax-exempt bond liabilities		337,585,314	20	349,232,751
	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		12,027,673	23	20,775,407
	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		17,327,362	25	18,384,073
	26	Total liabilities. Add lines 17 through 25		549,760,823	26	578,713,616
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		184,986,025	27	184,092,606
	28	Temporarily restricted net assets		3,963,250	28	3,241,547
	29	Permanently restricted net assets		9,020,268	29	10,087,420
	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		197,969,543	33	197,421,573
34	Total liabilities and net assets/fund balances		747,730,366	34	776,135,189	

Part XI Reconciliation of Net AssetsCheck 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	907,237,386
2	Total expenses (must equal Part IX, column (A), line 25)	2	909,501,044
3	Revenue less expenses Subtract line 2 from line 1	3	-2,263,658
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	197,969,543
5	Net unrealized gains (losses) on investments	5	332,362
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	1,383,326
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	197,421,573

Part XII Financial Statements and ReportingCheck 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 (2017)

Form 990, Part III, Line 4a:

PATIENT CARE SERVICESPLEASE SEE SCHEDULE O FOR DETAIL REGARDING PATIENT CARE SERVICES IN THE STATEMENT OF COMMUNITY BENEFIT

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

UNREIMBURSED CHARITY CARE AND SELF-PAY DISCOUNT

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		X				0	0	0
RENDA BURKHART VICE CHAIR	1 00	X		X				0	0	0
CAROLYN FAIRBANKS-BIGGS BOARD MEMBER	1 00	X						0	0	0
DR JIMMY CHEEK BOARD MEMBER (THRU 2/17)	1 00	X						0	0	0
DR BEVERLY DAVENPORT BOARD MEMBER (BEGIN 3/17)	1 00	X						0	0	0
DR JOSEPH A DIPIETRO BOARD MEMBER	1 00	X						0	0	0
DR ROBERT F ELDER BOARD MEMBER	65 00	X						551,841	0	52,067
DR JOSEPH E JOHNSON BOARD MEMBER	1 00	X						0	0	0
DR MELISSA PHILLIPS LAPINSKA BOARD MEMBER	65 00	X						224,888	0	11,811
SHARON M PRYSE 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 STEVE J SCHWAB BOARD MEMBER	1 00	X						0	0	0
HW SHERROD JR BOARD MEMBER	1 00	X						0	0	0
WES STOWERS BOARD MEMBER	1 00	X						0	0	0
MICHAEL T STRICKLAND BOARD MEMBER	1 00	X						0	0	0
W BEDFORD WATERS BOARD MEMBER	1 00	X						0	0	0
JOSEPH R LANDSMAN PRESIDENT & CEO	65 00	X		X				1,561,617	0	275,093
THOMAS M FISHER SR VP & CFO	65 00			X				934,481	0	118,681
WILLIAM D HALL EXECUTIVE VICE PRESIDENT	65 00			X				667,492	0	121,938
JERRY L EPPS SR VP & CMO	65 00			X				617,529	0	99,312
STEVEN R ROSS SR VICE PRESIDENT	65 00			X				612,418	0	94,912

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			
INGA M HIMELRIGHT SR VP & CQO	65 00			X				557,060	0	97,376
TERESA L LEVEY SR VP & CAO	65 00			X				532,749	0	87,194
JANELL R CECIL SR VP & CNO	65 00			X				496,493	0	93,488
JOHN L BELL PHYSICIAN/MEDICAL DIR	65 00				X			794,353	0	79,758
BENNETT COX CHIEF GENERAL COUNSEL	65 00				X			460,953	0	78,706
KATHERINE BOYD CHIEF DEVELOPMENT OFFICER	65 00				X			310,146	0	35,770
JOHN J SHERIDAN VICE PRESIDENT	65 00				X			173,904	0	23,740
MICHAEL B FREEMAN PHYSICIAN	65 00					X		1,122,062	0	98,117
OSCAR GRANDAS PHYSICIAN	65 00					X		1,015,035	0	99,524
ANTONY J CHARLES PHYSICIAN	65 00					X		957,826	0	110,190

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			
MATTHEW J MCCARTY PHYSICIAN	65 00					X		946,733	0	109,165
SUSAN M NEWMAN PHYSICIAN	65 00					X		929,163	0	20,784

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

UNIVERSITY HEALTH SYSTEM INC

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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 12, check only one box)

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2016 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2017. 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 ► <input type="checkbox"/>					
b	33 1/3% support test—2016. 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 ► <input type="checkbox"/>					
17a	10%-facts-and-circumstances test—2017. 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 ► <input type="checkbox"/>					
b	10%-facts-and-circumstances test—2016. 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 ► <input type="checkbox"/>					
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 ► <input type="checkbox"/>					

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <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 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
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>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 31-1626179

Name: UNIVERSITY HEALTH SYSTEM INC

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

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

2017

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		200
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		266,234
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			266,434
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING 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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317014168

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEM INC

Employer identification number
31-1626179

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

2a

2b

2c

2d

Held at the End of the Year

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

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2017

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	10,983,337	9,027,288	8,276,241	6,658,273	5,543,702
b Contributions	894,577	1,423,500	799,597	1,259,163	347,497
c Net investment earnings, gains, and losses	1,356,022	532,549	-48,550	358,805	767,074
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	13,233,936	10,983,337	9,027,288	8,276,241	6,658,273

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

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,557,416		3,557,416
b Buildings		18,898,467	876,928	18,021,539
c Leasehold improvements		300,925,830	138,778,832	162,146,998
d Equipment		204,354,851	158,326,917	46,027,934
e Other		91,681,552	27,110,768	64,570,784
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				294,324,671

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	51,833,040
(2) DEFERRED FINANCING COSTS	2,529,614
(3) INTEREST RATE SWAP	2,784,658
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	57,147,312

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER LIABILITIES	18,384,073
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	18,384,073

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XIII Supplemental Information

Return Reference	Explanation
See Additional Data Table	
	Schedule D (Form 990) 2017

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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 TWENTY-TWO 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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	UHS HAS BEEN RECOGNIZED AS A TAX-EXEMPT ORGANIZATION PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ENTITY DESCRIBED UNDER SECTION 501(C)(3) UHN, RTS, AND UCG ARE SINGLE MEMBER LIMITED LIABILITY COMPANIES DISREGARDED AS ENTITIES SEPARATE FROM UHS FOR FEDERAL TAX PURPOSES UHSV IS A TENNESSEE NONPROFIT CORPORATION THAT IS NOT EXEMPT FROM FEDERAL TAXES INCOME TAX EXPENSE FOR UHSV FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016 WAS NOT SIGNIFICANT AND WAS OFFSET BY OPERATING LOSSES IN PRIOR YEARS FOR TAX PURPOSES

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSE EXPENSES NET WITH REVENUE

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE LOSS ON EXTINGUISHMENT ON DEBT CHANGE IN VALUE OF DERIVATIVE INSTRUMENT GRANTS IN REVENUE

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES NET WITH REVENUE SPECIAL EVENT EXPENSE

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE GRANTS IN REVENUE CHANGE IN INTEREST RATE SWAP

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

2017

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

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

(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 FARM WINE EVENT (event type)	2 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	142,500	143,900	115,604	402,004
	2 Less Contributions	104,260	54,297	77,267	235,824
	3 Gross income (line 1 minus line 2)	38,240	89,603	38,337	166,180
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	13,017	1,732	717	15,466
	6 Rent/facility costs	11,284	71,590	2,040	84,914
	7 Food and beverages	8,510	7,095	7,971	23,576
	8 Entertainment		8,375	7,270	15,645
	9 Other direct expenses	5,429	811	20,339	26,579
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				166,180
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				0

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				
	2 Cash prizes				
Direct Expenses	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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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 provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► 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.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div> Open to Public Inspection
Name of the organization UNIVERSITY HEALTH SYSTEM INC		Employer identification number 31-1626179

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	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 free care	3a	Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
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	3b	Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
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		No
b If "Yes," did the organization make it available to the public?	6b		
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			25,488,651		25,488,651	2 970 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)			14,614,978	10,376,968	4,238,010	0 490 %
d Total Financial Assistance and Means-Tested Government Programs			40,103,629	10,376,968	29,726,661	3 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			429,678		429,678	0 050 %
f Health professions education (from Worksheet 5)			19,890,048		19,890,048	2 320 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			309,640		309,640	0 040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			317,922		317,922	0 040 %
j Total. Other Benefits			20,947,288		20,947,288	2 450 %
k Total. Add lines 7d and 7j			61,050,917	10,376,968	50,673,949	5 910 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			20,109		20,109	0 %
4 Environmental improvements						
5 Leadership development and training for community members			41,880		41,880	0 %
6 Coalition building			14,499		14,499	0 %
7 Community health improvement advocacy			544,183		544,183	0 060 %
8 Workforce development			34,980		34,980	0 %
9 Other						
10 Total			655,651		655,651	0 060 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	34,904,189	
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	6,044,687	
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	296,690,024
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	287,996,830
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	8,693,194
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
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)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</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
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	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)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE DISCLOSURE</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" 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)		
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 <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE DISCLOSURE</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

UNIVERSITY HEALTH SYSTEM INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? 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)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" 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)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE DISCLOSURE</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE DISCLOSURE</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE DISCLOSURE</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

UNIVERSITY HEALTH SYSTEM INC

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" 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?	21 Yes	
If "No," indicate why		
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)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

UNIVERSITY HEALTH SYSTEM INC

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 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

990 Schedule H, Supplemental Information

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 \$ 52,323,611

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	THE ACTIVITIES REPORTED 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

990 Schedule H, Supplemental Information

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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE ALLOWABLE COST REPORTED IN THE UHS MEDICARE COST REPORT, AS REFLECTED IN THE AMOUNT REPORTED IN PART III, LINE 6, IS DERIVED FROM THE ACTUAL EXPENSE DATA FROM THE UHS GENERAL LEDGER UHS ALLOCATES THOSE EXPENSES TO PATIENTS AT THE PROCEDURE LEVEL BASED ON A COST TO CHARGE RATIO

990 Schedule H, Supplemental Information

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>

990 Schedule H, Supplemental Information

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 ("CHAC") 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 COMMUNITY HEALTH NEED ASSESSMENT. IN ORDER FOR UTMCI TO SERVE ITS REGION MOST EFFECTIVELY, IT IS ESSENTIAL TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS. UTMCI HAS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN 2016 TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN THE LOCAL REGION. THE ASSESSMENT FOCUSES ON UTMCI'S 9 CORE COUNTIES WHERE UHS HAS FACILITIES OR PROVIDES SERVICE. OUR COMMITMENT IS TO ALSO OFFER SERVICES TO COUNTIES WITHOUT HEALTHCARE FACILITIES AND PARTNERING WITH LOCAL HEALTHCARE PROVIDERS TO ENSURE ACCESS TO QUALITY AND SPECIALIZED SERVICES. ACTIVITIES ASSOCIATED WITH THE DEVELOPMENT OF THIS ASSESSMENT HAVE TAKEN PLACE DURING THE SUMMER AND FALL OF 2015 AND SPRING OF 2016, INCLUDING STATE, REGIONAL AND COUNTY-SPECIFIC SECONDARY DATA COLLECTION AND PRIMARY DATA OBTAINED THROUGH 531 SURVEYS WITH INDIVIDUALS FROM KNOX COUNTY, TN AND SURROUNDING COUNTIES. THROUGHOUT THE ASSESSMENT, HIGH PRIORITY WAS GIVEN TO DETERMINING THE HEALTH STATUS AND AVAILABLE RESOURCES WITHIN EACH COMMUNITY. COMMUNITY MEMBERS FROM EACH COUNTY MET WITH UTMCI TO DISCUSS CURRENT HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS. THE INFORMATION GATHERED FROM A LOCAL PERSPECTIVE, PAIRED WITH REGIONAL, STATE AND NATIONAL DATA, HELPS TO EVALUATE THE REGION'S HEALTH SITUATION IN ORDER TO BEGIN FORMULATING SOLUTIONS FOR IMPROVEMENT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	TO COMMUNICATE THE HOSPITAL'S FINANCIAL POLICY TO THE PATIENT, THE "UNDERSTANDING YOUR HOSPITAL BILL" BROCHURE IS MADE AVAILABLE AT ALL POINTS OF REGISTRATION (INTAKE 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>ORGANIZATIONAL PROFILE THE UNIVERSITY OF TENNESSEE MEDICAL CENTER UTMC IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM PROVIDING ACCESS TO COMPREHENSIVE HEALTH CARE SERVICES AS AN ACADEMIC MEDICAL CENTER THESE SERVICES INCLUDE A REGIONAL NETWORK OF PRIMARY CARE AND SPECIALIST PROVIDERS, REGIONAL SERVICE CENTERS, CANCER CHEMOTHERAPY CENTERS, HOME INFUSION THERAPY, HOME HEALTH AND AEROMEDICAL SERVICES THE HOSPITAL IS LICENSED FOR 609 BEDS WITH A THREEFOLD MISSION OF HEALING, EDUCATION AND DISCOVERY, UTMC SERVES AS THE REGIONAL REFERRAL CENTER FOR THE EAST TENNESSEE (ET) COMMUNITY OUR 21 COUNTY SERVICE AREA COMPRISES THE EASTERN THIRD OF THE STATE THE PRIMARY MARKET IS KNOX COUNTY, THE SECONDARY MARKET IS THE REMAINING 20 COUNTIES EDUCATION AND RESEARCH IS ACCOMPLISHED THROUGH OUR PARTNERSHIPS WITH THE UNIVERSITY OF TENNESSEE (UT) AND UNIVERSITY OF TENNESSEE GRADUATE SCHOOL OF MEDICINE (GSM) IN ORDER FOR UTMC TO SERVE ITS REGION MOST EFFECTIVELY, IT IS ESSENTIAL TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS UTMC HAS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN THE LOCAL REGION THE ASSESSMENT FOCUSES ON UTMC'S 9 CORE COUNTIES WHERE UHS HAS FACILITIES OR PROVIDES SERVICE OUR COMMITMENT IS TO ALSO OFFER SERVICES TO COUNTIES WITHOUT HEALTHCARE FACILITIES AND PARTNERING WITH LOCAL HEALTHCARE PROVIDERS TO ENSURE ACCESS TO QUALITY AND SPECIALIZED SERVICES THROUGHOUT THE ASSESSMENT, HIGH PRIORITY WAS GIVEN TO DETERMINING THE HEALTH STATUS AND AVAILABLE RESOURCES WITHIN EACH COMMUNITY COMMUNITY MEMBERS FROM EACH COUNTY MET WITH UTMC TO DISCUSS CURRENT HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS THE INFORMATION GATHERED FROM A LOCAL PERSPECTIVE, PAIRED WITH REGIONAL, STATE AND NATIONAL DATA, HELPS TO EVALUATE THE REGION'S HEALTH SITUATION IN ORDER TO BEGIN FORMULATING SOLUTIONS FOR IMPROVEMENT REVIEW OF STATE AND LOCAL DATA GUIDES OUR FOCUS ALONG WITH INFORMATION SHARED AT VARIOUS CENTERS OF EXCELLENCE STEERING COMMITTEE MEETINGS</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>SENIOR LEADERSHIP AND SYSTEM MANAGEMENT LEADERSHIP OF THE HOSPITAL MAKE CONSCIOUS DECISION S HOW THE RESOURCES OF THE HOSPITAL ARE USED, HONORING THE MISSION, VISION, AND VALUES OF THE HOSPITAL IN ITS WORK WITHIN THE HOSPITAL AND COMMUNITY OTHER PROGRAMS AND PROJECTS WH ICH ARE DEVELOPED IN THE HOSPITAL THROUGH THE VARIOUS DEPARTMENTS AND COE'S ARE BROUGHT TO THE SYSTEM MANAGEMENT TEAM (SMT) AND THEN TO SENIOR LEADERSHIP TEAM FOR APPROVAL AND THEN TO THE COMMUNITY BOARD FOR FINAL REVIEW AND APPROVAL THE HOSPITAL WORKS CLOSELY WITH THE GRADUATE SCHOOL OF MEDICINE FOR RESIDENT SUPPORT FOR MEDICAL EDUCATION AND PROGRAM RESEAR CH INITIATIVES THROUGH OUR ACADEMIC PROGRAMS OF STUDY THROUGH FACULTY LEADERSHIP OF GSM A ND HOSPITAL LEADERSHIP COLLABORATION, FUTURE FINANCIAL CONSIDERATIONS FOR SUSTAINABILITY O R PROGRAM GROWTH ARE CONSIDERED BASED ON FUTURE PRIORITIZED AND STRATEGIC NEEDS IDENTIFIED BY OUR PATIENT POPULATION AND NEEDS ASSESSMENTS PROGRAMS TO MEET COMMUNITY NEEDUTMC COND UCTS ONGOING INVENTORIES REGARDING THE ASSETS WITHIN THE HOSPITAL TO MEET THE ONGOING NEED WITHIN THE COMMUNITY IN COLLABORATION WITH ITS PARTNERS, UTM C ENGAGES OTHERS IN THE SOLU TION OF ASSESSING THE ASSETS WITHIN THE COMMUNITY AND ENGAGING ITS PARTNERS IN BECOMING PA RT OF THE SOLUTION WE DO THIS IN SYNERGY WITH ONE ANOTHER THROUGH MANY INITIATIVES WE CO ME TOGETHER TO IDENTIFY OUR ASSETS AND GAPS BY UTILIZING DATA AND INFORMATION FROM SOURCES SUCH AS THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND OTHER STATE AND NATIONAL DATA REPO SITORIES AND REPORTING AGENCIES WE ALSO SURVEY OUR COMMUNITY TO IDENTIFY THE ASSETS AND T HE GAPS IN HEALTH AND HUMAN SERVICES SOME OF THESE UNIQUE SERVICES PROVIDED BY UTM C TO AD DRESS IDENTIFIED HEALTH CARE NEEDS ARE LISTED BELOW BREAST HEALTH OUTREACH PROGRAM (BHOP) WHERE THE HOSPITAL PROVIDES FREE EDUCATION, PREVENTION, DIAGNOSTICS, AND TREATMENT FOR UNI NSURED WOMEN NEARLY 17 YEARS AGO, WE IDENTIFIED THE NEED TO PROVIDE THESE HEALTH SERVICES TO WOMEN WHO WERE UNINSURED UTM C WITH THE ASSISTANCE OF OUR PARTNERS FROM THE CANCER STE ERING COMMITTEE, SUSAN G KOMEN FOUNDATION, AMERICAN CANCER SOCIETY, THE WELLNESS COMMUNIT Y, AVON FOUNDATION, HEALTH PROVIDERS, RADIOLOGISTS, PHYSICIANS, NURSES, NUTRITIONISTS, COM MUNITY MEMBERS AND OTHERS WHO COULD HELP US MEET THE GROWING NEED FOR PREVENTION, DIAGNOSI S, TREATMENT, AND FOLLOW UP CARE THE MOBILE MAMMOGRAPHY PROGRAM HAS PROVIDED FREE AT NO C OST SCREENINGS TO WOMEN IN OUR 21 COUNTY AREA WHO ARE UNDERINSURED OR HAVE NO INSURANCE M ATTER OF BALANCE (MOB) IS AN EVIDENCE-BASED FALLS MANAGEMENT PROGRAM RECOGNIZED THE CDC AN D NCOA THE PROGRAM IS PROVEN TO REDUCE THE FEAR OF FALLING AND INCREASE PHYSICAL ACTIVITY ACCORDING TO THE 2014-2015 UTM C EMERGENCY TRAUMA REPORT, FALLS WERE THE LEADING CAUSE OF UNINTENTIONAL INJURY IN THE OLDER ADULT POPULATION AND ACCOUNTED FOR APPROXIMATELY 67% OF THE TOTAL ADMISSIONS AT THE HOSPITAL EVEN THOUGH FALLS WERE NOT IDENTIFIED AS ONE OF THE TOP CONCERNS IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, WE FELT IT IMPERATIVE TO ADDRESS T HE ISSUE IN MARCH OF 2015, TWO UTM C STAFF ACHIEVED MASTER TRAINER CERTIFICATION, AND UTM C BECAME A DESIGNATED, LICENSED PROVIDER OF MOB THE FIRST CLASS INSTRUCTORS (COACHES) WERE TRAINED SUMMER 2015 CLASSES ARE OFFERED IN KNOX AND SURROUNDING COUNTIES AT NO CHARGE TO PARTICIPANTS IN 2016- 2017, THE PROGRAM EXPANDED TO SENIOR CITIZEN CENTERS TO REACH THE TARGETED POPULATION WHERE FALLS ARE THE MOST PREVALENT HEALTHY LIVING KITCHEN- THE HEALTHY LIVING KITCHEN TEAM PROVIDES COOKING DEMONSTRATIONS, CULINARY TECHNIQUES, AND HEALTH INFO RMATION IN A UNIQUE, FUN LEARNING ENVIRONMENT CLASSES ARE LOCATED ON OUR HOSPITAL CAMPUS OR MAY BE REQUESTED AT COMMUNITY OR CORPORATE LOCATIONS OUR FOCUS PROVIDES BASIC NUTRITIO N EDUCATION RELEVANT TO CHRONIC DISEASES AND PREVENTION EFFORTS TO IMPROVE CHOICES FOR HEA LTHIER LIFESTYLE LIVING SUCCESS OF OUR PROGRAM IS MEASURED BY PARTICIPATION INCREASE YEAR AFTER YEAR TOPICS INCLUDE BUT ARE NOT LIMITED TO BASIC NUTRITION - DINING OUT - MAKING H EALTHIER CHOICES - GROCERY SHOPPING - MINDFUL EATING - WEIGHT MANAGEMENT - USING FOOD LABE LSDISEASE SPECIFIC - DASH DIET - KNOW YOUR NUMBERS - MEDITERRANEAN DIET - NUTRITION AND DI ABETES - GOING GLUTEN FREE - HEART HEALTHY EATINGHEALTHY LIFESTYLE - HEALTHY EATING ON A B UDGET - WORKPLACE EATING - RECIPE SUBSTITUTIONS - HEALTHY TAILGATING -SUPER FOODS - EATING FARM TO TABLE - HOLIDAY EATING TIPS - STRESS MANAGEMENTOPIOID/SUBSTANCE ABUSE UTM C PARTN ERS WITH OTHERS IN OUR REGION TO CARE FOR AND COMBAT OPIOID PRESCRIPTION USE AND LIMIT THE OPPORTUNITY FOR DEPENDENCY UTM C HAS PARTNERED WITH THE METRO DRUG COALITION AND OTHER ST ATE AGENCIES TO DISCOVER INNOVATIVE PROCESSES TO TREAT AND COUNSEL INDIVIDUALS WITH DEPEND ENCY ISSUES IN AN EFFORT TO ASSIST WITH COMPLIANCE OF WITHDRAWAL FROM OPIOIDS, SEVERAL PH YSICIANS HAVE LED RESEARCH EFFORTS TO SUCCESSFULLY ASSIST INDIVIDUALS WITHDRAW SAFELY FROM CHEMICAL DEPENDENCY INDUCING SUBSTANCES FROM PER</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>INATAL WITHDRAWAL FROM TO IMPLEMENTING PATHWAYS FOR INDIVIDUALS WHO ARE ADMITTED WITH MEDICAL ISSUES ASSOCIATED WITH OPIOID MISUSE, UPMC IS PIONEERING RESEARCH EFFORTS IN THIS FIELD TO ASSIST IN COMBATING CHEMICAL DEPENDENCY FROM OPIOIDS VOLUNTEER MISSION SERVICE ACTIVITIES BLOOD DRIVES UPMC PARTNERS WITH MEDIC REGIONAL BLOOD CENTER TO PROVIDE AN OPPORTUNITY FOR EMPLOYEES TO GIVE BACK TO THEIR COMMUNITY UPMC IS THE REGION'S LARGEST CONSUMER OF BLOOD PRODUCTS DUE TO THE COMPLEXITY OF SERVICE WE PROVIDE TO THE COMMUNITY, INCLUDING SERVING AS THE ONLY LEVEL I TRAUMA CENTER IN OUR REGION IN 2017, THE HOSPITAL DONATED OVER 300 UNITS OF BLOOD EMPTY STOCKING FUND UPMC EMPLOYEES AND HOSPITAL PROVIDE OPPORTUNITIES TO VOLUNTEER WITHIN THE COMMUNITY AS AN ORGANIZATION, UPMC TO PARTNERS WITH THE KNOXVILLE NEW SENTINEL TO PROVIDE FOOD AND TOYS TO DISADVANTAGED EAST TENNESSEANS DURING THE HOLIDAYS REMOTE AREA MEDICAL UPMC HEALTHY LIVING KITCHEN STAFF AND EMPLOYEES DEDICATE TIME TO SERVING AT THIS MEDICAL AND HEALTH EVENT RAM PROVIDES FREE DENTAL, VISION, AND MEDICAL CARE TO ISOLATED, IMPOVERISHED, OR UNDERSERVED COMMUNITIES IN LESS THAN 24 HOURS WE TURN FAIRG ROUNDS, SCHOOLS, ARENAS, AND JUNGLES INTO MOBILE MEDICAL CENTERS CONTRIBUTIONS OF VOLUNTEERS SINCE 1962, UT MEDICAL CENTER HAS ENJOYED THE SERVICES OF THE VOLUNTEERS WHO HAVE GIVEN OVER 800,000 HOURS THE VOLUNTEER DEPARTMENT COORDINATES THE ACTIVITIES OF THREE MAIN GROUPS OF VOLUNTEERS THE AUXILIARY, INDEPENDENT VOLUNTEERS, AND THE JUNIOR VOLUNTEERS ALL VOLUNTEERS WHO DONATE TIME AND SERVICE TO THE MEDICAL CENTER WORK IN A VARIETY OF SETTINGS SUCH AS INPATIENT AND OUTPATIENT FACILITY DEPARTMENTS, PATIENT RECEPTION AREAS, GIFT SHOP, ETC THERE ARE APPROXIMATELY 312 CURRENTLY ACTIVE VOLUNTEERS FOR UPMC THESE VOLUNTEERS COME FROM VARIOUS BACKGROUNDS FROM ALL AGES, INCLUDING SENIORS AND STUDENTS WITH AN INTEREST IN A HEALTHCARE CAREER CURRENTLY THERE ARE 140 ADULT VOLUNTEERS, 82 COLLEGE STUDENTS AND 90 HIGH SCHOOL STUDENTS THESE VOLUNTEERS AVERAGE 35,000-40,000 HOURS PER YEAR OF TOTAL SERVICE LIFTING THE SPIRITS OF UPMC 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 UPMC STRATEGIC CHALLENGES AND SOCIETAL RESPONSIBILITIES IN RESPONSE TO IDENTIFIED UNMET HEALTH-RELATED NEEDS IN THE COMMUNITY NEEDS ASSESSMENT, THE FISCAL YEAR (FY) 2016 FOR UPMC, OUR FOCUS WILL BE ON INCREASING ACCESS TO HEALTH CARE FOR THE BROADER AND UNDERSERVED DISADVANTAGED MEMBERS OF THE SURROUNDING COMMUNITY MAJOR INITIATIVES FOR FY 2016-17 FOCUSED ON INCREASING ACCESS TO HEALTH SERVICES FOR THE UNDERSERVED THROUGH PARTNERSHIPS, PREVENTING INJURIES AND TREATING TRAUMATIC BRAIN INJURIES, IMPROVING HEALTH ACCESS FOR WOMEN'S HEALTH, CANCER SCREENING SERVICES, EARLY DETECTION OF DISEASE PROCESSES AND MANAGEMENT, AND COMMUNITY BUILDING ACTIVITIES</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

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		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			

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

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

Form and Line Reference	Explanation
UNIVERSITY HEALTH SYSTEM, INC	PART V, SECTION B, LINE 5 COMMUNITY INTERVIEW SUMMARY THROUGHOUT JANUARY-MAY OF 2016, THE UPMC STRATEGIC PLANNING DEPARTMENT HOSTED TWO SEPARATE MEETINGS IN ORDER TO CONNECT WITH COMMUNITY MEMBERS OF A COUNTY IN WHICH UHS OPERATES A FACILITY COMMUNITY PARTICIPANTS WERE SELECTED BASED ON ROLES WITHIN THE COMMUNITY AND WORKPLACE THE INTERVIEWEES IN ATTENDANCE WERE LOCAL PHYSICIANS, SCHOOL BOARD MEMBERS, NON-PROFIT DIRECTORS, HEALTH DEPARTMENT OFFICIALS, SCHOOL NURSES AND COORDINATORS, AND MINORITY GROUP LEADERS THESE INDIVIDUALS WERE INVITED TO DISCUSS AND DETERMINE THE HEALTH PRIORITIES AND RESOURCES AVAILABLE IN EACH AREA COLLECTING COMMUNITY INPUT IN ORDER TO COMPLETE THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR UT MEDICAL CENTER, UPMC MET WITH SEVERAL REPRESENTATIVES FROM ACROSS EAST TENNESSEE THE ORGANIZATIONS THAT WERE REPRESENTED ARE LISTED IN TABLE 1 2 OF THE MOST RECENT CHNA
UNIVERSITY HEALTH SYSTEM, INC	PART V, SECTION B, LINE 6B COLLABORATION AND DATA SHARING WAS CONDUCTED WITH KNOX COUNTY HEALTH DEPARTMENT AND THE TENNESSEE DEPARTMENT OF HEALTH

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

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

Form and Line Reference	Explanation
UNIVERSITY HEALTH SYSTEM, INC	PART V, SECTION B, LINE 11 CLEARLY, THERE ARE MANY NEEDS THAT EXIST AND NEED ATTENTION THE UNIVERSITY OF TENNESSEE MEDICAL CENTER (UTMC) AND UHS EXIST TO FULFILL OUR MISSION OF "DELIVERING COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH SERVICES TO THOSE IN NEED OF HEALING " IN ORDER FOR UTMC TO SERVE ITS REGION MOST EFFECTIVELY, IT IS ESSENTIAL TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS UTMC HAS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN THE LOCAL REGION THE ASSESSMENT FOCUSES ON UTMC'S 9 CORE COUNTIES WHERE UHS HAS FACILITIES OR PROVIDES SERVICE OUR COMMITMENT IS TO ALSO OFFER SERVICES TO COUNTIES WITHOUT HEALTHCARE FACILITIES AND PARTNERING WITH LOCAL HEALTHCARE PROVIDERS TO ENSURE ACCESS TO QUALITY AND SPECIALIZED SERVICES HEALTH NEEDS IDENTIFIED AS PUBLIC HEALTH ISSUES, SUCH AS MENTAL HEALTH AND OPIOID DEPENDENCE, WILL REQUIRE LOCAL AND STATE COLLABORATIVE EFFORTS TO ADEQUATELY ADDRESS THE MANY BARRIERS AND ACCESS ISSUES THAT EXIST TO HAVE AN EFFECTIVE AND MEASUREABLE HEALTH OUTCOME UTMC IS COMMITTED TO WORKING WITH OUR COLLEAGUES IN FINDING SOLUTIONS TO ADDRESS THE GROWING PROBLEM STATEWIDE
UNIVERSITY HEALTH SYSTEM, INC	PART V, SECTION B, LINE 16J FAP APPLICATIONS WITH SELF-ADDRESSED STAMPED ENVELOPES ARE MAILED WITH BILLING STATEMENTS

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, FINANCIAL ASSISTANCE POLICY WEBSITES	FINANCIAL ASSISTANCE POLICY URL HTTPS //UTMEDICALCENTER PATIENTCOMPASS COM/HC/MEDIA/COMPLETE-FINANCIAL-ASSISTANCE-POLICY PDF FINANCIAL ASSISTANCE APPLICATION URL HTTPS //UTMEDICALCENTER PATIENTCOMPASS COM/HC/MEDIA/FINANCIAL-ASSISTANCE-APP PDF PLAIN LANGUAGE SUMMARY URL HTTPS //UTMEDICALCENTER PATIENTCOMPASS COM/HC/GUARANTOR/MEDICAREPOLICIES DO HTTPS //UTMEDICALCENTER PATIENTCOMPASS COM/HC/GUARANTOR/PREPAREBILLINGOPTION2 DO
PART V, SECTION B, CHNA WEBSITE	HTTP //WWW UTMEDICALCENTER ORG/ABOUT-US/COMMUNITY-BENEFIT/

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 10A	HTTPS //WWW UTMEDICALCENTER ORG/LIB/FILE/MANAGER/PAGES/ABOUT-US/COMMUNITY_BENEFIT/BINDER_COMMBENEFIT_2016_V2 PDF

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY HEALTH SYSTEM INC

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

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

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

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number
31-1626179

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes

☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

27

3

Enter total number of other organizations listed in the line 1 table

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HELPING HANDS	8	3,687			
(2) CANCER CARE	922	50,989			
(3) MEN'S HEALTH CANCER FUND	135	4,256			
(4) CHAPLAIN'S CRISIS FUND	3065	19,403			
(5) BACK COUNTRY UNIT SEARCH & RESCUE	1	2,000			
(6) MARY R JOHNSON GIFT FUND	15	630			
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	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
THE UNIVERSITY OF TENNESSEE (GSM) 1924 ALCOA HWY KNOXVILLE, TN 37920	62-6001636	GOVT	121,667				GENERAL SUPPORT
INTERFAITH HEALTH CLINIC 315 GILL AVENUE KNOXVILLE, TN 37917	58-1947641	501(C)(3)	51,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSN 4708 PAPERMILL DR KNOXVILLE, TN 37909	13-5613797	501(C)(3)	50,000				GENERAL SUPPORT
UNITED WAY GREATER KNOX INC 1301 HANNAH AVENUE KNOXVILLE, TN 37921	62-0475748	501(C)(3)	37,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT SMOKY MOUNTAIN COUNCIL PO BOX 51885 KNOXVILLE, TN 37950	62-0476811	501(C)(3)	34,500				GENERAL SUPPORT
SUSAN G KOMEN FOUNDATION 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244	75-1835298	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNOVATION VALLEY 17 MARKET SQUARE 201 KNOXVILLE, TN 37902	26-2087582	501(C)(3)	20,000				GENERAL SUPPORT
EAST TN ECONOMIC DEVELOPMENT (ETEDA) 10215 TECHNOLOGY DR SUITE 202 KNOXVILLE, TN 37932	62-1158958	501(C)(3)	18,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE FOUNDATION 1525 UNIVERSITY AVE KNOXVILLE, TN 37921	62-1844686	501(C)(3)	11,000				GENERAL SUPPORT
CANCER SUPPORT COMMUNITY-EAST TENNESSEE 2230 SUTHERLAND AVE KNOXVILLE, TN 37919	58-1846210	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIETY OF EASTERN TENNESSEE 7132 REGAL LANE KNOXVILLE, TN 37918	33-1025696	501(C)(3)	10,000				GENERAL SUPPORT
KNOX COUNTY OFFICE ON AGING PO BOX 51650 KNOXVILLE, TN 37950	62-1451534	501(C)(3)	8,180				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANDOM ACTS OF FLOWER 920 VOLUNTEER LANDING LANE 201 KNOXVILLE, TN 37915	26-3006360	501(C)(3)	7,000				GENERAL SUPPORT
YWCA KNOXVILLE 420 WEST CLINCH AVENUE KNOXVILLE, TN 37902	62-0475701	501(C)(3)	5,850				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 871 WEISGARGER RD KNOXVILLE, TN 37909	64-0329009	501(C)(3)	5,500				GENERAL SUPPORT
BOYS & GIRLS CLUB OF TN VALLEY 1100 MARION ST SUITE 100 KNOXVILLE, TN 37921	62-0475743	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST TN HISTORICAL SOCIETY INC PO BOX 1629 KNOXVILLE, TN 37901	32-0320825	501(C)(3)	5,000				GENERAL SUPPORT
EMERALD YOUTH FOUNDATION 1718 NORTH CENTRAL STREET KNOXVILLE, TN 37917	62-1474791	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOVERNORS BOOKS FROM BIRTH FDN 312 ROSA PARKS AVE TN TOWER 27TH FLR NASHVILLE, TN 37243	20-1115704	501(C)(3)	5,000				GENERAL SUPPORT
GREAT SMOKEY MTNS INSTITUTE AT TREMONT 9275 TREMONT ROAD TWONSEND, TN 37882	62-1833479	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HART TC 1-11 EIN 45-3976193 191 NORTH WACKER DRIVE SUITE 2500 CHICAGO, IL 60606	77-0672767	501(C)(3)	5,000				GENERAL SUPPORT
KNOX ACADEMY MEDICINE FOUNDATION 115 SUBURBAN RD KNOXVILLE, TN 37923	62-0550978	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOX COUNTY IMAGINATION LIBRARY 625 MARKET STREET STE 1400 KNOXVILLE, TN 37902	62-0807696	501(C)(3)	5,000				GENERAL SUPPORT
KNOXVILLE NEWS SENTINEL CHARITIES INC 2332 NEWS SENTINEL DRIVE KNOXVILLE, TN 37921	51-0141541	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES BIRTH DEF FND 322 NANCY LYNN LANE STE 11 KNOXVILLE, TN 37919	13-1846366	501(C)(3)	5,000				GENERAL SUPPORT
RONALD MCDONALD HOUSE 1705 W CLINCH AVENUE KNOXVILLE, TN 37916	58-1510276	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE CENTER FOR PERFORMANCE EXCELLENCE (TNCPE) 2525 PERIMETER PLACE DR STE 122 NASHVILLE, TN 37214	62-1502414	501(C)(3)	5,000				GENERAL SUPPORT

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.</div>	OMB No 1545-0047
		2017
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization UNIVERSITY HEALTH SYSTEM INC	Employer identification number 31-1626179
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or 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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

See Additional Data Table

Schedule J (Form 990) 2017

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 ORGANIZATION MAINTAINS A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR SENIOR MANAGEMENT, VICE PRESIDENTS AND EQUIVALENTS, AND PHYSICIANS. ALL EMPLOYER CONTRIBUTIONS ARE SUBJECT TO A SEVEN-YEAR VESTING SCHEDULE OR ATTAINMENT OF AGE 60 AND CONTRIBUTIONS ARE MADE AT THE CLOSE OF EACH PAYROLL CYCLE. THE ORGANIZATION MAINTAINS A SEPARATE NONQUALIFIED DEFERRED COMPENSATION PLAN FOR SENIOR MANAGEMENT. THE EMPLOYER'S CONTRIBUTIONS BECOME VESTED ACCORDING TO THE AGE OF THE PARTICIPANT AT THE TIME THE CONTRIBUTION WAS MADE. CONTRIBUTIONS TO A PARTICIPANT'S ACCOUNT MADE IN A YEAR IN WHICH THE PARTICIPANT ATTAINS THE AGE OF 57 SHALL VEST FULLY ON JANUARY 1 OF THE YEAR THE PARTICIPANT ATTAINS THE AGE OF 60. FOR CONTRIBUTIONS MADE NO LATER THAN THE YEAR IN WHICH THE PARTICIPANT ATTAINS THE AGE OF 58 AND EACH YEAR THEREAFTER SHALL VEST FULLY ON THE LAST BUSINESS DAY OF THE YEAR IN WHICH THE CONTRIBUTION IS MADE. CONTRIBUTIONS ARE MADE AT THE END OF EACH PAYROLL CYCLE. THE ALLOCATIONS MADE TO THE NONQUALIFIED DEFERRED COMPENSATION PLANS FOR THE YEAR WERE: \$81,804 MATTHEW MCCARTY \$82,793 ANTHONY CHARLES \$85,568 OSCAR GRANDAS \$84,197 MICHAEL FREEMAN \$6,012 BRUCE HARTMAN \$8,217 JOHN SHERIDAN \$17,664 KATHERINE BOYD \$64,219 BENNETT COX \$37,739 ROBERT ELDER \$65,430 JOHN BELL \$65,930 JANELL CECIL \$73,091 TERESA LEVEY \$79,311 INGA HIMELRIGHT \$80,343 STEVEN ROSS \$84,971 JERRY EPPS \$99,326 WILLIAM HALL \$91,054 THOMAS FISHER \$252,210 JOSEPH LANDSMAN.
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 KORN FERRY 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				
1DR ROBERT F ELDER BOARD MEMBER	(i)	491,574	18,400	41,867	51,239	828	603,908	0
	(ii)	0	0	0	0	0	0	0
1DR MELISSA PHILLIPS LAPINSKA BOARD MEMBER	(i)	224,708	0	180	11,259	552	236,699	0
	(ii)	0	0	0	0	0	0	0
2JOSEPH R LANDSMAN PRESIDENT & CEO	(i)	965,863	353,813	241,941	265,710	9,383	1,836,710	0
	(ii)	0	0	0	0	0	0	0
3THOMAS M FISHER SR VP & CFO	(i)	480,611	103,740	350,130	104,554	14,127	1,053,162	0
	(ii)	0	0	0	0	0	0	0
4WILLIAM D HALL EXECUTIVE VICE PRESIDENT	(i)	506,863	111,150	49,479	112,826	9,112	789,430	0
	(ii)	0	0	0	0	0	0	0
5JERRY L EPPS SR VP & CMO	(i)	459,562	84,260	73,707	98,471	841	716,841	0
	(ii)	0	0	0	0	0	0	0
6STEVEN R ROSS SR VICE PRESIDENT	(i)	444,475	80,625	87,318	93,843	1,069	707,330	0
	(ii)	0	0	0	0	0	0	0
7INGA M HIMELRIGHT SR VP & CQO	(i)	423,884	75,938	57,238	92,811	4,565	654,436	0
	(ii)	0	0	0	0	0	0	0
8TERESA L LEVEY SR VP & CAO	(i)	410,000	68,250	54,499	86,591	603	619,943	0
	(ii)	0	0	0	0	0	0	0
9JANELL R CECIL SR VP & CNO	(i)	365,611	63,000	67,882	79,430	14,058	589,981	0
	(ii)	0	0	0	0	0	0	0
10JOHN L BELL PHYSICIAN/MEDICAL DIR	(i)	690,062	37,373	66,918	78,930	828	874,111	0
	(ii)	0	0	0	0	0	0	0
11BENNETT COX CHIEF GENERAL COUNSEL	(i)	368,562	58,646	33,745	77,719	987	539,659	0
	(ii)	0	0	0	0	0	0	0
12KATHERINE BOYD CHIEF DEVELOPMENT OFFICER	(i)	264,511	44,531	1,104	31,164	4,606	345,916	0
	(ii)	0	0	0	0	0	0	0
13JOHN J SHERIDAN VICE PRESIDENT	(i)	135,746	24,780	13,378	16,434	7,306	197,644	0
	(ii)	0	0	0	0	0	0	0
14MICHAEL B FREEMAN PHYSICIAN	(i)	500,000	525,057	97,005	97,697	420	1,220,179	0
	(ii)	0	0	0	0	0	0	0
15OSCAR GRANDAS PHYSICIAN	(i)	699,914	307,796	7,325	99,068	456	1,114,559	0
	(ii)	0	0	0	0	0	0	0
16ANTONY J CHARLES PHYSICIAN	(i)	494,895	462,481	450	96,293	13,897	1,068,016	0
	(ii)	0	0	0	0	0	0	0
17MATTHEW J MCCARTY PHYSICIAN	(i)	493,701	451,742	1,290	95,304	13,861	1,055,898	0
	(ii)	0	0	0	0	0	0	0
18SUSAN M NEWMAN PHYSICIAN	(i)	470,863	457,850	450	13,500	7,284	949,947	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

2017

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		07-23-2014	10,000,000	ADDITIONS AND IMPROVEMENTS TO MEDICAL CENTER		X		X		X
B 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
C THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE COUNTY OF KNOX	62-1220275	49952MCZ7	11-17-2016	120,612,199	CURRENT REFUNDING AND CAPITAL PROJECT		X		X		X
D THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE COUNTY OF KNOX	62-1220275	49952MEF9	02-07-2017	133,311,875	CURRENT REFUNDING		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired					778,211			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	10,000,000		90,000,000		120,612,199		133,311,875	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			250,000		1,422,017		1,119,046	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	5,833,447		40,445,000		66,408,417			
11	Other spent proceeds							132,192,828	
12	Other unspent proceeds	4,166,553							
13	Year of substantial completion	2015		2015		2016			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X	X		X		X	
16	Has the final allocation of proceeds been made?		X	X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X	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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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		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		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 ▶	0 %		0 %		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 ▶	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test? . . .		X		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		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		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		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?		X		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		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization UNIVERSITY HEALTH SYSTEM INC	Employer identification number 31-1626179
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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) BRANDY HELTON	FAMILY RELATIONSHIP WITH OFFICER	22,814	COMPENSATION AS EMPLOYEE		No
(2) MARY ELLEN COX	FAMILY RELATIONSHIP WITH KEY EMPLOYEE	38,058	COMPENSATION AS EMPLOYEE		No
(3) FRANK LIST	FAMILY RELATIONSHIP WITH OFFICER	54,956	COMPENSATION AS EMPLOYEE		No
(4) ELIZABETH SHERROD	FAMILY RELATIONSHIP WITH BOARD MEMBER	52,968	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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY HEALTH SYSTEM INC

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

2017

**Open to Public
Inspection**

Employer identification number

31-1626179

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES PROGRAM SERVICE EXPENSES 63,491,026 MANAGEMENT AND GENERAL EXPENSES 3,978,689 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 67,469,715 COMMUNICATION SERVICES PROGRAM SERVICE EXPENSES 16,515,596 MANAGEMENT AND GENERAL EXPENSES 1,034,956 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 17,550,552 CLINICAL SERVICES PROGRAM SERVICE EXPENSES 20,194,574 MANAGEMENT AND GENERAL EXPENSES 1,265,501 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 21,460,075 ENVIRONMENTAL SERVICES PROGRAM SERVICE EXPENSES 3,475,703 MANAGEMENT AND GENERAL EXPENSES 217,806 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,693,509 OTHER SERVICES PROGRAM SERVICE EXPENSES 926,498 MANAGEMENT AND GENERAL EXPENSES 58,059 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 984,557

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	LOSS ON EXTINGUISHMENT OF DEBT -894,423 CHANGE IN VALUE OF DERIVATIVE INSTRUMENT 2,277,749

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>STATEMENT OF COMMUNITY BENEFIT UNIVERSITY HEALTH SYSTEM JANUARY 1, 2018 - DECEMBER 31, 2018</p> <p>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 609 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 D</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IVISION 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 LEAS ES CERTAIN REAL PROPERTY AND ACQUIRED CERTAIN PERSONAL PROPERTY FROM THE UNIVERSITY, 2) TH E EMPLOYEE SERVICES AGREEMENT, WHEREBY UHS LEASES CERTAIN OF THE MEDICAL CENTER'S EMPLOYEE S FROM THE UNIVERSITY, AND 3) THE AFFILIATION AGREEMENT, WHEREBY UHS AND THE UNIVERSITY AG REE TO CONTINUE THE MEDICAL CENTER'S HISTORICAL RELATIONSHIP WITH THE UNIVERSITY OF TENNES SEE 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 MED ICAL 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 U HS 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 A ND RETAIN ALL UNIVERSITY BENEFITS THE EMPLOYEE SERVICES AGREEMENT CONTINUES UNTIL THE EAR LIER 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 R ELATIONSHIP 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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>III COMMUNITY HEALTH NEED ASSESSMENT IN ORDER FOR UPMC TO SERVE ITS REGION MOST EFFECTIVELY, IT IS ESSENTIAL TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS. UPMC HAS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN 2016 TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN THE LOCAL REGION. THE ASSESSMENT FOCUSES ON UPMC'S 9 CORE COUNTIES WHERE UHS HAS FACILITIES OR PROVIDES SERVICE. OUR COMMITMENT IS TO ALSO OFFER SERVICES TO COUNTIES WITHOUT HEALTHCARE FACILITIES AND PARTNERING WITH LOCAL HEALTHCARE PROVIDERS TO ENSURE ACCESS TO QUALITY AND SPECIALIZED SERVICES. ACTIVITIES ASSOCIATED WITH THE DEVELOPMENT OF THIS ASSESSMENT HAVE TAKEN PLACE DURING THE SUMMER AND FALL OF 2015 AND SPRING OF 2016, INCLUDING STATE, REGIONAL AND COUNTY-SPECIFIC SECONDARY DATA COLLECTION AND PRIMARY DATA OBTAINED THROUGH 531 SURVEYS WITH INDIVIDUALS FROM KNOX COUNTY, TN AND SURROUNDING COUNTIES. THROUGHOUT THE ASSESSMENT, HIGH PRIORITY WAS GIVEN TO DETERMINING THE HEALTH STATUS AND AVAILABLE RESOURCES WITHIN EACH COMMUNITY. COMMUNITY MEMBERS FROM EACH COUNTY MET WITH UPMC TO DISCUSS CURRENT HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS. THE INFORMATION GATHERED FROM A LOCAL PERSPECTIVE, PAIRED WITH REGIONAL, STATE AND NATIONAL DATA, HELPS TO EVALUATE THE REGION'S HEALTH SITUATION IN ORDER TO BEGIN FORMULATING SOLUTIONS FOR IMPROVEMENT. PROGRAMS TO MEET COMMUNITY NEED. UPMC CONDUCTS ONGOING INVENTORIES REGARDING THE ASSETS WITHIN THE HOSPITAL TO MEET THE ONGOING NEED WITHIN THE COMMUNITY. IN COLLABORATION WITH ITS PARTNERS, UPMC ENGAGES OTHERS IN THE SOLUTION OF ASSESSING THE ASSETS WITHIN THE COMMUNITY AND ENGAGING ITS PARTNERS IN BECOMING PART OF THE SOLUTION. WE DO THIS IN SYNERGY WITH ONE ANOTHER THROUGH MANY INITIATIVES. WE COME TOGETHER TO IDENTIFY OUR ASSETS AND GAPS BY UTILIZING DATA AND INFORMATION FROM SOURCES SUCH AS THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND OTHER STATE AND NATIONAL DATA REPOSITORIES AND REPORTING AGENCIES. WE ALSO SURVEY OUR COMMUNITY TO IDENTIFY THE ASSETS AND THE GAPS IN HEALTH AND HUMAN SERVICES. SOME OF THESE UNIQUE SERVICES PROVIDED BY UPMC TO ADDRESS IDENTIFIED HEALTH CARE NEEDS ARE LISTED BELOW. BREAST HEALTH OUTREACH PROGRAM (BHOP) WHERE THE HOSPITAL PROVIDES FREE EDUCATION, PREVENTION, DIAGNOSTICS, AND TREATMENT FOR UNINSURED WOMEN. NEARLY 17 YEARS AGO, WE IDENTIFIED THE NEED TO PROVIDE THESE HEALTH SERVICES TO WOMEN WHO WERE UNINSURED. UPMC WITH THE ASSISTANCE OF OUR PARTNERS FROM THE CANCER STEERING COMMITTEE, SUSAN G. KOMEN FOUNDATION, AMERICAN CANCER SOCIETY, THE WELLNESS COMMUNITY, AVON FOUNDATION, HEALTH PROVIDERS, RADIOLOGISTS, PHYSICIANS, NURSES, NUTRITIONISTS, COMMUNITY MEMBERS AND OTHERS WHO COULD HELP US MEET THE GROWING NEED FOR PREVENTION, DIAGNOSIS, TREATMENT, AND FOLLOW UP CARE. THE MOBILE MAMMOGRAPHY PROGRAM HAS PROVIDED FREE AT NO COST SCREENINGS TO WOMEN IN OUR 21 COUNTY AREA WHO ARE UNDERINSURED OR HAVE NO INSURANCE. MATTER OF BALANCE (MOB) IS AN EVIDENCE-BASED FALLS MANAGEMENT PROGRAM. RECOGNIZED THE CDC AND NCO.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>A THE PROGRAM IS PROVEN TO REDUCE THE FEAR OF FALLING AND INCREASE PHYSICAL ACTIVITY ACCORDING TO THE 2014-2015 UPMC EMERGENCY TRAUMA REPORT, FALLS WERE THE LEADING CAUSE OF UNINTENTIONAL INJURY IN THE OLDER ADULT POPULATION AND ACCOUNTED FOR APPROXIMATELY 67% OF THE TOTAL ADMISSIONS AT THE HOSPITAL. EVEN THOUGH FALLS WERE NOT IDENTIFIED AS ONE OF THE TOP CONCERNS IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, WE FELT IT IMPERATIVE TO ADDRESS THE ISSUE. IN MARCH OF 2015, TWO UPMC STAFF ACHIEVED MASTER TRAINER CERTIFICATION, AND UPMC BECAME A DESIGNATED, LICENSED PROVIDER OF MOB. THE FIRST CLASS INSTRUCTORS (COACHES) WERE TRAINED SUMMER 2015. CLASSES ARE OFFERED IN KNOX AND SURROUNDING COUNTIES AT NO CHARGE TO PARTICIPANTS. IN 2016- 2017, THE PROGRAM EXPANDED TO SENIOR CITIZEN CENTERS TO REACH THE TARGETED POPULATION WHERE FALLS ARE THE MOST PREVALENT. HEALTHY LIVING KITCHEN- THE HEALTHY LIVING KITCHEN TEAM PROVIDES COOKING DEMONSTRATIONS, CULINARY TECHNIQUES, AND HEALTH INFORMATION IN A UNIQUE, FUN LEARNING ENVIRONMENT. CLASSES ARE LOCATED ON OUR HOSPITAL CAMPUS OR MAY BE REQUESTED AT COMMUNITY OR CORPORATE LOCATIONS. OUR FOCUS PROVIDES BASIC NUTRITION EDUCATION RELEVANT TO CHRONIC DISEASES AND PREVENTION EFFORTS TO IMPROVE CHOICES FOR HEALTHIER LIFESTYLE LIVING. SUCCESS OF OUR PROGRAM IS MEASURED BY PARTICIPATION INCREASE YEAR AFTER YEAR. TOPICS INCLUDE BUT ARE NOT LIMITED TO: BASIC NUTRITION - DINING OUT - MAKING HEALTHIER CHOICES - GROCERY SHOPPING MINDFUL EATING - WEIGHT MANAGEMENT - USING FOOD LABELS DIET SPECIFIC - DASH DIET - KNOW YOUR NUMBERS - MEDITERRANEAN DIET - NUTRITION AND DIABETES - GOING GLUTEN FREE - HEART HEALTHY EATING HEALTHY LIFESTYLE - HEALTHY EATING ON A BUDGET - WORKPLACE EATING - RECIPE SUBSTITUTIONS - HEALTHY TAILGATING - SUPER FOODS - EATING FARM TO TABLE - HOLIDAY EATING TIPS - STRESS MANAGEMENT OPIOID/SUBSTANCE ABUSE. UPMC PARTNER'S WITH OTHERS IN OUR REGION TO CARE FOR AND COMBAT OPIOID PRESCRIPTION USE AND LIMIT THE OPPORTUNITY FOR DEPENDENCY. UPMC HAS PARTNERED WITH THE METRO DRUG COALITION AND OTHER STATE AGENCIES TO DISCOVER INNOVATIVE PROCESSES TO TREAT AND COUNSEL INDIVIDUALS WITH DEPENDENCY ISSUES. IN AN EFFORT TO ASSIST WITH COMPLIANCE OF WITHDRAWAL FROM OPIOIDS, SEVERAL PHYSICIANS HAVE LED RESEARCH EFFORTS TO SUCCESSFULLY ASSIST INDIVIDUALS WITHDRAW SAFELY FROM CHEMICAL DEPENDENCY INDUCING SUBSTANCES FROM PERINATAL WITHDRAWAL FROM TO IMPLEMENTING PATHWAYS FOR INDIVIDUALS WHO ARE ADMITTED WITH MEDICAL ISSUES ASSOCIATED WITH OPIOID MISUSE, UPMC IS PIONEERING RESEARCH EFFORTS IN THIS FIELD TO ASSIST IN COMBATING CHEMICAL DEPENDENCY FROM OPIOIDS.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>VOLUNTEER MISSION SERVICE ACTIVITIES BLOOD DRIVES UTMC PARTNERS WITH MEDIC REGIONAL BLOOD CENTER TO PROVIDE AN OPPORTUNITY FOR EMPLOYEES TO GIVE BACK TO THEIR COMMUNITY UTMC IS T HE REGION'S LARGEST CONSUMER OF BLOOD PRODUCTS DUE TO THE COMPLEXITY OF SERVICE WE PROVIDE TO THE COMMUNITY, INCLUDING SERVING AS THE ONLY LEVEL I TRAUMA CENTER IN OUR REGION IN 2 017, THE HOSPITAL DONATED OVER 300 UNITS OF BLOOD EMPTY STOCKING FUND UTMC EMPLOYEES AND HOSPITAL PROVIDE OPPORTUNITIES TO VOLUNTEER WITHIN THE COMMUNITY AS AN ORGANIZATION, UTM C TO PARTNERS WITH THE KNOXVILLE NEW SENTINEL TO PROVIDE FOOD AND TOYS TO DISADVANTAGED EA ST TENNESSEANS DURING THE HOLIDAYS REMOTE AREA MEDICAL UTMC HEALTHY LIVING KITCHEN STAFF AND EMPLOYEES DEDICATE TIME TO SERVING AT THIS MEDICAL AND HEALTH EVENT RAM PROVIDES FRE E DENTAL, VISION, AND MEDICAL CARE TO ISOLATED, IMPOVERISHED, OR UNDERSERVED COMMUNITIES IN LESS THAN 24 HOURS WE TURN FAIRGROUNDS, SCHOOLS, ARENAS, AND JUNGLES INTO MOBILE MEDICA L CENTERS CONTRIBUTIONS OF VOLUNTEERS SINCE 1962, UT MEDICAL CENTER HAS ENJOYED THE SERV ICES OF THE VOLUNTEERS WHO HAVE GIVEN OVER 800,000 HOURS THE VOLUNTEER DEPARTMENT COORDIN ATES THE ACTIVITIES OF THREE MAIN GROUPS OF VOLUNTEERS THE AUXILIARY, INDEPENDENT VOLUNTE ERS, 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 THERE ARE APPROXIMATELY 312 CURRENTLY ACTIVE VO LUNTEERS FOR UTMC THESE VOLUNTEERS COME FROM VARIOUS BACKGROUNDS FROM ALL AGES, INCLUDING SENIORS AND STUDENTS WITH AN INTEREST IN A HEALTHCARE CAREER CURRENTLY THERE ARE 140 ADU LT VOLUNTEERS, 82 COLLEGE STUDENTS AND 90 HIGH SCHOOL STUDENTS THESE VOLUNTEERS AVERAGE 3 5,000-40,000 HOURS PER YEAR OF TOTAL SERVICE LIFTING THE SPIRITS OF UTMC PATIENTS IS WHAT THE VOLUNTEER PROGRAM IS ALL ABOUT VOLUNTEERS ARE INVOLVED IN SUCH ACTIVITIES AS DELIVER ING FLOWERS, MAIL AND GIFTS, SERVING REFRESHMENTS AND PROVIDING WARM BLANKETS FOR THE ONCO LOGY 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 ES PECIALLY IMPORTANT WHEN SERVING AS A LIAISON DURING CRUCIAL TIMES IN THE FAMILY WAITING LO UNGES UTMC STRATEGIC CHALLENGES AND SOCIETAL RESPONSIBILITIES IN RESPONSE TO IDENTIFIED UNMET HEALTH-RELATED NEEDS IN THE COMMUNITY NEEDS ASSESSMENT, THE FISCAL YEAR (FY) 2016 FO R UTMC, OUR FOCUS WILL BE ON INCREASING ACCESS TO HEALTH CARE FOR THE BROADER AND UNDERSER VED DISADVANTAGED MEMBERS OF THE SURROUNDING COMMUNITY MAJOR INITIATIVES FOR FY 2016-17 F OCUSED ON INCREASING ACCESS TO HEALTH SERVICES FOR THE UNDERSERVED THROUGH PARTNERSHIPS, P REVENTING INJURIES AND TREATING TRAUMATIC BRAIN INJURIES, IMPROVING HEALTH ACCESS FOR WOM E N'S HEALTH, CANCER SCREENING SERVICES, EARLY DETECTION OF DISEASE PROCESSES AND MANAGEMENT , AND COMMUNITY BUILDING ACTIV</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ITIES TO ALIGN UPMC'S INITIATIVES WITH A HEALTHIER TENNESSEE AND THE INITIATIVES OF THE KNOX COUNTY COMMUNITY NEEDS ASSESSMENT 2015, UT MEDICAL CENTER HAS CHOSEN SEVERAL HEALTH IMPROVEMENT INITIATIVES TO APPLY OUR EXPERTISE AND FOCUS TO ADDRESS THE FOLLOWING HEALTH INITIATIVES ARE ASTHMA INTERVENTION AND SMOKING CESSATION WITHIN THE SCHOOL SYSTEMS TAKE CHARGE OF YOUR DIABETES DSMP) FOCUSING ON VULNERABLE TARGETED HEALTH POPULATIONS WITH DISPARITIES TO IMPROVE SELF-MANAGEMENT OF DISEASE PROCESS BY DIET AND MODIFIABLE FACTORS UT BREAST HEALTH OUTREACH PROGRAM- (BHOP) MOBILE MAMMOGRAPHY TRAUMA PREVENTION AND EDUCATION -THROUGH "SAFE KID'S COALITION" A COLLABORATION OF COMMUNITY PARTNERS WORKING TO PREVENT INJURIES IN CHILDREN AND FAMILIES FALL PREVENTION EDUCATION "MATTER OF BALANCE" AN EVIDENCE-BASED PROGRAM PROVEN TO REDUCE THE FEAR OF FALLING AND INCREASE PHYSICAL ACTIVITY TRAUMA PREVENTION AND EDUCATION- "STOP THE BLEED"- A STATEWIDE INITIATIVE FOCUSED ON DECREASING MORTALITY RATES ASSOCIATED WITH HEMORRHAGE EDUCATION FOR ALLIED HEALTH PROFESSIONALS FOR ADVANCED TRAUMA LIFE SUPPORT (ATLS), ADVANCED TRAUMA CERTIFIED NURSE (ATCN), TRAUMA NURSE CORE CURRICULUM (TNCC), FUNDAMENTALS OF CRITICAL CARE (FCCS), AND CERTIFIED EMERGENCY NURSE (CEN) PREPARATION COURSE NUTRITION EDUCATION -PARTNERSHIP WITH COORDINATED SCHOOL HEALTH AND HEALTHY LIVING KITCHEN TO PROVIDE EDUCATION FOR SCHOOL FACULTY AND STUDENTS STROKE AWARENESS, EDUCATION, AND PREVENTION THROUGH ADVANCED STROKE LIFE SUPPORT (ASLS) AND COMMUNITY AWARENESS EVENTS COLE NEUROSCIENCE CENTER AND THE PAT SUMMIT CLINIC PROVIDE ACCESS FOR EVALUATION OF DEMENTIA AND MOVEMENT DISORDERS WOMEN'S AND CHILDREN'S OUTREACH EFFORTS FOR PERINATAL CARE, HIGH RISK OBSTETRICS, AND CARE OF THE PRE-TERM NEWBORN KAPA PROJECT ACCESS- UT MEDICAL CENTER IS A PARTNER OF THIS ORGANIZATION IN THE LOCAL HEALTHCARE COMMUNITY OF PROVIDING FREE OR DISCOUNTED MEDICAL SERVICES AND TREATMENT TO INDIVIDUALS WHO ARE NOT INSURED OR MEDICALLY UNDERSERVED CONTRIBUTIONS MEASURABLE IN DOLLARS UNCOMPENSATED PATIENT CARE \$39,199,548 COMMUNITY SERVICES 429,678 TRAINING AND EDUCATION FOR HEALTHCARE PROFESSIONALS 19,890,048 RESEARCH 309,640 DONATIONS 317,922 OTHER COMMUNITY OUTREACH ACTIVITIES 65,651 TOTAL CONTRIBUTIONS \$60,118,274</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

2017

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	1,528,800	243,144	UNIVERSITY HEALTH SYSTEM INC
(3) UNIVERSITY CARDIOLOGY GROUP LLC 1520 CHEROKEE TRAIL STE 330 KNOXVILLE, TN 37920 46-4901485	PHYSICIAN SERVICE	TN	12,055,433	2,190,036	UNIVERSITY HEALTH SYSTEM INC
(4) UNIVERSITY HEALTH NETWORK LLC 1520 CHEROKEE TRAIL STE 200 KNOXVILLE, TN 37920 81-2770309	CLINICALLY INTEGRATED NETWORK	TN	1,080,420	1,080,266	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	2,905,079	734,016	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

Schedule R (Form 990) 2017

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)