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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

C Name of organization
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC
% PETER L DEANGELIS JR
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
C/O TJU 601 WALNUT ST SUITE 925E

City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 191063333

D Employer identification number
23-2829095

E Telephone number
(215) 503-8958

G Gross receipts $ 1,816,233,397

F Name and address of principal officer
RICHARD J WEBSTER
111 SOUTH 11TH STREET
PHILADELPHIA, PA 19107

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW JEFFERSON EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC IS TO IMPROVE LIVES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	9,206
6	Total number of volunteers (estimate if necessary)	**6**	599
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,257,131
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	594,994

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,349,851	4,292,061
9	Program service revenue (Part VIII, line 2g)	1,729,992,129	1,769,886,474
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,262,853	38,893,130
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,971,970	-5,757,892
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,746,632,863	1,807,313,773
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,300	82,000
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)	652,451,717	664,986,550
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶8,125,038		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,041,884,155	1,084,158,019
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,694,350,172	1,749,226,569
19	Revenue less expenses Subtract line 18 from line 12	52,282,691	58,087,204

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,091,726,673	2,086,453,398
21	Total liabilities (Part X, line 26)	896,816,881	855,845,921
22	Net assets or fund balances Subtract line 21 from line 20	1,194,909,792	1,230,607,477

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

****** 2019-05-10
Signature of officer Date

PETER L DEANGELIS JR EVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Scott J Mariani	Scott J Mariani			P00642486

Firm's name ▶ WithumSmithBrown PC — Firm's EIN ▶

Firm's address ▶ TWO LOGAN SQUARE SUITE 2001
PHILADELPHIA, PA 191032726

Phone no (215) 546-2140

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC ("TJUH") IS DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE WE ARE COMMITTED TO 1) SETTING THE STANDARD FOR EXCELLENCE IN THE DELIVERY OF PATIENT CARE, PATIENT SAFETY AND THE QUALITY OF THE HEALTHCARE EXPERIENCE, 2) PROVIDING EXEMPLARY CLINICAL SETTINGS FOR EDUCATING THE HEALTHCARE DELIVERY PROFESSIONALS WHO WILL FORM THE COLLABORATIVE HEALTHCARE DELIVERY TEAM OF TOMORROW, 3) LEADING IN THE INTRODUCTION OF INNOVATIVE METHODOLOGIES FOR HEALTHCARE DELIVERY AND QUALITY IMPROVEMENT WE ACCOMPLISH OUR MISSION IN PARTNERSHIP WITH THOMAS JEFFERSON UNIVERSITY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,539,061,404 including grants of $ 82,000) (Revenue $ 1,769,886,474)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 1,539,061,404

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	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
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**		No
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	410		
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**	9,206		
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**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
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	1a	34		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ PA

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 ▶PETER L DEANGELIS JR 925 CHESTNUT STREET PHILADELPHIA, PA 19107 (215) 955-4773

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								5,097,393	13,275,195	3,923,888

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 ▶ 948

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK CORPORATION, 24863 NETWORK PLACE CHICAGO, IL 606731248	FOOD	12,226,520
AMN HEALTHCARE INC, 2735 COLLECTION CENTER DRIVE CHICAGO, IL 60693	STAFFING	9,547,402
C ERICKSON AND SONS INC, 2200 ARCH STREET SUITE 200 PHILADELPHIA, PA 19103	CONSTRUCTION	7,770,564
ROTHMAN ORTHOPAEDICS, 925 CHESTNUT STREET SUITE 500 PHILADELPHIA, PA 19107	MEDICAL	6,463,537
TARGET BUILDING CONSTRUCTION INC, 1124 CHESTER PIKE CRUM LYNNE, PA 190221225	CONSTRUCTION	3,278,192

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 132

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues . .	1b				
	c Fundraising events . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,292,061			
	g Noncash contributions included in lines 1a-1f $ 310,259					
	h Total. Add lines 1a-1f . . . . . ▶		4,292,061			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	622110	1,680,615,239	1,680,615,239		
	b OTHER HEALTHCARE RELATED REVENUE	622110	89,271,235	88,014,104	1,257,131	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f . . . . ▶		1,769,886,474			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,249,510			3,249,510
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents	3,161,732				
	b Less rental expenses	8,919,624				
	c Rental income or (loss)	-5,757,892	0			
	d Net rental income or (loss) . . . . . ▶		-5,757,892			-5,757,892
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	35,643,620				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	35,643,620				
	d Net gain or (loss) . . . . . ▶		35,643,620			35,643,620
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a		0			
	b Less direct expenses . . . b		0			
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . . . a		0			
	b Less direct expenses . . . b		0			
	c Net income or (loss) from gaming activities . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . . a		0			
	b Less cost of goods sold . . b		0			
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d . . . . . ▶		0			
	12 Total revenue. See Instructions . . . . . ▶		1,807,313,773	1,768,629,343	1,257,131	33,135,238

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	82,000	82,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,712,429	2,712,429		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	524,269,656	524,269,656		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	32,705,000	32,705,000		
9 Other employee benefits	68,676,104	68,676,104		
10 Payroll taxes	36,623,361	36,623,361		
11 Fees for services (non-employees)				
a Management	500,647	500,647		
b Legal	309,989	309,989		
c Accounting	0			
d Lobbying	244,559	244,559		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	1,134,414	1,134,414		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	144,404,432	144,404,432	0	0
12 Advertising and promotion	185,714	185,714		
13 Office expenses	23,253,325	23,253,325		
14 Information technology	7,863,412	7,863,412		
15 Royalties	0			
16 Occupancy	19,950,494	19,950,494		
17 Travel	3,826,027	3,826,027		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	424,357	424,357		
20 Interest	16,763,422	16,763,422		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	90,075,849	90,075,849		
23 Insurance	-2,151,781	-2,151,781		
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	339,932,542	339,932,542	0	0
b ALLOCATED CORPORATE SVCS	214,019,314	3,854,149	202,040,127	8,125,038
c JUP RELATED 501(C)(3) EXP	136,430,987	136,430,987	0	0
d MA TAX ASSESS/MODERNIZATION	63,459,384	63,459,384	0	0
e All other expenses	23,530,932	23,530,932		
25 **Total functional expenses.** Add lines 1 through 24e	1,749,226,569	1,539,061,404	202,040,127	8,125,038
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	54,112,645	1	270,139,467
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	265,666,032	4	260,346,144
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	33,868,882	8	34,421,109
	9	Prepaid expenses and deferred charges	14,906,258	9	14,444,216
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,743,835,776			
	b	Less accumulated depreciation — 10b: 1,085,539,827	678,804,933	10c	658,295,949
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	536,580,163	13	548,097,902
	14	Intangible assets	144,585,800	14	144,585,800
	15	Other assets See Part IV, line 11	363,201,960	15	156,122,811
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,091,726,673	16	2,086,453,398
Liabilities	17	Accounts payable and accrued expenses	178,132,657	17	174,177,011
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	14,495,064	23	14,484,422
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	704,189,160	25	667,184,488
	26	**Total liabilities.** Add lines 17 through 25	896,816,881	26	855,845,921
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,138,773,108	27	1,172,890,862
	28	Temporarily restricted net assets	42,404,539	28	42,673,822
	29	Permanently restricted net assets	13,732,145	29	15,042,793
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	1,194,909,792	33	1,230,607,477
	34	Total liabilities and net assets/fund balances	2,091,726,673	34	2,086,453,398

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,807,313,773
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,749,226,569
3	Revenue less expenses Subtract line 2 from line 1	3	58,087,204
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,194,909,792
5	Net unrealized gains (losses) on investments	5	-13,669,788
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	-8,719,731
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,230,607,477

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-2829095

Name: THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Form 990 (2017)

Form 990, Part III, Line 4a:

EXPENSES INCURRED IN PROVIDING EMERGENCY AND OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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			
MARK L ALDERMAN ESQ CHAIRMAN - TRUSTEE	5 0 0 0	X		X				0	0	0
JOSEPHINE MANDEVILLE VICE CHAIR - TRUSTEE	5 0 0 0	X		X				0	0	0
RODNEY BELL MD TRUSTEE - PRES MEDICAL STAFF	50 0 0 0	X						0	350,499	57,476
JANICE R BELLACE ESQ TRUSTEE	5 0 0 0	X						0	0	0
SALVATORE COGNETTI JR ESQ TRUSTEE	5 0 0 0	X						0	0	0
THOMAS P COSTELLO TRUSTEE	5 0 0 0	X						0	0	0
GEORGE E DEMING TRUSTEE	5 0 0 0	X						0	0	0
ANTHONY J DIMARINO JR MD TRUSTEE	50 0 0 0	X						0	593,439	71,818
ROBERT DISTANISLAO TRUSTEE	5 0 0 0	X						0	0	0
JACK FARBER TRUSTEE	5 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH A GRAHAM TRUSTEE	5 0 0 0	X						0	0	0
MICHAEL J HELLER TRUSTEE	5 0 0 0	X						0	0	0
HAROLD A HONICKMAN TRUSTEE	5 0 0 0	X						0	0	0
HYMAN R KAHN MD TRUSTEE	5 0 0 0	X						0	0	0
MATTHEW KILLION MD TRUSTEE	5 0 0 0	X						0	0	0
STEPHEN K KLASKO MD MBA TRUSTEE-PRES/CEO TJU&JEFF HLTH	60 0 0 0	X		X				0	2,426,724	1,331,969
CHARLES G KOPP ESQ TRUSTEE	5 0 0 0	X						0	0	0
LEONARD I KORMAN TRUSTEE	5 0 0 0	X						0	0	0
IRA LUBERT TRUSTEE	5 0 0 0	X						0	0	0
WARREN MATTHEWS MD TRUSTEE	50 0 0 0	X						0	321,799	28,568

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			
JOSEPH J MCLAUGHLIN TRUSTEE	5 0 0 0	X						0	0	0
LAURENCE M MERLIS TRUSTEE	60 0 0 0	X						0	2,219,845	630,721
DAVID O'MALLEY TRUSTEE	5 0 0 0	X						0	0	0
JEFFREY P ORLEANS TRUSTEE	5 0 0 0	X						0	0	0
EDMUND PRIBITKIN MD TRUSTEE-CHIEF MEDICAL OFFICER	55 0 0 0	X						0	917,318	84,584
VIJAY M RAO MD FACR TRUSTEE	50 0 0 0	X						0	782,991	73,979
GERALD SEGAL TRUSTEE	5 0 0 0	X						0	0	0
MANNY STAMATAKIS TRUSTEE	5 0 0 0	X						0	0	0
BRIAN P TIERNEY ESQ TRUSTEE	5 0 0 0	X						0	0	0
MARK L TYKOCINSKI MD TRUSTEE	60 0 0 0	X						0	1,521,129	270,106

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			
ALEX VACCARO MD TRUSTEE	5 0 0 0	X						0	0	0
RICHARD J WEBSTER RN MSN TRUSTEE - PRESIDENT TJUH	55 0 0 0	X		X				954,092	0	109,172
VANESSA WEISMAN TRUSTEE - PRES WOMEN'S BOARD	5 0 0 0	X						0	0	0
CHARLES J YEO MD FACS TRUSTEE	50 0 0 0	X						0	1,239,407	104,931
CRISTINA G CAVALIERI ESQ SEC - EVP CHIEF LEGAL COUNSEL	60 0 0 0			X				0	1,089,509	277,764
PETER L DEANGELIS JR TREASURER - EVP, CFO & CAO	60 0 0 0			X				0	1,281,132	414,735
NEIL G LUBARSKY CPA CGMA SVP, FINANCE/CFO - TJUH	55 0 0 0			X				652,876	0	77,053
JAMES E ROBINSON SVP/CAO - METHODIST DIVISION	55 0 0 0				X			424,330	0	57,495
BRIAN SWEENEY RN MBA FACHE COO - TJUH (EFFECTIVE 1/18)	55 0 0 0				X			392,526	0	44,885
STEPHEN K SIGWORTH MD MSHA ASSOCIATE CHIEF MED OFFICER	50 0 0 0					X		720,727	0	71,041

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			
RICHARD KWEI SVP,PAYER STRATEGY&NTWK PERF	50 0 0 0					X		563,684	0	71,014
RAVICHANDRA A MADINENI MD NEUROSURGEON	50 0 0 0					X		2,567	531,403	68,389
DEBRA W TAYLOR VP, PAYER RELATIONS & CONTRACT	50 0 0 0					X		481,032	0	59,183
SHARON M GALUP SVP, PAYER STRATEGY & CONTRACT	50 0 0 0					X		469,129	0	18,998
DAVID P MCQUAID FORMER OFFICER	0 0 0 0						X	436,430	0	7

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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

Name of the organization
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Employer identification number
23-2829095

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

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

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

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

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

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

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

_____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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** . . . . . ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (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? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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: 23-2829095

Name: THOMAS JEFFERSON UNIVERSITY HOSPITALS 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134028519

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	Employer identification number
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC	23-2829095

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		
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-		

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

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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		237,818
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		6,741
j	Total Add lines 1c through 1i			244,559
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?		No	

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

			Yes	No
1	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
FORM 990, SCHEDULE C, PART II-B, LINE 1	DURING THE YEAR ENDED JUNE 30, 2018, THE ORGANIZATION PAID TWO INDEPENDENT OUTSIDE LOBBYING FIRMS A TOTAL OF $154,644 FOR LOBBYING ON A FEDERAL, STATE AND LOCAL LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS IMPACTING THE HOSPITAL AND ITS PATIENTS AND SURROUNDING COMMUNITY IN ADDITION, THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, NATIONAL ALLIANCE OF SAFETY - NET HOSPITALS, ASSOCIATION OF AMERICAN MEDICAL COLLEGES AND THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA WHICH EACH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO $89,914 DURING THE FISCAL YEAR ENDED JUNE 30, 2018

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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
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Employer identification number
23-2829095

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	126,789,526	119,579,591	102,803,546	102,818,940	95,679,218
b Contributions	2,909,437	89,416	45,514	134,300	161,027
c Net investment earnings, gains, and losses	7,596,052	11,726,968	21,369,983	4,523,463	11,004,018
d Grants or scholarships					
e Other expenditures for facilities and programs	4,972,839	4,606,449	4,639,452	4,673,157	4,025,323
f Administrative expenses					
g End of year balance	132,322,176	126,789,526	119,579,591	102,803,546	102,818,940

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

- a Board designated or quasi-endowment ▶ 74 970 %
- b Permanent endowment ▶ 8 080 %
- c Temporarily restricted endowment ▶ 16 950 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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		28,997,293		28,997,293
b Buildings		662,216,443	360,069,825	302,146,618
c Leasehold improvements		87,889,314	37,922,255	49,967,059
d Equipment		942,340,129	686,800,191	255,539,938
e Other		22,392,597	747,556	21,645,041
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				658,295,949

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) SHORT-TERM INVESTMENTS	322,087,594	F
(2) LONG-TERM INVESTMENTS	225,565,371	F
(3) ASSETS WHOSE USE IS LIMITED	374,162	F
(4) BOARD DESIGNATED	70,775	F
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	548,097,902	

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) DUE FROM AFFILIATES	9,571,193
(2) INSURANCE RECOVERABLE	95,942,434
(3) OTHER RECEIVABLES	39,056,284
(4) OTHER ASSETS	11,552,900
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	156,122,811

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	0
DUE TO AFFILIATES	447,283,055
ACCRUED PROFESSIONAL LIABILITY	198,188,157
ACCRUED WORKERS COMPENSATION	0
OTHER LIABILITIES	21,713,276
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	667,184,488

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-2829095
Name: THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE ORGANIZATION AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2018 AND JUNE 30, 2017, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATIONS AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE SYSTEM'S ENDOWMENT FUNDS TJUS ENDOWMENTS CONSIST OF 1,056 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS NET ASSETS ASSOCIATED WITH EACH OF THESE GROUPS OF FUNDS ARE CLASSIFIED AND REPORTED BASED UPON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR REQUIRES TJU TO RETAIN AS A FUND OF PERPETUAL DURATION SHORTFALLS OF THIS NATURE, WHICH ARE REPORTED IN UNRESTRICTED NET ASSETS, WERE $1 4 MILLION AND $1 5 MILLION AS OF JUNE 30, 2018 AND 2017, RESPECTIVELY THESE SHORTFALLS RESULTED FROM UNFAVORABLE MARKET FLUCTUATIONS THAT OCCURRED SHORTLY AFTER THE INVESTMENT OF NEW PERMANENTLY RESTRICTED CONTRIBUTIONS AND CONTINUED APPROPRIATION FOR CERTAIN PROGRAMS THAT WAS DEEMED PRUDENT BY TJU THE COMMONWEALTH OF PENNSYLVANIA HAS NOT ADOPTED THE UNIFORM MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UMIFA) OR THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA) RATHER, THE PENNSYLVANIA ACT GOVERNS THE INVESTMENT, USE AND MANAGEMENT OF TJUS ENDOWMENT FUNDS THE PENNSYLVANIA ACT ALLOWS A NONPROFIT TO ELECT TO APPROPRIATE FOR EXPENDITURE AN INVESTMENT POLICY THAT SEEKS THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE INVESTMENTS IN ACCORDANCE WITH THE PENNSYLVANIA ACT, THE OBJECTIVES OF TJUS INVESTMENT POLICY IS TO PROVIDE A LEVEL OF SPENDABLE INCOME WHICH IS SUFFICIENT TO MEET THE CURRENT AND FUTURE BUDGETARY REQUIREMENTS OF TJU AND WHICH IS CONSISTENT WITH THE GOAL OF PROTECTING THE PURCHASING POWER OF THE INVESTMENTS THE CALCULATION OF THE SPENDABLE INCOME FOR ENDOWMENT FUNDS OF TJU IS BASED ON 75% OF THE PRIOR YEAR SPENDABLE INCOME AND 25% OF THE CALCULATED TWO YEAR AVERAGE OF THE ENDOWMENT MARKET VALUE MULTIPLIED BY 4 75% FOR SCHOLARSHIP FUNDS AND 7% FOR NON-SCHOLARSHIP FUNDS, THE SUM OF WHICH IS ADJUSTED BY AN INFLATION FACTOR THE CALCULATION OF THE SPENDABLE INCOME FOR ENDOWMENT FUNDS OF ABINGTON IS BASED ON 5% OF THE CALCULATED THREE YEAR AVERAGE OF THE ENDOWMENT MARKET VALUE

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Employer identification number
23-2829095

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					13,584,779
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					13,584,779

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-2829095

Name: THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments		15,769
East Asia and the Pacific			Investments		132,108

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Investments		1,081
Central America and the Caribbean			Investments		13,435,781

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Investments		40

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Employer identification number
23-2829095

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☑ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ 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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
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)			7,272,090		7,272,090	0 420 %
b Medicaid (from Worksheet 3, column a)			309,350,243	219,620,939	89,729,304	5 130 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			316,622,333	219,620,939	97,001,394	5 550 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,102,120	71,851	3,030,269	0 170 %
f Health professions education (from Worksheet 5)			135,442,867	117,640,915	17,801,952	1 020 %
g Subsidized health services (from Worksheet 6)			367,544,650	321,664,999	45,879,651	2 620 %
h Research (from Worksheet 7)			645,442	34,958	610,484	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,822,186	1,000	2,821,186	0 160 %
j **Total.** Other Benefits			509,557,265	439,413,723	70,143,542	4 000 %
k **Total.** Add lines 7d and 7j			826,179,598	659,034,662	167,144,936	9 550 %

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			843		843	
2 Economic development						
3 Community support			19,324		19,324	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			57,669		57,669	
7 Community health improvement advocacy						
8 Workforce development			1,885		1,885	
9 Other						
10 Total			79,721		79,721	

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	53,736,866		
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	1,612,106		
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	331,305,017
6	Enter Medicare allowable costs of care relating to payments on line 5	6	403,039,325
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-71,734,308
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures**

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	RIVERVIEW SURGERY				
2	CENTER AT THE NAVY				
3	YARD LLC	SURGICAL SERVICES	51 %		39 %
4	ROTHMAN ORTHOPAEDIC				
5	SPECIALTY HOSPITAL	SPECIALTY HOSPITAL	54 %		46 %
6	BUCKS CNTY SPECIALTY				
7	HOSPITAL REALTY	HEALTHCARE SERVICES	15 %		64 %
8	JEFFERSON COMPREHEN-				
9	SIVE CONCUSSION CTR	CONCUSSION SERVICES	32 5 %		33 6 %
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?

5

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group TJUH (FACILITY REPORTING GROUP A)

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 13

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW JEFFERSONHEALTH ORG			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW JEFFERSONHEALTH ORG			
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)

TJUH (FACILITY REPORTING GROUP A)

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW JEFFERSONHEALTH ORG			
b	☑ The FAP application form was widely available on a website (list url) WWW JEFFERSONHEALTH ORG			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW JEFFERSONHEALTH ORG			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

TJUH (FACILITY REPORTING GROUP A)

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

TJUH (FACILITY REPORTING GROUP A)

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ROSH (FACILITY REPORTING GROUP B)

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

			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	Yes	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 17			
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		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTP //ROTHMANORTHOHOSPITAL COM			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
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)

ROSH (FACILITY REPORTING GROUP B)

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) HTTP //ROTHMANORTHOHOSPITAL COM			
b	☑ The FAP application form was widely available on a website (list url) HTTP //ROTHMANORTHOHOSPITAL COM			
c	☑ A plain language summary of the FAP was widely available on a website (list url) ROTHMANORTHOHOSPITAL COM			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

ROSH (FACILITY REPORTING GROUP B)

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

ROSH (FACILITY REPORTING GROUP B)

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group PHYCARE (FACILITY REPORTING GROUP C)

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

		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**	Yes	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**		No
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The significant health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 ___			
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**		
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**		
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**		
7 Did the hospital facility make its CHNA report widely available to the public?	**7**		
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☐ Hospital facility's website (list url)			
b ☐ Other website (list url)			
c ☐ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**		
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 ___			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		
If "Yes" (list url) **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)

PHYCARE (FACILITY REPORTING GROUP C)

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW PHYCAREHOSPITAL COM			
b	☑ The FAP application form was widely available on a website (list url) WWW PHYCAREHOSPITAL COM			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW PHYCAREHOSPITAL COM			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

PHYCARE (FACILITY REPORTING GROUP C)

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

PHYCARE (FACILITY REPORTING GROUP C)

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **43**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	TJUH - FACILITY REPORTING GROUP A ========== IT IS THE POLICY OF TH OMAS JEFFERSON UNIVERSITY HOSPITALS, INC ("TJUH") TO PROVIDE FINANCIAL ASSISTANCE IN THE FORM OF FINANCIAL ASSISTANCE ("CHARITY CARE") AND PARTIAL CHARITY CARE TO PATIENTS RESIDIN G IN ITS LOCAL SERVICE AREA WHO REQUIRE EMERGENCY AND MEDICALLY NECESSARY CARE AND WHO ARE INELIGIBLE FOR MEDICAID, HAVE EXHAUSTED OR LIMITED INSURANCE BENEFITS, AND MEET HOUSEHOLD INCOME AND ASSET CRITERIA OR MEDICAL INDIGENCE STANDARDS AS SET FORTH IN THEIR FINANCIAL ASSISTANCE POLICY TJUH CONSIDERS EACH PATIENTS ABILITY TO PAY FOR HIS OR HER EMERGENCY OR MEDICALLY NECESSARY MEDICAL CARE, AND EXTENDS CHARITY CARE OR PARTIAL CHARITY CARE TO ELI GIBLE PATIENTS RESIDING IN ITS LOCAL SERVICE AREAS WHO ARE UNABLE TO PAY FOR THEIR CARE T HE ORGANIZATION'S FAP SETS FORTH THE ELIGIBILITY PROCEDURES FOR CHARITY CARE AND PARTIAL C HARITY CARE IN COMPLIANCE WITH APPLICABLE FEDERAL, STATE AND LOCAL LAW IN ACCORDANCE WITH THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY, TJUH SHALL ADHERE TO AN ESTABLISHED METHOD OLOGY TO DETERMINE ELIGIBILITY FOR CHARITY CARE AND PARTIAL CHARITY CARE THE METHODOLOGY SHALL CONSIDER WHETHER HEALTHCARE SERVICES MEET MEDICAL NECESSITY CRITERIA, AS WELL AS INC OME, FAMILY SIZE, AND RESOURCES AVAILABLE TO PAY FOR CARE ALL AVAILABLE FINANCIAL RESOURC ES ARE EVALUATED BEFORE A DETERMINATION REGARDING CHARITY CARE OR PARTIAL CHARITY CARE IS MADE TJUH CONSIDERS THE FINANCIAL RESOURCES OF THE PATIENT, AS WELL AS OTHER PERSONS HAVI NG LEGAL RESPONSIBILITY TO PROVIDE FOR THE PATIENT (E G PARENT OF A MINOR, SPOUSE) THE P ATIENT/GUARANTOR SHALL BE REQUIRED TO PROVIDE INFORMATION SUFFICIENT FOR TJUH TO DETERMINE WHETHER HE OR SHE IS ELIGIBLE FOR BENEFITS AVAILABLE FROM INSURANCE, MEDICARE, MEDICAID, WORKERS' COMPENSATION, THIRD PARTY LIABILITY, AND OTHER FEDERAL, STATE, OR LOCAL PROGRAMS IF IN THE COURSE OF EVALUATING THE PATIENTS FINANCIAL CIRCUMSTANCES IT IS DETERMINED BY T JUH THAT THE PATIENT MAY QUALIFY FOR FEDERAL, STATE, OR LOCAL PROGRAMS OR INSURANCE COVERA GE, FINANCIAL COUNSELING WILL BE PROVIDED TO ASSIST PATIENTS IN APPLYING FOR AVAILABLE COV ERAGE CHARITY CARE AND PARTIAL CHARITY CARE WILL BE DENIED TO PATIENTS OR GUARANTORS WHO DO NOT COOPERATE FULLY IN APPLYING FOR AVAILABLE COVERAGE PATIENTS WITH HEALTHCARE REINSU RANCE OR MEDICAL SAVINGS ACCOUNTS ARE INSURED FOR PURPOSES OF THIS POLICY, AND THE AMOUNT ON DEPOSIT WILL BE CONSIDERED AS AN AVAILABLE RESOURCE TOWARD PAYMENT FOR MEDICALLY NECESS ARY SERVICES ELIGIBILITY FOR PARTIAL CHARITY CARE SHALL BE DETERMINED BASED ON 200% -400% OF THE FEDERAL POVERTY LEVEL GUIDELINES AS PUBLISHED ANNUALLY IN THE FEDERAL REGISTER, AS WELL AS CONSIDERATION OF AVAILABLE ASSETS AND ANY EXTENUATING CIRCUMSTANCES TJUH SHALL M AKE A DECISION ABOUT A PATIENT/GUARANTORS MEDICAL INDIGENCE BY REVIEWING RELEVANT DOCUMENT ATION CONCERNING ANY CIRCUMSTANCE WHICH WOULD DEMONSTRATE THAT A PATIENT SHOULD BE CONSIDE RED ELIGIBLE FOR A CHARITY CARE OR PARTIAL CHARITY CARE ON THE BASIS OF MEDICAL INDIGENCE THE TJUH VICE PRESIDENT, REVENUE CYCLE AND SENIOR VICE PRESIDENT FOR FINANCE AND CHIEF FI NANCIAL OFFICER SHALL MEET AS NEEDED TO EVALUATE INFORMATION RELATED TO PATIENT ACCOUNTS T HAT DO NOT CLEARLY QUALIFY UNDER CHARITY CARE OR PARTIAL CHARITY CARE ELIGIBILITY CRITERIA TO DETERMINE WHETHER CHARITY CARE OR PARTIAL CHARITY CARE IS APPROPRIATE UNDER THE CIRCUM STANCES THE TYPES OF PATIENT ACCOUNTS TO BE REVIEWED SHALL INCLUDE, BUT NOT BE LIMITED TO MEDICALLY INDIGENT PATIENTS, PATIENTS WHO DO NOT RESIDE IN THE LOCAL SERVICE AREAS AND PA TIENTS WHO HAVE SUBSTANTIAL NON-LIQUID ASSETS ROSH - FACILITY REPORTING GROUP B ========== ========== IN ACCORDANCE WITH ITS FINANCIAL ASSISTANCE POLICY ("FAP"), ROSH IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY HEALTHCARE SERVICES , TO PATIENTS WHO ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR GOVERNMENT ASSISTANCE OR ARE OTHERWISE UNABLE TO PAY FOR SERVICES BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION THE O RGANIZATIONS FAP OUTLINES ITS FINANCIAL ASSISTANCE POLICIES, PRACTICES AND PROCEDURES THI S POLICY INCLUDES ALL NECESSARY INFORMATION IN COMPLIANCE WITH INTERNAL REVENUE CODE ("IRC ") SECTION 501(R), AS WELL AS APPLICABLE FEDERAL, STATE AND LOCAL LAW ROSH CONSIDERS EACH PATIENT'S ABILITY TO PAY FOR HIS OR HER EMERGENCY OR MEDICALLY NECESSARY HEALTHCARE SERVI CES AND OFFERS FINANCIAL ASSISTANCE TO PATIENTS RESIDING IN ITS PRIMARY SERVICE AREA, WHO MEET THE ELIGIBILITY CRITERIA DESCRIBED HEREIN ROSH ALSO, IN LIMITED CIRCUMSTANCES PROVID ES FINANCIAL ASSISTANCE TO THOSE WHO QUALIFY FOR MEDICAL INDIGENCE STANDARDS AS SET FORTH IN ITS FAP PATIENTS WHOSE INCOME DOES NOT EXCEED 200% OF FPG ARE ELIGIBLE FOR 100% FINANC IAL ASSISTANCE COVERAGE THE FPG ARE ISSUED ANNUALLY IN THE FEDERAL REGISTER BY THE DEPART MENT OF HEALTH AND HUMAN SERVICES EACH PATIENT APPLYING FOR FINANCIAL ASSISTANCE MUST MAK E A GOOD FAITH EFFORT, AS DETERMINED BY THE HOSPIT

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	AL FACILITY, TO OBTAIN COVERAGE FROM AVAILABLE PUBLIC ASSISTANCE PROGRAMS SUCH AS - MEDIC ARE - MEDICAID - VOCATIONAL REHABILITATION - VICTIMS OF CRIME - CHILDREN SPECIAL SERVICES - CHURCH PROGRAM A PATIENT WHO REFUSES TO APPLY OR FOLLOW THROUGH WITH APPLICATIONS FOR OT HER ASSISTANCE WILL NOT BE ELIGIBLE FOR FINANCIAL ASSISTANCE PHYCARE - FACILITY REPORTING GROUP C ========== PHYSICIAN CARE SURGICAL HOSPITAL ("PCSH") PR OVIDES FINANCIAL ASSISTANCE IN THE FORM OF CHARITY CARE TO PATIENTS RESIDING IN ITS LOCAL SERVICE AREA WHO REQUIRE EMERGENCY AND MEDICALLY NECESSARY CARE AND WHO HAVE EXHAUSTED OR LIMITED INSURANCE BENEFITS, AND MEET HOUSEHOLD INCOME STANDARDS AS DEFINED IN ITS FINANCIA L ASSISTANCE POLICY ("FAP") PCSH ALSO, IN LIMITED CIRCUMSTANCES, PROVIDES FINANCIAL ASSIS TANCE TO THOSE WHO QUALIFY FOR MEDICAL INDIGENCE STANDARDS PCSH CONSIDERS EACH PATIENT'S ABILITY TO PAY FOR HIS OR HER EMERGENCY OR MEDICALLY NECESSARY MEDICAL CARE, AND EXTENDS C HARITY CARE TO ELIGIBLE PATIENTS RESIDING IN ITS LOCAL SERVICE AREAS WHO ARE UNABLE TO PAY FOR THEIR CARE THE ORGANIZATIONS FAP SETS FORTH THE ELIGIBILITY PROCEDURES FOR CHARITY C ARE IN COMPLIANCE WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAW THE ORGANIZATION OFFERS P ATIENTS FINANCIAL ASSISTANCE FOR THOSE WHO ARE UNINSURED OR UNDERINSURED, WHO ARE INELIGIB LE FOR GOVERNMENTAL OR OTHER INSURANCE COVERAGE, AND WHO HAVE FAMILY INCOMES NOT IN EXCESS OF 200% OF THE FEDERAL POVERTY GUIDELINES THESE INDIVIDUALS ARE ELIGIBLE FOR CHARITY CAR E (100% FREE MEDICAL CARE) PATIENTS WHOSE INCOME DOES NOT EXCEED 200% OF THE MOST CURRENT POVERTY INCOME GUIDELINES ISSUED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES WILL QUAL IFY FOR FULL CHARITY CARE AFTER VERIFICATION OF EMPLOYMENT BECAUSE PCSH ONLY PROVIDES FUL L CHARITY CARE, AND DOES NOT BILL PATIENTS ELIGIBLE FOR CHARITY CARE, PATIENTS ELIGIBLE FO R FINANCIAL ASSISTANCE UNDER ITS FAP WILL NOT BE CHARGED THEREFORE, PCSH DOES NOT CALCULA TE AMOUNTS GENERALLY BILLED (AGB) IF SEEKING MEDICAL INDIGENCE, A PATIENT MUST COMPLETE A FINANCIAL AID APPLICATION AND PROVIDE INFORMATION ON INCOME AND ASSETS AS REQUESTED IN T HE CASE OF PATIENTS WHO ARE FACED WITH CATASTROPHICALLY LARGE MEDICAL BILLS, THE CEO MAY M AKE A DISCRETIONARY RECOMMENDATION THAT THE PATIENT IS MEDICALLY INDIGENT AND THUS IS ELIG IBLE FOR CHARITY CARE THIS DETERMINATION WILL BE MADE ON A CASE-BY-CASE BASIS AND WILL RE QUIRE VERIFICATION OF ALL MEDICAL EXPENSES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	NOT APPLICABLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	SUBSIDIZED HEALTH SERVICES INCLUDED WITHIN SCHEDULE H, PART I, LINE 7 FOR THE ORGANIZATION INCLUDES EMERGENCY DEPARTMENT, FAMILY MEDICINE AND TRAUMA SERVICES THESE HEALTHCARE SERVICES ARE PROVIDED TO ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	THE ORGANIZATIONS COMMUNITY BUILDING ACTIVITIES ARE FOCUSED ON IMPROVING THE COMMUNITYS HEALTH AND SAFETY BY ADDRESSING POVERTY, HOMELESSNESS, WORKFORCE DEVELOPMENT, COMMUNITY SUPPORT, COALITION BUILDING, AND THE HEALTH AND WELLBEING OF OLDER ADULTS TJUH COLLABORATES WITH COMMUNITY ORGANIZATIONS TO ADVANCE NEIGHBORHOOD IMPROVEMENT AND REVITALIZATION PROJECTS, MENTORING AND PIPELINE PROGRAMS FOR YOUTH AND COMMUNITY MEMBERS, HEALTH LITERACY TRAINING, COALITION BUILDING, AND VARIOUS HEALTH IMPROVEMENT TASK FORCES THE HOSPITAL PARTNERS WITH COALITIONS THAT ADDRESS DRUG AND ALCOHOL PREVENTION, REFUGEE AND IMMIGRANT HEALTH AND SOCIAL ISSUES, AGING IN PLACE, RETURNING CITIZENS, AND HEALTHY COMMUNITY ISSUES THAT ADDRESS SOCIAL DETERMINANTS OF HEALTH INCLUDING NUTRITION, FOOD SECURITY, SMOKING CESSATION, PHYSICAL ACTIVITY, HOUSING AND SHARED DATA TJUH WAS INVOLVED WITH PROVIDING HEALTH EDUCATION AND WORKFORCE DEVELOPMENT WITH LOCAL MIDDLE AND HIGH SCHOOLS IN ADDITION, THE HOSPITAL DONATES FUNDS TO ORGANIZATIONS THAT ADVANCE THESE EFFORTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINES 2, 3 & 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS FINANCIAL STATEMENTS THE ORGANIZATION AND ITS AFFILIATES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND FINANCIAL ASSISTANCE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL AFFILIATES THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE ORGANIZATION AND ITS AFFILIATES CHARITABLE MEDICAL CARE PROVIDED ---------- TJU PROVIDES MEDICALLY NECESSARY SERVICES TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY SOME PATIENTS QUALIFY FOR CHARITY CARE BASED ON POLICIES ESTABLISHED BY TJU AND ARE THEREFORE NOT RESPONSIBLE FOR PAYMENT FOR ALL OR A PART OF THEIR HEALTHCARE SERVICES THESE POLICIES ALLOW FOR THE PROVISION OF FREE OR DISCOUNTED CARE IN CIRCUMSTANCES WHERE REQUIRING PAYMENT WOULD IMPOSE FINANCIAL HARDSHIP ON THE PATIENT CHARGES FOR SERVICES RENDERED TO PATIENTS WHO MEET TJUS GUIDELINES FOR CHARITY CARE ARE NOT SEPARATELY RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS TJU MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE PROVIDED THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED SUCH AMOUNTS HAVE BEEN EXCLUDED FROM NET PATIENT SERVICE REVENUE MANAGEMENT ESTIMATES THAT THE COST OF CHARITY CARE PROVIDED BY TJU WAS $36 9 MILLION AND $28 6 MILLION FOR THE YEARS ENDED JUNE 30, 2018 AND 2017, RESPECTIVELY THESE AMOUNTS ARE NOT INCLUDED IN THE PROVISION FOR BAD DEBTS OF $132 8 MILLION AND $124 8 MILLION IN 2018 AND 2017, RESPECTIVELY, WHICH ARE REFLECTED AS DEDUCTIONS IN NET PATIENT SERVICE REVENUE THE ESTIMATED COSTS OF PROVIDING CHARITY SERVICES ARE BASED ON A CALCULATION WHICH APPLIES A RATIO OF COSTS TO CHARGES TO THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS THE RATIO OF COST TO CHARGES IS CALCULATED BASED ON THE TJU TOTAL EXPENSES DIVIDED BY GROSS PATIENT SERVICE REVENUE NET PATIENT SERVICE REVENUE ---------- NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ARE ADJUSTED IN FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED REVENUE FROM THE MEDICARE AND MEDICAID FEE-FOR-SERVICE PROGRAMS ACCOUNTED FOR APPROXIMATELY 33 3% AND 8 8%, RESPECTIVELY, AND 34 4% AND 6 5%, RESPECTIVELY OF NET PATIENT SERVICE REVENUE IN 2018 AND 2017, RESPECTIVELY MOST PAYMENTS TO TJU FROM THE MEDICARE AND PENNSYLVANIA MEDICAID PROGRAMS FOR INPATIENT HOSPITAL SERVICES ARE MADE ON A PROSPECTIVE BASIS UNDER THESE PROGRAMS, PAYMENTS ARE MADE AT A PRE-DETERMINED SPECIFIC RATE FOR EACH DISCHARGE BASED ON A PATIENTS DIAGNOSIS ADDITIONAL PAYMENTS ARE MADE TO TJU TEACHING AND DISPROPORTIONATE SHARE HOSPITALS, AS WELL AS FOR CASES THAT HAVE UNUSUALLY HIGH COSTS LAWS GOVERNING THE MEDICARE AND MEDICAID PROGRAMS ARE COMPLEX AND SUBJECT TO INTERPRETATION SERVICES BILLED TO THE MEDICARE PROGRAM ARE SUBJECT TO EXTERNAL REVIEW FOR BOTH MEDICAL NECESSITY AND BILLING COMPLIANCE MEDICARE COST REPORTS FOR ALL YEARS, EXCEPT 2011, 2015, 2016, 2017 AND 2018 HAVE BEEN AUDITED AND FINAL SETTLED AS OF JUNE 30, 2018 NO SIGNIFICANT ADJUSTMENTS ARE EXPECTED IN ADDITION, TJU RECEIVED FUNDS FROM THE PHILADELPHIA HOSPITAL ASSESSMENT PROGRAM AND THE MEDICAL ASSISTANCE MODERNIZATION ACT-QUALITY CARE ASSESSMENT PROGRAM IN THE AMOUNT OF $125 7 MILLION AND $125 3 MILLION IN 2018 AND 2017, RESPECTIVELY, AND ARE RECORDED IN NET PATIENT SERVICE REVENUE TJU PAID TAXES IN RESPECT TO THESE PROGRAMS AMOUNTING TO $96 1 MILLION AND $95 3 MILLION IN 2018 AND 2017, RESPECTIVELY, AND ARE RECORDED IN OTHER OPERATING EXPENSES BOTH PROGRAMS WERE DESIGNED TO PROVIDE SUPPLEMENTAL FUNDING FOR LICENSED ACUTE CARE HOSPITALS WITH THE PHILADELPHIA HOSPITAL ASSESSMENT PROGRAM SPECIFICALLY DESIGNATED FOR HOSPITAL EMERGENCY SERVICES TJU HAS ALSO ENTERED INTO AGREEMENTS WITH CERTAIN COMMERCIAL INSURANCE CARRIERS, HEALTH MAINTENANCE ORGANIZATIONS AND PREFERRED PROVIDER ORGANIZATIONS THE BASIS FOR PAYMENT TO TJU UNDER THESE AGREEMENTS INCLUDES PROSPECTIVELY DETERMINED RATES PER DISCHARGE, DISCOUNTS FROM ESTABLISHED CHARGES, PROSPECTIVELY DETERMINED DAILY RATES AND CAPITATED RATES REVENUE FROM BLUE CROSS AND AETNA USHC AMOUNTED TO 21 0% AND 11 7%, RESPECTIVELY, AND 22 1% AND 10 5%, RESPECTIVELY, OF TJUS NET PATIENT SERVICE REVENUE IN 2018 AND 2017, RESPECTIVELY

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT FILED BY THE ORGANIZATION THE O RGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEF IT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MO RE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION' S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE S ERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, C REED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STA NDARD PROMULGATED BY THE INTERNAL REVENUE SERVICE ("IRS") THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGA NIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE", A REGULATION PROMULGATED BY T HE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABL E IS USED IN 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE,PROVIDES EXAMPLES OF CHARITAB LE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WEL FARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITL Y ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO D ETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZAT IONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WAS REPL ACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREM ENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE R EQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UN ABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING , PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITA L HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WO ULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY A ND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE T O THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 19 69, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "TH E REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST " UND ER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEF IT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUAL S WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUC H AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HE ALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERAL LY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1 501(C)(3)- 1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AN D THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BEN EFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL M EMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLAS S IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED TH AT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BE NEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EV ERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACT ERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUND S WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPIT

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	AL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STA FF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS THE AMERICAN HOSPITAL ASSOCIATIO N ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH TH E AHA POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPEC T TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE I RS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY CO UNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT AS QUANTIFIABLE COMMUNITY BENEFIT F OR THE FOLLOWING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS I S AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVER Y DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMI SSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5 4 PERCENT - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICAR E SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY L EVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELI GIBLES " THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UND ERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COST S ON FORM 990, SCHEDULE H, PART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITA L IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPR ESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BE NEFIT BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY B ENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THERE ARE COMPELLING REASO NS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CH ARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") RE PORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDIC ATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT I S COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT E VERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE MA NY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUGHLY 10% OF BAD DEBT IS PENDING CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSA TED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FIND INGS ARE GENERALIZABLE NATIONWIDE, THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCE S THAT THEY ARE GENERALIZABLE AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PU RPOSES BAD DEBT REPRESENTS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	TJUH - FACILITY REPORTING GROUP A ========== THE COLLECTION POLICY OF TJUH CONTAINS DETAILED GUIDELINES FOR PATIENTS ELIGIBLE FOR CHARITY CARE THIS INCLUDES A PROCESS TO DETERMINE PATIENT ELIGIBILITY FOR CHARITY CARE PRIOR TO THE PROVISION OF CAR E OR AS SOON AS POSSIBLE THEREAFTER IF IT IS DETERMINED THAT A PATIENT QUALIFIES FOR PART IAL CHARITY CARE, THE POLICY REQUIRES THAT THE PATIENT AND TJUH AGREE IN WRITING AS TO THE AMOUNT DUE AFTER APPLYING THE APPROPRIATE CHARITY CARE DISCOUNT, AND THAT TJUH NEGOTIATE AND AGREE UPON A REASONABLE PAYMENT SCHEDULE WITH THE PATIENT TJUH ALSO EVALUATES THE ONG OING ABILITY OF THE PATIENT TO PAY THE AMOUNT DUE BEFORE ADDITIONAL COLLECTION ACTIONS ARE TAKEN THE ORGANIZATION DOES NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM S EEKING EMERGENCY MEDICAL CARE THE ORGANIZATION WILL NEVER DEMAND THAT AN EMERGENCY DEPART MENT PATIENT PAY BEFORE RECEIVING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS ADDITIONALLY , DEBT COLLECTION ACTIVITIES ARE NOT PERMITTED IN THE EMERGENCY DEPARTMENT OR OTHER AREAS WHERE SUCH ACTIVITIES COULD INTERFERE WITH THE PROVISION OF EMERGENCY CARE ON A NONDISCRIM INATORY BASIS ALL MEDICALLY NECESSARY HOSPITAL SERVICES ARE PROVIDED WITHOUT CONSIDERATIO N OF ABILITY TO PAY AND ARE NOT DELAYED PENDING APPLICATION OR APPROVAL OF MEDICAL ASSISTA NCE OR FINANCIAL ASSISTANCE THE ORGANIZATION DOES NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS AGAINST AN INDIVIDUAL TO OBTAIN PAYMENT FOR CARE BEFORE MAKING REASONABLE EFFORTS TO DETERMINE WHETHER THE INDIVIDUAL QUALIFIES FOR FINANCIAL ASSISTANCE IF A BILL IS OUTST ANDING 120 DAYS OR MORE, TJUH MAY SEND THE ACCOUNT TO A COLLECTIONS AGENCY TO BE COLLECTED ON WHILE IN COLLECTIONS, AN APPLICATION FOR FINANCIAL ASSISTANCE WILL BE ACCEPTED AT ANY TIME ONCE AN APPLICATION IS RECEIVED, COLLECTIONS WILL BE PLACED ON HOLD AND THE PROCEDU RES REGARDING INCOMPLETE APPLICATIONS AND DENIALS AS SET FORTH ABOVE WILL APPLY IF A BILL IS STILL OUTSTANDING AFTER 240 DAYS, TJUH MAY (1) COMMENCE A CIVIL ACTION AGAINST THE PAT IENT, OR (2) PLACE A LIEN ON AN INDIVIDUALS PROPERTY PRIOR TO EITHER OF THESE ACTIONS BEI NG INITIATED, TJUH WILL ENGAGE IN REASONABLE EFFORTS TO DETERMINE WHETHER THE INDIVIDUAL I S ELIGIBLE FOR ASSISTANCE UNDER THE FAP TJUH WILL, 30 DAYS PRIOR TO THE COMMENCEMENT OF A N ECA 1) PROVIDE A NOTICE TO THE PATIENT WHICH, INDICATES THAT FINANCIAL ASSISTANCE IS AV AILABLE TO THOSE WHO ARE ELIGIBLE AND IDENTIFIES THE ACTION TJUH INTENDS TO TAKE AND THE D ATE TJUH WILL TAKE SUCH ACTION, 2) PROVIDE A COPY OF THE PLS AND THE FAP APPLICATION, AND 3) ATTEMPT TO CONTACT THE PATIENT AND ORALLY NOTIFY THEM OF THE OUTSTANDING DEBT AND THE E XISTENCE OF THE FINANCIAL ASSISTANCE POLICY PRIOR TO COMMENCING A CIVIL ACTION OR PLACING A LIEN ON AN INDIVIDUALS PROPERTY, THE BUSINESS SERVICES DEPARTMENT WILL CERTIFY THAT REA SONABLE EFFORTS HAVE BEEN MADE TO NOTIFY THE INDIVIDUAL OF THE FINANCIAL ASSISTANCE POLICY ROSH - FACILITY REPORTING GROUP B ========== ONCE A PATIENTS CLAI M IS PROCESSED BY THEIR INSURANCE, ROSH WILL SEND THE PATIENT A BILL INDICATING THE PATIEN T RESPONSIBILITY ADDITIONALLY, IF A PATIENT HAS NO THIRD-PARTY COVERAGE THEY WILL RECEIVE A BILL INDICATING THEIR PATIENT RESPONSIBILITY THIS WILL BE THE PATIENT'S FIRST POST DIS CHARGE BILLING STATEMENT THE DATE ON THIS STATEMENT WILL BEGIN THE APPLICATION AND NOTIFI CATION PERIODS PATIENT STATEMENTS WILL BE GENERATED DAILY FOLLOWING PAYMENT POSTING OR WE EKLY AT A MINIMUM PREFERENCES HAVE BEEN PRE-DETERMINED IN THE PATIENT ACCOUNTING SYSTEM T O ENSURE THAT PATIENT STATEMENTS ARE GENERATED ON A CYCLE BASIS AND THAT PATIENT RESPONSIB LE ACCOUNTS WILL HAVE A STATEMENT GENERATED MONTHLY AFTER THE PATIENT RECEIVES THEIR FIRS T POST DISCHARGE BILLING STATEMENT, ROSH WILL SEND OUT 2 ADDITIONAL STATEMENTS (IN 30-DAY INTERVALS) THE BUSINESS OFFICE MANAGER OR DESIGNEE SHALL FOLLOW UP ON RETURNED STATEMENTS FOR INCORRECT OR INVALID ADDRESS BY CONTACTING THE PATIENT OR GUARANTOR ON THE ACCOUNT T HE BUSINESS OFFICE MANAGER/STAFF WILL MAKE FOLLOW-UP PHONE CALLS ON EVERY ACCOUNT WITH OUT STANDING BALANCES INSURANCE DUE ACCOUNTS SHOULD HAVE THE INITIAL FOLLOW-UP CALL MADE 30 D AYS FOLLOWING THE DATE OF SERVICE SUBSEQUENT FOLLOW-UP CALLS SHOULD BE MADE EVERY 14 DAYS UNTIL THE BALANCE IS PAID INSURANCE DUE BALANCES OVER 90 DAYS OLD FOR WHICH THE FACILITY HAS NOT RECEIVED VALID REASONS FROM THE PAYER AS TO WHY THE CHARGES HAVE NOT BEEN PAID MA Y BE TRANSFERRED TO PATIENT DUE STATUS AND BILLED TO THE PATIENT AT THE DISCRETION OF THE ADMINISTRATOR OR BUSINESS OFFICE MANAGER PATIENT DUE ACCOUNTS SHOULD HAVE THE INITIAL FOL LOW-UP CALL MADE 21 DAYS FOLLOWING THE DATE OF SERVICE FOR SELF-PAY ACCOUNTS AND FOLLOWING THE DATE THE AMOUNT WAS TRANSFERRED TO THE PATIENT'S OBLIGATION IF THE AMOUNT WAS INITIAL LY BILLED TO A PRIMARY INSURANCE SUBSEQUENT FOLLOW-UP CALLS SHOULD BE MADE EVERY 14 - 21 DAYS UNTIL THE BALANCE IS PAID OR UNTIL ADEQUATE P

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	AYMENT ARRANGEMENTS ARE MADE IF PAYMENT HAS NOT BEEN RECEIVED AFTER 90 DAYS (FROM THE DAT E OF THE PATIENTS FIRST POST-DISCHARGE BILLING STATEMENT) ROSH WILL SEND OUT A LETTER INFO RMING THE PATIENT IN WRITING THAT THE ACCOUNT WILL BE SENT TO COLLECTIONS, IF PAYMENT IS N OT RECEIVED WITHIN 30 DAYS OF THE DATE OF THE LETTER THE BUSINESS OFFICE MANAGER OR DESIG NEE SHALL ENSURE THAT PATIENT RESPONSIBLE ACCOUNTS HAVE A MINIMUM OF THREE (3) STATEMENTS GENERATED TO THE PATIENT PRIOR TO THE ACCOUNT BEING WRITTEN OFF OR CONSIDERED FOR COLLECTI ON AGENCY PLACEMENT ADDITIONALLY, THE LETTER WILL INCLUDE ANY ECAS THAT MAY TAKE PLACE AF TER THE PATIENT ACCOUNT HAS BEEN PLACED IN COLLECTIONS THE WRITTEN NOTICE WILL ALSO INCLU DE A COPY OF THE PLS ALL OUTSTANDING ACCOUNTS (INSURANCE BALANCES AND PATIENT BALANCES) A GED 120 DAYS WITHOUT APPROPRIATE PAYMENT ARRANGEMENTS OR MAY BE OUTSOURCED TO AN OUTSIDE A GENCY OR CONSIDERED FOR WRITE OFF TO BAD DEBT AND SENT TO A COLLECTION AGENCY IN ACCORDANC E WITH THE BAD DEBT WRITE-OFF POLICY IN ACCORDANCE WITH IRC 501(R)(6), ROSH DOES NOT ENGA GE IN ANY ECAS PRIOR TO THE EXPIRATION OF THE NOTIFICATION PERIOD SUBSEQUENT TO THE NOTIF ICATION PERIOD ROSH, OR ANY THIRD PARTIES ACTING ON ITS BEHALF, MAY INITIATE THE FOLLOWING ECAS AGAINST A PATIENT FOR AN UNPAID BALANCE IF A FAP-ELIGIBILITY DETERMINATION HAS NOT B EEN MADE OR IF AN INDIVIDUAL IS INELIGIBLE FOR FINANCIAL ASSISTANCE ROSH MAY AUTHORIZE TH IRD PARTIES TO INITIATE ECAS ON DELINQUENT PATIENT ACCOUNTS AFTER THE NOTIFICATION PERIOD ROSH, AND THIRD PARTIES ACTING ON ITS BEHALF, DO NOT ENGAGE IN ANY OTHER ECAS DEFINED WIT HIN IRC 501(R)(6) ROSH WILL ENSURE REASONABLE EFFORTS HAVE BEEN TAKEN TO DETERMINE WHETHE R OR NOT AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS FAP AND WILL TAKE T HE FOLLOWING ACTIONS AT LEAST 30 DAYS PRIOR TO INITIATING ANY ECA 1) THE PATIENT WILL BE PROVIDED WITH WRITTEN NOTICE WHICH - INDICATES THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR ELIGIBLE PATIENTS, - IDENTIFIES THE ECA(S) THAT ROSH INTENDS TO INITIATE TO OBTAIN PAYMEN T, - STATES A DEADLINE AFTER WHICH SUCH ECAS MAY BE INITIATED 2) THE PATIENT HAS RECEIVED A COPY OF THE PLS WITH THIS WRITTEN NOTIFICATION, AND 3) REASONABLE EFFORTS HAVE BEEN MAD E TO ORALLY NOTIFY THE INDIVIDUAL ABOUT THE FAP AND HOW THE INDIVIDUAL MAY OBTAIN ASSISTAN CE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS ROSH, AND THIRD-PARTY VENDORS ACTING ON THEIR BEHALF, WILL ACCEPT AND PROCESS ALL APPLICATIONS FOR FINANCIAL ASSISTANCE AVAILA BLE UNDER THIS POLICY SUBMITTED DURING THE APPLICATION PERIOD ROSH WILL NOT PURSUE ANY CO LLECTION ACTIONS AGAINST ANYONE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY, AND W ILL NOT PURSUE EXTRAORDINARY COLLECTION ACTIONS AGAINST ANY INDIVIDUAL WITHOUT FIRST MAKIN G REASONABLE EFFORTS TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE THE VICE PRESIDENT OF FINANCE WILL DETERMINE IF REASONABLE EFFORTS HAVE BEEN MADE PHYCARE - FACILITY REPORTING GROUP C ========== IF A BILL IS OUTSTANDING 1 20 DAYS OR MORE, PCSH MAY SEND THE ACCOUNT TO A COLLECTION AGENCY TO BE COLLECTED WHILE I N COLLECTIONS, AN APPLICATION FOR FINANCIAL ASSISTANCE WILL BE ACCEPTED AT ANY TIME ONCE AN APPLICATION IS RECEIVED, COLLECTIONS WILL BE PLACED ON HOLD AND THE PROCEDURES REGARDIN G INCOMPLETE APPLICATIONS AND DENIALS PCSH WILL NOT PURSUE ANY COLLECTION ACTIONS AGAINST ANYONE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY AND WILL NOT PURSUE EXTRAORDIN ARY COLLECTION ACTIONS AGAINST ANY INDIVIDUAL WITHOUT FIRST MAKING REASONABLE EFFORTS TO D ETERMINE IF THE PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE THE VICE PRESIDENT OF FINANC E WILL DETERMINE IF REASONABLE EFFORTS HAVE BEEN MADE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	JEFFERSON HEALTH ENTERPRISE ========== IN AN EFFORT TO BETTER ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES, THE JEFFERSON HEALTH ENTERPRISE PARTICIPATE S IN THE COLLABORATIVE OPPORTUNITIES TO ADVANCE COMMUNITY HEALTH ("COACH") PROJECT THIS P ROJECT IS COORDINATED BY THE HEALTHCARE IMPROVEMENT FOUNDATION, IN PARTNERSHIP WITH THE HO SPITAL AND HEALTH SYSTEM OF PENNSYLVANIA AND THE U S DEPARTMENT OF HEALTH AND HUMAN SERVI CES (REGION 3) COACH SEEKS TO DEMONSTRATE THE POTENTIAL FOR SIGNIFICANT POPULATION HEALTH IMPACT THROUGH COORDINATED, COLLECTIVE ACTION TO ESTABLISH EFFECTIVE SYSTEMS FOR ADDRESSI NG THE SOCIAL DETERMINANTS OF HEALTH IN ITS FIRST 18 MONTHS, COACH PARTICIPANTS WORKED TO WARD CONSENSUS ON A SHARED STRATEGY FOR COLLECTIVE ADOPTION TO ADDRESS A SPECIFIC NEED, ID ENTIFIED FOOD INSECURITY AS A KEY NEED, AND IMPLEMENTED A HEALTHY FOOD ACCESS PILOT PROGRA M THE NEXT 18 MONTHS WILL BE FOCUSED ON IMPLEMENTATION OF THIS SHARED STRATEGY BY PARTICI PATING HOSPITALS AND HEALTH SYSTEMS, SUPPORTED BY DIVERSE COMMUNITY STAKEHOLDERS ANOTHER EXAMPLE OF COLLABORATION IS THE HEALTH CARE IMPROVEMENT FOUNDATIONS FACILITATION OF A MONT GOMERY COUNTY HOSPITAL PARTNERSHIP THE PARTNERSHIP'S ROLE IS SIMILAR TO COACH WITH AN EXC LUSIVE FOCUS ON MONTGOMERY COUNTY, AND INVOLVEMENT OF ALL HOSPITALS, WHETHER PROFIT OR NON -PROFIT, AS WELL AS OTHER HEALTH CARE PROVIDERS THE PARTICIPANTS INITIAL FOCUS IS RELATED TO BEHAVIORAL HEALTH THEY PRIORITIZED DATA COLLECTION AND ANALYSIS OF THE INCIDENCE AND NATURE OF VISITS TO MONTGOMERY COUNTY EDS BY PATIENTS WITH BEHAVIORAL HEALTH DIAGNOSES WIT H THE GOAL OF MORE EFFECTIVELY RESPONDING TO THE BEHAVIORAL HEALTH NEEDS OF THESE PATIENTS AS PART OF EFFORTS TO BUILD AN INFRASTRUCTURE FOR A COMPREHENSIVE REFERRAL SYSTEM, THE P LAN IS TO DEVELOP AND WIDELY DISSEMINATE AN ASSET MAP OF BEHAVIORAL HEALTH RESOURCES IN MO NTGOMERY COUNTY FOUR PRINCIPLES ARE GUIDING THE DEVELOPMENT OF A STRATEGY FOR LEVERAGING COMMUNITY BENEFIT PROGRAMS TO INCREASE THEIR INFLUENCE DEFINING MUTUALLY AGREED-ON REGION AL GEOGRAPHIC BOUNDARIES TO ALIGN BOTH COMMUNITY BENEFIT AND ACCOUNTABLE HEALTH COMMUNITY INITIATIVES, ENSURING THAT COMMUNITY BENEFIT ACTIVITIES USE EVIDENCE TO PRIORITIZE INTERVE NTIONS, INCREASING THE SCALE AND EFFECTIVENESS OF COMMUNITY BENEFIT INVESTMENTS BY POOLING SOME RESOURCES, AND ESTABLISHING SHARED MEASUREMENT AND ACCOUNTABILITY FOR REGIONAL POPUL ATION HEALTH IMPROVEMENT TJUH - FACILITY REPORTING GROUP A ========== === IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS OUTLINED IN SCHEDULE H, S ECTION B, QUESTIONS 1-12 AND SECTION C, TJUH CONDUCTS A REVIEW OF KEY FACTOR INFORMATION W HICH INCLUDES THE REVIEW OF VARIOUS LITERATURE AND DATA SOURCES IN AN EFFORT TO BETTER ASS ESS THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES IN PREPARATION FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT MORE THAN 30 SECONDARY DATA SOURCES WERE REVIEWED INCLUDING - 100,000 H OMES CAMPAIGN DATA ON HOMELESSNESS IN PHILADELPHIA - 2014 PENNSYLVANIA HEALTH EQUITY CONFE RENCE RESOURCES - 2015 THE NIELSEN COMPANY, 2015 TRUVEN HEALTH ANALYTICS INC - AMERICAN D IABETES ASSOCIATION - BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) - CENTERS FOR DISEA SE CONTROL AND PREVENTION - CHILD OPPORTUNITY INDEX - CITY OF PHILADELPHIA DATA (ECONOMIC DATA, SCHOOL DATA, TRANSPORTATION, VACANT PROPERTIES, CITY ZONING/FOOD WORK INITIATIVES, HOMELESSNESS) - COMMUNITY COMMONS - COMMUNITY NEEDS INDEX - COUNTY HEALTH RANKINGS AND ROA DMAPS 2015 - DREXEL UNIVERSITY SCHOOL OF PUBLIC HEALTH - CENTER FOR HUNGER FREE COMMUNITIE S - ENROLL AMERICA - FEEDING AMERICA MAP THE MEAL GAP - FRAC FOOD HARDSHIP IN AMERICA 201 2 - HEALTHY PEOPLE 2020 - KAISER FAMILY STATE HEALTH FACTS - MATERNITY CARE COALITION EARL Y HEAD START COMMUNITY ASSESSMENT - OVERLOOKED AND UNDERCOUNTED THE SELF-SUFFICIENCY STAND ARD - PENNSYLVANIA DEPARTMENT OF HEALTH - PEW CHARITABLE TRUSTS PHILADELPHIA 2015 - STATE OF THE CITY - PHILADELPHIA CORPORATION ON AGING - PHILADELPHIA HEALTH DEPARTMENT - PUBLIC HEALTH MANAGEMENT CORPORATION - HOUSEHOLD HEALTH SURVEY - REPORTS FROM A VARIETY OF COMMU NITY COALITIONS FOCUSED ON SPECIFIC NEIGHBORHOODS OR HEALTH ISSUES SUCH AS PROMISE NEIGHBO RHOODS, PHILLY RISING INITIATIVES, SHARSWOOD BLUMBERG, CITY DISTRICT PLANNING REPORTS TO R EDUCE CRIME/VIOLENCE, AND COALITIONS TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES - RES TAURANT OPPORTUNITIES CENTERS UNITED - SEAMAAC ASIAN HEALTH SURVEY - THE ANNIE E CASEY FOU NDATION - KIDS COUNT - TJUH AND METHODIST 2015 UTILIZATION DATA - U S CENSUS BUREAU - VAR IOUS ARTICLES FROM ACADEMIC JOURNALS - VARIOUS ARTICLES FROM THE POPULAR PRESS - WALKABLE ACCESS TO HEALTHY FOOD IN PHILADELPHIA, 2010-2012 - YOUTH RISK BEHAVIOR SURVEILLANCE SYSTE M (YRBSS) ROSH - FACILITY REPORTING GROUP B ========== IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS OUTLINED IN SCHEDULE H, SECTION B, QUESTI ONS 1-12 AND SECTION C, ROSH CONDUCTS A REVIEW OF

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 2	KEY FACTOR INFORMATION WHICH INCLUDES THE REVIEW OF VARIOUS LITERATURE AND DATA SOURCES IN AN EFFORT TO BETTER ASSESS THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES IN PREPARATION FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT MORE THAN 20 SECONDARY DATA SOURCES WERE REVIEWE D INCLUDING - 2017 THE CLARITAS COMPANY - 2018 TRUVEN HEALTH ANALYTICS LLC - AMERICAN COM MUNITY SURVEY - BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) - BUCKS COUNTY AREA AGENC Y ON AGING - BUCKS COUNTY PLANNING COMMISSION - CENTERS FOR DISEASE CONTROL AND PREVENTION - COMMUNITY COMMONS - COMMUNITY NEEDS INDEX - COUNTY HEALTH RANKINGS AND ROADMAPS 2018 - ENROLL AMERICA - FEEDING AMERICA MAP THE MEAL GAP - HEALTHY PEOPLE 2020 - KAISER FAMILY ST ATE HEALTH FACTS - MONTGOMERY COUNTY COMPREHENSIVE PLAN MONTCO 2040 A SHARED VISION - MO NTGOMERY COUNTY HEALTH DEPARTMENT - MONTGOMERY OFFICE OF AGING AND ADULT SERVICES - PENNSY LVANIA DEPARTMENT OF HEALTH - PHILADELPHIA CITY PLANNING COMMISSION - PHILADELPHIA CORPORA TION FOR AGING - PUBLIC HEALTH MANAGEMENT CORPORATION - HOUSEHOLD HEALTH SURVEY - US CENSU S BUREAU - VARIOUS ARTICLES FROM ACADEMIC JOURNALS - VARIOUS ARTICLES FROM THE POPULAR PRE SS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	TJUH - FACILITY REPORTING GROUP A ========== PATIENTS WHO QUALIFY FOR CHARITY CARE OR PARTIAL CHARITY CARE SHALL BE IDENTIFIED AS SOON AS POSSIBLE, EITHER BEFORE OR AFTER CARE IS PROVIDED PATIENTS IDENTIFIED THROUGH THE REGISTRATION PROCESS, WHO APPEAR TO BE UNINSURED OR UNDERINSURED, AND, THOSE WHO INDICATE THEIR INABILITY TO PAY FOR MEDICALLY NECESSARY SERVICES ARE PROVIDED A PACKET OF INFORMATION THAT DESCRIBES THIS CHARITY CARE POLICY AND RELEVANT PROCEDURES, INCLUDING AN APPLICATION FOR FINANCIAL ASSISTANCE AND/OR, FINANCIAL COUNSELING, INCLUDING AN APPLICATION FOR FINANCIAL ASSISTANCE IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4) TJUH INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BY WIDELY PUBLICIZING VARIOUS DOCUMENTS THESE DOCUMENTS ARE WIDELY PUBLICIZED IN THE FOLLOWING WAYS 1) IN ORDER TO ALLOW TJUH TO PROPERLY DETERMINE CHARITY CARE OR PARTIAL CHARITY CARE ELIGIBILITY, DOCUMENTS PROVIDED TO PATIENTS BY TJUH SHALL BE TRANSLATED INTO NUMEROUS LANGUAGES, AND TRANSLATION ASSISTANCE TO COMPLETE NECESSARY FORMS IS AVAILABLE FOR THOSE PATIENTS WHO ARE NOT PROFICIENT IN READING, WRITING, OR SPEAKING ENGLISH 2) THE FINANCIAL ASSISTANCE POLICY, A PLAN LANGUAGE SUMMARY ("PLS") OF THE POLICY AND AN APPLICATION CAN BE FOUND ON THE ORGANIZATIONS WEBSITE AT HTTP //HOSPITALS JEFFERSON EDU/PATIENTS-AND-VISITORS/PATIENTPOLICIES/FINAN CIAL-ASSISTANCE/ 3) PAPER COPIES OF THE FAP, APPLICATION FORM, AND PLS AVAILABLE UPON REQUEST AND WITHOUT CHARGE, BY MAIL AND IN PUBLIC LOCATIONS OF THE FACILITY 4) PAPER COPIES OF THE PLS WILL BE DISTRIBUTED AS PART OF THE INTAKE OR DISCHARGE PROCESS WITH RESPECT TO INDIVIDUALS WHO ARE PROVIDED CARE BY THE FACILITY ADDITIONALLY, SIGNS OR DISPLAYS ARE CONSPICUOUSLY POSTED IN PUBLIC MEDICAL CENTER LOCATIONS INCLUDING ADMISSIONS/REGISTRATION AREAS AND THE EMERGENCY DEPARTMENT, THAT NOTIFY AND INFORM PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE ROSH - FACILITY REPORTING GROUP B ========== IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4)ROSH INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BY WIDELY PUBLICIZING VARIOUS DOCUMENTS THESE DOCUMENTS ARE WIDELY PUBLICIZED IN THE FOLLOWING WAYS THE FAP, APPLICATION AND PLS ARE ALL AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE HTTPS //ROTHMANORTHOHOSPITAL COM/FOR-PATIENTS/FINANCIAL-ASSISTANCE PAPER COPIES OF THE FAP, APPLICATION AND THE PLS ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE AT THE REGISTRATION DESKS AND WITHIN THE BILLING OFFICE LOCATED AT 3300 TILLMAN DRIVE BENSALEM, PA 19020 ALL PATIENTS OF ROSH WILL BE OFFERED A COPY OF THE PLS AS PART OF THE INTAKE PROCESS SIGNS OR DISPLAYS INFORMING PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE CONSPICUOUSLY POSTED IN PUBLIC LOCATIONS INCLUDING PATIENT REGISTRATION CHECK-IN AREAS ROSH WILL MAKE REASONABLE EFFORTS TO INFORM MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE ROSHS FAP, APPLICATION AND PLS ARE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH ("LEP") THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE COMMUNITY SERVED WITHIN THE ORGANIZATIONS PRIMARY SERVICE AREA ADDITIONALLY, BILLING STATEMENTS WILL INCLUDE INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE, AS WELL AS CONTACT INFORMATION FOR INDIVIDUALS WHO BELIEVE THEY MAY QUALIFY PHYCARE - FACILITY REPORTING GROUP C ========== IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4)PHYCARE INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BY WIDELY PUBLICIZING VARIOUS DOCUMENTS THESE DOCUMENTS ARE WIDELY PUBLICIZED IN THE FOLLOWING WAYS THE FAP, APPLICATION AND PLS ARE ALL AVAILABLE ON-LINE AT THE FOLLOWING WEBSITE HTTPS //WWW PHYCAREHOSPITAL COM/FINANCIAL-ASSISTANCE HTML PAPER COPIES OF THE FAP, APPLICATION AND THE PLS ARE AVAILABLE UPON REQUEST WITHOUT CHARGE BY MAIL AND ARE AVAILABLE AT THE HOSPITAL FACILITY THIS POLICY SHALL BE PUBLICIZED THROUGH SIGNAGE AT THE HOSPITAL ADDITIONALLY, PATIENTS SHALL RECEIVE (1) A PLAIN LANGUAGE SUMMARY THAT DESCRIBES THE FINANCIAL ASSISTANCE POLICY AND RELEVANT PROCEDURES, INCLUDING AN APPLICATION FOR FINANCIAL ASSISTANCE AND (2) ASSISTANCE WITH UNDERSTANDING THE FINANCIAL ASSISTANCE POLICY AND COMPLETION OF THE RELATED FORMS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	TJUH - FACILITY REPORTING GROUP A ========== ACCORDING TO THE OFFIC IAL 2010 CENSUS, PHILADELPHIA IS THE FIFTH LARGEST CITY IN THE COUNTRY WITH 1 56 MILLION P EOPLE AFTER DECLINING FOR MORE THAN HALF A CENTURY, PHILADELPHIA'S POPULATION IS GROWING, ADDING ALMOST 72,000 RESIDENTS IN 8 YEARS THE CITY'S RESIDENTS ARE A DIVERSE POPULATION 37% NON-HISPANIC WHITE, 42% NON-HISPANIC AFRICAN AMERICAN, 13% HISPANIC OR LATINO, AND AL MOST 7% NON-HISPANIC ASIAN JEFFERSON HAS GEOGRAPHICALLY DEFINED ITS COMMUNITY BENEFIT ARE A ("CB") IN THE FOLLOWING WAY - LOWER NORTH PHILADELPHIA - TRANSITIONAL AREAS - CENTER CI TY - SOUTH PHILADELPHIA THE MAJORITY OF TJUH CB AREA IS ENCOMPASSED WITHIN THREE PLANNING DISTRICTS, LOWER NORTH, CENTRAL AND SOUTH AS PART OF ITS COMMUNITY HEALTH NEEDS ASSESSMEN T PROCESS, ONE OF THE INITIAL UNDERTAKINGS WAS TO CREATE A SECONDARY DATA PROFILE THE SEC ONDARY DATA IS COMPRISED OF DATA OBTAINED FROM EXISTING RESOURCES AND INCLUDES DEMOGRAPHIC AND HOUSEHOLD STATISTICS, EDUCATION AND INCOME MEASURES, MORBIDITY AND MORTALITY RATES, A ND HEALTH INDICATORS, AMONG OTHER DATA POINTS THE DATA WAS GATHERED AND INTEGRATED INTO A GRAPHICAL REPORT TO PORTRAY THE CURRENT HEALTH AND SOCIO-ECONOMIC STATUS OF RESIDENTS IN ITS PRIMARY SERVICE AREAS PHILADELPHIA AND TJUH'S CB AREA DEMOGRAPHICS ---------- ---------- ALMOST 420,000 PEOPLE LIVE IN TJUHS CB AREA THIS REPRESENTS 27 % OF ALL RESIDENTS OF PHILADELPHIA WHILE PHILADELPHIA ONLY ANTICIPATES A 2 0 % INCREASE I N POPULATION BETWEEN 2015 AND 2020, TJUH CB AREAS ARE GAINING POPULATION FASTER TRANSITIO NAL NEIGHBORHOODS IS EXPECTED TO GROW BY 5 4%, CENTER CITY BY 5 2% AND SOUTH PHILADELPHIA BY 2 8% SIMILAR TO PHILADELPHIA, TJUHS CB AREA IS 52% FEMALE AND 48% MALE AND VARIES LITT LE ACROSS CB AREAS LOWER NORTH PHILADELPHIA HAS MORE YOUTH AGES 0-17 THAN THE REST OF PHI LADELPHIA AND TJUHS CB AREA CENTER CITY HAS A HIGHER PERCENTAGE OF ADULTS AGED 18-44 THAN PHILADELPHIA AND IS MORE LIKELY THAN OTHER TJUH CB AREAS TO HAVE ADULTS OVER AGE 65+ COM PARED TO PHILADELPHIA, TJUHS CB AREA IS SLIGHTLY MORE LIKELY TO BE NON-HISPANIC WHITE OR N ON-HISPANIC ASIAN, AND LESS LIKELY TO BE NON-HISPANIC AFRICAN AMERICAN NON-HISPANIC WHITE S ARE MORE LIKELY TO LIVE IN CENTER CITY, SOUTH PHILADELPHIA, AND TRANSITIONAL NEIGHBORHOO DS, NON-HISPANIC BLACKS ARE MORE LIKELY TO LIVE IN LOWER NORTH PHILADELPHIA WEST OF BROAD STREET AND IN SOUTH PHILADELPHIA WEST OF BROAD STREET MORE THAN 198,000 RESIDENTS IN PHIL ADELPHIA IDENTIFY THEMSELVES AS HISPANIC THE MAJORITY OF HISPANICS IN THE PHILADELPHIA AR EA ARE FROM PUERTO RICO (72%) AND LIVE PREDOMINANTLY IN EASTERN NORTH PHILADELPHIA, 17% AR E MEXICAN WITH THE REMAINING HISPANIC POPULATION FROM LATIN AMERICA, THE CARIBBEAN, CENTRA L AMERICA, AND SOUTH AMERICA IN TJUHS CB AREA 50,367 (12%) OF THE POPULATION IS HISPANIC THIS REPRESENTS ABOUT 25% OF ALL HISPANICS IN PHILADELPHIA THE MAJORITY OF THESE RESIDEN TS LIVE IN NORTH PHILADELPHIA (24,664) AND SOUTH PHILADELPHIA (15,711) EAST OF BROAD STREE T SOUTHEAST PHILADELPHIA IS HOME TO A GROWING IMMIGRANT POPULATION FROM MEXICO ALTHOUGH THEY SHARE A COMMON LANGUAGE, EACH HISPANIC COMMUNITY IS CULTURALLY UNIQUE, AND INTERNALLY DIVERSE BY GENDER, GENERATION, CLASS, AND RACE THE NON-HISPANIC ASIAN COMMUNITY IN PHILA DELPHIA REPRESENTS 7 0% OF THE TOTAL POPULATION SLIGHTLY MORE THAN ONE-THIRD OF THESE RES IDENTS (37,776) LIVE IN TJUHS CB AREA THE MAJORITY OF ASIAN RESIDENTS IN TJUH'S CB AREA L IVE IN SOUTH PHILADELPHIA (24,440) AND CENTER CITY (8,373) THE ASIAN COMMUNITY IN CENTER CITY IS PREDOMINANTLY OF CHINESE DESCENT, WHILE SOUTH PHILADELPHIA RESIDENTS INCLUDE IMMIG RANTS FROM VIETNAM AND REFUGEES FROM CAMBODIA (THE LARGEST POPULATION OF ASIAN RESIDENTS A S WELL AS NEWLY RESETTLED REFUGEES FROM BURMA, NEPAL, AND BHUTAN) PHILADELPHIA ALSO HAS T HE SECOND LARGEST IRISH, ITALIAN, AND JAMAICAN AMERICAN POPULATIONS IN THE ENTIRE UNITED S TATES EDUCATION --------- ALMOST 43,000 CHILDREN IN PHILADELPHIA RECEIVE SUBSIDIZED CHILD CARE AND 1,147 CHILDREN ARE WAITING TO RECEIVE SUBSIDIZED CHILD CARE ONLY 16 4% OF CHILD REN ENROLLED IN CHILDCARE ARE IN KEYSTONE STARS 3 OR 4 PROGRAMS SINCE 2013, THE CAPACITY TO ENROLL IN STAR 3 OR 4 PROGRAMS (HIGHER QUALITY PROGRAMS) HAS INCREASED BY 4,500 SLOTS A LLOWING 19,131 CHILDREN ACCESS TO HIGH QUALITY LEARNING EXPERIENCES AMONG THE NEIGHBORHOO DS IN JEFFERSONS COMMUNITY BENEFIT AREA, CHILDREN IN LOWER NORTH PHILADELPHIA SPEND THE MO ST TIME IN EARLY EDUCATION CHILDREN IN SOUTH PHILADELPHIA AND TRANSITIONAL NEIGHBORHOODS SPEND THE LEAST AMOUNT OF TIME IN EARLY CHILDHOOD EDUCATION AND COMPARE UNFAVORABLY TO THE CITY RATE PHILADELPHIA SCHOOL ENROLLMENT PATTERNS HAVE SHIFTED OVER THE PAST DECADE WITH FEWER CHILDREN ATTENDING PUBLIC AND PAROCHIAL SCHOOLS, WHILE ENROLLMENT IN TAX-PAYER FUND ED CHARTER SCHOOLS HAS NEARLY DOUBLED IMPROVING ON-TIME HIGH SCHOOL GRADUATION RATES HAS BEEN A MAJOR FOCUS OF THE CITY WHILE ON-TIME GRAD

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	UATION HAS STEADILY IMPROVED SINCE 2005 (52% COMPARED TO 68% IN 2015), PHILADELPHIA STUDEN TS REMAIN WELL BELOW THE STATE ON-TIME HIGH SCHOOL GRADUATION RATE OF 85% THE LEVEL OF ED UCATION AMONG RESIDENTS IN TJUHS CB AREA VARIES GREATLY RESIDENTS LIVING IN TRANSITIONAL NEIGHBORHOODS AND CENTER CITY ARE MORE LIKELY TO HAVE COLLEGE DEGREES OR HIGHER (46% AND 7 3% RESPECTIVELY) COMPARED TO PHILADELPHIA (25%), WHILE RESIDENTS IN LOWER NORTH PHILADELPH IA NEIGHBORHOODS ARE MORE LIKELY NOT TO HAVE GRADUATED FROM HIGH SCHOOL (28%) COMPARED TO PHILADELPHIA (19%) OVERALL, 19% OF ADULTS OVER AGE 25 LIVING IN TJUHS CB AREA REPORT THEY DID NOT GRADUATE FROM HIGH SCHOOL COMPARED TO 14% NATIONWIDE INCOME ------ MEDIAN HOUSEH OLD INCOME IN PHILADELPHIA IN 2013 WAS $36,836 COMPARED TO $52,250 IN THE UNITED STATES 2 6 OF THE 32 LARGEST CITIES IN THE U S , PHILADELPHIA HAD THE THIRD LOWEST MEDIAN HOUSEHOLD INCOME AS REPORTED IN 2013 TJUHS COMMUNITY BENEFIT AREA INCLUDES SOME OF THE HIGHEST AND LOWEST MEDIAN INCOMES AMONG PHILADELPHIA'S 46 ZIP CODES FIVE ZIP CODES WITHIN JEFFERSONS COMMUNITY BENEFIT AREA HAVE MEDIAN INCOMES AMONG THE 10 HIGHEST IN THE CITY AND 4 ZIP COD ES HAVE MEDIAN INCOMES AMONG THE 10 LOWEST IN THE CITY THESE NUMBERS REFLECT PHILADELPHIA S PERSISTENTLY HIGH UNEMPLOYMENT RATES PLUS THE RELATIVELY LOW NUMBER OF HIGH PAYING JOBS MEDIAN HOUSEHOLD INCOME BY ALL ZIP CODES IN LOWER NORTH PHILADELPHIA HAVE MEDIAN INCOMES BELOW THE MEDIAN INCOME FOR PHILADELPHIA POVERTY ------- AMONG TJUH'S CB NEIGHBORHOODS, L OWER NORTH PHILADELPHIA RESIDENTS ARE ALMOST TWICE AS LIKELY TO LIVE BELOW 100% POVERTY AS OTHERS IN PHILADELPHIA (41 4% VS 23 6%) AND FOUR TIMES MORE LIKELY THAN THOSE LIVING IN C ENTER CITY IN ADDITION, PEOPLE LIVING IN TJUH'S CB AREA ARE MORE LIKELY THAN OTHER PHILAD ELPHIANS TO LIVE BELOW 50% OF THE FEDERAL POVERTY LEVEL (9 3% VS 7 6%) AND LOWER NORTH RE SIDENTS ARE TWICE AS LIKELY TO LIVE BELOW 50% OF THE FEDERAL POVERTY LEVEL COMPARED TO ALL PHILADELPHIANS HOWEVER, DATA FROM THE PUBLIC HEALTH MANAGEMENT CORPORATION'S 2015 HOUSEH OLD HEALTH SURVEY APPEARS TO INDICATE THAT DEEP POVERTY IN PHILADELPHIA MAY BE DECREASING (12 3% IN 2012 TO 7 6% IN 2015) THIS ALSO APPEARS TO HOLD FOR THE PERCENTAGE OF RESIDENTS LIVING AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL IN PHILADELPHIA (26 3% IN 2012 TO 23 6% IN 2015) WITHIN TJUH'S CB AREA POVERTY (LESS THAN 100% FPL) VARIES ACROSS ZIP CODES IN LOWER NORTH PHILADELPHIA POVERTY RANGES FROM 33% IN 19133 TO 38% IN 19122, 44% IN 19121 AND 53% IN 19133 IN THE TRANSITIONAL NEIGHBORHOODS ZIP CODE 19125 HAS THE HIGHEST RATE O F POVERTY (23%) IN SOUTH PHILADELPHIA THE PERCENTAGE OF PEOPLE LIVING IN POVERTY RANGES F ROM 9% IN 19147 TO 19% IN 19145 AND 19148, AND 23% IN 19146 THE POVERTY RATES IN THE REMA INING ZIP CODES ARE BELOW 13% OF THE POPULATION UNEMPLOYMENT ---------- IN PHILADELPHIA , UNEMPLOYMENT FELL IN 2014 TO AN ANNUALIZED RATE OF 7 8%, THE LOWEST SINCE BEFORE THE GRE AT RECESSION, AND WAS TRENDING EVEN LOWER BY THE END OF THE YEAR IT REMAINED SUBSTANTIALL Y HIGHER THAN THE NATIONAL RATE OF 6 2% THE NUMBERS OF JOBS GREW BY 8,800, THE BIGGEST 12 MONTH GAIN IN 15 YEARS EVEN SO, THE RATE OF INCREASE LAGGED BEHIND NATIONAL JOB GROWTH THE EDUCATION AND MEDICAL SECTORS REMAINED THE BULWARK OF THE CITYS ECONOMY, ACCOUNTING FO R MORE THAN 30% OF ALL JOBS OF THE CITYS 15 LARGEST EMPLOYERS, 12 ARE IN "EDS AND MEDS " PHILADELPHIAS UNEMPLOYMENT RATE REMAINS THE HIGHEST IN COMPARISON TO ALL OTHER LOCAL WORKF ORCE INVESTMENT AREAS IN PENNSYLVANIA LESS THAN HALF OF WORKING-AGE ADULTS IN THE CITY AR E CURRENTLY EMPLOYED, AND 40% OF THOSE WHO DO HAVE JOBS EARN POVERTY WAGES PHILADELPHIA R ANKS IN THE BOTTOM 10% OF U S CITIES IN TERMS OF BOTH POST-SECONDARY EDUCATIONAL ATTAINME NT AND LABOR FORCE PARTICIPATION THESE HIGH LEVELS OF UNEMPLOYMENT AND POVERTY LEAD TO LA CK OF HEALTH INSURANCE, OVERUSE OF THE EMERGENCY DEPARTMENT FOR PRIMARY CARE, AND DELAYED CARE AS WELL AS POORER HEALTH OUTCOMES

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	THE ORGANIZATION DEFINES ITS GREATEST ACHIEVEMENTS BY THE CONTRIBUTIONS MADE TO THE COMMUN ITY IT SERVES OUR INSTITUTION IS BOTH INSPIRED BY AND COMMITTED TO RENEWING THE HEALTH AN D PROSPERITY OF OUR AREA NEIGHBORHOODS TJUH'S COMMUNITY BUILDING ACTIVITIES ARE FOCUSED O N PROVIDING OPPORTUNITIES FOR YOUTH TO EXPLORE CAREERS IN HEALTHCARE THROUGH HEALTH AWAREN ESS EDUCATION, MENTORING, AND INTERNSHIPS ADDITIONALLY, JEFFERSON STAFF PLAY LEADERSHIP R OLES IN THE COMMUNITY BUILDING ORGANIZATIONS SUCH AS THOSE DEVOTED TO ASSISTING OLDER ADUL TS AND CREATING CAREER OPPORTUNITIES FOR YOUTH THE HOSPITAL ALSO DONATES FUNDS TO MANY OR GANIZATIONS THAT PROVIDE SOCIAL AND COMMUNITY ENHANCEMENT SERVICES IN OUR TARGET COMMUNITI ES CENTER FOR URBAN HEALTH ---------- IN 1998 JEFFERSON OPENED THE CENTER FO R URBAN HEALTH, WHICH HAS WORKED TO IMPROVE THE WELL-BEING OF PHILADELPHIA CITIZENS BY MAR SHALLING THE RESOURCES OF THOMAS JEFFERSON UNIVERSITY HOSPITALS, THOMAS JEFFERSON UNIVERSI TY AND ITS DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE, AND PARTNERING WITH COMMUNITY ORGA NIZATIONS AND NEIGHBORHOODS THE CENTER'S GOAL IS TO IMPROVE THE HEALTH STATUS OF INDIVIDU ALS AND TARGETED COMMUNITIES/NEIGHBORHOODS THROUGH A MULTIFACETED INITIATIVE, THE ARCHES P ROJECT, WHICH FOCUSES ON SIX DOMAINS/THEMES - ACCESS AND ADVOCACY, - RESEARCH, EVALUATION , AND OUTCOMES MEASUREMENT, - COMMUNITY PARTNERSHIPS AND OUTREACH, - HEALTH EDUCATION, SCR EENING AND PREVENTION PROGRAMS, - EDUCATION HEALTH PROFESSIONS STUDENTS AND PROVIDERS, AND - SERVICE DELIVERY SYSTEMS INNOVATION TJUH'S PARTNERS CONSIST OF SCHOOLS, HOMELESS SHELT ERS, SENIOR CENTERS, FAITH-BASED COMMUNITIES AND OTHER BROAD-BASED EFFORTS THAT RECOGNIZE NEIGHBORHOOD ECONOMIC, SOCIAL AND PHYSICAL ENVIRONMENTS AS UNDERLYING DETERMINANTS OF HEAL TH AND DISEASE IN ADDITION, TJUH UNDERTAKES MORE EXTENSIVE ASSESSMENTS IN PARTNERSHIP WIT H COMMUNITY-BASED ORGANIZATIONS TO CREATE PROGRAMS THAT REFLECT COMMUNITY NEED, VOICE AND CULTURE KEY INITIATIVES OF THE ARCHES PROJECT THAT ADDRESS SYSTEM CHANGES INCLUDE - CARE FOR MORE THAN 35,000 HOMELESS MEN, WOMEN AND CHILDREN OVER THE PAST 14 YEARS - BREAST HEA LTH EDUCATION FOR SHELTERED WOMEN - DIABETES SELF-MANAGEMENT EDUCATION HELD IN COMMUNITIES REACHING 1,500 ADULTS - COMMUNITY COLLABORATION ADDRESSING POLICY AND SYSTEMS CHANGE RELA TED TO OBESITY AND ACCESS TO FRESH FRUITS AND VEGETABLES AND SAFE PLACES TO BE ACTIVE - A MEDICAL-LEGAL PARTNERSHIP, ADDRESSING SOCIAL DETERMINANTS OF HEALTH SUCH AS HOUSING AND IN SURANCE ACCESS - OBESITY AND DIABETES PREVENTION IN A WORKFORCE DEVELOPMENT PROGRAM - A RE FUGEE HEALTH CENTER SERVING OVER 700 REFUGEES FROM COUNTRIES SUCH AS IRAQ, BHUTAN AND ERIT REA - HYPERTENSION, STROKE AND PROSTATE CANCER EDUCATION REACHING 9,000 AFRICAN AMERICAN M EN - CARDIOVASCULAR HEALTH LITERACY TRAINING FOR STAFF AT 15 REGIONAL HOSPITALS COMMUNITY OUTREACH AT METHODIST HOSPITAL ---------- METHODIST HOSPITAL HAS BEEN SERVING THE HEALTHCARE NEEDS OF THE SOUTH PHILADELPHIA COMMUNITY SINCE 1892 TOD AY, THE HOSPITAL REMAINS DEDICATED TO IMPROVING THE HEALTH OF AREA RESIDENTS THROUGH EDUCA TION AND OUTREACH WITH A PRIMARY FOCUS ON CHRONIC DISEASE PREVENTION AND MANAGEMENT EXPER TS FROM THE HOSPITAL LEAD COMMUNITY PROGRAMS ON MANAGING DIABETES EFFECTIVELY, INCLUDING N UTRITION CLASSES WITH MEAL PLANNING TIPS, BEREAVEMENT SUPPORT GROUPS, HEALTH FAIRS THAT IN CLUDE FREE SCREENINGS RELATED TO WOMEN'S AND MEN'S HEALTH, HEART AND VASCULAR DISEASE, CAN CER AND DIABETES IN ADDITION, THE HOSPITAL PROVIDES FREE FLU IMMUNIZATIONS ALL DESIGNED T O ENHANCE THE WELL-BEING OF LOCAL RESIDENTS AND THE SURROUNDING COMMUNITY METHODIST ALSO PARTNERS WITH VARIOUS ORGANIZATIONS INCLUDING THE CARING PEOPLE ALLIANCE, SOUTH BROAD STRE ET NEIGHBORHOOD CIVIC ASSOCIATION, THE FELS COMMUNITY CENTER, PENN ASIAN SENIOR SERVICES, UNITY HEALTH CLINIC, THE PHILADELPHIA SENIOR CENTER, TINDLEY TEMPLE, LINDA CREED FOUNDATIO N AND AREA SCHOOLS (1) HIGH SCHOOL INTERNSHIP PROGRAM - EXPLORE CAREERS IN HEALTHCARE THR OUGH PARTNERSHIPS WITH AREA HIGH SCHOOLS, METHODIST HOSPITAL OFFERS SOUTH PHILADELPHIA TEE NS THE UNIQUE OPPORTUNITY TO EXPLORE CAREERS IN HEALTHCARE WHILE OBTAINING HANDS-ON EXPERI ENCE IN CLINICAL AND ADMINISTRATIVE SETTINGS THESE VOLUNTEERS ASSIST NURSING UNITS AND 25 OTHER DEPARTMENTS THROUGHOUT THE HOSPITAL, PERFORMING VALUABLE SERVICES INCLUDING - GREE TING PATIENTS AND VISITORS - DELIVERING PATIENT TRAYS, LABS AND REPORTS - VISITING WITH PA TIENTS - HELPING TO DISCHARGE PATIENTS IN MANY INSTANCES, PARTICIPANTS IN OUR INTERNSHIP P ROGRAM OBTAIN COMMUNITY SERVICE CREDIT HOURS (2) PARISH NURSING PROGRAM IN PARTNERSHIP WI TH TINDLEY TEMPLE UNITED METHODIST CHURCH IN PARTNERSHIP WITH SOUTH PHILADELPHIA'S TINDLEY TEMPLE UNITED METHODIST CHURCH, METHODIST HOSPITAL BRINGS ACCESSIBLE HEALTHCARE AND EDUCA TION TO THE CHURCH'S CONGREGATION THROUGH OUR PARISH NURSING PROGRAM METHODIST HOSPITAL D EDICATES ONE OF OUR REGISTERED NURSES (RNS) FOR 20

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	HOURS PER WEEK TO SERVE AS AN ON-SITE RESOURCE TO THE CONGREGATION THE RN PROVIDES HEALT H EDUCATION, CONSULTATIONS, SCREENINGS AND IMMUNIZATIONS, HEALTH FAIRS AND, WHEN NECESSARY , REFERRALS TO PHYSICIANS AND SPECIALISTS (3) SOUTHEAST ASIAN OUTREACH PROGRAM AS PART OF OUR DEDICATION TO THE SOUTH PHILADELPHIA COMMUNITY, METHODIST HOSPITAL MAINTAINS THE SOUT HEAST ASIAN OUTREACH PROGRAM TO ADDRESS THE UNIQUE NEEDS OF THE COMMUNITY'S NON-ENGLISH-SP EAKING SOUTHEAST ASIAN RESIDENTS THIS PROGRAM SEEKS TO BRIDGE UNDERSTANDING BETWEEN OUR S OUTHEAST ASIAN NEIGHBORS AND THE HOSPITAL'S CAREGIVERS AND STAFF BY PROVIDING THESE PATIEN TS WITH AN INTERCULTURAL MEDIATOR WHO CAN - MAKE APPOINTMENTS AND ASK HEALTH-RELATED QUES TIONS ON BEHALF OF THE PATIENT - ACCOMPANY THE PATIENT TO APPOINTMENTS AND TRANSLATE INFOR MATION - FILL OUT FORMS, SUCH AS THOSE NEEDED FOR INSURANCE REIMBURSEMENT - VISIT THE PHAR MACY WITH THE PATIENT TO HELP THEM OBTAIN PRESCRIPTION MEDICATIONS - EXPLAIN HOW TO PROPER LY TAKE PRESCRIPTION MEDICATIONS AND DISCUSS POSSIBLE DRUG INTERACTIONS WITH THE PHARMACIS T AND THE PATIENT - EXPLAIN TEST RESULTS AND HEALTHCARE OPTIONS TO THE PATIENT OUR INTERCU LTURAL MEDIATORS ARE AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK MUSICIANS ON CALL ------ ---------- WXPN MUSICIANS ON CALL IS A FREE COMMUNITY-OUTREACH PROGRAM DESIGNED TO DELIVE R THE HEALING POWER OF MUSIC THROUGH LIVE EARLY-EVENING PERFORMANCES EVERY WEDNESDAY AND T HURSDAY BY VOLUNTEER MUSICIANS AT THE BEDSIDES OF JEFFERSON UNIVERSITY HOSPITALS' PATIENTS JEFFERSON UNIVERSITY HOSPITALS ARE PROUD TO PARTNER WITH 88 5 WXPN, THE LISTENER-SUPPORT ED RADIO STATION OF THE UNIVERSITY OF PENNSYLVANIA, IN MUSICIANS ON CALL MUSICIANS ON CAL L, A NONPROFIT ORGANIZATION FORMED IN 1999 IN NEW YORK CITY, USES MUSIC AND ENTERTAINMENT TO PROMOTE AND COMPLEMENT THE HEALING PROCESS FOR PATIENTS VOLUNTEER MUSICIANS FROM THE P HILADELPHIA AREA PARTICIPATE IN WEEKLY "ROUNDS" BY GIVING FREE IN-ROOM PERFORMANCES WITH A JEFFERSON HEALTH VOLUNTEER WHO INTRODUCES THE PROGRAM TO THE PATIENT MUSICIANS AND VOLUN TEERS VISIT A DIFFERENT HOSPITAL FLOOR EACH WEEK PATIENTS, FAMILY AND FRIENDS, PHYSICIANS , NURSES, SOCIAL WORKERS OR OTHER CLINICIANS CAN REQUEST A VISIT PROJECT H O M E ------- --------- IN THE MID-90S, DRS JAMES PLUMB AND LARA WEINSTEIN FOUNDED A SMALL CLINIC IN NO RTH PHILADELPHIA THAT IS RUN BY PROJECT H O M E (HOUSING, OPPORTUNITIES FOR EMPLOYMENT, M EDICAL CARE, EDUCATION), AN ANTI-POVERTY AND HOMELESSNESS ADVOCACY GROUP BASED IN PHILADEL PHIA, WITH HELP FROM THOMAS JEFFERSON UNIVERSITY THE CLINIC PROVIDES PRIMARY CARE FOR ARE A RESIDENTS WHO MAY OR MAY NOT HAVE HEALTH INSURANCE DRS PLUMB AND WEINSTEIN ARE FAMILY AND COMMUNITY MEDICINE PHYSICIANS AT JEFFERSON PROJECT H O M E WAS FOUNDED IN 1988 WITH THE MISSION TO EMPOWER ADULTS, CHILDREN AND FAMILIES TO BREAK THE CYCLE OF HOMELESSNESS AN D POVERTY AND TO ALLEVIATE THE UNDERLYING CAUSES OF POVERTY AREA RESIDENTS HAVE MULTIPLE OPPORTUNITIES TO WORK WITH PROJECT H O M E 'S STREET OUTREACH TEAMS TO TREAT HOMELESS INDI VIDUALS THROUGHOUT THE CITY THIS EXPERIENCE PROVIDES UNIQUE INSIGHT INTO THE PREVALENCE O F HOMELESSNESS IN PHILADELPHIA, THE DAILY LIVES OF HOMELESS INDIVIDUALS AND TO SOME OF THE REMARKABLE COPING STRATEGIES THAT THEY HAVE ADOPTED JEFFPEERS SUPPORT GROUP FOR PEOPLE IMPACTED BY A CHRONIC DISEASE ---------- ---------- ---- JEFFPEERS (PEOPLE, EMPOWERED, EDUCATED, AND READY TO SUPPORT) IS A CHRONIC DISEASE SE LF-MANAGEMENT PROGRAM DESIGNED TO HELP ADULTS BETTER MANAGE CHRONIC MEDICAL CONDITIONS WE PROVIDE SUPPORT, EDUCATION AND A VARIETY OF RESOURCES FOR INDIVIDUALS AND FAMILIES AFFECT ED WITH A CHRONIC DISEASE AT JEFFERSON, WE RECOGNIZE THAT BY PROVIDING QUALITY HEALTHCARE TO OUR PATIENTS, AND EDUCATION AND OUTREACH TO OUR NEIGHBORS, WE ARE ALSO ENRICHING THE L IVES AND FUTURE OF OUR SURROUNDING COMMUNITY WHEN THE COMMUNITY THRIVES, WE ALL BENEFIT

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFES SIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THOMAS JEFFERSON UNIVERSITY CO NDUCTS RESEARCH AND OFFERS UNDERGRADUATE AND GRADUATE INSTRUCTION THROUGH THE SIDNEY KIMME L MEDICAL COLLEGE AND THE JEFFERSON COLLEGES OF NURSING, PHARMACY, HEALTH PROFESIONS, POPU LATION HEALTH, AND BIOMEDICAL SCIENCES THOMAS JEFFERSON UNIVERSITY HOSPITAL, ABINGTON HEA LTH, ARIA HEALTH, KENNEDY HEALTH SYSTEM AND MAGEE REHABILITATION HOSPITAL ARE INTEGRATED H EALTHCARE ORGANIZATIONS THAT PROVIDE INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES THR OUGH ACUTE CARE, AMBULATORY CARE, PHYSICIAN AND OTHER PRIMARY CARE SERVICES FOR THE RESIDE NTS OF SOUTHERN NEW JERSEY AND THE GREATER PHILADELPHIA REGION TJU IS THE SOLE CORPORATE MEMBER OF THESE ORGANIZATIONS OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE SYSTEM NOT-FOR-PROFIT ARIA HEALTH SYSTEM ENTITIES ========== ======= THOMAS JEFFERSON UNIVERSITY ---------- THOMAS JEFFERSON UNIVERSIT Y ("TJU") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURS UANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERN AL REVENUE CODE 509(A)(1) TJU IS THE PARENT COMPANY THAT FINANCIALLY AND CORPORATELY INTE GRATES THOMAS JEFFERSON UNIVERSITY AMONG ITS SUBSIDIARY ENTITIES THOMAS JEFFERSON UNIVERS ITY AND JEFFERSON HEALTH (ALSO KNOWN COLLECTIVELY AS ("JEFFERSON") IS AN ACADEMIC MEDICAL CENTER DEDICATED TO EDUCATING THE HEALTH PROFESSIONALS OF TOMORROW IN A VARIETY OF DISCIPL INES, DISCOVERING NEW TREATMENTS AND THERAPIES THAT WILL DEFINE THE FUTURE OF CLINICAL CAR E, AND PROVIDING EXCEPTIONAL PRIMARY CARE THROUGH COMPLEX QUATERNARY CARE TO PATIENTS IN T HE COMMUNITIES SERVED THROUGHOUT THE DELAWARE VALLEY FOUNDED IN 1824 AS JEFFERSON MEDICAL COLLEGE (JMC), AND NOW KNOWN AS SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERS ITY (TJU), THE UNIVERSITY ALSO INCLUDES THE JEFFERSON COLLEGES OF BIOMEDICAL SCIENCES, HEA LTH PROFESSIONS, NURSING, PHARMACY, AND POPULATION HEALTH TJU ENROLLS MORE THAN 3,800 FUT URE PHYSICIANS, SCIENTISTS AND HEALTHCARE PROFESSIONALS TJUH SYSTEM, INC ---------- -- TJUH SYSTEM, INC ("TJUHS") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVI CE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATI ON PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) TJUHS IS THE HOLDING COMPANY TO PROVIDE OV ERALL PLANNING, MANAGEMENT AND SUPPORT SERVICES FOR ALL OTHER HOSPITAL ENTERPRISE ORGANIZA TIONS THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC ---------- ---- JEFFERSON HEALTH IS THE CLINICAL ARM OF THE ORGANIZATION IT INCLUDES THOMAS JEFFERSO N UNIVERSITY HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIENCE AND METHODIST HOSPITAL (COLLECT IVELY REFERRED TO AS TJUH) TJUH PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES IN SOUTH EASTERN PENNSYLVANIA, SOUTHERN NEW JERSEY, AND DELAWARE PRIMARILY BY PROVIDING HOSPITAL, S UB-ACUTE, OUTPATIENT, AND PHYSICIAN SERVICES AND BY PROVIDING FACILITIES IN WHICH STUDENTS , PHYSICIANS, NURSES, AND OTHER HEALTHCARE PROFESSIONALS ARE TRAINED IN A CLINICAL SETTING TJUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, TJUH PROVIDES MEDICALLY NEC ESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY MOREOVER, NO IN DIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES TJUH OPERATES CONSISTE NTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 EMERGENCY TRANSPORT ASSOCIAT ES, INC ---------- EMERGENCY TRANSPORT ASSOCIATES, INC ("ETA") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO I NTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENU E CODE 509(A)(2) ETA SEEKS TO PROVIDE HIGH QUALITY AIR AND GROUND MEDICAL TRANSPORTATION SERVICES TO PATIENTS WHO ARE ADMITTED TO OR DISCHARGED FROM JEFFERSON FACILITIES JEFFEX, INC ---------- JEFFEX, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVI CE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATI ON PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) JEFFEX, INC IS A HOLDING COMPANY PROVIDIN G PLANNING, MANAGEMENT AND OVERSIGHT FOR CERTAIN NON-ACUTE CARE, NON-PROFIT SUBSIDIARY ORG ANIZATIONS JEFFERSON PHYSICIAN SERVICES ---------- ---------- JEFFERSON PHYSICIAN SERVICES IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSU ANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NO

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	N-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) JEFFERSON PHYSICIAN SERV ICES PROVIDES SUPPORT TO VARIOUS RELATED THOMAS JEFFERSON INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATIONS JEFFERSON MEDICAL CARE ---------- JEFFERSON MEDICAL CARE ("JMC") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT P URSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INT ERNAL REVENUE CODE 509(A)(3) JMC PROVIDES PHYSICIAN SERVICES IN THE AREAS OF FAMILY MEDIC INE, ORAL SURGERY AND INTEGRATIVE MEDICINE JEFFERSON UNIVERSITY PHYSICIANS ---------- ---------- JEFFERSON UNIVERSITY PHYSICIANS ("JUP") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AN D AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) JUP IS CHARGED IN SUPPORTING THE MEDICAL CARE, EDUCATION AND RESEARCH OF TJU, SKMC AND TJUHS JEFFERSON U NIVERSITY PHYSICIANS OF NEW JERSEY, P C ---------- ---------- -- JEFFERSON UNIVERSITY PHYSICIANS OF NJ, P C ("JUPNJ") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) JUPNJ IS CHARGED IN SUPPORTING THE MEDICAL CARE, EDUCATION AND RESEARCH OF TJU, SKMC AND TJUHS METHODIST ASSOCIATES IN HEALTHCARE, INC ---------- ---------- METHODIST ASSOCIAT ES IN HEALTHCARE, INC IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TA X-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSU ANT TO INTERNAL REVENUE CODE 509(A)(3) METHODIST ASSOCIATES IN HEALTHCARE, INC PROVIDES PROFESSIONAL SERVICES METHODIST ASSOCIATES IN HEALTHCARE OF NEW JERSEY, P C ---------- ---------- METHODIST ASSOCIATES IN HEALTHCARE OF NEW JERSE Y, P C ("MAHCNJ") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EX EMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) MAHCNJ IS A PROFESSIONAL CORPORATION WHOSE STOCK IS NO MINALLY OWNED BY AN EMPLOYED PHYSICIAN OF TJUHS SUTHBREIT PROPERTIES, LTD ---------- ---------- SUTHBREIT PROPERTIES, LTD ("SP") IS AN ORGANIZATION RECOGNIZED BY THE INTERN AL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(2) SP ACTS AS A REAL ESTATE HOLDING COMPANY FOR VARIOUS PROPERTIES WALNUT HOME THERAPEUTICS, INC ------ ---------- WALNUT HOME THERAPEUTICS, INC ("WHT") IS AN ORGANIZATION RECOGNI ZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C) (2) WHT PROVIDES MEDICATIONS IN THE HOME TO ASSIST IN TRANSITIONING PATIENTS FROM A HOSPI TAL OF SKILLED FACILITY TO INDEPENDENT LIVING, PRIMARILY THROUGH INTRAVENOUS DRUG DELIVERY METHODOLOGIES, IN SUPPORT OF TJUH AND OTHER PHILADELPHIA AREA HOSPITALS, AND SERVES AS A SPECIALTY PHARMACY THAT PROVIDES A UNIQUE SERVICE TO CLINICALLY COMPLEX PATIENTS SPECIALT Y MEDICATIONS ARE TYPICALLY BIOTECHNOLOGY-DERIVED MEDICATIONS THAT TREAT RARE AND CHRONIC CONDITIONS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	ABINGTON HEALTH ---------- ABINGTON HEALTH ("AH") IS A NOT FOR PROFIT HOLDING COMPANY BASED IN ABINGTON, PENNSYLVANIA AH IS THE SOLE CORPORATE MEMBER OF A NUMBER OF NOT FOR-P ROFIT ENTITIES AS OUTLINED HEREIN AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED H EALTHCARE DELIVERY SYSTEM, AH STRIVES TO CONTINUALLY DEVELOP AND OPERATE AN INTEGRATED HEA LTHCARE DELIVERY SYSTEM WHICH PROVIDES A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEA LTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA COUNTIES INCLUDING EASTERN MONTGOMERY, P ORTIONS OF BUCKS AND PHILADELPHIA COUNTIES, PENNSYLVANIA AH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION AND AS A SU PPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) ABINGTON MEMORIAL HOSPI TAL ---------- ABINGTON MEMORIAL HOSPITAL ("AMH") IS A 665-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN ABINGTON, MONTGOMERY COUNTY, PENNSYLVANIA AMH IS REC OGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT O RGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, AMH PROVIDES MEDICALLY NECESSARY HEALTHC ARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, RELIGION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY MOREOVER, NO INDIVI DUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES AMH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 LANSDALE HOSPITAL CORPORATION --- ---------- LANSDALE HOSPITAL CORPORATION ("LHC") IS A 140-BED NON-PROFIT A CUTE CARE MEDICAL CENTER LOCATED IN LANSDALE, MONTGOMERY COUNTY, PENNSYLVANIA LHC IS RECO GNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT OR GANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, LHC PROVIDES MEDICALLY NECESSARY HEALTHCA RE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, N ATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY MOREOVER, NO INDIVIDUALS ARE D ENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES LHC OPERATES CONSISTENTLY WITH THE CR ITERIA OUTLINED IN IRS REVENUE RULING 69-545 ABINGTON HEALTH FOUNDATION ---------- ---------- ABINGTON HEALTH FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FO UNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THROUGH FUNDRAISING ACTIVITIES THE O RGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF ABINGTON MEMORIAL H OSPITAL, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION ARIA HEALTH SYSTEM, INC ---------- ARIA HEALTH SYSTEM, INC ("AHS") IS THE TAX-E XEMPT PARENT OF THE ARIA HEALTH SYSTEM ("SYSTEM") THIS INTEGRATED HEALTHCARE DELIVERY SYS TEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS THE SOLE MEMBER OR STOCKHO LDER OF EACH ENTITY IS EITHER AHS OR ANOTHER AHS AFFILIATE CONTROLLED BY AHS THE SYSTEM I S AN INTEGRATED SYSTEM OF HEALTHCARE PROVIDERS THROUGHOUT THE COMMONWEALTH OF PENNSYLVANIA AND IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVE NUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) ARIA HEALTH D/B/A JEFFERSON HEALTH - NORTHEAST ("JHNE") ---------- ---------- JHNE IS COMPRISED OF THREE HOSPITAL CAMPUSES, MULTIPLE OUTPAT IENT CENTERS AND A GROWING NETWORK OF PHYSICIANS THAT SERVE THE NORTHEAST PHILADELPHIA AND BUCKS COUNTY COMMUNITIES JHNE'S JEFFERSON FRANKFORD HOSPITAL IS A 115-BED HOSPITAL FACIL ITY WHICH OFFERS AN ARRAY OF EMERGENCY, INPATIENT, OUTPATIENT MEDICAL AND SURGICAL SERVICE S ALSO LOCATED ON JEFFERSON FRANKFORD HOSPITAL IS THE HEALTH CENTER CLINIC WHICH HANDLES MORE THAN 5,000 OUTPATIENT CASES PER YEAR, ALONG WITH THE ARIA HEALTH SCHOOL OF NURSING, W HICH OPENED A YEAR AFTER THE HOSPITAL AND IS NOW THE LARGEST HOSPITAL-BASED NURSING SCHOOL IN PENNSYLVANIA JHNE'S JEFFERSON TORRESDALE HOSPITAL IS A 258-BED HOSPITAL FACILITY THAT OFFERS AN ARRAY OF INPATIENT AND OUTPATIENT MEDICAL, SURGICAL AND EMERGENCY SERVICES ARI A HEALTH - TORRESDALE IS ALSO A STATE-ACCREDITED LEVEL II TRAUMA CENTER, ONE OF THE ORIGIN AL NINE TRAUMA SITES DESIGNATED BY THE COMMONWEALTH OF PENNSYLVANIA JHNE'S JEFFERSON BUCK S HOSPITAL IS A 112-BED HOSPITAL FACILITY THAT OFFERS AN ARRAY OF EMERGENCY, INPATIENT, OU TPATIENT, MEDICAL AND SURGICAL SERVICES JHNE IS RECOGNIZED BY THE INTERNAL REVENUE SERVIC E ("IRS") AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS C HARITABLE PURPOSES, JHNE PROVIDES EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER RE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	GARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, JHNE OPE RATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 ARIA HEALTH PH YSICIAN SERVICES ---------- ARIA HEALTH PHYSICIAN SERVICES IS AN ORGAN IZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVE NUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 170(B)(1)(A)(III) THE ORGANIZATION SUPPORTS JHNE, A RELATED INTERNAL REVENUE CODE 501(C)(3) TA X-EXEMPT HOSPITAL ORGANIZATION ARIA HEALTH ORTHOPAEDICS ---------- ARIA HEA LTH ORTHOPAEDICS IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEM PT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) THE ORGANIZATION SUPPORTS JHNE, A RELATED INTERNAL REVEN UE CODE 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION JEFFERSON HEALTH NORTHEAST FOUNDATION ---------- JEFFERSON HEALTH NORTHEAST FOUNDATION IS AN ORGANI ZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVEN UE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A) (3) THIS ORGANIZATION IS ORGANIZED AND OPERATED EXCLUSIVELY TO SUPPORT AND FOR THE BENEFI T OF ARIA HEALTH SYSTEM, INC , A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANI ZATION KENNEDY HEALTH SYSTEM, INC ---- ---------- KENNEDY HEALTH SYSTEM, INC ("KHS") IS THE TAX-EXEMPT PARENT OF THE KENNEDY HEALTH SYSTEM ("SYSTEM") THIS INTEGRATE D HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS T HE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS KHS THE SYSTEM IS AN INTEGRATED SYSTEM OF HEALTHCARE PROVIDERS THROUGHOUT NEW JERSEY AND IS RECOGNIZED BY THE INTERNAL REVENUE SERV ICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDAT ION PURSUANT TO INTERNAL REVENUE CODE 170(B)(1)(A)(VI) KENNEDY UNIVERSITY HOSPITAL, INC ---------- ---------- KENNEDY UNIVERSITY HOSPITAL, INC ("KUH") IS A NON-PROFI T NEW JERSEY CORPORATION WHICH OWNS AND OPERATES A 607-BED MULTI-CAMPUS HOSPITAL SYSTEM WI TH HOSPITAL FACILITIES IN STRATFORD, CHERRY HILL AND TURNERSVILLE (WASHINGTON TOWNSHIP), N EW JERSEY THE HOSPITAL IS THE MAJOR TEACHING AFFILIATE OF THE ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVI CES, AS WELL AS HOME HEALTH, DIALYSIS, RADIATION ONCOLOGY AND REHABILITATION SERVICES, PRI NCIPALLY TO RESIDENTS OF CAMDEN AND GLOUCESTER COUNTIES, NEW JERSEY KUH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE 501(C) (3) TAX-EXEMPT ORGA NIZATION PURSUANT TO ITS CHARITABLE PURPOSES, KUH PROVIDES HEALTHCARE SERVICES TO ALL IND IVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX OR ABILITY T O PAY MOREOVER, IT OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVE NUE RULING 69-545 KENNEDY HEALTH FACILITIES, INC ---------- KENNEDY HEALTH FACILITIES, INC IS A NON-PROFIT NURSING HOME CONSISTING OF 190 BEDS (130 LONG-TER M CARE BED AND 60 SUB-ACUTE CARE BEDS) KHF IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS SUPPORTING ORGANIZATION P URSUANT TO INTERNAL REVENUE CODE 509(A) (3) KENNEDY HEALTH CARE FOUNDATION, INC --------- ---------- KENNEDY HEALTH CARE FOUNDATION, INC IS A NOT-FOR-PROFIT CORPO RATION WHICH IS RESPONSIBLE FOR THE FUNDRAISING ACTIVITIES OF THE SYSTEM THE ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 170(B)(1) (A)(VI)

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	KENNEDY MEDICAL GROUP PRACTICE, P C ---------- KENNEDY MEDICAL GROUP PRACTICE, P C D/B/A KENNEDY HEALTH ALLIANCE, IS A TAX-EXEMPT PROFESSIONAL CORPORATI ON AND OPERATES AS A NETWORK OF PRIMARY PHYSICIAN GROUPS AND SPECIALISTS WITH OFFICES LOCA TED THROUGHOUT THE SOUTH JERSEY REGION AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FO UNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2) KENNEDY PROPERTY CORPORATION ------- ---------- KENNEDY PROPERTY CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE IN TERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509 (A)(3) KPC IS THE HOLDING CO MPANY TO PROVIDE OVERALL PLANNING, MANAGEMENT AND SUPPORT SERVICES FOR ALL OTHER HOSPITAL ENTERPRISE ORGANIZATIONS STAT MEDICAL TRANSPORT, INC ---------- STAT M EDICAL TRANSPORT, INC IS A NOT-FOR-PROFIT AMBULANCE COMPANY WHICH OWNS AND OPERATES AMBUL ANCES THAT SERVICE THE HOSPITAL AND THE COMMUNITY THE ORGANIZATION IS RECOGNIZED BY THE I NTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) PHILADELPHIA UNIVERS ITY ---------- PHILADELPHIA UNIVERSITY IS AN ORGANIZATION RECOGNIZED BY THE I NTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE ORGANIZATION FUNC TIONS AS A COMPREHENSIVE UNIVERSITY WITH PREEMINENCE IN TRANSDISCIPLINARY, EXPERIENTIAL PR OFESSIONAL EDUCATION, RESEARCH AND DISCOVERY, DELIVERING EXCEPTIONAL VALUE FOR THE 21ST CE NTURY STUDENTS WITH EXCELLENCE IN ARCHITECTURE, BUSINESS, DESIGN, FASHION, ENGINEERING, HE ALTH, MEDICINE, SCIENCE AND TEXTILES - INFUSED WITH THE LIBERAL ARTS MAGEE REHABILITATION HOSPITAL ---------- MAGEE REHABILITATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PU RSUANT TO ITS CHARITABLE PURPOSES, MAGEE REHABILITATION PROVIDES HEALTHCARE SERVICES TO AL L INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATION AL ORIGIN OR ABILITY TO PAY MOREOVER, MAGEE REHABILITATION OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 FOR-PROFIT HEALTH SYSTEM ENTITIES ======= ========== 1100 WALNUT ASSOCIATES, LLC ---------- 1100 W ALNUT ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY WHICH ENGAGES IN REAL ESTATE ACTIVITY TMB ENTERPRISE PARTNERSHIP, LLC ---------- TMB ENTERPRISE PARTNERSH IP, LLC IS A PARTNERSHIP OWNED BY ARIA HEALTH SYSTEM AFFILIATES THIS ORGANIZATION ENGAGES IN REAL ESTATE ACTIVITY JUNIATA MEDICAL BUILDING PARTNERS, LLC ---------- ---------- JUNIATA MEDICAL BUILDING PARTNERS, LLC IS A PARTNERSHIP OWNED BY ARIA HEALTH SYSTEM AFFILIATES THIS ORGANIZATION ENGAGES IN REAL ESTATE ACTIVITY MEDICAL IMAGING ASS OCIATES, LLC ---------- MEDICAL IMAGING ASSOCIATES, LLC IS A PARTNERS HIP WHICH IS OWNED 83% BY ARIA HEALTH SYSTEM, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION THIS ORGANIZATION RENTS MEDICAL EQUIPMENT TO SYSTEM AFFILIA TES ATRIUM CORPORATION ---------- ATRIUM CORPORATION IS A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS TJUHS THE ORGANIZATION IS LOCATED IN PHILADELPHIA, PENNSYLVANIA THE ORGANIZATION IS A TAXABLE HOLDING COMPANY PROVIDING OVERSIGHT FOR OWNED FOR-PROFIT SUBSID IARY ORGANIZATIONS HEALTHMARK, INC ---------- HEALTHMARK, INC IS A FOR-PROFIT ENT ITY WHOSE SOLE SHAREHOLDER IS THE ATRIUM CORPORATION THE ORGANIZATION IS LOCATED IN PHILA DELPHIA, PENNSYLVANIA THE ORGANIZATION PROVIDES WORKERS COMPENSATION SERVICES AND EMPLOYE E PHYSICALS AND TESTING JEFFCARE, INC ---------- JEFFCARE, INC IS A FOR-PROFIT ENTI TY WHOSE SOLE SHAREHOLDER IS TJUHS THE ORGANIZATION IS LOCATED IN PHILADELPHIA, PENNSYLVA NIA THE ORGANIZATION NEGOTIATES AND COORDINATES MANAGED CARE CONTRACTS AND SUPPORTS JEFFC ARE ALLIANCE, LLC THE ORGANIZATION IS A PHYSICIAN-HOSPITAL ORGANIZATION ("PHO") JEFFERSO N ACUTE CARE PHYSICIANS, P C ---------- JEFFERSON ACUTE CARE P HYSICIANS, P C IS A FOR-PROFIT ENTITY THE ORGANIZATION IS LOCATED IN PHILADELPHIA, PENNS YLVANIA THE ORGANIZATION PROVIDES MEDICAL SERVICES JEFFERSON PHYSICIAN SERVICES OF CALIF ORNIA, P C ---------- JEFFERSON PHYSICIAN SERVICES OF CALIFORNIA, P C IS A FOR-PROFIT ENTITY THE ORGANIZATION WAS ORGANIZED TO PROVIDE TELE MEDICINE SERVICES TELEMEDICINE SEEKS TO IMPROVE A PATIENT'S HEALTH BY PERMITTING TWO-WAY, REAL TIME INTERACTIVE COMMUNICATION BETWEEN THE PATIENT, AND THE PHYSICIAN OR PRACTITIONE R AT THE DISTANT SITE THIS ORGANIZATION IS CURREN

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	TLY INACTIVE MID-ATLANTIC MATERNAL FETAL INSTITUTE, INC ---------- ---------- MID-ATLANTIC MATERNAL FETAL INSTITUTE, INC IS A FOR-PROFIT ENTITY THE ORGANI ZATION IS LOCATED IN PHILADELPHIA, PENNSYLVANIA THE ORGANIZATION IS CURRENTLY INACTIVE M ID-ATLANTIC MATERNAL FETAL INSTITUTE, PC ---------- MID-ATL ANTIC MATERNAL FETAL INSTITUTE, PC IS A FOR-PROFIT ENTITY THE ORGANIZATION IS LOCATED IN PHILADELPHIA, PENNSYLVANIA THE ORGANIZATION IS CURRENTLY INACTIVE TJU, INC --------- TJ U, INC IS A FOR-PROFIT ENTITY THE ORGANIZATION IS LOCATED IN PHILADELPHIA, PENNSYLVANIA THE ORGANIZATION IS RESPONSIBLE FOR MANAGING AND OPERATING RENTAL SPACE WALNUT REALTY -- ---------- WALNUT REALTY IS A FOR-PROFIT ENTITY THE ORGANIZATION IS LOCATED IN PHILADELP HIA, PENNSYLVANIA THE ORGANIZATION IS RESPONSIBLE FOR MANAGING AND OPERATING RENTAL SPACE 925 WALNUT STREET CORP ---------- 925 WALNUT STREET CORP IS A FOR-PROFIT ENTITY THE ORGANIZATION IS LOCATED IN WILMINGTON, DELAWARE THE ORGANIZATION IS RESPONSIB LE FOR MANAGING AND OPERATING A PARKING GARAGE SYSTEM SERVICE CORPORATION ---------- ---------- SYSTEM SERVICE CORPORATION IS A FOR-PROFIT HOLDING CORPORATION LOCATED IN DELA WARE T F DEVELOPMENT, INC ---------- T F DEVELOPMENT, INC IS A FOR-PROFIT CORPORATION WHOSE SOLE SHAREHOLDER IS SYSTEM SERVICE CORPORATION THE ORGANIZATION MANAGE S RENTAL REAL ESTATE HEALTH CARE, INC ---------- HEALTH CARE, INC IS A FOR-PROFI T CORPORATION WHOSE SOLE SHAREHOLDER IS SYSTEM SERVICE CORPORATION THE ORGANIZATION OPERA TES A PHARMACY IN BUCKS COUNTY, PENNSYLVANIA KENNEDY MANAGEMENT GROUP, INC ---------- ---------- KENNEDY MANAGEMENT GROUP, INC IS A FOR-PROFIT CORPORATION THAT INVESTS IN FOR-PROFIT BUSINESSES TO FURTHER ITS MISSION KMG ACCOUNTS FOR INVESTMENTS UNDER THE EQ UITY METHOD AND HAS A 50% INTEREST IN THE OPERATIONS OF HEALTHTRAX FITNESS GYM, LLC, A 20% INTEREST IN MAB BUILDING ASSOCIATES, AND A 26% INTEREST IN KHS AMBULATORY SURGERY CENTER, LLC KMG FILES ITS FEDERAL TAX RETURN IN CONSOLIDATION WITH PROFESSIONAL MEDICAL MANAGEME NT, INC PROFESSIONAL MEDICAL MANAGEMENT, INC ---------- PROFE SSIONAL MEDICAL MANAGEMENT, INC IS A SUBSIDIARY OF KENNEDY MANAGEMENT GROUP, INC THIS CO RPORATION IS A FOR-PROFIT COLLECTION SERVICE COMPANY KENNEDY ACCESS INCORPORATED -------- ---------- KENNEDY ACCESS INCORPORATED IS A FOR-PROFIT CORPORATION WHOSE SOLE SHA REHOLDER IS KENNEDY HEALTH SYSTEM, INC THE ORGANIZATION IS CURRENTLY INACTIVE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 6	JOINT VENTURES ========== RIVERVIEW SURGERY CENTER AT THE NAVY YARD, LP ---------- RIVERVIEW SURGERY CENTER AT THE NAVY YARD, LP IS A LIMITED PARTNERSHIP OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC OWNS A 50 49% MAJORITY INTEREST RIVERVIEW SURGERY CENTER AT THE NAVY YARD, LLC ---------- RIVERVIEW SURGERY CENTER AT THE NAVY YARD, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC OWNS A 51% MAJORITY INTEREST JEFFERSON UNIVERSITY RADIOLOGY ASSOCIATES, LLC ---------- JEFFERSON UNIVERSITY RADIOLOGY ASSOCIATES, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC OWNS A 80% MAJORITY INTEREST JEFFERSON COMPREHENSIVE CONCUSSION CENTER, LLC ---------- JEFFERSON COMPREHENSIVE CONCUSSION CENTER, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC HOLDS A 32 5% INTEREST IN AND JEFFERSON UNIVERSITY PHYSICIANS HOLDS A 33 9% INTEREST IN ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL, LLC ---------- ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC OWNS A 54% MAJORITY INTEREST JEFFHEDGE, LLC ---------- JEFFHEDGE, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOLDS A 70% MAJORITY INTEREST MLJH, LLC ---------- MLJH, LLC IS A LIMITED LIABILITY COMPANY OF WHICH THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC HAS A 50% INTEREST THIS ORGANIZATION WAS CREATED TO INVEST IN PHYSICIANS CARE SURGICAL HOSPITAL, LP, A PENNSYLVANIA LIMITED PARTNERSHIP WHICH OPERATES A SPECIALTY SURGICAL HOSPITAL GARDEN STATE RADIOLOGY NETWORK, LLC ---------- GARDEN STATE RADIOLOGY NETWORK, LLC WILL DEVELOP, OWN, OPERATE AND MANAGE A DIAGNOSTIC IMAGING NETWORK FOR THE SYSTEM KENNEDY HEALTH SYSTEM, INC HAS A 51% INTEREST IN THE ORGANIZATION KENNEDY CHERRY HILL SURGICAL CENTER, LLC ---------- KENNEDY CHERRY HILL SURGICAL CENTER, LLC IS A LIMITED LIABILITY COMPANY OF WHICH KENNEDY UNIVERSITY HOSPITAL, INC HAS A 51% INTEREST THIS ORGANIZATION OPERATES A SURGICAL CENTER

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 7	NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN PENNSYLVANIA AND NEW JERSEY NO COMMUNITY BENEFIT REPORT IS REQUIRED TO BE FILED WITH EITHER PENNSYLVANIA OR NEW JERSEY

Additional Data

Software ID:
Software Version:
EIN: 23-2829095
Name: THOMAS JEFFERSON UNIVERSITY HOSPITALS 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? **5** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	THOMAS JEFFERSON UNIVERSITY HOSPITAL 111 SOUTH 11TH STREET PHILADELPHIA, PA 19107 WWW JEFFERSON EDU 200801	X	X		X			X			A
2	JEFFERSON METHODIST HOSPITAL 2301 SOUTH BROAD STREET PHILADELPHIA, PA 19148 WWW JEFFERSON EDU 200801	X	X					X			A
3	JEFFERSON HOSPITAL FOR NEUROSCIENCE 900 WALNUT STREET PHILADELPHIA, PA 19107 WWW JEFFERSON EDU 200801	X	X					X			A
4	ROTHMAN ORTHO SPECIALTY HOSPITAL 3300 TILLMAN DRIVE BENSALEM, PA 19020 HTTP //ROTHMANORTHOHOSPITAL COM 22620101	X	X								B
5	PHYSICIAN CARE SURGICAL HOSPITAL 454 ENTERPRISE DRIVE ROYERSFORD, PA 19468 WWW PHYCAREHOSPITAL COM 22630101	X	X								C

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 2	ROSH - FACILITY REPORTING GROUP B ========== EFFECTIVE JUNE 30, 2016 THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC ("TJUH") BECAME A MAJORITY OWNER IN ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL, LLC ("ROSH") AND BEGAN OPERATING THE HOSPITAL FACILITY PER INTERNAL REVENUE CODE SECTION 501(R), AN ORGANIZATION IS CONSIDERED TO OPERATE A HOSPITAL FACILITY IF IT OWNS A CAPITAL OR PROFITS INTEREST IN AN ENTITY TREATED AS A PARTNERSHIP FOR FEDERAL TAX PURPOSES THAT OPERATES THE HOSPITAL FACILITY ADDITIONALLY, THE FINAL REGULATIONS CLARIFIED THAT AN ORGANIZATION IS CONSIDERED TO OWN A CAPITAL OR PROFITS INTEREST IN AN ENTITY TREATED AS A PARTNERSHIP FOR FEDERAL TAX PURPOSES, IF IT OWNS SUCH AN INTEREST DIRECTLY OR INDIRECTLY THROUGH ONE OR MORE LOWER-TIER ENTITIES THAT ARE TREATED AS PARTNERSHIPS FOR FEDERAL TAX PURPOSES THEREFORE, IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R), TJUH, AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION, BEGAN OPERATING ROSH, A REHABILITATION HOSPITAL FACILITY, IN THE IMMEDIATELY PRECEDING TAX YEAR PHYCARE - FACILITY REPORTING GROUP C ========== IN MAY OF 2017, THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC ("TJUH") AND MAIN LINE HOSPITALS, INC ("MLH") ESTABLISHED A LIMITED LIABILITY COMPANY, MLJH, LLC, PURSUANT TO THE PROVISIONS OF THE PENNSYLVANIA UNIFORM LIMITED LIABILITY COMPANY ACT MLJH, LLC WAS FORMED TO INVEST IN PHYSICIAN'S CARE SURGICAL HOSPITAL, LP ("PHYCARE") A PENNSYLVANIA LIMITED PARTNERSHIP, WHICH OPERATES A SPECIALTY SURGICAL HOSPITAL LOCATED AT 454 ENTERPRISE DRIVE ROYERSFORD, PENNSYLVANIA PER INTERNAL REVENUE CODE SECTION 501(R), AN ORGANIZATION IS CONSIDERED TO OPERATE A HOSPITAL FACILITY IF IT OWNS A CAPITAL OR PROFITS INTEREST IN AN ENTITY TREATED AS A PARTNERSHIP FOR FEDERAL TAX PURPOSES THAT OPERATES THE HOSPITAL FACILITY ADDITIONALLY, THE FINAL REGULATIONS CLARIFIED THAT AN ORGANIZATION IS CONSIDERED TO OWN A CAPITAL OR PROFITS INTEREST IN AN ENTITY TREATED AS A PARTNERSHIP FOR FEDERAL TAX PURPOSES IF IT OWNS SUCH AN INTEREST DIRECTLY OR INDIRECTLY THROUGH ONE OR MORE LOWER-TIER ENTITIES THAT ARE TREATED AS PARTNERSHIPS FOR FEDERAL TAX PURPOSES ULTIMATELY, TJUH BEGAN OPERATING PHYCARE, A HOSPITAL FACILITY, THROUGH ITS 50% OWNERSHIP IN MLJH, LLC EFFECTIVE JULY 1, 2017

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3	PHYCARE - FACILITY REPORTING GROUP C ========== A HOSPITAL ORGANIZATION THAT ACQUIRES A HOSPITAL FACILITY (WHETHER THROUGH MERGER OR ACQUISITION) MUST MEET THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(R)(3) WITH RESPECT TO THE ACQUIRED HOSPITAL FACILITY BY THE LAST DAY OF THE ORGANIZATION'S SECOND TAXABLE YEAR BEGINNING AFTER THE DATE ON WHICH THE HOSPITAL FACILITY WAS ACQUIRED IN ACCORDANCE WITH THESE REGULATIONS, THE HOSPITAL FACILITY'S CHNA WILL BE COMPLETED AND MADE WIDELY AVAILABLE ON OR BEFORE JUNE 30, 2019

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3I	TJUH - FACILITY REPORTING GROUP A ========== THE ORGANIZATION FIRST CONDUCTED ITS INITIAL COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") AND A THRE E YEAR IMPLEMENTATION PLAN AS OF JUNE 30, 2013 THEREAFTER, AS INDICATED WITHIN SCHEDULE H , PART V, SECTION B, THE ORGANIZATION CONDUCTED ITS SECOND CHNA AND THREE YEAR IMPLEMENTAT ION PLAN AS OF JUNE 30, 2016 IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(3), AN ORGANIZATION'S CHNA SHOULD INCLUDE THE IMPACT OF ANY ACTIONS TAKEN TO ADDRESS THE SIGNI FICANT HEALTH NEEDS IDENTIFIED IN THE ORGANIZATION'S PRIOR CHNA WHILE THE ORGANIZATION'S MOST RECENTLY CONDUCTED CHNA DOES NOT SPECIFICALLY DESCRIBE THE IMPACT OF THE ACTIONS TAKE N TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S PRIOR CHNA, THE ORG ANIZATION CREATED A SEPARATE REPORT ENTITLED "THOMAS JEFFERSON UNIVERSITY HOSPITALS COMMUN ITY HEALTH NEEDS ASSESSMENT REPORT EVALUATION" ("REPORT") WHICH DESCRIBES THE IMPACT OF AN Y ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S PRIOR CHNA THIS REPORT, WHICH IS MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE (URL INCL UDED BELOW), INDICATES THAT SINCE ITS INITIAL CHNA, ROUGHLY 108,250 INDIVIDUALS WERE REACH ED AS A RESULT OF THE ORGANIZATION'S COMMUNITY HEALTH IMPROVEMENT SERVICES THESE SERVICES INCLUDED COMMUNITY HEALTH EDUCATION, COMMUNITY BASED CLINICAL SERVICES AND HEALTHCARE SUP PORTIVE SERVICES ADDITIONALLY, THE ORGANIZATION'S HEALTH PROFESSIONS EDUCATION SERVICES R EACHED OVER 105,500 INDIVIDUALS INCLUDING PHYSICIANS, MEDICAL, NURSING, PHARMACY, OCCUPATI ONAL AND PHYSICAL THERAPY STUDENTS AND FACULTY, AS WELL AS, OTHER HEALTH PROFESSIONALS SUC H AS PHYSICIANS AND MEDICAL ASSISTANTS THE ORGANIZATION'S REPORT INCLUDES TABLES WHICH SU MMARIZE AND EVALUATE MAJOR EFFORTS TIED TO THE ORGANIZATION'S 2013 - 2016 IMPLEMENTATION P LAN THE REPORT INCLUDES EACH IDENTIFIED HEALTH NEED, PROVIDES INFORMATION ABOUT THE STRAT EGIES/RECOMMENDATIONS INITIATED AND SUMMARIZES THE ACCOMPLISHMENTS AND OUTCOMES THROUGH MA RCH 2016 THE ORGANIZATION'S COMMUNITY HEALTH NEEDS ASSESSMENT REPORT EVALUATION IS MADE W IDELY AVAILABLE AND CAN FOUND AT THE FOLLOWING URL HTTPS //HOSPITALS JEFFERSON EDU/CONTEN T/DAM/HEALTH/PDFS/GENERAL/IN-THE-COM MUNITY/17-0405%202013-2016%20CHNA%20EVALUATION% 20FINA L PDF ROSH - FACILITY REPORTING GROUP B ========== A HOSPITAL ORGAN IZATION THAT ACQUIRES A HOSPITAL FACILITY (WHETHER THROUGH MERGER OR ACQUISITION) MUST MEE T THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(R)(3) WITH RESPECT TO THE ACQUIRED HOSPITAL FACILITY BY THE LAST DAY OF THE ORGANIZATION'S SECOND TAXABLE YEAR BEGINNING AFT ER THE DATE ON WHICH THE HOSPITAL FACILITY WAS ACQUIRED THOMAS JEFFERSON UNIVERSITY HOSPI TALS, INC ("TJUH") BECAME A MAJORITY OWNER IN ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL, LLC ("ROSH") AND BEGAN OPERATING THE HOSPITAL FACILITY EFFECTIVE JUNE 30, 2016 IN ACCORDANCE WITH THESE REGULATIONS, ROSHS

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3I	INITIAL COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") WAS COMPLETED AND MADE WIDELY AVAILABL E AS OF JUNE 30, 2018 SINCE THIS WAS THE HOSPITAL FACILITYS FIRST CHNA, THE IMPACT OF ACT IONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITAL FACILITYS PR IOR CHNA IS NOT APPLICABLE

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	TJUH - FACILITY REPORTING GROUP A ========== IN ITS MOST RECENTLY C ONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") THIS ORGANIZATION TOOK INTO ACCOUNT IN PUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY ITS HOSPITAL FACILITIES TO UNDERTAKE THE CHNA THE ORGANIZATION FORMED AN INTERNAL COMMUNITY BENEFIT S TEERING COMMITTEE ("CBSC") THE ROLE OF THE CBSC IS TO PROVIDE GUIDANCE ABOUT CONDUCTING T HE HEALTH NEEDS ASSESSMENT, TO SUGGEST COMMUNITY EXPERTS/ORGANIZATIONS THAT SHOULD BE INCL UDED IN THE PROCESS, TO PROVIDE SUGGESTIONS FOR ADDITIONAL RESOURCES TO BE INCLUDED, TO RE VIEW THE NEEDS ASSESSMENT FINDINGS AND RECOMMENDATIONS, AND TO PROVIDE GUIDANCE AND INSIGH T INTO PRIORITIES AND STRATEGIES FOR THE IMPLEMENTATION PLAN COMMUNITY ENGAGEMENT AND FEE DBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS THE CBSC SOUGHT COMMUNITY INPUT THROUGH K EY INFORMANT INTERVIEWS WITH COMMUNITY LEADERS AND PARTNERS AS WELL AS CONDUCTED FOCUS GRO UP RESEARCH PUBLIC HEALTH AND HEALTHCARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABO UT HEALTH ISSUES, AND LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANI ZATIONS PROVIDED INSIGHT ON THE COMMUNITY, INCLUDING THE MEDICALLY UNDERSERVED, LOW INCOME , AND MINORITY POPULATIONS PUBLIC HEALTH MANAGEMENT CORPORATIONS BIANNUAL RANDOM-DIGIT DI AL HOUSEHOLD HEALTH SURVEY DATA WAS USED TO GAIN AN UNDERSTANDING OF HEALTH AND SOCIAL NEE DS OF THE DIVERSE POPULATION IN JEFFERSONS COMMUNITY BENEFIT AREA MORE THAN 3,000 INDIVID UALS IN PHILADELPHIA WERE SURVEYED IN ADDITION, INTERVIEWS AND FOCUS GROUPS WERE CONDUCTE D MORE THAN 90 INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS REPRESENTING HEALTHCARE AND COM MUNITY BASED ORGANIZATIONS WORKING WITH THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS THAT HAVE KNOWLEDGE OF THE HEALTH AND UNDERLYING SOCIAL CONDITIONS THAT AFFEC T HEALTH OF THE PEOPLE IN THEIR NEIGHBORHOODS AND BROADER COMMUNITY THESE INTERVIEWS WERE CONDUCTED BY A QUALITATIVE PUBLIC HEALTH RESEARCHER FROM TJUH'S CENTER FOR URBAN HEALTH T O GAIN INSIGHT ABOUT HEALTH NEEDS AND PRIORITIES, BARRIERS TO IMPROVING COMMUNITY HEALTH, AND THE COMMUNITY ASSETS AND EFFORTS ALREADY IN PLACE OR BEING PLANNED TO ADDRESS THESE IS SUES AND CONCERNS THE INTERVIEWS CONDUCTED WITH FACULTY AND HEALTH PROVIDERS FROM METHODI ST HOSPITAL, JEFFERSON NEUROSCIENCES AND JEFFERSON UNIVERSITY AND HOSPITAL WERE DESIGNED T O GAIN THEIR PERSPECTIVE ABOUT THE HEALTH ISSUES OF THEIR PATIENTS AND COMMUNITY AND TO ID ENTIFY JEFFERSONS AND OTHER EFFORTS TO ADDRESS THESE ISSUES INTERVIEWEES WERE ASKED TO PR IORITIZE THE NEEDS/ RECOMMENDATIONS DISCUSSED DURING THEIR INTERVIEW THROUGHOUT 2014 AND 2015, MEETINGS WERE ALSO HELD WITH A VARIETY OF COMMUNITY BASED ORGANIZATIONS TO UNDERSTAN D HOW TJUH MIGHT PARTNER TO ADDRESS HEALTH NEEDS OF THE COMMUNITIES THEY SERVE FOCUS GROU PS WERE CONDUCTED WITH TJUH'S EMPLOYEES WHO LIVE IN THE NEIGHBORHOODS THAT ARE PART OF TJU HS PRIMARY SERVICE AREA THIS

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	WAS DONE PURPOSEFULLY IN ORDER TO INVOLVE THEM IN THE NEEDS ASSESSMENT PROCESS, AND TO ENG AGE THESE EMPLOYEES IN FUTURE EFFORTS TO IMPROVE COMMUNITY HEALTH A LIST OF EMPLOYEES WHO LIVE IN ZIP CODES THAT MAKE UP THE COMMUNITY BENEFIT AREA WAS OBTAINED FROM HUMAN RESOURC ES EMPLOYEES WERE RANDOMLY SELECTED FROM EACH ZIP CODE AND CONTACTED ABOUT THEIR INTEREST IN PARTICIPATING IN THE FOCUS GROUPS FOUR FOCUS GROUPS WERE HELD, TWO WITH EMPLOYEES FRO M SOUTH PHILADELPHIA, ONE WITH EMPLOYEES FROM LOWER NORTH PHILADELPHIA, AND ONE WITH EMPLO YEES FROM TRANSITIONAL NEIGHBORHOODS FOCUS GROUPS WERE CONDUCTED BY QUALITATIVE PUBLIC HE ALTH RESEARCHERS FROM TJUH'S CENTER FOR URBAN HEALTH FOCUS GROUP QUESTIONS WERE DESIGNED TO ELICIT THE MAJOR HEALTH AND SOCIAL CONCERNS OF THE NEIGHBORHOOD AND LARGER COMMUNITY, B ARRIERS TO ACCESSING HEALTH AND SOCIAL SERVICES AND IMPROVING LIFESTYLES, PERCEPTIONS ABOU T EXISTING AND/OR POTENTIAL INTERVENTIONS TO ADDRESS COMMUNITY HEALTH IMPROVEMENT, AND SPE CIFIC RECOMMENDATIONS THAT TJUH COULD DO TO IMPROVE THE HEALTH OF THE COMMUNITY EACH FOCU S GROUP WAS ASKED TO PRIORITIZE THE NEEDS/RECOMMENDATIONS IDENTIFIED DURING THE FOCUS GROU P DISCUSSION DATA ON HEALTH STATUS OF IMMIGRANT POPULATIONS (HYPERTENSION, DIABETES, HEAR T DISEASE RATES, OBESITY PREVALENCE, ETC), IS LACKING DUE TO LANGUAGE ISSUES WHILE PUBLI C HEALTH MANAGEMENT CORPORATIONS HOUSEHOLD HEALTH SURVEY IS CONDUCTED IN SPANISH, THIS IS NOT THE CASE FOR OTHER RACIAL/ETHNIC GROUPS FOR WHOM ENGLISH IS NOT THEIR PRIMARY LANGUAGE FOR THIS REASON ADDITIONAL KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH COMMUNITY ORGANI ZATIONS SERVING THE IMMIGRANT REFUGEE COMMUNITIES, PARTICULARLY THE ASIAN COMMUNITIES, TO BETTER UNDERSTAND THEIR HEALTH AND RELATED SOCIAL NEEDS THE LIST BELOW PROVIDES THE ORGAN IZATIONS AND CLINICAL DEPARTMENTS OF THOSE INTERVIEWED, AND THE FOCUS OF THE INTERVIEW/MEE TING BASED ON AREA(S) OF EXPERTISE ACCESS MATTERS, THE AUGUSTINIAN DEFENDERS OF THE RIGHT S OF THE POOR, AMERICAN DIABETES ASSOCIATION, AMERICAN HEART ASSOCIATION, ASIAN CHAMBER OF COMMERCE OF GREATER PHILADELPHIA, BHUTANESE AMERICAN ORGANIZATION - PHILADELPHIA, BROAD S TREET MINISTRIES, CAMBODIAN ASSOCIATION, CHINATOWN COMMUNITY DEVELOPMENT CORPORATION, CITY COUNCILMAN 1ST DISTRICT, COALITION AGAINST HUNGER, CONGRESO DE LATINOS UNIDOS, COUNCIL FO R RELATIONSHIPS, DELAWARE VALLEY REGIONAL PLANNING COUNCIL, DEPARTMENT OF BEHAVIORAL HEALT H AND INTELLECTUAL DISABILITIES, DIVERSIFIED COMMUNITY SERVICES, FOOD TRUST, GREATER PHILA DELPHIA BUSINESS COALITION ON HEALTH, GREATER PHILADELPHIA HEALTH ACTION, CHINATOWN MEDICA L SERVICES, HISPANIC ASSOCIATION OF CONTRACTORS AND ENTERPRISES, HEALTHY ROWHOUSE INITIATI VE, HEALTH FEDERATION, HEALTH PROMOTION COUNCIL, HEALTHCARE IMPROVEMENT FOUNDATION, HEPATI TIS B FOUNDATION, LEGAL CLINIC FOR THE DISABLED, LUTHERAN AND CHILDRENS SERVICES, METROPOL ITAN AREA NEIGHBORHOOD NUTRITION ALLIANCE, MAYOR'S OFFICE OF IMMIGRANT AND MULTICULTURAL A FFAIRS, MATERNITY CARE COALITI

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	ON, MAYORS OFFICE ON PLANNING, MAZZONI CENTER, METHADONE CLINIC, NATIONALITIES SERVICES CE NTER, NEMOURS PEDIATRICS, NEW KENSINGTON COMMUNITY DEVELOPMENT CORPORATION, NORRIS SQUARE COMMUNITY ALLIANCE HEAD START, PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATI ONS, PHILADELPHIA CORPORATION ON AGING, PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH, PHILADEL PHIA HOUSING AUTHORITY, PHILADELPHIA POLICE DEPARTMENT, PHILADELPHIA REFUGEE MENTAL HEALTH COLLABORATIVE, PHILADELPHIA REENTRY COALITION, PHILADELPHIA SCHOOL DISTRICT, PROJECT HOME AND STEVEN KLEIN WELLNESS CENTER, REFUGEE HEALTH PARTNERS, SCHOOLS INDEPENDENCE CHARTER SCHOOL, SOUTHWARK SCHOOL, SOUTHEAST ASIAN MUTUAL ASSISTANCE ASSOCIATIONS COALITION, SELF-H ELP AND RESOURCE EXCHANGE, SOUTH PHILADELPHIA AGING COALITION, UNITED COMMUNITIES SOUTHEAS TERN PHILADELPHIA, VETERANS MULTI-SERVICES CENTER, JEFFERSON OBSTETRICS AND GYNECOLOGY ASS OCIATES CLINIC, COMPREHENSIVE STROKE CENTER/NEUROSCIENCES, JEFFERSON CANCER PATIENT SERVIC ES, JEFFERSON CANCER RESEARCH, JEFFERSON CARDIOVASCULAR HEALTH, JEFFERSON CASE MANAGEMENT SOCIAL WORK, JEFFERSON ELDER CARE - OCCUPATIONAL THERAPY, JEFFERSON DIABETES CENTER, JEFFE RSON EMERGENCY DEPARTMENT, JEFFERSON FAMILY MEDICINE, JEFFERSON FAMILY MEDICINE GERIATRIC CLINIC, JEFFERSON FAMILY MEDICINE, REFUGEE HEALTH CLINIC, JEFFERSON FAMILY MEDICINE - SOCI AL WORK, JEFFERSON HOSPITALISTS, JEFFERSON MATERNAL ADDICTION TREATMENT EDUCATION & RESEAR CH, JEFFERSON METHODIST, MYRNA BRIND CENTER FOR INTEGRATIVE MEDICINE, JEFFERSON OCCUPATION AL THERAPY, JEFFERSON PASTORAL CARE DEPARTMENT, JEFFERSON PATHWAYS TO HOUSING, JEFFERSON P HARMACY, JEFFERSON PHYSICAL THERAPY, JEFFERSON REHABILITATION PSYCHOLOGIST, JEFFERSON RECR EATIONAL THERAPY REHAB, JEFFERSON CARDIOVASCULAR CLINICAL SERVICES, JEFFERSON STUDENT LIFE , DIVERSITY AND INCLUSION, HEALTH PROFESSIONS, TJUH NURSE MAGNET, TJU NURSING AND TJUH NUR SING ROSH - FACILITY REPORTING GROUP B ========== IN ITS MOST RECE NTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") THIS ORGANIZATION TOOK INTO ACCO UNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY ITS HO SPITAL FACILITY TO UNDERTAKE THE CHNA, ROSH FORMED A COMMUNITY BENEFIT COMMITTEE ("COMMIT TEE") THE COMMITTEE WAS RESPONSIBLE FOR OVERSEEING AND RECOMMENDING POLICIES AND PROGRAMS TO ENHANCE THE HEALTH STATUS OF COMMUNITIES SERVED BY THE HOSPITAL BASED ON THE RESULTS O F THE CHNA SPECIFICALLY, THE COMMITTEE WAS CHARGED TO - OVERSEE THE CONDUCT OF A COMMUNI TY HEALTH NEEDS ASSESSMENT AT LEAST EVERY THREE (3) YEARS, - REVIEW, AND RECOMMEND FOR APP ROVAL A COMMUNITY BENEFIT PLAN OUTLINING LONG-TERM STRATEGIES BASED ON A COMMUNITY HEALTH NEEDS ASSESSMENT AND OTHER OBJECTIVE SOURCES OF DATA, AND RECOMMEND UPDATES TO SUCH PLAN, - GUIDE AND MONITOR THE PLANNING, DEVELOPMENT, AND IMPLEMENTATION OF PROGRAMS AIMED AT IMP ROVING THE HEALTH STATUS OF THE LOCAL COMMUNITY CONSISTENT WITH THE COMMUNITY BENEFIT PLAN , - ESTABLISH CRITERIA FOR PRI

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	TJUH - FACILITY REPORTING GROUP A ========== THE ORGANIZATION'S CHNA INCLUDES THREE HOSPITAL CAMPUSES, THOMAS JEFFERSON UNIVERSITY HOSPITAL, JEFFERSON UNIVERSITY HOSPITAL FOR NEUROSCIENCE AND METHODIST HOSPITAL

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6B	ROSH - FACILITY REPORTING GROUP B ========== THE ORGANIZATION'S CHNA WAS CONDUCTED BY THE HOSPITAL ORGANIZATION ITSELF HOWEVER, ROSH AND JEFFERSON HEALTH - NORTHEAST COLLABORATED TO CONDUCT FOCUS GROUPS TOGETHER IN AN EFFORT TO OBTAIN INFORMATION REGARDING THE HEALTH AND SOCIAL CONCERNS WITHIN THE COMMUNITY SERVED ADDITIONALLY, THE COMMUNITY BENEFIT COMMITTEE OF ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL ("ROSH"), WORKED UNDER THE GUIDANCE OF THE THOMAS JEFFERSON UNIVERSITY HOSPITAL CENTER FOR URBAN HEALTH ROSH PROFESSIONALS WILL CONTINUE TO COLLABORATE WITH JEFFERSON HEALTH COLLEAGUES IN AN EFFORT TO IMPROVE HEALTH STATUS, IN CONJUNCTION WITH THE HOSPITAL'S PARTNERSHIPS BEST PRACTICES WILL BE SHARED WITH THE AIM OF ENHANCING INFRASTRUCTURE, STRETCHING RESOURCES, AND INCORPORATING KNOWLEDGE ABOUT SOCIAL DETERMINANTS OF HEALTH AND HEALTH LITERACY TO BETTER THE POPULATION'S HEALTH AND WELL-BEING

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	TJUH - FACILITY REPORTING GROUP A ========== THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM THE ORGANIZATION'S CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE HTTP //HOSPITALS JEFFERSON EDU/ABOUT-US/IN-THE-COMMUNITY/COMMUNITY-HEALTH- NEEDS-ASSESSMENT HTML ROSH - FACILITY REPORTING GROUP B ========== THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE ORGANIZATION THE ORGANIZATION'S CHNA CAN BE ACCESSED AT THE FOLLOWING URL INCLUDED WITHIN ITS WEBSITE HTTPS //ROTHMANORTHOHOSPITAL COM/COMMUNITY-HEALTH

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10	TJUH - FACILITY REPORTING GROUP A ========== THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 10A, IS THE HOME PAGE FOR THE SYSTEM THE ORGANIZATION ISSUED A JOINT IMPLEMENTATION STRATEGY FOR EACH OF THE THOMAS JEFFERSON UNIVERSITY HOSPITAL FACILITIES THIS JOINT IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE HTTP //HOSPITALS JEFFERSON EDU/ABOUT-US/IN-THE-COMMUNITY/COMMUNITY-HEALTHN EEDS-ASSESSMENT HTML

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	TJUH - FACILITY REPORTING GROUP A ========== IN AN EFFORT TO ADDRES S THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA, RECOMMENDATIONS FOR INITIATIVES WERE INITIALLY PRIORITIZED BASED ON SECONDARY DATA FINDINGS, PRIMARY DATA GATHERED THROUGH INTE RNAL AND EXTERNAL KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WITH COMMUNITY RESIDENTS PART ICIPANTS IN KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WERE ASKED TO IDENTIFY THE HEALTH NE EDS OF THE COMMUNITY AND WERE THEN ASKED TO IDENTIFY THOSE THEY FELT WERE MOST IMPORTANT T O ADDRESS THEY WERE ALSO ASKED TO RECOMMEND POTENTIAL INITIATIVES TO ADDRESS THESE NEEDS THE IDENTIFIED PRIORITY HEALTH NEEDS AND RECOMMENDED INITIATIVES WERE THEN GROUPED INTO T HE FOLLOWING DOMAINS - ACCESS TO CARE, - CHRONIC DISEASE MANAGEMENT, - HEALTH SCREENING A ND EARLY DETECTION, - HEALTHY LIFESTYLE BEHAVIORS, AND - SOCIAL AND HEALTHCARE NEEDS OF OL DER ADULTS THE CENTER FOR URBAN HEALTH PRIORITIZED IDENTIFIED HEALTH NEEDS USING A WEIGHT ED SCORING SYSTEM FOR PREDETERMINED PRIORITIZATION CRITERIA SENIOR MANAGEMENT THEN REVIEW ED AND FURTHER PRIORITIZED THE CHNA HEALTH ISSUES/CONCERNS IN RELATIONSHIP TO THE HOSPITAL S STRATEGIC PLAN THE FOLLOWING HEALTH NEEDS/ISSUES WILL BE ADDRESSED WORKFORCE DEVELOPME NT, HEALTH INSURANCE, LANGUAGE ACCESS, COLON CANCER, WOMENS CANCERS, OBESITY, REGULAR SOUR CE OF CARE, HOSPITAL AND ED UTILIZATION, SOCIAL AND HEALTHCARE NEEDS OF OLDER ADULTS, DIAB ETES, HEART DISEASE, HYPERTENSION AND STROKE THE IMPLEMENTATION PLAN INCLUDES AN OVERVIEW OF EACH OF THE DOMAINS, AND RELATED PRIORITY HEALTH NEEDS/ISSUES A LOGIC MODEL FOR EACH PRIORITY HEALTH NEED PROVIDES AN OVERVIEW OF THE OBJECTIVES, PROPOSED STRATEGIES/ACTIVITIE S, OUTCOMES, IMPACT MEASURES AND POTENTIAL PARTNERS THE STRATEGIES/ACTIVITIES RELATED TO SPECIAL POPULATIONS (REFUGEES & IMMIGRANTS, THE HOMELESS, RETURNING CITIZENS, VETERANS, AN D LESBIAN, GAY, BI-SEXUAL, TRANSSEXUAL AND QUEER) ARE INTEGRATED THROUGHOUT THE IMPLEMENTA TION PLAN AS ARE UNDERLYING ROOT CAUSES THAT IMPACT THE PRIORITY HEALTH NEEDS SUCH AS ACCE SS TO HEALTHY FOOD AND SAFE PLACES FOR PHYSICAL ACTIVITY, HEALTH LITERACY, BEHAVIORAL HEAL TH ISSUES INCLUDING SUBSTANCE ABUSE, SMOKING, TRANSPORTATION AND HOUSING PROPOSED STRATEG IES/ACTIVITIES WERE CONSIDERED BASED ON THEIR ALIGNMENT WITH NATIONAL, PENNSYLVANIA, AND P HILADELPHIA HEALTH IMPROVEMENT PLANS, AND NATIONAL BEST PRACTICES CITED BY ORGANIZATIONS S UCH AS THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES, AGENCY FOR HEALTH RESEARCH AND QUAL ITY, HEALTHY PEOPLE 2020, THE AMERICAN MEDICAL ASSOCIATION, NATIONAL COUNCIL ON AGING, THE NATIONAL PREVENTION STRATEGY, THE GUIDE TO COMMUNITY PREVENTIVE SERVICES, AND THE GUIDE T O CLINICAL PREVENTIVE SERVICES THE FOLLOWING SUMMARIZES HOW JEFFERSON IS ADDRESSING THE S IGNIFICANT NEEDS IDENTIFIED IN ITS 2016 CHNA WORKFORCE DEVELOPMENT ---------- - DEVELOP WORKFORCE PIPELINES WITH COMMUNITY PARTNERS TO INCREASE AVAILABILITY OF QUALIFIE D MINORITY CANDIDATES FOR POSI

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	TIONS THROUGHOUT JEFFERSON AND PHILADELPHIA, - PROVIDE CAREER COUNSELING SUPPORT AND EVENT S IN CONJUNCTION WITH COMMUNITY PARTNERS, AND - INCREASE SUCCESSFUL APPLICATION TO JEFFERS ON UNIVERSITY OR OTHER HEALTH PROFESSIONAL SCHOOLS/COLLEGES HEALTH INSURANCE ---------- ---- - INCREASE ACCESS TO MEDICATIONS THAT MAY NOT BE AFFORDABLE FOR PATIENTS DUE TO INSUR ANCE STATUS/REQUIREMENTS OF INSURERS AND COPAYS, - INCREASE THE PERCENTAGE OF ADULTS WHO A RE INSURED AND ABLE TO EFFECTIVELY USE THEIR HEALTH INSURANCE, - INCREASE COMMUNITY UNDERS TANDING OF HOW TO USE HEALTH INSURANCE TO REDUCE/ELIMINATE FINANCIAL BURDEN, AND -INCREASE ACCESS TO MENTAL HEALTH COVERAGE CULTURALLY COMPETENT CARE AND LANGUAGE ACCESS --------- ---------- - PROVIDE EASY-TO-UNDERSTAND, CULTURALLY APPROPRIATE VERBAL COMMUNICATION, PRINT MATERIAL, AND MULTIMEDIA MATERIALS IN ENGLISH AND THE LANGUAGE S COMMONLY USED BY THE POPULATIONS IN THE SERVICE AREA, - ENHANCE LANGUAGE ASSISTANCE TO I NDIVIDUALS WHO HAVE LIMITED ENGLISH PROFICIENCY AND/OR OTHER COMMUNICATION NEEDS TO FACILI TATE VERBAL COMMUNICATION AND ENSURE COMMUNICATION NEEDS ARE MET, - EDUCATE AND TRAIN HEAL THCARE WORKFORCE IN CULTURALLY AND LINGUISTICALLY APPROPRIATE POLICIES AND PRACTICES ON AN ONGOING BASIS, AND - EXPLORE OPPORTUNITIES TO IMPROVE PATIENT-PROVIDER COMMUNICATION THRO UGH EXPANSION OF CULTURAL COMPETENCE TRAINING FOR HEALTHCARE PROVIDERS RELATED TO SPECIAL POPULATIONS SUCH AS IMMIGRANTS/REFUGEES, LGBT, OLDER ADULTS, INDIVIDUALS WITH MENTAL ILLNE SS, RETURNING CITIZENS, PEOPLE WITH MILD COGNITIVE IMPAIRMENT, INDIVIDUALS WITH SUBSTANCE ABUSE, PEOPLE EXPERIENCING TRAUMA AND THE HOMELESSNESS HOSPITAL AND EMERGENCY DEPARTMENT (ED) UTILIZATION ---------- - REDUCE PREVENTABLE/A VOIDABLE ED UTILIZATION & HOSPITAL READMISSIONS, - INCREASE ACCESS TO MENTAL HEALTH SERVIC ES, - INCREASE AWARENESS OF FOOD AS MEDICINE AMONG HEALTH CARE PROVIDERS, - PREVENT AND RE DUCE THE CONSEQUENCES OF SUBSTANCE USE AND ADDICTIONS THROUGH EDUCATION, POLICY/SYSTEM CHA NGES, - INCREASE SUBSTANCE USE SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT BY HEALTH CARE PROVIDERS, AND - REDUCE TRAFFIC RELATED DEATHS IN PHILADELPHIA TO ZERO REGULA R SOURCE OF CARE ---------- - INCREASE ACCESS TO HEALTH INSURANCE AND SOCIAL S ERVICES THAT ADDRESS SOCIAL DETERMINANTS OF HEALTH THAT IMPACT HEALTH, HOSPITAL, AND ED US E, - IMPROVE ACCESS TO PRIMARY CARE SERVICES THAT ARE CULTURALLY AND LINGUISTICALLY APPROP RIATE, - INCREASE ACCESS TO MENTAL HEALTH SERVICES, AND - INCREASE SUBSTANCE USE SCREENING , BRIEF INTERVENTION AND REFERRAL TO TREATMENT BY HEALTH CARE PROVIDERS CHRONIC DISEASE P REVENTION AND MANAGEMENT ---------- - INCREASE AWARENESS OF PROGRAMS AND SERVICES THAT SUPPORT HEALTHY EATING AND PHYSICAL ACTIVITY, - INCREASE AWARE NESS OF THE IMPORTANCE OF BEING PHYSICALLY ACTIVE AND OPPORTUNITIES TO ENGAGE IN PHYSICAL ACTIVITY, - INCREASE THE PERCE

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	NTAGE OF CHILDREN AND ADULTS WHO MEET THE NATIONAL GUIDELINES FOR DAILY CONSUMPTION OF FRU IT AND VEGETABLES, - INCREASE ACCESS TO HEALTHY AFFORDABLE FOOD, - RAISE AWARENESS OF "FOO D AS MEDICINE" AMONG HEALTH CARE PROVIDERS, AND - INCREASE THE PERCENTAGE OF CHILDREN AND ADULTS THAT MEET THE NATIONAL GUIDELINES FOR PHYSICAL ACTIVITY HEART DISEASE, HYPERTENSIO N, STROKE AND DIABETES ---------- - IMPROVE ABILITY OF EMS PERSONNEL TO RAPIDLY IDENTIFY SIGNS AND SYMPTOMS OF STROKE AND TREATMENT FOR EMERGE NT LARGE VESSEL OCCLUSION (ELVO STROKE), - INCREASE AWARENESS OF PROGRAMS AND SERVICES THA T SUPPORT HEALTHY EATING AND PHYSICAL ACTIVITY AND CHRONIC DISEASE MANAGEMENT, - RAISE AWA RENESS ABOUT CHRONIC DISEASE RISK FACTORS AND HEALTHY LIFESTYLES, - IMPROVE ABILITY OF IND IVIDUALS TO MANAGE CHRONIC DISEASE, AND - ADVOCATE FOR SYSTEM AND POLICY CHANGES THAT SUPP ORT CHRONIC DISEASE PREVENTION PREVENTIVE CARE AND EARLY DETECTION OF DISEASE ---------- ---------- - INCREASE PUBLIC AWARENESS ABOUT COLORECTAL CANCER PR EVENTION AND THE IMPORTANCE OF EARLY DETECTION, - INCREASE COLON CANCER SCREENING RATES, A ND - INCREASE COLONOSCOPIES IN THE TARGETED AREAS BREAST AND CERVICAL CANCER ---------- ---------- - INCREASE PUBLIC AWARENESS ABOUT BREAST AND CERVICAL CANCER PREVENTION AND THE IMPORTANCE OF EARLY DETECTION SOCIAL AND HEALTH CARE NEEDS OF OLDER ADULTS --------- ---------- - IMPROVE THE HEALTH, FUNCTION, AND QUALITY OF LIFE OF OLDER ADULTS SO THEY ARE ABLE TO LIVE IN THEIR OWN HOME AND COMMUNITY SAFELY, INDEPENDENT LY AND COMFORTABLY, REGARDLESS OF AGE, INCOME, OR ABILITY LEVEL (HEALTHY PEOPLE 2020), AND - DEVELOP A COMPREHENSIVE HEALTH PROMOTION AND WELLNESS PROGRAM FOR OLDER ADULTS, THEIR C AREGIVERS AND THE COMMUNITY THAT PROMOTES AND FACILITATES ACCESS TO HEALTH CARE RESOURCES FOR OLDER ADULTS, ENHANCES THE PUBLIC PERCEPTION OF AGING AND PROVIDES OPPORTUNITIES TO ED UCATE FUTURE HEALTH CARE PROVIDERS WHILE IMPORTANT, OTHER IDENTIFIED HEALTH ISSUES/NEEDS (HIV, HOUSING, COMMUNITY SAFETY, ALCOHOL AND SUBSTANCE USE, BEHAVIORAL HEALTH, MATERNAL CH ILD HEALTH, ACCESS TO SAFE PLACES FOR PLAY, TRANSPORTATION, AND ACCESS TO HEALTHY FOODS) W ILL NOT BE ADDRESSED SPECIFICALLY OR COMPREHENSIVELY IN THE COMMUNITY HEALTH IMPLEMENTATIO N PLAN (CHIP), BUT THIS DOES NOT MEAN THAT PROGRAMS IN PLACE WILL NOT CONTINUE THESE ADDI TIONAL HEALTH ISSUES WILL BE CONSIDERED BASED ON EXISTING, OR NEW RELATIONSHIPS & COLLABOR ATIONS, FUNDING OPPORTUNITIES, REGIONAL OR LOCAL PUBLIC HEALTH PRIORITIES AND IDENTIFIED I NNOVATIVE PROJECTS/PROGRAMS MANY OF THESE HEALTH ISSUES/NEEDS ARE UNDERLYING ROOT CAUSES OR BEHAVIORS THAT IMPACT THE PRIORITY HEALTH ISSUES ABOVE AND ARE INTEGRATED THROUGHOUT TH E CHIP FOR EXAMPLE, ACCESS TO HEALTHY FOOD HAS BEEN AND WILL CONTINUE TO BE A STRATEGY WE USE TO COMBAT CHRONIC DISEASE PREVENTION AND MANAGEMENT AND OBESITY (DIABETES, OBESITY AN D HEART DISEASE) WE HAVE ALSO

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16	TJUH - FACILITY REPORTING GROUP A ========== THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE SYSTEM THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE HTTP //HOSPITALS JEFFERSON EDU/PATIENTS-AND-VISITORS/PATIENT-POLICIES/FINA NCIAL-ASSISTANCE HTML ROSH - FACILITY REPORTING GROUP B ========== DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE ORGANIZATION THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON ITS WEBSITE THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING URL INCLUDED WITHIN THE ORGANIZATION'S WEBSITE HTTPS //ROTHMANORTHOHOSPITAL COM/FOR-PATIENTS/FINANCIAL-ASSISTANCE PHYCARE - FACILITY REPORTING GROUP C ========== DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE ORGANIZATION THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON ITS WEBSITE THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING URL INCLUDED WITHIN THE ORGANIZATION'S WEBSITE HTTPS //WWW PHYCAREHOSPITAL COM/FINANCIAL-ASSISTANCE HTML

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 21	ROSH - FACILITY REPORTING GROUP B ========== ROSH IS A SPECIALTY HOSPITAL FACILITY AND DOES NOT HAVE A DEDICATED EMERGENCY DEPARTMENT, NOR DOES IT HAVE SPECIALIZED CAPABILITIES THAT WOULD MAKE IT APPROPRIATE TO ACCEPT TRANSFERS OF INDIVIDUALS WHO NEED STABILIZING TREATMENT FOR AN EMERGENCY MEDICAL CONDITION HOWEVER, ROSH HAS ESTABLISHED A WRITTEN EMERGENCY MEDICAL CARE POLICY THAT ADDRESSES HOW IT APPRAISES EMERGENCIES, PROVIDES INITIAL TREATMENT, AND REFERS OR TRANSFERS AN INDIVIDUAL TO ANOTHER FACILITY, WHEN APPROPRIATE, IN A MANNER THAT COMPLIES WITH THE FEDERAL EMERGENCY MEDICAL TREATMENT AND LABOR ACT ("EMTALA") REGULATIONS ADDITIONALLY, PATIENTS SEEKING EMERGENCY CARE AT ROSH ARE NOT SUBJECT TO FINANCIAL SCREENING PRIOR TO RECEIVING CARE PATIENTS WILL NOT BE SUBJECT TO DEBT COLLECTION ACTIVITIES THAT WOULD INTERFERE WITH EMERGENCY MEDICAL CARE THE GRANTING OF FINANCIAL ASSISTANCE WILL NOT TAKE INTO ACCOUNT AGE, GENDER, RACE, SOCIAL OR IMMIGRATION STATUS, SEXUAL ORIENTATION, OR RELIGIOUS AFFILIATION ROSH SHALL OPERATE IN ACCORDANCE WITH ALL FEDERAL, STATE, AND LOCAL REQUIREMENTS FOR THE PROVISION OF HEALTH SERVICES, INCLUDING SCREENING AND TRANSFER REQUIREMENTS UNDER EMTALA

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 22	PHYCARE - FACILITY REPORTING GROUP C ========== ACCORDING TO THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, PATIENTS WHO ARE UNINSURED OR UNDERINSURED FOR A MEDICALLY NECESSARY SERVICE, OR WHO ARE INELIGIBLE FOR GOVERNMENTAL OR OTHER INSURANCE COVERAGE, AND WHO HAVE FAMILY INCOME LESS THAN 200% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR 100% CHARITY CARE (FINANCIAL ASSISTANCE) SINCE THE ORGANIZATION PROVIDES FULL FINANCIAL ASSISTANCE TO THOSE WHO QUALIFY, FAP-ELIGIBLE INDIVIDUALS RECEIVE A FULL WRITE-OFF BECAUSE THE ORGANIZATION ONLY PROVIDES FULL CHARITY CARE, AND DOES NOT BILL PATIENTS ELIGIBLE FOR CHARITY CARE, PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FAP WILL NOT BE CHARGED THEREFORE, THE ORGANIZATION DOES NOT CALCULATE AMOUNTS GENERALLY BILLED

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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	BRIND-MARCUS CENTER OF INTEGRATIVE MED 789 EAST LANCASTER AVENUE VILLANOVA, PA 19085	OUTPATIENT SERVICES - INTEGRATIVE MEDICINE
1	HYPERBARIC AT METHODIST 1301 WOLF STREET 1ST FLOOR PHILADELPHIA, PA 19147	OUTPATIENT SERVICES - OXEGYN THERAPY
2	INFUSION CENTER 925 CHESTNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - INFUSION SERVICES
3	INFUSION CENTER AT METHODIST 1301 WOLF STREET PHILADELPHIA, PA 19147	OUTPATIENT SERVICES - INFUSION SERVICES
4	INFUSION CENTER FOR RHEUMATOLGY 211 S 9TH STREET PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - RHEUMATOLOGY
5	JEFF FIT AT THE NAVY YARD (REHAB) 4050 SOUTH 26TH STREET SUITE 140 PHILADELPHIA, PA 19112	OUTPATIENT SERVICES - REHABILITATION
6	JEFFERSON CARDIAC IMAGING 925 CHESTNUT STREET PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - IMAGING
7	JEFFERSON CARDIOLOGY 925 CHESTNUT STREET MEZZANINE PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - CARDIAC & VASCULAR SERVICES
8	JEFFERSON ENDOCRINOLOGY 211 S 9TH STREET WALNUT TOWERS ST PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - ENDOCRINOLOGY SERVICES
9	JEFFERSON FAMILY MEDICINE 833 CHESTNUT STREET SUITE 300 PHILADELPHIA, PA 19107	FAMILY MEDICINE
10	JEFFERSON GASTROENTEROLOGYHEPATOLOGY 1300 WOLF STREET 1ST FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - GASTROENTEROLOGY/HEPATOLOGY
11	JEFFERSON GASTROENTEROLOGYHEPATOLOGY 132 SOUTH 10TH STREET 4TH 5TH FL PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - GASTROENTEROLOGY/HEPATOLOGY
12	JEFFERSON HEARING AND BALANCING CENTER 925 CHESTNUT STREET 6TH FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - HEARING & BALANCE SERVICES
13	JEFFERSON HEMATOLOGY 1015 CHESTNUT STREET SUITE 132 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - HEMATOLOGY SERVICES
14	JEFFERSON HOSPITAL AMBULATORY PRACTICE 833 CHESTNUT STREET SUITE 220 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - AMBULATORY SERVICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
16	JEFFERSON IMAGING CENTER 909 WALNUT STREET 1ST FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - IMAGING
1	JEFFERSON INTERNAL MEDICINE 833 CHESTNUT STREET SUITE 701 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - INTERNAL MEDICINE
2	JEFFERSON MEDICAL ONCOLOGY 1300 WOLF STREET 3RD FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - ONCOLOGY SERVICES
3	JEFFERSON MEDICAL ONCOLOGY 925 CHESTNUT STREET 3RD 4TH FLOO PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - ONCOLOGY SERVICES
4	JEFFERSON METHODIST CARDIAC REHAB 2422-24 SOUTH BROAD STREET PHILADELPHIA, PA 19145	OUTPATIENT SERVICES - PHYSICIAN THERAPY & CARDIAC
5	JEFFERSON NEPHROLOGY 833 CHESTNUT STREET SUITE 700 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - NEPHROLOGY SERVICES
6	JEFFERSON NEUROLOGYNEUROSURGERY 909 WALNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - NEUROLOGY SERVICES
7	JEFFERSON OBGYN 833 CHESTNUT STREET 1ST FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - WOMEN'S HEALTH SERVICES
8	JEFFERSON OUTPATIENT PEDIATRIC REHAB CTR 833 CHESTNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - PHYSICAL THERAPY
9	JEFFERSON OUTPATIENT REHAB MEDICINE 25 S 9TH STREET PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - PHYSICAL THERAPY
10	JEFFERSON PULMONARY 834 WALNUT STREET SUITE 620 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - PULMONARY SERVICES
11	JEFFERSON RADIATION THERAPY RIDDLE HOSP 1078 WEST BALTIMORE PIKE SUITE 2 MEDIA, PA 19063	OUTPATIENT SERVICES - RADIATION SERVICES
12	JEFFERSON RHEUMATOLOGY 211 S 9TH STREET WALNUT TOWERS ST PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - RHEUMATOLOGY SERVICES
13	JEFFERSON SURGICAL CENTER 1100 WALNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - SURGICAL SERVICES
14	JEFFERSON UROLOGY 833 CHESTNUT STREET SUITE 703 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - UROLOGY SERVICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
31	JEFFERSON WEINBERG ALS CLINIC 909 WALNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - VARIOUS
1	JEFFERSON-HONICKMAN BREAST IMAGING CTR 1100 WALNUT STREET 3RD AND 4TH FLO PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - IMAGING
2	JEFFFIT ART MUSEUM 2120 SPRING GARDEN STREET PHILADELPHIA, PA 19130	OUTPATIENT SERVICES - VARIOUS
3	MYRNA BRIND CENTER OF INTEGRATIVE MED 925 CHESTNUT STREET 1ST FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - INTEGRATIVE MEDICINE
4	NICOLETTI KIDNEY TRANSPLANT CENTER 833 CHESTNUT STREET SUITE 138 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - KIDNEY SERVICES
5	PATIENT TESTING CENTER 925 CHESTNUT STREET PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - LABORATORY
6	PHLEBOTOMY OP STATION 833 CHESTNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - LABORATORY
7	PHOTOPHERESIS 925 CHESTNUT STREET PHILADELPHIA, PA 19107	OUTPATIENT SERVICES
8	PULMONARY FUNCTION LABORATORY 834 WALNUT STREET SUITE 650 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - LABORATORY
9	SLEEP DISORDER CENTER 211 S 9TH STREET 5TH FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - EVALUATION & TREATMENT OF SLEEP DISORDERS
10	STEPHEN KLEIN WELLNESS CENTER 2144 CECIL B MOORE AVENUE PHILADELPHIA, PA 19121	OUTPATIENT SERVICES - WELLNESS SERVICES
11	ULTRASOUND 909 WALNUT STREET BASEMENT PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - IMAGING
12	URODYNAMICS TESTING 833 CHESTNUT STREET SUITE 703 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - IMAGING

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Employer identification number
23-2829095

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) METHODIST HOSPITAL FOUNDATION 601 WALNUT STREET PHILADELPHIA, PA 19106	23-2014559	501(C)(3)	26,800				PROGRAM SUPPORT
(2) MAGEE REHABILITATION HOSPITAL 1513 RACE STREET PHILADELPHIA, PA 19102	23-1476328	501(C)(3)	55,200				SPINAL CORD GRANT

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	ACTUAL EXPENDITURES FOR ALL APPROVED GRANTS ARE MONITORED AGAINST BUDGETED EXPENDITURES ON A MONTHLY BASIS ANY DISCREPANCIES ARE RESEARCHED AND RESOLVED ACCORDINGLY

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Employer identification number
23-2829095

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes 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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2017 FORMS W-2
SCHEDULE J, PART I, QUESTION 1	THE ORGANIZATION MAINTAINS A FLEXIBLE BENEFIT PROGRAM ("PERQUISITE PROGRAM") FOR CERTAIN MEMBERS OF ITS SENIOR LEADERSHIP TEAM THIS PROGRAM PROVIDES A FIXED DOLLAR AMOUNT, AND ENABLES PARTICIPATING EMPLOYEES TO ALLOCATE THE AMOUNT AMONG CERTAIN TAXABLE BENEFIT OPTIONS (I E , ADDITIONAL LIFE INSURANCE COVERAGES, LONG-TERM CARE INSURANCE AND FINANCIAL OR TAX PLANNING ASSISTANCE) OR TO NON-QUALIFIED DEFERRED COMPENSATION OPTIONS THE ELECTIONS ARE MADE BEFORE THE YEAR IN WHICH THE BENFIT PROGRAM AMOUNT IS PROVIDED THE AMOUNTS ALLOCATED TO TAXABLE BENEFIT OPTIONS ARE INCLUDED WITHIN THE EMPLOYEES' FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES FOR THE YEAR IN WHICH THE ALLOCATIONS ARE EFFECTIVE ADDITIONALLY, THE NON-QUALIFIED DEFERRED COMPENSATION AMOUNTS ARE DISCLOSED ON FORM 990 IN THE YEAR OF DEFERRAL AND AGAIN IN THE YEAR IN WHICH THE SUBSTANTIAL RISK OF FORFEITURE LAPSES AND THE AMOUNTS ARE TREATED AS TAXABLE INCOME THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE ORGANIZATION'S PERQUISITE PROGRAM RICHARD J WEBSTER, RN, MSN, $25,000 AND SHARON M GALUP, $12,500
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUAL INCLUDED IN SCHEDULE J, PART II, RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2017 WHICH WAS INCLUDED IN HIS 2017 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES DAVID P MCQUAID, $321,300
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES PARTICIPATION IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2017 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE LAURENCE M MERLIS, $132,556, VIJAY M RAO, M D , FACR, $4,432, MARK L TYKOCINSKI, M D , $296,431, RICHARD J WEBSTER, RN, MSN, $36,979, CHARLES J YEO, M D , FACS, $246, CRISTINA G CAVALIERI, ESQ , $72,559 AND NEIL G LUBARSKY, CPA, CGMA, $19,809 THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDE UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2017 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES RODNEY BELL, M D , $661, STEPHEN K KLASKO, M D , MBA, $424,440, LAURENCE M MERLIS, $118,852, EDMUND PRIBITKIN, M D , $3,081, VIJAY M RAO, M D , FACR, $531, MARK L TYKOCINSKI, M D , $4,838, RICHARD J WEBSTER, RN, MSN, $64,201, CHARLES J YEO, M D , FACS, $20,237, PETER L DEANGELIS, JR , $81,298, CRISTINA G CAVALIERI, ESQ , $2,389, NEIL G LUBARSKY, CPA, CGMA, $32,121, STEPHEN K SIGWORTH, M D , MSHA, $30,035, RICHARD KWEI, $18,764 AND DEBRA W TAYLOR, $1,235 THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDE UNVESTED BENEFITS IN AN EMPLOYER RECRUITMENT AND RETENTION PROGRAM FOR KEY INDIVIDUALS WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2017 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES STEPHEN K KLASKO, M D , MBA, $854,232, LAURENCE M MERLIS, $449,760, MARK L TYKOCINSKI, M D , $212,222, PETER L DEANGELIS, JR , $282,941 AND CRISTINA G CAVALIERI, ESQ , $224,879
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2017 WHICH AMOUNTS WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2017 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES EMPLOYEE BONUSES ARE BASED UPON THE ATTAINMENT OF QUALITY GOALS, STRATEGIC OPERATIONAL INITIATIVES AND FINANCIAL PERFORMANCE PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT THIS INFORMATION BY PERSON BY AMOUNT
SCHEDULE J, PART II, COLUMN F	THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) and EXECUFLEX PLAN AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THESE AMOUNTS WERE REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 THE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED IN EACH INDIVIDUAL'S 2017 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES LAURENCE M MERLIS, $221,229, MARK L TYKOCINSKI, M D , $268,743, RICHARD J WEBSTER, RN, MSN, $34,074, CHARLES J YEO, M D , FACS, $246 AND NEIL G LUBARSKY, CPA, CGMA, $17,981

Additional Data

Software ID:
Software Version:
EIN: 23-2829095
Name: THOMAS JEFFERSON UNIVERSITY HOSPITALS 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				
1RODNEY BELL MD TRUSTEE - PRES MEDICAL STAFF	(I)	0	0	0	0	0	0	0
	(II)	333,640	0	16,859	42,414	15,062	407,975	0
1 ANTHONY J DIMARINO JR MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	579,930	0	13,509	54,119	17,699	665,257	0
2 STEPHEN K KLASKO MD MBA TRUSTEE-PRES/CEO TJU&JEFF HLTH	(I)	0	0	0	0	0	0	0
	(II)	1,452,154	900,000	74,570	1,313,772	18,197	3,758,693	0
3WARREN MATTHEWS MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	306,199	0	15,600	12,500	16,068	350,367	0
4LAURENCE M MERLIS TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	1,106,165	837,120	276,560	614,008	16,713	2,850,566	221,229
5EDMUND PRIBITKIN MD TRUSTEE-CHIEF MEDICAL OFFICER	(I)	0	0	0	0	0	0	0
	(II)	892,606	0	24,712	61,990	22,594	1,001,902	0
6VIJAY M RAO MD FACR TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	618,107	125,530	39,354	64,858	9,121	856,970	0
7MARK L TYKOCINSKI MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	837,958	321,300	361,871	252,160	17,946	1,791,235	268,743
8 RICHARD J WEBSTER RN MSN TRUSTEE - PRESIDENT TJUH	(I)	645,799	222,950	85,343	99,301	9,871	1,063,264	34,074
	(II)	0	0	0	0	0	0	0
9CHARLES J YEO MD FACS TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	974,100	236,810	28,497	82,337	22,594	1,344,338	246
10 CRISTINA G CAVALIERI ESQ SEC - EVP CHIEF LEGAL COUNSEL	(I)		0	0	0	0	0	0
	(II)	686,470	252,540	150,499	262,368	15,396	1,367,273	0
11PETER L DEANGELIS JR TREASURER - EVP, CFO & CAO	(I)	0	0	0	0	0	0	0
	(II)	852,703	360,065	68,364	399,339	15,396	1,695,867	0
12 NEIL G LUBARSKY CPA CGMA SVP, FINANCE/CFO - TJUH	(I)	464,847	142,234	45,795	67,221	9,832	729,929	17,981
	(II)	0	0	0	0	0	0	0
13JAMES E ROBINSON SVP/CAO - METHODIST DIVISION	(I)	290,270	103,817	30,243	35,100	22,395	481,825	0
	(II)	0	0	0	0	0	0	0
14 BRIAN SWEENEY RN MBA FACHE COO - TJUH (EFFECTIVE 1/18)	(I)	278,826	99,572	14,128	29,700	15,185	437,411	0
	(II)	0	0	0	0	0	0	0
15 STEPHEN K SIGWORTH MD MSHA ASSOCIATE CHIEF MED OFFICER	(I)	547,190	152,453	21,084	63,020	8,021	791,768	0
	(II)	0	0	0	0	0	0	0
16RICHARD KWEI SVP,PAYER STRATEGY&NTWK PERF	(I)	399,915	142,545	21,224	53,864	17,150	634,698	0
	(II)	0	0	0	0	0	0	0
17 RAVICHANDRA A MADINENI MD NEUROSURGEON	(I)	2,552	0	15	3,981	0	6,548	0
	(II)	501,828	27,273	2,302	49,012	15,396	595,811	0
18DEBRA W TAYLOR VP, PAYER RELATIONS & CONTRACT	(I)	319,016	139,990	22,026	36,335	22,848	540,215	0
	(II)	0	0	0	0	0	0	0
19SHARON M GALUP SVP, PAYER STRATEGY & CONTRACT	(I)	370,708	82,938	15,483	11,250	7,748	488,127	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21DAVID P MCQUAID FORMER OFFICER	(I)	0	115,130	321,300	0	7	436,437	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Employer identification number
23-2829095

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	310,510	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MEALS)	X	1	109	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

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

Part II **Supplemental Information.**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

Name of the organization
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Employer identification number

23-2829095

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC ("TJUH") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZ ATION IT INCLUDES THOMAS JEFFERSON UNIVERSITY HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIEN CE AND METHODIST HOSPITAL (COLLECTIVELY REFERRED TO AS TJUH) PURSUANT TO ITS CHARITABLE P URPOSES, TJUH PROVIDES EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVI DUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGI N, OR ABILITY TO PAY MOREOVER, THE ORGANIZATION OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1) TJUH PROVIDES MEDICALLY NECESSARY HEALT HCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SE LF-PAY, MEDICARE AND MEDICAID PATIENTS, 2) TJUH OPERATES AN ACTIVE EMERGENCY DEPARTMENT FO R ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK, 365 DAYS PER YEAR, 3) TJUH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4) CONTROL OF TJUH RESTS WITH ITS BOARD OF TRUSTEES, WHICH IS COMPRISED OF INDEPENDENT CIVI C LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5) SURPLUS FUNDS ARE USED TO I MPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CAR E, PROGRAMS AND ACTIVITIES THE OPERATIONS OF TJUH, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT TJUH PROVIDES SUBST ANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF SHORE IS FOR THE BENEFIT OF THE P UBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BEN EFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDEN TALLY BACKGROUND ========== JEFFERSON UNIVERSITY HOSPITALS AND THOMAS JEFFERSON UNIVERSIT Y ARE PARTNERS IN PROVIDING EXCELLENT CLINICAL AND COMPASSIONATE CARE FOR OUR PATIENTS IN THE PHILADELPHIA REGION, EDUCATING THE HEALTH PROFESSIONALS OF TOMORROW IN A VARIETY OF DI SCIPLINES AND DISCOVERING NEW KNOWLEDGE THAT WILL DEFINE THE FUTURE OF CLINICAL CARE WE A RE 30,000+ PEOPLE REIMAGINING HEALTH CARE, EDUCATION AND DISCOVERY WE ARE MANY THINGS, BU T EVERY DAY ALL OF US ARE DEDICATED TO ONE THING IMPROVING LIVES JEFFERSON RANKS AS 16TH BEST HOSPITAL ON U S NEWS & WORLD REPORT'S HONOR ROLL LIST WE CONTINUE TO TOP THE LIST OF HOSPITALS IN PENNSYLVANIA (3RD) AND THE PHILADELPHIA METRO AREA (2ND) IN U S NEWS & WO RLD REPORT'S ANNUAL LISTING OF THE BEST HOSPITALS AND SPECIALTIES JEFFERSON ALSO STANDS O UT AS AMONG THE BEST IN 11 SPECIALTY AREAS - ORTHOPEDICS - CANCER - EAR, NOSE & THROAT - GASTROENTEROLOGY & GI SURGERY- NEPHROLOGY - NEUROLOGY & NEUROSURGERY - OPHTHALMOLOGY - DIA BETES & ENDOCRINOLOGY - GERIATRICS - CARDIOLOGY & HEART SURGERY - UROLOGY THOMAS JEFFERSON UNIVERSITY HOSPITALS HAS 951 LICENSED ACUTE CARE BEDS, WITH MAJOR PROGRAMS IN A WIDE RANG E OF CLINICAL SPECIALTIES SER

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	VICES ARE PROVIDED AT FIVE PRIMARY LOCATIONS - THOMAS JEFFERSON UNIVERSITY HOSPITAL (THE M AIN HOSPITAL FACILITY, WHICH WAS ESTABLISHED IN 1825) AND JEFFERSON HOSPITAL FOR NEUROSCIE NCE, BOTH IN CENTER CITY PHILADELPHIA, JEFFERSON'S METHODIST HOSPITAL AND JEFFERSON AT THE NAVY YARD, BOTH IN SOUTH PHILADELPHIA, AND JEFFERSON AT VOORHEES IN SOUTH JERSEY TO PROT ECT THE HEALTH AND WELL-BEING OF OUR PATIENTS, VISITORS, EMPLOYEES, STUDENTS AND VOLUNTEER S, JEFFERSON IS A SMOKE-FREE CAMPUS SMOKING IS NOT PERMITTED IN ALL JEFFERSON BUILDINGS A ND WITHIN 50 FEET OF ANY ENTRYWAY TO OR EXIT FROM JEFFERSON BUILDINGS, AND WITHIN 50 FEET OF DRIVEWAYS, CANOPIES, ARCHWAYS AND PLAZAS WE ARE ALSO SMOKE FREE IN CAMPUS PARKING AREA S THOMAS JEFFERSON UNIVERSITY HOSPITALS STATISTICS ---------- ---------- - LICENSED BEDS 937 - ADMISSIONS 41,368 - OUTPATIENT VISITS 1,350,317 - EME RGENCY ROOM VISITS 117,746 - EMPLOYEES (FULL AND PART-TIME) 9,500 - HOUSE STAFF 873 - M EDICAL STAFF 1,667 - REGISTERED NURSES (FULL AND PART-TIME) 3,265 OUR MISSION ---------- - WE IMPROVE LIVES OUR VISION ---------- REIMAGINING HEALTH, EDUCATION AND DISCOVERY TO C REATE UNPARALLELED VALUE OUR VALUES ---------- THE BEHAVIORS OUR EMPLOYEES DEMONSTRATE DA ILY TO PATIENTS AND THEIR FELLOW STAFF ENABLE JEFFERSON TO CONTINUE ACHIEVE ITS MISSION J EFFERSON'S VALUES DEFINE WHO WE ARE AS AN ORGANIZATION, WHAT WE STAND FOR, AND HOW WE CONT INUE THE WORK OF HELPING OTHERS THAT BEGAN HERE NEARLY TWO CENTURIES AGO THESE VALUES ARE - PUT PEOPLE FIRST SERVICE-MINDED, RESPECTFUL & EMBRACES DIVERSITY - BE BOLD & THINK DI FFERENTLY INNOVATIVE, COURAGEOUS & SOLUTION-ORIENTED - DO THE RIGHT THING SAFETY-FOCUSED , INTEGRITY & ACCOUNTABILITY OUR HISTORY ========== THOMAS JEFFERSON UNIVERSITY HOSPITALS HAVE MAJOR PROGRAMS IN A WIDE RANGE OF CLINICAL SPECIALTIES SERVICES ARE DELIVERED AT FI VE PRIMARY LOCATIONS - THOMAS JEFFERSON UNIVERSITY HOSPITAL (OUR TEACHING HOSPITAL, WHICH WAS ESTABLISHED IN 1877) AND JEFFERSON HOSPITAL FOR NEUROSCIENCE, BOTH IN CENTER CITY PHIL ADELPHIA, JEFFERSON'S METHODIST HOSPITAL AND JEFFERSON AT THE NAVY YARD, BOTH IN SOUTH PHI LADELPHIA, AND JEFFERSON AT VOORHEES IN SOUTH JERSEY THERE ARE ALSO VARIOUS RADIATION THE RAPY SATELLITE LOCATIONS THROUGHOUT THE REGION FORMERLY A DIVISION OF THOMAS JEFFERSON UN IVERSITY, THE HOSPITAL WAS SEPARATED FROM THE UNIVERSITY TO BECOME A FOUNDING MEMBER OF TH E JEFFERSON HEALTH SYSTEM IN 1995 THE HOSPITAL EXPANDED ITS SERVICES TO THE COMMUNITY WIT H THE MERGER OF METHODIST HOSPITAL AS A DIVISION OF THOMAS JEFFERSON UNIVERSITY HOSPITALS IN 1996 AS AN ACADEMIC MEDICAL CENTER, THOMAS JEFFERSON UNIVERSITY HOSPITALS BELIEVE IN T HE IMPORTANCE OF AN EXCELLENT CLINICAL SETTING FOR OUR PATIENTS AND AS A FOUNDATION FOR TH E LEARNING EXPERIENCE OF JEFFERSON STUDENTS AND RESIDENTS IT IS WITHIN OUR VARIOUS CLINIC AL SETTINGS THAT SCIENTISTS, RESIDENTS AND ATTENDING PHYSICIANS, MEDICAL STUDENTS, NURSING AND ALLIED HEALTH STUDENTS, A

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ND TECHNOLOGISTS LEARN THEIR PROFESSION AND LEARN TO WORK TOGETHER AS A TEAM AND HELP DEFI NE THE FUTURE OF CLINICAL CARE JEFFERSON UNIVERSITY HOSPITALS CONTINUE TO TAKE PRIDE IN T HE QUALITY AND VARIETY OF HEALTHCARE SERVICES PROVIDED TO CITIZENS OF PHILADELPHIA AND THE DELAWARE VALLEY THE HOSPITAL IS FULLY ACCREDITED BY THE JOINT COMMISSION AND LICENSED BY THE DEPARTMENT OF HEALTH OF THE COMMONWEALTH OF PENNSYLVANIA IN THE COMMUNITY ========== ====== THOMAS JEFFERSON UNIVERSITY HOSPITALS DEFINES ITS GREATEST ACHIEVEMENTS BY THE CONT RIBUTIONS MADE TO THE COMMUNITY IT SERVES AS AN EMPLOYER OF NEARLY 7,500 INDIVIDUALS, OUR INSTITUTION IS BOTH INSPIRED BY AND COMMITTED TO RENEWING THE HEALTH AND PROSPERITY OF OU R AREA NEIGHBORHOODS IN FULFILLMENT OF THIS PLEDGE, JEFFERSON OPENED THE CENTER FOR URBAN HEALTH (CUH) IN 1998, WHICH HAS WORKED TO IMPROVE THE WELL-BEING OF PHILADELPHIA CITIZENS BY MARSHALLING THE RESOURCES OF THOMAS JEFFERSON UNIVERSITY HOSPITALS, THOMAS JEFFERSON U NIVERSITY AND ITS DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE (DFCM), AND PARTNERING WITH COMMUNITY ORGANIZATIONS AND NEIGHBORHOODS THE CENTER'S GOAL IS TO IMPROVE THE HEALTH STAT US OF INDIVIDUALS AND TARGETED COMMUNITIES/NEIGHBORHOODS THROUGH A MULTIFACETED INITIATIVE , THE ARCHES PROJECT, WHICH FOCUSES ON SIX DOMAINS/THEMES ACCESS AND ADVOCACY, RESEARCH, EVALUATION, AND OUTCOMES MEASUREMENT, COMMUNITY PARTNERSHIPS AND OUTREACH, HEALTH EDUCATIO N, SCREENING AND PREVENTION PROGRAMS, EDUCATION HEALTH PROFESSIONS STUDENTS AND PROVIDERS, AND SERVICE DELIVERY SYSTEMS INNOVATION TJUH'S PARTNERS CONSIST OF SCHOOLS, HOMELESS SHE LTERS, SENIOR CENTERS, FAITH-BASED COMMUNITIES AND OTHER BROAD-BASED EFFORTS THAT RECOGNIZ E NEIGHBORHOOD ECONOMIC, SOCIAL AND PHYSICAL ENVIRONMENTS AS UNDERLYING DETERMINANTS OF HE ALTH AND DISEASE IN ADDITION, TJUH UNDERTAKES MORE EXTENSIVE ASSESSMENTS IN PARTNERSHIP W ITH COMMUNITY-BASED ORGANIZATIONS TO CREATE PROGRAMS THAT REFLECT COMMUNITY NEED, VOICE AN D CULTURE

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	AT JEFFERSON, WE RECOGNIZE THAT BY PROVIDING QUALITY HEALTH CARE TO OUR PATIENTS, AND EDUC ATION AND OUTREACH TO OUR NEIGHBORS, WE ARE ALSO ENRICHING THE LIVES AND FUTURE OF OUR SUR ROUNDING COMMUNITY AND WHEN THE COMMUNITY THRIVES, WE ALL BENEFIT AWARDS & HONORS ====== ========= JEFFERSON UNIVERSITY HOSPITALS IS CONSISTENTLY RECOGNIZED BOTH NATIONALLY AND LO CALLY BY VARIOUS ORGANIZATIONS AND INSTITUTIONS IN JUST ABOUT EVERY ASPECT OF PATIENT CARE , PATIENT SAFETY AND THE QUALITY OF THE HEALTHCARE EXPERIENCE - U S NEWS RATES JEFFERSON AMONG THE BEST IN 2017-18 SURVEY - BECKER'S HOSPITAL REVIEW AGAIN NAMES JEFFERSON "GREAT HOSPITAL" - A METABOLIC AND BARIATRIC SURGERY ACCREDITED CENTER - HAP EXCELLENCE IN CARE A WARD - ACE UNIT AT METHODIST HOSPITAL EARNS SILVER BEACON AWARD FOR EXCELLENCE - B5 MEDICA L-SURGICAL UNIT RECEIVES AMSN PRISM AWARD - DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCE LLENCE RECIPIENTS 2016 - PHILADELPHIA MAGAZINES 2017 TOP DOCTORS - JEFFERSON PHYSICIANS RA TED TOP DOCS BY CASTLE CONNOLLY - NATIONAL CANCER INSTITUTE (NCI) DESIGNATION - JEFFERSON CARDIAC REHABILITATION EARNS AACVPR CERTIFICATION - JEFFERSON RADIATION ONCOLOGY EARNS APE X - MAGNET REDESIGNATION - AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER OUTSTANDING A CHIEVEMENT AWARD - THE JOINT COMMISSION 2013 TOP PERFORMER ON KEY QUALITY MEASURES - THE J OINT COMMISSION CERTIFICATIONS AND ADVANCED CERTIFICATIONS - 2014 HR DEPARTMENT OF THE YEA R AWARD - JEFFERSON AWARDED 3-YEAR ACCREDITATION WITH COMMENDATION - 2014 DELAWARE VALLEY PATIENT SAFETY & QUALITY AWARDS - JEFFERSON RECOGNIZED AS LEADER IN LGBT HEALTHCARE EQUALI TY - ORTHOPEDIC PROGRAM EARNS RECOGNITION FROM BECKER'S HOSPITAL REVIEW - A TRANSPLANT CEN TERS OF EXCELLENCE NETWORK FACILITY - AETNA INSTITUTE OF EXCELLENCE FOR TRANSPLANT DESIGNA TION - MEDICAL CARDIAC CARE UNIT RECEIVES BEACON AWARD FOR EXCELLENCE - GET WITH THE GUIDE LINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD - PULMONARY ASSOCIATES RECEIVES LEVEL 3 R ECOGNITION AS A PATIENT-CENTERED SPECIALTY PRACTICE - JEFFERSON MEDICAL CARE SOUTH PHILADE LPHIA RECEIVES NATIONAL RECOGNITION FOR PATIENT CENTERED CARE - FAMILY AND COMMUNITY MEDIC INE RECEIVES EXCEPTIONAL RATING - INTERNAL MEDICINE ASSOCIATES RECEIVES LEVEL 3 RECOGNITIO N FOR PPC-PCMH - SIDNEY KIMMEL CANCER CENTER IS A MELANOMA CENTER OF EXCELLENCE - CSI NAME S JEFFERSON A CANCER CENTERS OF EXCELLENCE NETWORK FACILITY - JEFFERSON DESIGNATED AETNA I NSTITUTES OF QUALITY FOR SPINE SURGERY - BLUE DISTINCTION FOR BARIATRIC SURGERY - BLUE DIS TINCTION+ CENTER FOR CARDIAC CARE - BLUE DISTINCTION CENTER FOR KNEE AND HIP REPLACEMENT - BLUE DISTINCTION CENTER FOR MATERNITY - BLUE DISTINCTION CENTER FOR COMPLEX AND RARE CANC ERS - BLUE DISTINCTION CENTER FOR SPINE SURGERY - BLUE DISTINCTION CENTER FOR TRANSPLANTS - CHEST PAIN CENTER DESIGNATION - COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES - SIDNEY KIMMEL CANCER CENTER RECEIVES FERTILE HOPE CENTER OF EXCELLENCE DESIGNATION - UN ITED NETWORK FOR ORGAN SHARING

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	(UNOS) CERTIFICATION - BREAST CARE CENTER RECEIVES NAPBC ACCREDITATION - JEFFERSON DESIGN ATED A NEONATAL CENTERS OF EXCELLENCE NETWORK - MODEL SPINAL CORD INJURY CENTER DESIGNATIO N - TRANSPLANTATION PROGRAM IS A CENTER FOR MEDICARE AND MEDICAID - JEFFERSON HONORED WITH YITZHAK RABIN PUBLIC SERVICE AWARD QUALITY & SAFETY ========== SINCE 1825, THE PHYS ICIANS, NURSES AND STAFF AT THOMAS JEFFERSON UNIVERSITY HOSPITALS HAVE MADE THE SAFETY OF OUR PATIENTS AND THE QUALITY OF CARE WE DELIVER TOP PRIORITIES WE RECOGNIZE THAT THE CARE WE PROVIDE AFFECTS EVERY PATIENT AND FAMILY MEMBER WHO COMES THROUGH OUR DOORS OUR COMMI TMENT TO QUALITY IS MEASURED IN BETTER PATIENT OUTCOMES AND INCREASED PATIENT SATISFACTION THE RESULT IS GENERATIONS OF FAMILIES TURN TO JEFFERSON BECAUSE THEY KNOW THAT WE DELIVE R SAFE, SUPERIOR AND COMPASSIONATE CARE, FROM DIAGNOSTICS THROUGH FOLLOW-UP CARE AT JEFFE RSON, WE DON'T JUST TALK ABOUT SAFETY AND QUALITY WE SET GOALS AND BENCHMARK OUR RESULTS TO ENSURE WE ARE MEETING AND EXCEEDING NATIONAL STANDARDS WE USE A "BALANCED SCORECARD" A PPROACH TO CONTINUALLY MEASURE OUR PROGRESS TOWARD OUR GOALS THIS APPROACH PROVIDES ACCOU NTABILITY AT ALL LEVELS AND TRACKS THOSE METRICS THAT HAVE THE GREATEST IMPACT ON OUR STRA TEGIC VALUES QUALITY AND SAFETY, SERVICE, PEOPLE, GROWTH AND FINANCE AND OPERATIONS IN OU R DRIVE TO DELIVER THE BEST QUALITY CARE, WE UTILIZE PROVEN METHODOLOGIES FOR QUALITY IMPR OVEMENT MANY OF OUR STAFF HAVE RECEIVED DEDICATED TRAINING AND GAINED EXPERTISE IN SPECIA L TECHNIQUES TO DRIVE IMPROVEMENTS IN QUALITY AND SAFETY RECOGNITION FOR QUALITY & SAFETY ========== MANY NATIONAL ORGANIZATIONS RECOGNIZE THOMAS JEFFERSON U NIVERSITY HOSPITALS FOR OUR STANDARDS OF QUALITY, EXCELLENCE AND SAFETY U S NEWS & WORLD REPORT ---------- THOMAS JEFFERSON UNIVERSITY HOSPITALS IS CONSISTENTLY RAT ED AMONG THE BEST HEALTHCARE PROVIDERS IN THE NATION, WITH TOP NATIONAL AND REGIONAL RANKI NGS IN OPHTHALMOLOGY, ORTHOPEDICS, CANCER, OTOLARYNGOLOGY (EAR, NOSE AND THROAT), UROLOGY, GASTROENTEROLOGY AND GI SURGERY, NEUROLOGY AND NEUROSURGERY, CARDIOLOGY AND HEART SURGERY , DIABETES AND ENDOCRINOLOGY, NEPHROLOGY AND GERIATRICS CENTERS FOR MEDICARE & MEDICAID T JUH ---------- THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) RECENTLY ANNOUNCED THAT IT RANKED THOMAS JEFFERSON UNIVERSITY HOSPITALS AS A FOUR (OUT O F FIVE)- STAR HOSPITAL FOR THE QUALITY OF ITS CARE THE FOUR STARS INDICATE JEFFERSONS HIG H PERFORMANCE IN IMPROVING SAFETY OF CARE (REDUCING HOSPITAL-ACQUIRED INFECTION) AND THE P ATIENT EXPERIENCE, AS WELL AS REDUCING MORTALITY RATES A REDUCTION IN READMISSION RATES W AS ALSO NOTED AMONG OVERALL PERFORMANCE IMPROVEMENT IN 2016, CMS BEGAN TO REPORT HOSPITAL QUALITY STAR RATINGS ON HOSPITAL COMPARE TO DETERMINE THE RATINGS, CMS COMBINES PERFORMA NCE ON MORE THAN 50 MEASURES INTO A SINGLE RATING OF ONE TO FIVE STARS HOSPITAL SAFETY GR ADES ---------- SE

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	VEN OF OUR HOSPITALS EARNED AN "A" BY THE LEAPFROG GROUP, A NATIONAL ORGANIZATION THAT RAT ES HOSPITALS ON SAFETY, INCLUDING THOMAS JEFFERSON UNIVERSITY HOSPITAL IN CENTER CITY, ME THODIST HOSPITAL, ABINGTON-LANSDALE HOSPITAL, JEFFERSON BUCKS HOSPITAL, JEFFERSON CHERRY H ILL HOSPITAL, JEFFERSON STRATFORD HOSPITAL, AND JEFFERSON WASHINGTON TOWNSHIP HOSPITAL TH IS RANKING PLACES THESE JEFFERSON HEALTH FACILITIES AMONG THE SAFEST HOSPITALS IN THE UNIT ED STATES ABINGTON HOSPITAL, JEFFERSON FRANKFORD HOSPITAL AND JEFFERSON TORRESDALE HOSPIT AL RECEIVED "B" GRADES THE HOSPITAL SAFETY SCORE USES NATIONAL PERFORMANCE MEASURES FROM THE LEAPFROG GROUP HOSPITAL SURVEY, THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ), THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), THE CENTERS FOR MEDICARE AND MEDICA ID SERVICES (CMS), AND THE AMERICAN HOSPITAL ASSOCIATION'S (AHA) ANNUAL SURVEY AND HEALTH INFORMATION TECHNOLOGY SUPPLEMENT THESE PERFORMANCE MEASUREMENTS ARE TAKEN TOGETHER TO RE PRESENT A HOSPITAL'S OVERALL PERFORMANCE IN KEEPING PATIENT'S SAFE FROM PREVENTABLE HARM A ND MEDICAL ERRORS

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MAGNET RECOGNITION FOR NURSING EXCELLENCE ---------- THOMAS JEFFERSON UNIVERSITY HOSPITALS CENTER CITY CAMPUS HAS BEEN GRANTED MAGNET RECOGNITION FOR NURSING EXCELLENCE FROM THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) ANCC IS A SUBSID IARY OF THE AMERICAN NURSES ASSOCIATION LESS THAN 7 PERCENT OF ALL HOSPITALS IN THE UNITE D STATES HAVE ACHIEVED ANCC MAGNET RECOGNITION STATUS THE MAGNET RECOGNITION PROGRAM RECO GNIZES HEALTHCARE ORGANIZATIONS FOR QUALITY PATIENT CARE, NURSING EXCELLENCE AND INNOVATIO NS IN PROFESSIONAL NURSING PRACTICE MAGNET HOSPITALS ENJOY HIGHER PERCENTAGES OF IMPROVED PATIENT CARE OUTCOMES AND IMPROVED PATIENT SATISFACTION AS WELL AS ATTRACTING TOP NOTCH N URSES, PHYSICIANS AND HEALTHCARE PROFESSIONALS NATIONAL CANCER INSTITUTE-DESIGNATED CANCE R CENTER ---------- THE SIDNEY KIMMEL CANCER CENTE R AT JEFFERSON IS A NATIONAL LEADER IN CANCER TREATMENT, RESEARCH AND EDUCATION AND A NATI ONAL CANCER INSTITUTE (NCI)-DESIGNATED CANCER CENTER IT IS AMONG THE TOP 20 CENTERS IN THE COUNTRY IN GRANT FUNDING FROM NCI READ MORE ABOUT THE SIDNEY KIMMEL CANCER CENTER AND TH E NCI JOINT COMMISSION ACCREDITATION ---------- THOMAS JEFFERSON UNIV ERSITY HOSPITALS ARE FULLY ACCREDITED BY THE JOINT COMMISSION ACROSS THE UNITED STATES, T HE JOINT COMMISSION EVALUATES AND ACCREDITS HEALTHCARE ORGANIZATIONS ACCREDITATION FROM T HIS INDEPENDENT, NONPROFIT ORGANIZATION IS A RECOGNIZED SYMBOL OF QUALITY, DEMONSTRATING A N ORGANIZATION'S ACHIEVEMENT OF PERFORMANCE STANDARDS ACCREDITATION REQUIRES SUCCESSFUL C OMPLETION OF AN ON-SITE SURVEY AT LEAST EVERY THREE YEARS THE JOINT COMMISSION HAS RECOGN IZED THOMAS JEFFERSON UNIVERSITY HOSPITALS AS IMPROVING IN QUALITY AND SAFETY IN THE AREAS OF HEART ATTACKS, HEART FAILURE, PNEUMONIA, SPINE SURGERY, SURGICAL CARE, IMMUNIZATIONS A ND PERINATAL CARE THEY HAVE ALSO RECOGNIZED JEFFERSON WITH SPECIFIC QUALITY AWARDS, INCLU DING THE MEDAL OF HONOR FOR ORGAN DONATION AND ADVANCED CERTIFICATIONS SUCH AS A PRIMARY S TROKE CENTER AND IN VENTRICULAR ASSIST DEVICE (VAD) A WINNER IN THE 2014 DELAWARE VALLEY PATIENT SAFETY & QUALITY AWARDS ---------- ---------- --------- JEFFERSON'S "DO NO HARM ENSURING MEDICATION SAFETY" INITIATIVE IS A THIRD PLAC E WINNER IN THE 2014 DELAWARE VALLEY PATIENT SAFETY AND QUALITY AWARDS PRESENTED BY THE H EALTH CARE IMPROVEMENT FOUNDATION, WE RECEIVED THE AWARD FOR OUR WORK TO REDUCE SERIOUS (L EVEL 5) ADVERSE DRUG EVENTS EACH YEAR FOR THE PAST FIVE YEARS THE HOSPITAL ACHIEVED THESE RESULTS BY BUILDING A CULTURE OF SAFETY, STANDARDIZING PROTOCOLS, AND FOCUSING ON IMPROVI NG SAFETY MEASURES FOR HIGH-RISK MEDICATIONS, SUCH AS CHEMOTHERAPY, ANTICOAGULANTS, INSULI N AND OPIATES OUR PROJECT WAS SELECTED FROM HOSPITALS AND HEALTH SYSTEMS ACROSS THE PHILA DELPHIA REGION IT RECEIVED HIGH SCORES ON THE AWARD'S EVALUATION CRITERIA, INCLUDING EVID ENCE OF SIGNIFICANT AND SUSTAI

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	NED IMPROVEMENT IN QUALITY OR PATIENT SAFETY, INNOVATION, LEADERSHIP AND ORGANIZATIONAL CO MMITMENT TO IMPROVEMENT, A MULTIDISCIPLINARY APPROACH, AND THE POTENTIAL FOR REPLICATION I N OTHER HEALTHCARE ORGANIZATIONS MASTERY AWARD RECOGNITION FOR PERFORMANCE EXCELLENCE --- ---------- THOMAS JEFFERSON UNIVERSITY HOSPITALS RE CEIVED THE MASTERY AWARD RECOGNITION FROM THE KEYSTONE ALLIANCE FOR PERFORMANCE EXCELLENCE (KAPE) PROGRAM THE MASTERY AWARD RECOGNIZES ORGANIZATIONS THAT DEMONSTRATE SIGNIFICANT P ROGRESS TOWARD PERFORMANCE EXCELLENCE THROUGH COMMITMENT AND PRACTICE JEFFERSON PARTICIPA TES IN THE KAPE PROGRAM THE STATEWIDE PENNSYLVANIA PROGRAM WHICH FOLLOWS BEST PRACTICES AS DEFINED BY THE BALDRIGE CRITERIA FOR PERFORMANCE EXCELLENCE THE PROGRAM HELPS JEFFERSON STRIVE FOR EXCELLENCE THROUGH CONTINUOUS IMPROVEMENT, BEST PRACTICE SHARING, AND ANNUAL EX TERNAL REVIEW OPPORTUNITIES TO IMPROVE OUTCOMES AND PERFORMANCE ARE IDENTIFIED AND INCORP ORATED INTO JEFFERSONS STRATEGY IN ORDER TO ENHANCE WORKFORCE ENGAGEMENT AND PRODUCTIVITY AS WELL AS CUSTOMER AND STAKEHOLDER SATISFACTION AMERICAN COLLEGE OF SURGEONS NATIONAL SU RGICAL QUALITY IMPROVEMENT ---------- ---------- ----- THOMAS JEFFERSON UNIVERSITY HOSPITAL IS A PARTICIPATING SITE FOR THE ACS NATIONAL SU RGICAL QUALITY IMPROVEMENT PROGRAM (ACS NSQIP) THE ACS NSQIP IS THE FIRST NATIONALLY VALI DATED, RISK-ADJUSTED, OUTCOMES-BASED PROGRAM TO MEASURE AND IMPROVE THE QUALITY OF SURGICA L CARE THE PROGRAM EMPLOYS A PROSPECTIVE, PEER-CONTROLLED, VALIDATED DATABASE TO QUANTIFY 30-DAY RISK-ADJUSTED SURGICAL OUTCOMES, WHICH ALLOWS VALID COMPARISON OF OUTCOMES AMONG A LL HOSPITALS IN THE PROGRAM PARTICIPATING HOSPITALS AND THEIR SURGICAL STAFF ARE PROVIDED WITH THE TOOLS, REPORTS, ANALYSIS AND SUPPORT NECESSARY TO MAKE INFORMED DECISIONS ABOUT IMPROVING QUALITY OF CARE LEVEL 1 REGIONAL RESOURCE TRAUMA CENTER & SPINAL CORD INJURY CE NTER ---------- THOMAS JEFFERSON UNIVERSITY HOSPITALS' EMERGENCY DEPARTMENT IS AN OFFICIALLY DESIGNATED LEVEL 1 REGIONAL RE SOURCE TRAUMA CENTER IT IS ONE OF ONLY 18 HOSPITALS IN THE UNITED STATES THAT IS BOTH AN OFFICIAL TRAUMA CENTER AND A FEDERALLY DESIGNATED REGIONAL SPINAL CORD INJURY CENTER JEFF ERSON, IN AFFILIATION WITH MAGEE REHABILITATION HOSPITAL, IS DESIGNATED AS ONE OF THE NATI ON'S 14 MODEL SPINAL CORD INJURY CENTERS BY THE NATIONAL INSTITUTE ON DISABILITY AND REHAB ILITATION RESEARCH THE ONLY SUCH FACILITY IN THE DELAWARE VALLEY, THE CENTER HAS TREATED MORE THAN 3,000 PERSONS WITH SPINAL CORD INJURIES AND SIGNIFICANTLY REDUCED THE SEVERE SEC ONDARY COMPLICATIONS OF TRAUMATIC SPINAL CORD INJURY BLUE DISTINCTION AWARD ---- ---------- --------- THOMAS JEFFERSON UNIVERSITY HOSPITALS EARNED THE BLUE DISTINCTION AWARD FROM BLU E CROSS AND BLUE SHIELD ASSOCIATION FOR DEMONSTRATING EXPERTISE IN DELIVERING QUALITY HEAL TH CARE IN THE FOLLOWING SPECI

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ALTIES COMPLEX AND RARE CANCERS, CARDIAC CARE, BARIATRIC SURGERY, SPINE SURGERY, AND TRAN SPLANTS THIS AWARD DESIGNATION SERVES AS A GUIDE IN SELECTING QUALITY SPECIALTY CARE HEA LTHGRADES ---------- HEALTHGRADES IS A LONGSTANDING LEADER IN MAKING INFORMATION ON PHYS ICIANS AND HOSPITALS MORE ACCESSIBLE AND TRANSPARENT THEY PROVIDES CONSUMERS WITH INFORMA TION ABOUT CLINICAL OUTCOMES, SATISFACTION, SAFETY AND HEALTH CONDITIONS HEALTHGRADES HAV E ISSUED 5-STAR RATINGS TO ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL AND TJUH FOR HIP AND KNE E REPLACEMENT, WHILE ABINGTON HOSPITAL - JEFFERSON HEALTH WAS RECOGNIZED FOR ITS PACEMAKER PROCEDURES

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CORE FORM, PART V, QUESTION 2A & CORE FORM, PART VII	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE SYSTEM UTILIZES A COMMON PAYMASTER FOR THIS ORGANIZATION AND JEFFERSON UNIVERSITY PHYSICIANS, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE FORM 990 REGULATIONS AND INSTRUCTIONS, THE ORGANIZATION TREATS AMOUNTS PAID BY A COMMON PAYMASTER FOR SERVICES PERFORMED FOR THE ORGANIZATION AS IF PAID DIRECTLY BY THE ORGANIZATION SIMILARLY, THE ORGANIZATION TREATS AMOUNTS PAID BY A COMMON PAYMASTER FOR SERVICES PERFORMED FOR A RELATED ORGANIZATION AS IF PAID DIRECTLY BY THE RELATED ORGANIZATION

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CORE FORM, PART VI, SECTION A, QUESTION 2	MICHAEL J HELLER, CHARLES G KOPP, ESQ & MARK L ALDERMAN, ESQ - BUSINESS RELATIONSHIP, MICHAEL J HELLER & IRA LUBERT - BUSINESS RELATIONSHIP, AND HYMAN R KAHN, M D & JACK FARBER - BUSINESS RELATIONSHIP

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CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. TJUH SYSTEM, INC IS THE SOLE MEMBER OF THIS ORGANIZATION. THOMAS JEFFERSON UNIVERSITY ("TJU") IS THE SOLE MEMBER OF TJUH SYSTEM, INC ACCORDINGLY, TJU HAS THE ULTIMATE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

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CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") THE ORGANIZATION'S GOVERNING BODY HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE SYSTEM'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE SYSTEM HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE SYSTEM'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS INCLUDING, BUT NOT LIMITED TO, THE EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL & ADMINISTRATIVE OFFICER, SENIOR VICE PRESIDENT OF CORPORATE FINANCE & CHIEF INVESTMENT OFFICER, VICE PRESIDENT OF CORPORATE FINANCE AND THE ASSOCIATE VICE PRESIDENT & ENTERPRISE CONTROLLER ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE SYSTEM'S INTERNAL WORKING GROUP FOR THEIR REVIEW THE INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL FOLLOWING THIS REVIEW, THE FORM 990 WAS THEN PRESENTED TO THE SYSTEM'S AUDIT, RISK AND COMPLIANCE COMMITTEE AND PROVIDED TO THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS

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CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFES SIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE SYSTEM HAS A WRITTEN CONFL ICT OF INTEREST POLICY WITH WHICH ALL AFFILIATES REGULARLY MONITOR AND ENFORCE COMPLIANCE THE CONFLICT OF INTEREST POLICY GOVERNS CONFLICT OF INTEREST DISCLOSURE AND MONITORING OF ALL VOTING MEMBERS OF THE SYSTEM'S BOARD OF TRUSTEES THE CONFLICT OF INTEREST POLICY IS DESIGNED TO ASSIST THE ORGANIZATION IN EVALUATING ARRANGEMENTS, CONTRACTS OR TRANSACTIONS THAT MAY BENEFIT THE PRIVATE INTEREST OF A TRUSTEE, THEIR FAMILY MEMBER(S), A MEMBER OF A COMMITTEE OR SUBCOMMITTEE THAT EXERCISES BOARD-DELEGATED POWERS OF THE UNIVERSITY, OR SENI OR MANAGEMENT THE POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE APPLICABLE STATE AND F EDERAL LAWS GOVERNING NONPROFIT CHARITABLE CORPORATIONS IN ACCORDANCE WITH THE CONFLICT O F INTEREST POLICY, EACH VOTING MEMBER OF THE BOARD OF TRUSTEES MUST COMPLETE, AT LEAST ANN UALLY, THE SYSTEM'S CONFLICT OF INTEREST DISCLOSURE PROCESS THE CONFLICT OF INTEREST PROC ESS INCLUDES DISTRIBUTION OF AN ELECTRONIC DISCLOSURE TO ALL PERSONS WHO SERVED AS VOTING MEMBERS OF THE BOARD OF TRUSTEES, MEMBERS OF SENIOR MANAGEMENT AND KEY EMPLOYEES DURING TH E PREVIOUS FISCAL YEAR THE DISCLOSURE FORM ELICITS INFORMATION RELATED TO THE RESPONDENTS ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES IN WHICH THEY ENGAGED DURING THE REPORTING P ERIOD THE PROCESS ALSO REQUIRES COVERED PERSONS TO DISCLOSE SUCH INFORMATION ABOUT THEIR FAMILY MEMBERS IN ADDITION TO ATTESTING TO THE VERACITY OF INFORMATION CONTAINED WITHIN T HE DISCLOSURE, THE VOTING MEMBER OF THE BOARD OF TRUSTEES MUST CERTIFY THAT THEY WILL ABID E BY THE SYSTEM'S CONFLICTS OF INTEREST AND OTHER RELEVANT POLICIES AND WILL DISCLOSE ALL INTERESTS AND ACTIVITIES RELATED TO THEIR ONGOING SERVICE ON THE BOARD OF TRUSTEES MEMBER S OF SENIOR MANAGEMENT AND INDIVIDUALS IDENTIFIED AS KEY EMPLOYEES RECEIVE DISCLOSURE QUES TIONS REQUIRED OF MEMBERS OF THE BOARD OF TRUSTEES ALL PERSONS COVERED UNDER THE ORGANIZA TION'S BOARD OF TRUSTEES AND EMPLOYEE-RELATED CONFLICT OF INTEREST POLICIES MAINTAIN A CON TINUING OBLIGATION TO DISCLOSE ALL CHANGES IN INTERESTS, ACTIVITIES AND RELATIONSHIPS THRO UGHOUT THE YEAR THE SYSTEM MAINTAINS ALL ORIGINAL DISCLOSURE FORMS AND CERTIFICATIONS IN ACCORDANCE WITH ITS RECORD RETENTION POLICY THE SYSTEM ALSO COMPILES AND ISSUES A COMPREH ENSIVE REPORT OF ALL ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES REPORTED DURING THE BOAR D OF TRUSTEES CONFLICTS OF INTEREST DISCLOSURE PROCESS TO THE ORGANIZATION'S EXECUTIVE COM MITTEE OF THE BOARD OF TRUSTEES THEREAFTER, THE BOARD OF TRUSTEES ITSELF OR THROUGH DELEG ATION TO THE AUDIT, RISK AND COMPLIANCE COMMITTEE, EVALUATES ALL ACTUAL OR POTENTIAL CONFL ICTS OF INTEREST TO DETERMINE WHETHER ACTIVITIES OR ARRANGEMENTS REQUIRE MANAGEMENT, REDUC TION, OR ELIMINATION OF CERTAI

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	N INTERESTS, ACTIVITIES OR RELATIONSHIPS WHEN MANAGEMENT OF THE IDENTIFIED CONFLICT IS RE QUIRED, THE AFFECTED PERSON(S), MEMBERS OF THE BOARDS EXECUTIVE COMMITTEE, AND CERTAIN MEM BERS OF EXECUTIVE MANAGEMENT, RECEIVE NOTIFICATION OF THE REQUIREMENTS SET FORTH IN THE MA NAGEMENT PLAN AFFECTED PERSONS ARE EXPECTED TO ABIDE BY THE TERMS OF THE MANAGEMENT PLAN, WHICH MAY INCLUDE, BUT MAY NOT BE LIMITED TO, RECUSAL FROM DELIBERATIONS AND VOTING WHEN APPROPRIATE IN ADDITION TO THE ABOVE-OUTLINED INTERNAL REPORTING AND EVALUATION OF ACTIVI TIES, TRANSACTIONS AND RELATIONSHIPS, ALL REQUIRED DISCLOSURES IN ACCORDANCE WITH THE INTE RNAL REVENUE SERVICE'S REGULATIONS AND INSTRUCTIONS ARE REPORTED ON THE ORGANIZATION'S FED ERAL FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFES SIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE ORGANIZATION IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE HIGHEST STANDARDS OF RE GULATORY COMPLIANCE AND BEST PRACTICES IN CORPORATE GOVERNANCE THOMAS JEFFERSON UNIVERSIT Y'S BOARD OF TRUSTEES HAS A COMPENSATION AND HUMAN CAPITAL COMMITTEE ("COMMITTEE") THE CO MMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT R EVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE SYSTEM'S EXECUTIVE COMPENSATIO N, INCLUDING ARRANGEMENTS COVERING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR EXECUTIVE S AND OTHER KEY EMPLOYEES (INCLUDING CLINICAL DEPARTMENT CHAIRS AND SELECT FACULTY) THE C OMMITTEE MEETS MULTIPLE TIMES DURING THE YEAR AND IS COMPRISED OF INDIVIDUALS WHO ARE INDE PENDENT AND DO NOT HAVE CONFLICTS OF INTEREST WITH REGARD TO THE COMPENSATION ARRANGEMENTS THAT FALL WITHIN ITS PURVIEW THE COMMITTEE'S PROCESS IS DESIGNED TO SATISFY THE REBUTTAB LE PRESUMPTION OF REASONABLENESS THAT IS AVAILABLE UNDER THE INTERMEDIATE SANCTIONS LAW, A ND INCLUDES THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF ITS DELIBERATIONS AND DECISIONS THE COMMITTEE'S DECISIONS ARE MADE IN ACCORDANCE WITH SYSTEM 'S COMPENSATION PHILOSOPHY, WHICH SUPPORTS THE OBJECTIVE OF ATTRACTING, RETAINING AND MOTI VATING TALENTED INDIVIDUALS WHO HAVE THE APPROPRIATE EXPERIENCE AND SKILLS TO ACHIEVE THE INSTITUTIONS OBJECTIVES ON AN ANNUAL BASIS THE COMMITTEE REVIEWS APPROPRIATE COMPARABILIT Y DATA FOR SIMILAR INSTITUTIONS THAT REFLECT THE MISSION, SCOPE AND COMPLEXITY OF THE ORGA NIZATION AND ITS CONSTITUENT ENTITIES THE COMMITTEE ENGAGES QUALIFIED, INDEPENDENT CONSUL TANTS AS NEEDED TO PROVIDE ADVICE ON COMPENSATION MATTERS AND TO PREPARE THE COMPARABILITY DATA, WHICH ARE REVIEWED BY THE COMMITTEE IN ADVANCE OF MAKING ITS DECISIONS THE COMMITT EE REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND OTHER S ENIOR EXECUTIVES BASED ON MARKET PRACTICES, AN ASSESSMENT OF PERFORMANCE AND OTHER BUSINES S JUDGMENT FACTORS THE EXECUTIVE COMPENSATION INCLUDES INCENTIVE PAY, PURSUANT TO WHICH E XECUTIVES ARE REWARDED BASED ON THE ACHIEVEMENT OF THE SYSTEM, ENTITY AND INDIVIDUAL PERFO RMANCE GOALS THAT ARE ESTABLISHED IN ADVANCE OF THE PERFORMANCE PERIOD THESE GOALS ARE LI NKED TO SYSTEM'S MISSION, STRATEGIC AND OPERATING OBJECTIVES, AND HAVE PREDETERMINED WEIGH TS AT THE END OF THE YEAR, THE COMMITTEE APPROVES THE RESULTING AWARDS BASED ON A REVIEW OF PERFORMANCE ACHIEVEMENTS RELATIVE TO THE GOALS, IN APPROPRIATE CIRCUMSTANCES, OTHER DIS CRETIONARY FACTORS MAY BE CONSIDERED WHEN INCENTIVES ARE DETERMINED THE COMMITTEE MAKES A DETERMINATION OF THE REASONABLENESS OF COMPENSATION AND MAINTAINS MINUTES THAT DOCUMENT I TS DELIBERATIONS AND DECISIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD OF TRUSTEE MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU") THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF TRUSTEE MEMBERS, KEY EMPLOYEES AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990 THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS OR KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM, NOT SOLELY THIS ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART X, LINE 25	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2006B, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2009A, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012A, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012B, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015A, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015B, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015C-G, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015H, - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017A, - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017B, - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017C, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018A, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018B, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018C, AND - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018D THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY THOMAS JEFFERSON UNIVERSITY, THE TAX-EXEMPT PARENT OF THE SYSTEM AND SOLE MEMBER OF VARIOUS TAX-EXEMPT AFFILIATES WITHIN THE SYSTEM, TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A TJU OBLIGATED GROUP LIABILITY ACCORDINGLY, THIS TJU OBLIGATED GROUP LIABILITY IS REFLECTED ON THE BALANCE SHEET OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS - THOMAS JEFFERSON UNIVERSITY HOSPITALS, EIN 23-2829095 - TJUH SYSTEM, INC , EIN 26-3026795 - JEFFERSON UNIVERSITY PHYSICIANS, EIN 23-2809585 - ABINGTON HEALTH, EIN 27-1243803 - ABINGTON HEALTH FOUNDATION, EIN 23-2188052 - ABINGTON MEMORIAL HOSPITAL, EIN 23-1352152 - LANSDALE HOSPITAL CORPORATION, EIN 26-3359979 - ARIA HEALTH, EIN 23-0596940 - ARIA HEALTH SYSTEM, EIN 23-2239131 - KENNEDY UNIVERSITY HOSPITAL, INC , EIN 22-1773439 - PHILADELPHIA UNIVERSITY, EIN 23-1352294 - MAGEE REHABILITATION HOSPITAL, EIN 23-1476328 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 OF THOMAS JEFFERSON UNIVERSITY, EIN 23-1352651

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE - NET ASSETS RELEASED FROM RESTRICTION - $3,977,040, - DISTRIBUTION TO MINORITY INTEREST - ($9,400,000), - UNRESTRICTED EQUITY TRANSFER - ($195,036), - NET ASSETS RELEASED FROM RESTRICTION TO PURCHASE PROPERTY, PLANT & EQUIPMENT - $127,200, - OTHER CHANGES IN UNRESTRICTED NET ASSETS - $1,358,392, - TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM RESTRICTION FOR ENDOWMENTS - ($1,844,049), - TEMPORARILY RESTRICTED NET ASSETS RELEASED FROM RESTRICTION FOR OPERATIONS - ($2,880,192), - TEMPORARILY RESTRICTED EQUITY TRANSFER - $71,881, AND - CHANGE IN VALUE OF EXTERNAL TRUSTS - $65,033

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU") AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE FISCAL YEARS ENDED JUNE 30, 2018 AND JUNE 30, 2017, RESPECTIVELY AND ISSUED A CONSOLIDATED AUDITED FINANCIAL STATEMENT AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM TJU'S AUDIT, RISK AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THE SELECTION OF AN INDEPENDENT AUDITOR

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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
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Employer identification number
23-2829095

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) JEFF ENDOSCOPY CENTER AT BALA LLC C/O TJU 601 WALNUT ST STE 925E PHILADELPHIA, PA 19106 47-4487777	HEALTHCARE	PA	2,531,190	2,432,910	TJUH

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? 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.

See Additional Data Table

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

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	(i) No
See Additional Data Table									

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

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III, LINE 3	DUE TO ITS SHARED DIRECT CONTROLLING ENTITY, TJUH SYSTEM, THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC (TJUH) IS DEEMED TO OWN BOTH ITS INDIVIDUAL INTEREST IN JEFFERSON COMPREHENSIVE CONCUSSION CENTER, AS WELL AS THOSE OF ITS BROTHER/SISTER ENTITY, JEFFERSON UNIVERSITY PHYSICIANS (JUP) WHILE NEITHER TJUH NOR JUP HAVE AN INDIVIDUAL CONTROLLING INTEREST IN JEFFERSON COMPREHENSIVE CONCUSSION CENTER, THEIR COLLECTIVE OWNERSHIP CONSTITUTES A CONTROLLING INTEREST IN THE PARTNERSHIP

Return Reference	Explanation
SCHEDULE R, PART V	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THIS ORGANIZATION AND ITS TAX-EXEMPT PARENT ENTITY, THOMAS JEFFERSON UNIVERSITY, ROUTINELY PAY EXPENSES FOR VARIOUS RELATED AFFILIATES IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Additional Data

Software ID:
Software Version:
EIN: 23-2829095
Name: THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
601 WALNUT STREET SUITE 925E PHILADELPHIA, PA 19106 23-1352651	EDUCATION	PA	501(C)(3)	509(A)(1)	NA		No
C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 26-3026795	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJU		No
C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2809585	HEALTH SVCS	PA	501(C)(3)	509(A)(3)	TJUH SYSTEM		No
C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 46-4855345	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JUP		No
C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-3026939	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2858320	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	JPS		No
C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2678055	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-3537847	HEALTH SVCS	NJ	501(c)(3)	509(A)(2)	MAHC		No
C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2622009	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2622004	HEALTH SVCS	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2622006	HEALTH SVCS	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2214351	REAL ESTATE	PA	501(c)(2)		JEFFEX INC		No
1200 OLD YORK ROAD ABINGTON, PA 19001 27-1243803	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJU		No
1200 OLD YORK ROAD ABINGTON, PA 19001 23-1352152	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	AH		No
100 MEDICAL CAMPUS DRIVE LANSDALE, PA 19446 26-3359979	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	AH		No
1200 OLD YORK ROAD ABINGTON, PA 19001 23-2188052	FUNDRAISING	PA	501(C)(3)	509(A)(1)	AH		No
10800 KNIGHTS ROAD PHILADELPHIA, PA 19114 23-2239131	HEALTH SVCS	PA	501(C)(3)	509(A)(3)	TJU		No
10800 KNIGHTS ROAD PHILADELPHIA, PA 19114 23-0596940	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	AHS		No
10800 KNIGHTS ROAD PHILADELPHIA, PA 19114 23-2691968	HEALTH SVCS	PA	501(C)(3)	170B1AIII	AHS		No
380 NORTH OXFORD VALLEY ROAD LANGHORNE, PA 19047 46-0779942	HEALTH SVCS	PA	501(C)(3)	509(A)(2)	AHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2780 BRISTOL PIKE BENSALEM, PA 19020 23-7318683	FUNDRAISING	PA	501(C)(3)	509(A)(3)	AH		No
SCHOOL HOUSE LN AND HENRY AVE PHILADELPHIA, PA 19144 23-1352294	EDUCATION	PA	501(C)(3)	509(A)(1)	TJU		No
500 MARLBORO AVENUE CHERRY HILL, NJ 08002 22-2442036	HEALTH SVCS	NJ	501(C)(3)	509(A)(1)	TJU		No
500 MARLBORO AVENUE CHERRY HILL, NJ 08002 22-1773439	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	KHS		No
500 MARLBORO AVENUE CHERRY HILL, NJ 08002 80-0550282	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	KHS		No
500 MARLBORO AVENUE CHERRY HILL, NJ 08002 22-2442034	REAL ESTATE	NJ	501(C)(3)	509(A)(3)	KHS		No
500 MARLBORO AVENUE CHERRY HILL, NJ 08002 22-2443981	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	KHS		No
500 MARLBORO AVENUE CHERRY HILL, NJ 08002 22-2442032	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	KHS		No
500 MARLBORO AVENUE CHERRY HILL, NJ 08002 46-1420853	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	KHS		No
1513 RACE STREET PHILADELPHIA, PA 19102 23-1476328	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	TJU		No
1105 N MARKET STREET WILMINGTON, DE 19899 20-4191006	INSURANCE	DE	501(C)(3)	509(A)(3)	NA		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1100 WALNUT ASSOC C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2332396	MEDICAL OFFICE	PA	NA									
JEFF UNIV RAD ASSOC 840 CRESCENT CTR DR FRANKLIN, TN 37067 41-2043518	HEALTH SVCS	PA	TJUH	RELATED	1,561,237	1,968,682		No			No	80 000 %
JEFF COMP CONC CTR 4050 S 26TH ST PHILADELPHIA, PA 19145 46-4254983	HEALTH SVCS	PA	TJUHJUP	RELATED	37,813	485,481		No			No	32 500 %
RIVERVIEW SURG CTR LP 3 CRESCENT DR PHILADELPHIA, PA 19112 26-3910345	HEALTH SVCS	PA	TJUH	RELATED	2,406,837	2,197,174		No			No	50 490 %
RIVERVIEW SURG CTR LLC 3 CRESCENT DR PHILADELPHIA, PA 19112 26-3911509	HEALTH SVCS	PA	TJUH	RELATED	24,312	22,195		No			No	51 000 %
ROTHMAN ORTHO SPEC HOSP 11221 ROE AVE LEAWOOD, KS 66211 27-0260289	HEALTH SVCS	PA	TJUH	RELATED	8,647,785	11,827,878		No			No	54 000 %
JEFFHEDGE LLC 1301 2ND AVE SEATTLE, WA 98101 45-3214379	INVESTMENTS	DE	NA									
JUNIATA MED BLD 3 VILLAGE RD HORSHAM, PA 19044 23-2450132	MEDICAL OFFICE	PA	NA									
TMB ENTERPRISE 3 VILLAGE RD HORSHAM, PA 19044 23-2400586	MEDICAL OFFICE	PA	NA									
MED IMAGING ASSOC 2451 GRANT AVE PHILADELPHIA, PA 19114 23-2491498	HEALTH SVCS	PA	NA									
GARDEN ST RAD LLC 1099 WHITE HORSE ROAD VOORHEES, NJ 08043 47-1323463	RADIOLOGY	NJ	NA									
KENNEDY CH SURG 11221 ROE AVE LEAWOOD, KS 66211 47-2462625	SURGERY CENTER	NJ	NA									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
TJU INC C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2146678	REAL ESTATE	PA	NA	C CORP					No
WALNUT REALTY CO C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2332416	REAL ESTATE	PA	NA	C CORP					No
ATRIUM CORPORATION C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2075587	HEALTH SVCS	PA	NA	C CORP					No
HEALTHMARK INC C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2259593	HEALTH SVCS	PA	NA	C CORP					No
JEFFERSON ACUTE CARE PHYSICIANS PC C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 47-2639286	HEALTH SVCS	PA	NA	C CORP					No
JEFFCARE INC C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2830152	HEALTH SVCS	PA	NA	C CORP					No
MID-ATLANTIC MATERNAL FETAL INSTITUTE C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 23-2922471	INACTIVE	PA	NA	C CORP					No
MID-ATLANTIC MATERNAL FETAL INSTITUTE PC C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 22-3536371	INACTIVE	NJ	NA	C CORP					No
JEFFERSON PHYSICIAN SVCS OF CALIFORNIA C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 37-1856786	INACTIVE	CA	NA	C CORP	0	0	100 000 %	Yes	
925 WALNUT STREET CORP C/O TJU601 WALNUT STSTE 925E PHILADELPHIA, PA 19106 84-1657497	REAL ESTATE	PA	NA	S CORP					No
SYSTEM SERVICE CORPORATION 1105 N MARKET STREET WILMINGTON, DE 19801 23-2218944	HOLDING CO	DE	NA	C CORP					No
TF DEVELOPMENT LTD 3 VILLAGE ROAD HORSHAM, PA 19044 23-2197865	REAL ESTATE	PA	NA	C CORP					No
HEALTH CARE INC 10800 KNIGHTS ROAD PHILADELPHIA, PA 19114 20-0214524	HEALTH SVCS	PA	NA	C CORP					No
KENNEDY MANAGEMENT GROUP INC 500 MARLBORO AVENUE CHERRY HILL, NJ 08002 22-3347294	MANAGEMENT	NJ	NA	C CORP					No
PROFESSIONAL MEDICAL MANAGEMENT INC 500 MARLBORO AVENUE CHERRY HILL, NJ 08002 22-2559690	COLLECTION SVCS	NJ	NA	C CORP					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
KENNEDY ACCESS INCORPORATED 500 MARLBORO AVENUE CHERRY HILL, NJ 08002 47-2661672	INACTIVE	NJ	NA	C CORP					No