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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
UNIVERSITY HEALTH SYSTEM INC

Doing business as
UNIV OF TN MEDICAL CENTER

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

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

D Employer identification number

31-1626179

E Telephone number

(865) 251-4417

G Gross receipts \$ 1,059,960,659

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

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.UTMEDICALCENTER.ORG

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

L Year of formation: 1998

M State of legal domicile: TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
OUR MISSION: TO SERVE THROUGH HEALING, EDUCATION, AND DISCOVERY.

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 15

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 5,833

6 Total number of volunteers (estimate if necessary) 6 353

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,163,163

b Net unrelated business taxable income from Form 990-T, line 39 7b 817,179

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 5,956,463

9 Program service revenue (Part VIII, line 2g) 9 943,871,496

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,414,205

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 8,895,819

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 963,137,983

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 636,060

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 382,706,212

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 563,663,584

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 947,005,856

19 Revenue less expenses. Subtract line 18 from line 12 19 16,132,127

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 794,012,299

21 Total liabilities (Part X, line 26) 21 584,523,057

22 Net assets or fund balances. Subtract line 21 from line 20 22 209,489,242

Part II Signature Block

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

Sign Here

Signature of officer
BENJAMIN M CUNNINGHAM JR SVP/CFO
Type or print name and title

2020-11-13
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-11-13

Check ☐ if self-employed PTIN P00445891

Firm's name ▶ DIXON HUGHES GOODMAN LLP Firm's EIN ▶ 56-0747981

Firm's address ▶ 500 RIDGEFIELD COURT Phone no. (828) 254-2254
ASHEVILLE, NC 28806

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

OUR MISSION: TO SERVE THROUGH HEALING, EDUCATION, AND DISCOVERY.

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 \$ 833,025,978 including grants of \$ 861,798) (Revenue \$ 1,040,619,517)
See Additional Data	


















4b	(Code:) (Expenses \$ 25,635,703 including grants of \$) (Revenue \$)
See Additional Data	

4c	(Code:) (Expenses \$ 86,176,444 including grants of \$) (Revenue \$)
See Additional Data	

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

4e	Total program service expenses ▶	944,838,125
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	401
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 5,833			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a 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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.		15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No

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 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **TN**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶BENJAMIN M CUNNINGHAM JR 2121 MEDICAL CENTER WAY NO 200 KNOXVILLE, TN 37920 (865) 305-6600

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 ☐

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.

See instructions for the order in which to list the persons above.

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

[illegible]

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

(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)								15,123,652	0	1,713,778

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 ▶ 411

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRADUATE SCHOOL OF MEDICINE 1924 ALCOA HIGHWAY KNOXVILLE, TN 37920	MEDICAL EDUCATION	40,564,536
UNIVERSITY PHYSICIANS ASSOCIATION 9000 EXECUTIVE PARK DR KNOXVILLE, TN 37923	PHYSICIANS/CBO MGMT	32,548,532
LABORATORY CORPORATION OF AMERICA 1924 ALCOA HIGHWAY KNOXVILLE, TN 37920	LABORATORY SERVICES	21,090,347
CROTHALL HEALTHCARE INC 13028 COLLECTION CENTER DRIVE CHICAGO, IL 60693	BIOMED MGMT	13,602,998
CERNER CORPORATION PO BOX 959156 ST LOUIS, MO 63195	SUBSCRIPTION/EQUIP/SUPPORT	11,222,923

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 ▶ 348

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII												<input type="checkbox"/>	
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	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	630,495									
	d Related organizations		1d	1,499,074									
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	7,791,738									
	g Noncash contributions included in lines 1a - 1f:\$		1g	114,655									
	h Total. Add lines 1a-1f		9,921,307										
Program Service Revenue			Business Code										
	2a NET PATIENT SERVICE REVENUE		621500	957,093,496		957,093,496							
	b PROGRAM SERVICE REVENUE		621400	76,326,290		76,161,207		165,083					
	c EHR MEANINGFUL USE		621400	1,551		1,551							
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		1,033,421,337										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,724,634				749,655		1,974,979			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a	6,865,611									
	b Less: rental expenses		6b	0									
	c Rental income or (loss)		6c	6,865,611									
	d Net rental income or (loss)				6,865,611		6,865,611						
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	4,707,220									
	b Less: cost or other basis and sales expenses		7b	0	473,199								
	c Gain or (loss)		7c	4,707,220	-473,199								
	d Net gain or (loss)				4,234,021				4,234,021				
	8a Gross income from fundraising events (not including \$ 630,495 of contributions reported on line 1c). See Part IV, line 18		8a	483,388									
	b Less: direct expenses		8b	483,388									
	c Net income or (loss) from fundraising events				0								
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities												
	10a Gross sales of inventory, less returns and allowances		10a										
b Less: cost of goods sold		10b											
c Net income or (loss) from sales of inventory													
Miscellaneous Revenue		Business Code											
11a PARKING REVENUE		812930		1,588,737				1,588,737					
b TELEPHONE SERVICES		812900		248,425		248,425							
c													
d All other revenue													
e Total. Add lines 11a-11d				1,837,162									
12 Total revenue. See instructions				1,059,004,072		1,040,121,865		1,163,163					
								7,797,737					
Form 990 (2019)													

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	643,933	643,933		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	217,865	217,865		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,256,572		9,256,572	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	336,039,705	314,163,520	21,876,185	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,651,343	20,241,841	1,409,502	
9 Other employee benefits	29,593,397	27,666,867	1,926,530	
10 Payroll taxes	21,668,904	20,258,258	1,410,646	
11 Fees for services (non-employees):				
a Management	12,870,364	12,032,503	837,861	
b Legal	29,778,103	27,839,548	1,938,555	
c Accounting	377,671	353,085	24,586	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	275,423	257,493	17,930	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	137,502,862	128,551,426	8,951,436	
12 Advertising and promotion	1,614,788	1,509,665	105,123	
13 Office expenses	8,326,883	7,784,803	542,080	
14 Information technology	121,118	113,233	7,885	
15 Royalties				
16 Occupancy	22,661,395	21,186,138	1,475,257	
17 Travel	2,323,249	2,172,005	151,244	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,552,457	2,386,292	166,165	
20 Interest	14,776,636	14,776,636		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,979,985	29,979,985		
23 Insurance	1,885,664	1,885,664		
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 DRUGS	152,883,410	142,930,700	9,952,710	
b MEDICAL SUPPLIES	139,524,464	130,441,421	9,083,043	
c BAD DEBT EXPENSE	37,550,722	35,106,170	2,444,552	
d DIETARY	1,725,922	1,613,564	112,358	
e All other expenses	776,029	725,510	50,519	
25 Total functional expenses. Add lines 1 through 24e	1,016,578,864	944,838,125	71,740,739	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		85,955,348	1	89,158,818	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		163,756,152	4	178,402,955	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		9,541,058	8	13,472,817	
	9	Prepaid expenses and deferred charges		3,389,191	9	4,720,604	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	652,466,455			
	b	Less: accumulated depreciation	10b	351,869,020	295,411,774	10c	300,597,435
	11	Investments—publicly traded securities		196,494,425	11	236,158,211	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		2,400,232	13	2,358,863	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		37,064,119	15	68,537,850	
16	Total assets. Add lines 1 through 15 (must equal line 34)		794,012,299	16	893,407,553		
Liabilities	17	Accounts payable and accrued expenses		197,354,339	17	247,490,359	
	18	Grants payable			18		
	19	Deferred revenue		5,901,798	19	4,395,624	
	20	Tax-exempt bond liabilities		341,591,650	20	333,863,053	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		22,507,733	23	21,592,585	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		17,167,537	25	14,630,462	
	26	Total liabilities. Add lines 17 through 25		584,523,057	26	621,972,083	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		194,393,704	27	255,203,267	
	28	Net assets with donor restrictions		15,095,538	28	16,232,203	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		209,489,242	32	271,435,470	
33	Total liabilities and net assets/fund balances		794,012,299	33	893,407,553		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,059,004,072
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,016,578,864
3	Revenue less expenses. Subtract line 2 from line 1	3	42,425,208
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	209,489,242
5	Net unrealized gains (losses) on investments	5	14,542,617
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	4,978,403
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	271,435,470

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

Software ID:

Software Version:

EIN: 31-1626179

Name: UNIVERSITY HEALTH SYSTEM INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

AS THE ONLY ACADEMIC MEDICAL CENTER IN THE REGION, UHS IS COMMITTED TO EDUCATION IN ORDER TO PREPARE HEALTHCARE PROFESSIONALS FOR THE FUTURE. EDUCATION IS AN ONGOING ENDEAVOR FOR ALL EMPLOYEES, MANY OF WHOM WILL HAVE AN OPPORTUNITY TO SERVE AS TEACHERS AS WELL AS STUDENTS. THE MEDICAL CENTER COLLABORATES WITH THE GRADUATE SCHOOL OF MEDICINE AND OTHER ACADEMIC INSTITUTIONS, AND IT MAINTAINS A LEARNING ENVIRONMENT WITH DEVOTION TO TECHNOLOGICAL AND TREATMENT ADVANCES THAT PROVIDE BETTER CARE FOR PATIENTS.

Form 990, Part III, Line 4c:

UNREIMBURSED CHARITY CARE AND SELF-PAY DISCOUNT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM S RUKEYSER CHAIR	2.00	X						0	0	0
DR LISA D DUNCAN AS OF 7119 BOARD MEMBER	2.00	X						0	0	0
WES STOWERS BOARD MEMBER	2.00	X						0	0	0
DR DONDE A PLOWMAN AS OF 7119 BOARD MEMBER	2.00	X						0	0	0
DR JOSEPH E JOHNSON BOARD MEMBER	2.00	X						0	0	0
DR JOSEPH T CHUN AS OF 7119 BOARD MEMBER	2.00	X						0	0	0
MICHAEL T STRICKLAND BOARD MEMBER	2.00	X						0	0	0
DR ROBERT F ELDER BOARD MEMBER	65.00	X						592,502	0	58,637
H W SHERROD JR VICE CHAIR	2.00	X						0	0	0
SHARON M PRYSE BOARD MEMBER	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SARA ROSE BOARD MEMBER	2.00	X						0	0	0
RENDA BURKHART AS OF 7119 BOARD MEMBER	2.00	X						0	0	0
RANDY BOYD BOARD MEMBER	2.00	X						0	0	0
DR STEVE J SCHWAB BOARD MEMBER	2.00	X						0	0	0
BENJAMIN M CUNNINGHAM JR SR VP & CFO	65.00			X				487,316	0	63,512
JANELL R CECIL SR VP & CNO	65.00			X				518,250	0	97,083
WILLIAM D HALL EXECUTIVE VICE PRESIDENT	65.00			X				849,225	0	153,671
JERRY L EPPS SR VP & CMO	65.00			X				362,995	0	41,749
JOSEPH R LANDSMAN JR PRESIDENT & CEO	65.00			X				2,809,248	0	310,251
STEVEN R ROSS SR VICE PRESIDENT	65.00			X				653,692	0	109,227

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			
ANTONY J CHARLES PHYSICIAN	65.00					X		957,879	0	105,765
DR MELISSA P LAPINSKA BOARD MEMBER (ROTATED OFF)	65.00	X						314,806	0	32,358
CAROLYN FAIRBANKS-BIGGS BOARD MEMBER (ROTATED OFF)	2.00	X						0	0	0
W BEDFORD WATERS BOARD MEMBER (ROTATED OFF)	2.00	X						0	0	0
DR WAYNE DAVIS BOARD MEMBER (ROTATED OFF)	2.00	X						0	0	0
THOMAS FISHER FORMER VP & CFO	0.00						X	108,430	0	58,030

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEM INC

Employer identification number
31-1626179

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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	<div><input type="checkbox"/></div> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

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

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

Facts And Circumstances Test

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

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

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

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

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

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

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

Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B

Complete if the organization is exempt under section 501(c)(3).

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

Part I-C

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)	(b)	
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		100
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		276,041
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			276,141
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEM INC

Employer identification number
31-1626179

Part I

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

	(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 7/25/06, 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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,504,162	13,233,936	10,983,337	9,027,288	8,276,241
b Contributions	2,159,457	888,318	894,577	1,423,500	799,597
c Net investment earnings, gains, and losses	2,265,675	-593,092	1,356,022	532,549	-48,550
d Grants or scholarships					
e Other expenditures for facilities and programs	291,212	25,000			
f Administrative expenses					
g End of year balance	17,638,082	13,504,162	13,233,936	10,983,337	9,027,288

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100.000 %

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,557,416		3,557,416
b Buildings		20,670,977	1,881,498	18,789,479
c Leasehold improvements		382,374,598	167,516,538	214,858,060
d Equipment		199,394,159	152,360,867	47,033,292
e Other		46,469,305	30,110,117	16,359,188
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				300,597,435

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	38,369,211
(2) DEFERRED FINANCING COSTS	2,146,416
(3) LEASES RIGHT-OF-USE	28,022,223
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	68,537,850

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	14,630,462

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 ☒

Schedule D (Form 990) 2019

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: 31-1626179
Name: UNIVERSITY HEALTH SYSTEM INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	ALL ENDOWMENT FUNDS ARE USED TO SUPPORT THE OVERALL MISSION OF THE UNIVERSITY HEALTH SYSTEM - HEALING, EDUCATION, AND DISCOVERY. THERE ARE TWENTY-SIX FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE REALIZED AND UNREALIZED INTEREST INCOME IS POSTED TO TEMPORARILY RESTRICTED INVESTMENT FUNDS ASSOCIATED WITH THE ENDOWMENTS AND IS FOR SPECIFIC PURPOSES BASED UPON THE INTENT OF THE DONOR. THE TRI FUNDS ARE MAINTAINED ON THE BALANCE SHEET WITHIN NET ASSETS WITH DONOR RESTRICTIONS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	UHS HAS BEEN RECOGNIZED AS A TAX-EXEMPT ORGANIZATION PURSUANT TO SECTION 501 (A) OF THE INTERNAL REVENUE CODE AS AN ENTITY DESCRIBED UNDER SECTION 501(C)(3). RTS, UCG, UHN, ASC, AC O AND UTUCC ARE SINGLE MEMBER LIMITED LIABILITY COMPANIES DISREGARDED AS ENTITIES SEPARATE FROM UHS FOR FEDERAL TAX PURPOSES. UHSV IS A TENNESSEE NONPROFIT CORPORATION THAT IS NOT EXEMPT FROM FEDERAL INCOME TAXES. INCOME TAX EXPENSE FOR UHSV FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018 WAS NOT SIGNIFICANT AND WAS OFFSET BY OPERATING LOSSES IN PRIOR YEARS FOR TAX PURPOSES.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AN EVENING IN ORANGE (event type)	TEE UP FOR TRAUMA (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	848,602	150,630	114,651	1,113,883
	2 Less: Contributions	436,869	112,160	81,466	630,495
	3 Gross income (line 1 minus line 2)	411,733	38,470	33,185	483,388
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		15,800	800	16,600
	6 Rent/facility costs		11,700	7,350	19,050
	7 Food and beverages	176,500	7,470	9,360	193,330
	8 Entertainment	46,400		4,275	50,675
	9 Other direct expenses	188,833	3,500	11,400	203,733
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				483,388
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
UNIVERSITY HEALTH SYSTEM INC

Employer identification number
31-1626179

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

► Attach to Form 990.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			86,176,444		86,176,444	8.800 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)			12,756,356	8,589,686	4,166,670	0.430 %
d Total Financial Assistance and Means-Tested Government Programs			98,932,800	8,589,686	90,343,114	9.230 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			317,705		317,705	0.030 %
f Health professions education (from Worksheet 5)			25,635,703		25,635,703	2.620 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			21,125		21,125	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			405,042		405,042	0.040 %
j Total. Other Benefits			26,379,575		26,379,575	2.690 %
k Total. Add lines 7d and 7j			125,312,375	8,589,686	116,722,689	11.920 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			9,180		9,180	0 %
4 Environmental improvements						
5 Leadership development and training for community members			100,600		100,600	0.010 %
6 Coalition building			1,370		1,370	0 %
7 Community health improvement advocacy			277,541		277,541	0.030 %
8 Workforce development			38,735		38,735	0 %
9 Other						
10 Total			427,426		427,426	0.040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	10,895,413	
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	2,307,980	
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	350,821,426	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	330,023,568	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	20,797,858	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a		No
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures

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

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

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

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

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

	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)
UNIVERSITY HEALTH SYSTEM INC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE DISCLOSURE</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE DISCLOSURE</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

UNIVERSITY HEALTH SYSTEM INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE DISCLOSURE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE DISCLOSURE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE DISCLOSURE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

UNIVERSITY HEALTH SYSTEM INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

UNIVERSITY HEALTH SYSTEM INC

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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

[illegible]

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	COST IS DERIVED FROM THE ACTUAL EXPENSE DATA ACCUMULATED WITHIN THE UNIVERSITY HEALTH SYSTEM, INC. ("UHS") GENERAL LEDGER WHICH ADDRESSES ALL PATIENT SEGMENTS (INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, AND SELF-PAY). UHS ALLOCATES THOSE EXPENSES TO ALL PATIENT SEGMENTS AT THE PROCEDURE LEVEL BASED ON A COST TO CHARGE RATIO AND AGGREGATES THE EXPENSES AT THE PATIENT LEVEL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 37,550,722.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	THE ACTIVITIES REPORTED IN PART II SEEK TO ACHIEVE SPECIFICED OBJECTIVES, INCLUDING: IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, AND RELIEF OF GOVERNMENT BURDEN. THE ACTIVITIES ARE AVAILABLE TO THE GENERAL PUBLIC, FOCUSING ON LOW-INCOME CONSUMERS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	WE SCORE ALL PATIENTS ON THEIR ABILITY TO PAY 1-4 WITH 4 BEING CHARITY ELIGIBLE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	WE SCORE ALL PATIENTS ON THEIR ABILITY TO PAY 1-4 WITH 4 BEING CHARITY ELIGIBLE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	<p>TO DETERMINE THE AMOUNTS REPORTED IN PART III, LINES 2 AND 3, UHS USES ACTUAL EXPENSE DATA ACCUMULATED BY PATIENT WITHIN THE TRENDSTAR SYSTEM BASED ON A COST TO CHARGE RATIO.THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER UHS' CHARITY CARE POLICY CONSISTS OF ALL BAD DEBT ACCOUNTS WHEREBY THE PATIENTS:1. DID NOT FOLLOW THROUGH WITH THE APPROPRIATE TNCARE OR CHARITY CARE APPLICATIONS (IF THEY FOLLOWED THROUGH CHARITY MAY HAVE BEEN GRANTED).2. HAD TNCARE COVERAGE BUT NOT AT THE TIME OF SERVICE. (A MAJORITY WERE PATIENTS DISENROLLED BY THE TNCARE PROGRAM. THESE PATIENTS NEVER FOLLOWED THROUGH WITH REAPPLYING FOR TNCARE OR CHARITY CARE).3. LIABILITY AMOUNTS REMAINED UNPAID AFTER THEIR LOCAL GOVERNMENTAL ASSISTANCE PROGRAM PAID AND THEY NEVER FOLLOWED THROUGH WITH CHARITY APPLICATION.NET PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED AND INCLUDES ESTIMATED RETROACTIVE REVENUE ADJUSTMENTS DUE TO FUTURE AUDITS, REVIEWS, AND INVESTIGATIONS. RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED, AND SUCH AMOUNTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS, AND INVESTIGATIONS. ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF UHS' UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED. THEREFORE, UHS RECORDS A SIGNIFICANT PROVISION FOR DOUBTFUL ACCOUNTS RELATED TO UNINSURED PATIENTS. THIS PROVISION FOR DOUBTFUL ACCOUNTS IS PRESENTED ON THE CONSOLIDATED STATEMENTS OF OPERATIONS AS A COMPONENT OF NET PATIENT REVENUE.UHS PROVIDES CARE TO PATIENTS WHO MEET CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES. UHS DOES NOT REPORT AS NET REVENUE THE CHARGES THAT QUALIFY AS CHARITY CARE BECAUSE UHS DOES NOT PURSUE COLLECTION OF THOSE AMOUNTS.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>IT IS THE POLICY OF UHS TO PURSUE COLLECTION OF PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THESE SERVICES. IF ADDITIONAL ASSISTANCE IS APPROVED, THE PATIENT ACCOUNT REPRESENTATIVE WILL SUBMIT A LETTER TO THE PATIENT TO INFORM HIM/HER OF APPROVAL OR PROVIDE OTHER INSTRUCTIONS. IF APPROVED FOR AN ADJUSTMENT, THE PATIENT ACCOUNT REPRESENTATIVE WILL SUBMIT THE INFORMATION TO PATIENT ACCOUNTS, WHO WILL PROCESS THE WRITE-OFF OR OTHER DISCOUNTS. THE ORGANIZATION'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. THE ORGANIZATION MAINTAINS COLLECTION PRACTICES THAT APPLY TO ALL PATIENTS, CHARITY CARE AND NON-CHARITY CARE PATIENTS, CONSISTENTLY AND FAIRLY REGARDLESS OF INSURANCE STATUS. THE UNIVERSITY OF TENNESSEE MEDICAL CENTER ("UTMC"), AS A TRAUMA CENTER, OFTEN TREATS PATIENTS WHO HAVE HAD AN UNPLANNED CATASTROPHIC HEALTHCARE OCCURRENCE. PATIENTS MAY HAVE THE MEANS TO PAY ONLY A PORTION OF THE ENTIRE COST. ALLOWANCES ARE MADE TO ADJUST THEIR HIGH BALANCES TO A MORE MANAGEABLE PAYOFF AMOUNT. WE UTILIZE AN INCOME CRITERION TO ADJUST A SIGNIFICANT PORTION OF THE BALANCE AS A CHARITY DISCOUNT. PATIENT ACCOUNT REPRESENTATIVES DILIGENTLY WORK WITH PATIENTS AND EVALUATE NEW INFORMATION LEARNED DURING THE COLLECTION PROCESS TO DETERMINE IF COLLECTION ACTIVITIES SHOULD BE CEASED OR IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>UHS SUPPORTS AND STRENGTHENS OUR KEY COMMUNITIES THROUGH DELIVERING NEEDED SERVICES BY LEADING AND PARTNERING WITH OTHER ORGANIZATIONS TO POSITIVELY IMPACT HIGH PRIORITY HEALTH ISSUES. THE COMMUNITY HEALTH ADVISORY COMMITTEE ("CHAC") ANALYZES MULTIPLE SOURCES OF HEALTH STATUS, DEMOGRAPHIC, AND SOCIOECONOMIC INFORMATION TO IDENTIFY KEY COMMUNITIES, PRIORITIZE SPECIFIC POPULATION NEEDS, AND DETERMINE THE FOCUS FOR UHS INVOLVEMENT. THE CHAC REVIEWS AND FORMULATES RECOMMENDATIONS FOR ORGANIZATIONAL INVOLVEMENT FOR IDENTIFIED NEEDS. THE CHAC TEAM LEVERAGES OUR CORE COMPETENCIES TO DESIGN AND IMPLEMENT STRATEGIC INITIATIVES AND ACTION PLANS TO ADDRESS THESE PRIORITIES. THE CHAC MONITORS PROGRESS THROUGH ACTION PLANS AND PERFORMANCE MEASURES AND REPORTS RESULTS QUARTERLY TO SENIOR LEADERS AND TO THE CHAC. COMMUNITY HEALTH NEED ASSESSMENT IN ORDER FOR UTM TO SERVE ITS REGION MOST EFFECTIVELY, IT IS ESSENTIAL TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS. UTM HAS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN THE LOCAL REGION. THE ASSESSMENT FOCUSES ON UTM'S 9 CORE COUNTIES WHERE UHS HAS FACILITIES OR PROVIDES SERVICE. OUR COMMITMENT IS TO ALSO OFFER SERVICES TO COUNTIES WITHOUT HEALTHCARE FACILITIES AND PARTNERING WITH LOCAL HEALTHCARE PROVIDERS TO ENSURE ACCESS TO QUALITY AND SPECIALIZED SERVICES. ACTIVITIES ASSOCIATED WITH THE DEVELOPMENT OF THIS ASSESSMENT HAVE TAKEN PLACE DURING THE SUMMER AND FALL OF 2018 AND SPRING OF 2019, INCLUDING STATE, REGIONAL AND COUNTY-SPECIFIC SECONDARY DATA COLLECTION AND PRIMARY DATA OBTAINED THROUGH 285 SURVEYS WITH INDIVIDUALS FROM KNOX COUNTY, TN AND SURROUNDING COUNTIES. THROUGHOUT THE ASSESSMENT, HIGH PRIORITY WAS GIVEN TO DETERMINING THE HEALTH STATUS AND AVAILABLE RESOURCES WITHIN EACH COMMUNITY. COMMUNITY MEMBERS FROM VARIOUS ORGANIZATIONS MET WITH UTM TO DISCUSS CURRENT HEALTH PRIORITIES AND IDENTIFY POTENTIAL SOLUTIONS. THE INFORMATION GATHERED FROM A LOCAL PERSPECTIVE, PAIRED WITH REGIONAL, STATE AND NATIONAL DATA, HELPS TO EVALUATE THE REGION'S HEALTH SITUATION IN ORDER TO BEGIN FORMULATING SOLUTIONS FOR IMPROVEMENT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>TO COMMUNICATE THE HOSPITAL'S FINANCIAL POLICY TO THE PATIENT, THE "UNDERSTANDING YOUR HOSPITAL BILL" BROCHURE IS MADE AVAILABLE AT ALL POINTS OF REGISTRATION (INTAKE AND PROCESS) AND FINANCIAL COUNSELORS ALONG WITH CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE TO DISCUSS SPECIFIC CASES. THE BROCHURE INSTRUCTS THE PATIENT TO CONTACT THE FINANCIAL COUNSELOR OR PATIENT ACCOUNTS FOR MORE INFORMATION ON CHARITY AND OTHER APPLICABLE DISCOUNTS. FINANCIAL COUNSELORS VISIT PATIENT ROOMS WHEN POSSIBLE TO EXPLAIN THE UHS BILLING PROCESS, PAYMENT PLANS AND SCREENS FOR ASSISTANCE SUCH AS TENNCARE, VICTIM OF CRIME OR CHARITY WRITE-OFF. FINANCIAL COUNSELORS SCREEN ADMISSIONS FOR TRUE HARDSHIP CASES THAT SHOULD BE REVIEWED FOR CHARITY AND CLEARLY STATE THE ELIGIBILITY REQUIREMENTS TO THE PATIENT. THE ORGANIZATION'S CHARITY CARE POLICY (A PATIENT-FRIENDLY SUMMARY) AND FINANCIAL ASSISTANCE CONTACT INFORMATION IS POSTED IN THE ADMISSIONS AREAS, EMERGENCY AREAS, AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS MAY BE PRESENT, AS WELL AS ON OUR WEBSITE. POLICIES ARE ALSO POSTED IN SPANISH DUE TO THE HIGH VOLUMES OF SPANISH-SPEAKING PATIENTS. THE MAJORITY OF STAFF ASSOCIATED WITH PATIENT CONTACT ARE KNOWLEDGEABLE ABOUT THE CHARITY CARE POLICY.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>ORGANIZATIONAL PROFILETHE UNIVERSITY OF TENNESSEE MEDICAL CENTER (UTMC) IS A NOT-FOR-PROFIT HEALTH CARE SYSTEM PROVIDING ACCESS TO COMPREHENSIVE HEALTH CARE SERVICES AS AN ACADEMIC MEDICAL CENTER. THESE SERVICES INCLUDE A REGIONAL NETWORK OF PRIMARY CARE AND SPECIALIST PROVIDERS, REGIONAL SERVICE CENTERS, CANCER CHEMOTHERAPY CENTERS, HOME INFUSION THERAPY, HOME HEALTH AND AEROMEDICAL SERVICES. THE HOSPITAL IS LICENSED FOR 685 BEDS. WITH A THREEFOLD MISSION OF HEALING, EDUCATION AND DISCOVERY, UTMC SERVES AS THE REGIONAL REFERRAL CENTER FOR THE EAST TENNESSEE (ET) COMMUNITY. OUR 21 COUNTY SERVICE AREA COMPRISES THE EASTERN THIRD OF THE STATE. THE PRIMARY MARKET IS KNOX COUNTY; THE SECONDARY MARKET IS THE REMAINING 20 COUNTIES. EDUCATION AND RESEARCH IS ACCOMPLISHED THROUGH OUR PARTNERSHIPS WITH THE UNIVERSITY OF TENNESSEE (UT) AND UNIVERSITY OF TENNESSEE GRADUATE SCHOOL OF MEDICINE (GSM).</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>SENIOR LEADERSHIP AND SYSTEM MANAGEMENT LEADERSHIP OF THE HOSPITAL MAKE CONSCIOUS DECISIONS ABOUT HOW THE RESOURCES OF THE HOSPITAL ARE USED, HONORING THE MISSION, VISION, AND VALUES OF THE HOSPITAL IN ITS WORK WITHIN THE HOSPITAL AND COMMUNITY. OTHER PROGRAMS AND PROJECTS WHICH ARE DEVELOPED IN THE HOSPITAL THROUGH THE VARIOUS DEPARTMENTS AND COE'S ARE BROUGHT TO THE SYSTEM MANAGEMENT TEAM (SMT) AND THEN TO SENIOR LEADERSHIP TEAM FOR APPROVAL AND THEN TO THE COMMUNITY BOARD FOR FINAL REVIEW AND APPROVAL. THE HOSPITAL WORKS CLOSELY WITH THE GRADUATE SCHOOL OF MEDICINE FOR RESIDENT SUPPORT FOR MEDICAL EDUCATION AND PROGRAM RESEARCH INITIATIVES THROUGH OUR ACADEMIC PROGRAMS OF STUDY. THROUGH FACULTY LEADERSHIP OF GSM AND HOSPITAL LEADERSHIP COLLABORATION, FUTURE FINANCIAL CONSIDERATIONS FOR SUSTAINABILITY OR PROGRAM GROWTH ARE CONSIDERED BASED ON FUTURE PRIORITIZED AND STRATEGIC NEEDS IDENTIFIED BY OUR PATIENT POPULATION AND NEEDS ASSESSMENTS. PROGRAMS TO MEET COMMUNITY NEEDS CONDUCTS ONGOING INVENTORIES REGARDING THE ASSETS WITHIN THE HOSPITAL TO MEET THE ONGOING NEED WITHIN THE COMMUNITY. IN COLLABORATION WITH ITS PARTNERS, UPMC ENGAGES OTHERS IN THE SOLUTION OF ASSESSING THE ASSETS WITHIN THE COMMUNITY AND ENGAGING ITS PARTNERS IN BECOMING PART OF THE SOLUTION. WE DO THIS IN SYNERGY WITH ONE ANOTHER THROUGH MANY INITIATIVES. WE COME TOGETHER TO IDENTIFY OUR ASSETS AND GAPS BY UTILIZING DATA AND INFORMATION FROM SOURCES SUCH AS THE COMMUNITY HEALTH NEEDS ASSESSMENT AND OTHER STATE AND NATIONAL DATA REPOSITORIES AND REPORTING AGENCIES. WE ALSO SURVEY OUR COMMUNITY TO IDENTIFY THE ASSETS AND THE GAPS IN HEALTH AND HUMAN SERVICES. SOME OF THESE UNIQUE SERVICES PROVIDED BY UPMC TO ADDRESS IDENTIFIED HEALTH CARE NEEDS ARE LISTED BELOW: BREAST HEALTH OUTREACH PROGRAM (BHOP) WHERE THE HOSPITAL PROVIDES FREE EDUCATION, PREVENTION, DIAGNOSTICS, AND TREATMENT FOR UNINSURED WOMEN. NEARLY 17 YEARS AGO, WE IDENTIFIED THE NEED TO PROVIDE THESE HEALTH SERVICES TO WOMEN WHO WERE UNINSURED. UPMC PARTNERS WITH THE CANCER STEERING COMMITTEE, SUSAN G. KOMEN FOUNDATION, AMERICAN CANCER SOCIETY, THE WELLNESS COMMUNITY, AVON FOUNDATION, HEALTH PROVIDERS, RADIOLOGISTS, PHYSICIANS, NURSES, NUTRITIONISTS, COMMUNITY MEMBERS AND OTHERS WHO CAN HELP US MEET THE GROWING NEED FOR PREVENTION, DIAGNOSIS, TREATMENT, AND FOLLOWUP CARE. THE MOBILE MAMMOGRAPHY PROGRAM HAS PROVIDED FREE AT NO COST SCREENINGS TO WOMEN IN OUR 21 COUNTY AREA WHO ARE UNDERINSURED OR HAVE NO INSURANCE. OPIOID/SUBSTANCE ABUSE: UPMC PARTNERS WITH OTHERS IN OUR REGION TO CARE FOR AND COMBAT OPIOID PRESCRIPTION USE AND LIMIT THE OPPORTUNITY FOR DEPENDENCY. UPMC HAS PARTNERED WITH THE METRO DRUG COALITION AND OTHER STATE AGENCIES TO DISCOVER INNOVATIVE PROCESSES TO TREAT AND COUNSEL INDIVIDUALS WITH DEPENDENCY ISSUES. IN AN EFFORT TO ASSIST WITH COMPLIANCE OF WITHDRAWAL FROM OPIOIDS, SEVERAL PHYSICIANS HAVE LED RESEARCH EFFORTS TO SUCCESSFULLY ASSIST INDIVIDUALS WITHDRAW SAFELY FROM CHEMICAL DEPENDENCY INDUCING SUBSTANCES. FROM PERINATAL WITHDRAWAL TO IMPLEMENTING PATHWAYS FOR INDIVIDUALS WHO ARE ADMITTED WITH MEDICAL ISSUES ASSOCIATED WITH OPIOID MISUSE, UPMC IS PIONEERING RESEARCH EFFORTS IN THIS FIELD TO ASSIST IN COMBATING CHEMICAL DEPENDENCY FROM OPIOIDS. MENTAL HEALTH AWARENESS: UPMC PARTNERS WITH OTHERS IN OUR REGION TO CARE FOR AND COMBAT OPIOID PRESCRIPTION USE AND LIMIT THE OPPORTUNITY FOR DEPENDENCY WHICH IS ALSO ASSOCIATED WITH MENTAL HEALTH CONDITIONS AND CRISIS. UPMC HAS PARTNERED WITH HELEN ROSS MCNABB, KNOX COUNTY HEALTH DEPARTMENT, CHEROKEE HEALTH SYSTEMS, METRO DRUG COALITION AND OTHER STATE AGENCIES TO DISCOVER INNOVATIVE PROCESSES TO TREAT AND COUNSEL INDIVIDUALS WITH DEPENDENCY ISSUES AND OFFER EDUCATION AND RESOURCE SUPPORT. TRAUMA PREVENTION AND EDUCATION- "STOP THE BLEED"- A STATEWIDE INITIATIVE FOCUSED ON DECREASING MORTALITY RATES ASSOCIATED WITH HEMORRHAGE. EDUCATION FOR ALLIED HEALTH PROFESSIONALS FOR ADVANCED TRAUMA LIVESUPPORT (ATLS), ADVANCED TRAUMA CERTIFIED NURSE (ATCN), TRAUMA NURSE CORE CURRICULUM (TNCC), FUNDAMENTALS OF CRITICAL CARE (FCCS), AND CERTIFIED EMERGENCY NURSE (CEN) PREPARATION COURSE. WOMEN'S AND INFANT'S OUTREACH EFFORTS FOR PRENATAL CARE, HIGH RISK OBSTETRICS, AND CARE OF THE PRE-TERM NEWBORN. KAPA PROJECT ACCESS- UT MEDICAL CENTER IS A PARTNER OF THIS ORGANIZATION IN THE LOCAL HEALTHCARE COMMUNITY OF PROVIDING FREE OR DISCOUNTED MEDICAL SERVICES AND TREATMENT TO INDIVIDUALS WHO ARE NOT INSURED OR MEDICALLY UNDERSERVED. VOLUNTEER MISSION SERVICE ACTIVITIES BLOOD DRIVES: UPMC PARTNERS WITH MEDIC REGIONAL BLOOD CENTER TO PROVIDE AN OPPORTUNITY FOR EMPLOYEES TO GIVE BACK TO THEIR COMMUNITY. UPMC IS THE REGION'S LARGEST CONSUMER OF BLOOD PRODUCTS DUE TO THE COMPLEXITY OF SERVICE WE PROVIDE TO THE COMMUNITY, INCLUDING SERVING AS THE ONLY LEVEL I TRAUMA CENTER IN OUR REGION. EMPTY STOCKING FUNDS: UPMC EMPLOYEES AND HOSPITAL PROVIDE OPPORTUNITIES TO VOLUNTEER WITHIN THE COMMUNITY. AS AN ORGANIZATION, UPMC PARTNERS WITH THE KNOXVILLE</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>NEW SENTINEL TO PROVIDE FOOD AND TOYS TO DISADVANTAGED EAST TENNESSEANS DURING THE HOLIDAYS. UTMIC STRATEGIC CHALLENGES AND SOCIETAL RESPONSIBILITIES: IN RESPONSE TO IDENTIFIED UNMET HEALTH-RELATED NEEDS IN THE COMMUNITY NEEDS ASSESSMENT, OUR FOCUS WILL BE ON INCREASING ACCESS TO HEALTH CARE FOR THE BROADER AND UNDERSERVED DISADVANTAGED MEMBERS OF THE SURROUNDING COMMUNITY. MAJOR INITIATIVES FOR FY 2017-19 FOCUSED ON INCREASING ACCESS TO HEALTH SERVICES FOR THE UNDERSERVED THROUGH PARTNERSHIPS; PREVENTING INJURIES AND TREATING TRAUMATIC BRAIN INJURIES; IMPROVING HEALTH ACCESS FOR WOMEN'S HEALTH; CANCER SCREENING SERVICES; EARLY DETECTION OF DISEASE PROCESSES AND MANAGEMENT; AND COMMUNITY BUILDING ACTIVITIES. 2019 COMMUNITY COLLABORATIONS: IN ORDER TO REDUCE HEALTH DISPARITIES AND TO PROVIDE MEDICAL CARE AT THE FREE MEDICAL CENTER AMERICA (FMCA) FOR ITS AT-RISK PATIENT POPULATION, UT MEDICAL CENTER, GRADUATE SCHOOL OF MEDICINE, AND UNIVERSITY PHYSICIANS' ASSOCIATION HAVE COMMITTED TO GRANT FUNDING, TRAINEE PARTICIPATION, AND MANAGEMENT SERVICES. THE FMCA WILL CONTINUE PARTNERSHIPS WITH KNOXVILLE AREA PROJECT ACCESS, KNOXVILLE OUTPATIENT DIAGNOSTIC CENTER, LAB CORP, AND WITH COMMUNITY AGENCIES TRAINED TO ADDRESS SOCIAL AND ENVIRONMENTAL FACTORS IMPACTING OUR COMMUNITY'S HEALTH. ADDITIONALLY, ON-SITE PREVENTIVE AND RESTORATIVE DENTAL SERVICES WILL BE OFFERED IN 2020. UT MEDICAL CENTER ALSO HAS PARTNERED WITH EMERALD YOUTH FOUNDATION AND CHEROKEE HEALTH SYSTEMS (CHS) TO LAUNCH A NEW "HEALTHY IN COMMUNITY" CONCEPT IN THE LONSDALE COMPLEX ON DECEMBER 12, 2019. WHILE CHS WILL PROVIDE ADULT PRIMARY CARE, PEDIATRICS AND BEHAVIORAL HEALTH SERVICES, THE MEDICAL CENTER AND GRADUATE SCHOOL OF MEDICINE WILL COORDINATE MOBILE DENTAL CARE AND A COMMUNITY HEALTH EDUCATION CURRICULUM TO INCLUDE HEALTHY COOKING/EATING AND PHYSICAL FITNESS CLASSES, DISEASE PREVENTION AND MANAGEMENT, AND ON-SITE HEALTH SCREENINGS.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 31-1626179

Name: UNIVERSITY HEALTH SYSTEM INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	UNIVERSITY HEALTH SYSTEM 9000 EXECUTIVE PARK DRIVE BLDG D-240 KNOXVILLE, TN 37923 WWW.UTMEDICALCENTER.ORG	X	X		X		X	X			

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

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

Form and Line Reference	Explanation
UNIVERSITY HEALTH SYSTEM, INC.	PART V, SECTION B, LINE 5: IN 4 Q 2018- 1 Q 2019, A NEW COMMUNITY NEEDS ASSESSMENT AND SURVEY WAS CONDUCTED BY UTMCMC TO COMPARE STATISTICS, HEALTH INITIATIVE OUTCOMES, AND ALIGN STRATEGY WITH THE STATE AND LOCAL INITIATIVES TO ADDRESS PUBLIC HEALTH CONCERNS. OUR PARTNERSHIPS INCLUDE THE GOVERNOR'S FOUNDATION FOR HEALTH AND WELLNESS FOR A HEALTHIER TENNESSEE AND KNOX COUNTY HEALTH COUNCIL. UNIVERSITY OF TENNESSEE MEDICAL CENTER ALSO COLLABORATED WITH A PARTNERSHIP FOCUSED ON PROVIDING A COMMUNITY WIDE HEALTH NEEDS ASSESSMENT AND ACTION PLAN TO ADDRESS THE HEALTH NEEDS OF KNOX COUNTY RESIDENTS. KNOX COUNTY COMMUNITY HEALTH COUNCIL PROVIDES A FRAMEWORK FOR BRINGING TOGETHER THE INDIVIDUALS, GROUPS AND ORGANIZATIONS THAT MAKE UP OUR LOCAL PUBLIC HEALTH SYSTEM, AND GUIDES OUR COMMUNITY TO IDENTIFY AND TAKE ACTION ON PRIORITY HEALTH ISSUES. THE CHC ASSESSES AND EVALUATES HEALTH, THE PERCEPTION OF HEALTH, THE PERFORMANCE OF THE LOCAL PUBLIC HEALTH SYSTEM, AND FUTURE CONDITIONS RELATING TO HEALTH IN KNOX COUNTY, THE CITY OF KNOXVILLE AND THE TOWN OF FARRAGUT. THE PURPOSE OF THE ASSESSMENT IS TO PROVIDE A SNAPSHOT OF THE HEALTH STATUS OF KNOX COUNTY RESIDENTS; TO PROVIDE USEFUL INFORMATION FOR LOCAL PROGRAMMATIC AND FISCAL DECISION MAKING; AND TO INFORM THE DEVELOPMENT OF A STRATEGIC COMMUNITY HEALTH IMPROVEMENT PLAN. IN 2018-2019, UTMCMC PARTNERED WITH THE KNOX COUNTY HEALTH DEPARTMENT AND OTHER LOCAL COMMUNITY HEALTH AND EDUCATION ORGANIZATIONS TO CONDUCT A COUNTY-WIDE ASSESSMENT OF OUR POPULATION. THE RESULTS FROM THIS ASSESSMENT WAS SHARED WITH COMMUNITY AND HEALTH SYSTEM LEADERS IN MARCH 2019 TO ALIGN INITIATIVES AND STRATEGIES TO ADDRESS THE MOST PRESSING HEALTH ISSUES FACING KNOX COUNTY.
UNIVERSITY HEALTH SYSTEM, INC.	PART V, SECTION B, LINE 6B: COLLABORATION AND DATA SHARING WAS CONDUCTED WITH KNOX COUNTY HEALTH DEPARTMENT AND THE TENNESSEE DEPARTMENT OF HEALTH.

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

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

Form and Line Reference	Explanation
UNIVERSITY HEALTH SYSTEM, INC.	PART V, SECTION B, LINE 11: CLEARLY, THERE ARE MANY NEEDS THAT EXIST AND NEED ATTENTION. THE UNIVERSITY OF TENNESSEE MEDICAL CENTER (UTMC) AND UHS EXIST TO FULFILL OUR MISSION OF "HEALING, EDUCATION AND DISCOVERY." IN ORDER FOR UTMC TO SERVE ITS REGION MOST EFFECTIVELY, IT IS ESSENTIAL TO UNDERSTAND EACH COMMUNITY'S INDIVIDUAL NEEDS. UTMC HAS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT TO PROFILE THE HEALTH OF THE RESIDENTS WITHIN THE LOCAL REGION. THE ASSESSMENT FOCUSES ON UTMC'S 21 CORE COUNTIES WHERE UHS HAS FACILITIES OR PROVIDES SERVICE. OUR COMMITMENT IS TO ALSO OFFER SERVICES TO COUNTIES WITHOUT HEALTHCARE FACILITIES AND PARTNERING WITH LOCAL HEALTHCARE PROVIDERS TO ENSURE ACCESS TO QUALITY AND SPECIALIZED SERVICES.HEALTH NEEDS IDENTIFIED AS PUBLIC HEALTH ISSUES, SUCH AS MENTAL HEALTH AND OPIOID DEPENDENCE, WILL REQUIRE LOCAL AND STATE COLLABORATIVE EFFORTS TO ADEQUATELY ADDRESS THE MANY BARRIERS AND ACCESS ISSUES THAT EXIST TO HAVE AN EFFECTIVE AND MEASUREABLE HEALTH OUTCOME. UTMC IS COMMITTED TO WORKING WITH OUR COLLEAGUES IN FINDING SOLUTIONS TO ADDRESS THE GROWING PROBLEM STATEWIDE.OUR ORGANIZATION HAS ALSO REACHED OUT TO PARTNER WITH OTHER HEALTHCARE ORGANIZATIONS TO ADDRESS LOCAL HOSPITAL CLOSURES TO ENSURE WE ARE MEETING THE CARE NEEDS OF THE EAST TENNESSEE REGION IN ORDER TO CARE FOR INDIVIDUALS SUCH AS OBSTETRICAL CARE, NEUROSURGICAL CONDITIONS, AND REHABILITATION.
UNIVERSITY HEALTH SYSTEM, INC.	PART V, SECTION B, LINE 16J: FAP APPLICATIONS WITH SELF-ADDRESSED STAMPED ENVELOPES ARE MAILED WITH BILLING STATEMENTS.

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

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

Form and Line Reference	Explanation
UNIVERSITY HEALTH SYSTEM, INC.	PART V, SECTION B, LINE 18E: LEGAL ACTION MAY BE FILED BY OUTSIDE THIRD PARTY LEGAL COUNSEL WHEN THE PATIENT HAS NOT COOPERATED AND HAS THE FINANCIAL MEANS TO PAY. THE HOSPITAL MAY PURSUE THE FILING OF LIENS BUT WILL NOT FORCE THE SALE OF PROPERTY.
SCHEDULE H, PART V, FINANCIAL ASSISTANCE POLICY WEBSITES	FINANCIAL ASSISTANCE POLICY URL HTTPS://UTMEDICALCENTER.PATIENTCOMPASS.COM/RA/CONTENT/IMAGES/UTMEDICALCENTER/PRODUCTION/COMPLETE-FINANCIAL-ASSISTANCE-POLICY.PDF FINANCIAL ASSISTANCE APPLICATION URL HTTPS://UTMEDICALCENTER.PATIENTCOMPASS.COM/RA/CONTENT/IMAGES/UTMEDICALCENTER/PRODUCTION/FINANCIAL-ASSISTANCE-APP.PDF PLAIN LANGUAGE SUMMARY URL HTTPS://UTMEDICALCENTER.PATIENTCOMPASS.COM/RA/GENERAL/BILLINGPOLICIES/_FINANCIALASSISTANCE

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

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

Form and Line Reference	Explanation
PART V, SECTION B, CHNA WEBSITE	HTTPS://WWW.UTMEDICALCENTER.ORG/ABOUT/OUR-STORY/COMMUNITY-BENEFIT/
PART V, SECTION B, LINE 10A:	HTTPS://WWW.UTMEDICALCENTER.ORG/ABOUT/OUR-STORY/COMMUNITY-BENEFIT/

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY HEALTH SYSTEM INC

Employer identification number

31-1626179

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 28

3 Enter total number of other organizations listed in the line 1 table 2

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) MEN'S HEALTH CANCER FUND	410	33,373			
(2) HELPING HANDS	200	14,315			
(3) CRISIS FUND	5793	25,747			
(4) BREAST HEALTH GIFT FUND	585	77,016			
(5) STEPHENS FUND	258	67,414			
(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
PART I, LINE 2:	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEEES. FOR EMPLOYEE EDUCATION ASSISTANCE SCHOLARSHIPS, APPLICANTS MUST SUBMIT RECEIPTS FOR EXPENDITURES. FOR OTHER GRANTS, VARIOUS PROCEDURES ARE IN PLACE DEPENDING ON GRANT TYPE, INCLUDING REQUIREMENTS TO SUBMIT APPLICATIONS FOR REVIEW AND APPROVAL. ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE LEVELS OF APPROVAL.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 871 WEISGARGER RD KNOXVILLE, TN 37909	64-0329009	501(C)(3)	10,000				OPERATIONAL SUPPORT
AMERICAN HEART ASSOCIATION 4708 PAPERMILL DR KNOXVILLE, TN 37909	13-5613797	501(C)(3)	75,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION 525 HENLEY STREET KNOXVILLE, TN 37902	58-1341679	501(C)(3)	5,000				OPERATIONAL SUPPORT
AUTISM BREAKTHROUGH OF KNOXVILLE 900 E HILL AVE STE 145 KNOXVILLE, TN 37915	62-1834568	501(C)(3)	6,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER SUPPORT GROUP 2230 SUTHERLAND AVE KNOXVILLE, TN 37919	58-1846210	501(C)(3)	27,500				OPERATIONAL SUPPORT
EAST TENNESSEE CHILDREN'S HOSPITAL PO BOX 15010 KNOXVILLE, TN 37901	62-6002604	501(C)(3)	5,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERALD YOUTH FOUNDATION 1718 NORTH CENTRAL STREET KNOXVILLE, TN 37917	62-1474791	501(C)(3)	5,000				OPERATIONAL SUPPORT
ETEDA 10215 TECHNOLOGY DR STE 202 KNOXVILLE, TN 37932	62-1158958	501(C)(3)	18,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT SMOKY MOUNTAIN COUNCIL PO BOX 51885 KNOXVILLE, TN 37950	62-0476811	501(C)(3)	75,000				OPERATIONAL SUPPORT
GREAT SMOKY MOUNTAIN INSTITUTE OF TREMONT 9275 TREMONT ROAD TOWNSEND, TN 37882	62-1833479	501(C)(3)	5,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELEN ROSS MCNABB 201 WEST SPRINGDALE AVENUE KNOXVILLE, TN 37917	62-0548914	501(C)(3)	10,000				OPERATIONAL SUPPORT
INNOVATION VALLEY 17 MARKET SQUARE STE 201 KNOXVILLE, TN 37902	26-2087582	501(C)(3)	40,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JDRF 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	23-1907729	501(C)(3)	5,000				OPERATIONAL SUPPORT
KNOX COUNTY IMAGINATION LIBRARY 500 WEST CHURCH AVENUE KNOXVILLE, TN 37902	62-0807696	501(C)(3)	5,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOXVILLE ACADEMY 115 SUBURBAN RD KNOXVILLE, TN 37923	62-1458199	501(C)(3)	20,000				OPERATIONAL SUPPORT
KNOXVILLE CHAMBER OF COMMERCE 17 MARKET SQUARE 201 KNOXVILLE, TN 37902	62-0262640	501(C)(3)	11,600				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOXVILLE JAZZ ORCHESTRA 2518 SHERROD ROAD KNOXVILLE, TN 37920	62-1827891	501(C)(3)	6,000				OPERATIONAL SUPPORT
KNOXVILLE NEWS SENTINEL 2332 NEWS SENTINEL DRIVE KNOXVILLE, TN 37921	51-0141541	501(C)(3)	5,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP KNOXVILLE PO BOX 326 KNOXVILLE, TN 37901	62-1212211	501(C)(3)	5,000				OPERATIONAL SUPPORT
MARCH OF DIMES 322 NANCY LYNN LANE STE 11 KNOXVILLE, TN 37919	13-1846366	501(C)(3)	8,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE 1705 W CLINCH AVENUE KNOXVILLE, TN 37916	58-1510276	501(C)(3)	5,000				OPERATIONAL SUPPORT
STAR 11800 HWY 11E LENOIR CITY, TN 37772	62-1330640	501(C)(3)	5,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN KOMEN FOUNDATION 318 NANCY LYNN LN 13 KNOXVILLE, TN 37919	75-2854955	501(C)(3)	25,000				OPERATIONAL SUPPORT
THE CHANGE CENTER 203 HARRIET TUBMAN ST KNOXVILLE, TN 37915	38-3991050	501(C)(3)	5,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE, TN 37921	62-0475748	501(C)(3)	115,000				OPERATIONAL SUPPORT
UNIVERSITY OF TN COLLEGE OF NURSING 1200 VOLUNTEER BLVD KNOXVILLE, TN 37916	62-6001636	GOVT	6,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TN GRADUATE SCHOOL OF MEDICINE 301 ANDY HOLT TOWER KNOXVILLE, TN 37996	62-6001636	GOVT	108,333				OPERATIONAL SUPPORT
VARIETY OF EASTERN TN 7132 REGAL LANE KNOXVILLE, TN 37918	33-1025696	501(C)(3)	5,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA KNOXVILLE 420 WEST CLINCH AVENUE KNOXVILLE, TN 37902	62-0475701	501(C)(3)	16,500				OPERATIONAL SUPPORT
ZOO KNOXVILLE 3500 KNOXVILLE ZOO DRIVE KNOXVILLE, TN 37914	62-1034633	501(C)(3)	6,000				OPERATIONAL SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization UNIVERSITY HEALTH SYSTEM INC		Employer identification number 31-1626179

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

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	THE ORGANIZATION MAINTAINS A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR SENIOR MANAGEMENT, VICE PRESIDENTS AND EQUIVALENTS, AND PHYSICIANS. ALL EMPLOYER CONTRIBUTIONS ARE SUBJECT TO A SEVEN-YEAR VESTING SCHEDULE OR ATTAINMENT OF AGE 60 AND CONTRIBUTIONS ARE MADE AT THE CLOSE OF EACH PAYROLL CYCLE. THE ORGANIZATION MAINTAINS A SEPARATE NONQUALIFIED DEFERRED COMPENSATION PLAN FOR SENIOR MANAGEMENT. THE EMPLOYER'S CONTRIBUTIONS BECOME VESTED ACCORDING TO THE AGE OF THE PARTICIPANT AT THE TIME THE CONTRIBUTION WAS MADE. CONTRIBUTIONS TO A PARTICIPANT'S ACCOUNT MADE IN A YEAR IN WHICH THE PARTICIPANT ATTAINS THE AGE OF 57 SHALL VEST FULLY ON JANUARY 1 OF THE YEAR THE PARTICIPANT ATTAINS THE AGE OF 60. FOR CONTRIBUTIONS MADE NO LATER THAN THE YEAR IN WHICH THE PARTICIPANT ATTAINS THE AGE OF 58 AND EACH YEAR THEREAFTER SHALL VEST FULLY ON THE LAST BUSINESS DAY OF THE YEAR IN WHICH THE CONTRIBUTION IS MADE. CONTRIBUTIONS ARE MADE AT THE END OF EACH PAYROLL CYCLE. THE ALLOCATIONS MADE TO THE NONQUALIFIED DEFERRED COMPENSATION PLANS FOR THE YEAR WERE: \$76,098 DAVID N. ALJADIR \$77,440 ANTONY J. CHARLES \$92,292 OSCAR GRANDAS \$89,001 MICHAEL B. FREEMAN \$24,820 BRUCE R. HARTMANN \$72,946 BENNETT COX \$70,874 JOHN L. BELL \$68,588 JANELL R. CECIL \$89,147 STEVEN R. ROSS \$35,150 JERRY L. EPPS \$130,252 WILLIAM D. HALL \$35,187 BENJAMIN M. CUNNINGHAM, JR. \$286,613 JOSEPH R. LANDSMAN, JR. \$17,530 DR. MELISSA P. LAPINSKA \$43,809 DR. ROBERT F. ELDER \$43,169 DR. KEITH GRAY \$32,682 DR. JAMES SHAMIYEH
PART I, LINE 7	THE SENIOR VP'S INCENTIVE PLAN IS CONTINGENT UPON TARGETS APPROVED BY THE CEO, WHICH INCLUDES ACHIEVEMENTS OF QUALITY, OPERATIONAL, FINANCIAL, AND STRATEGIC TARGETS. THE CEO DISCUSSES THE INCENTIVE PLAN WITH THE BOARD'S HUMAN RESOURCES COMMITTEE WITH BOARD APPROVAL REQUIRED OF THE PLAN. THE INCENTIVE PLAN WAS REVIEWED BY INTEGRATED HEALTHCARE STRATEGIES (IHS), A THIRD-PARTY COMPENSATION CONSULTANT. DATA COMPILED BY KORN FERRY IS USED FOR COMPARABILITY. COMPENSATION PAID TO BOARD MEMBERS, WHO ARE ALSO EMPLOYEES, IS PRIMARILY FOR PROFESSIONAL RESPONSIBILITIES AS PHYSICIANS OR ADMINISTRATORS. THE COMPENSATION PACKAGES OF THE CEO, OFFICERS, EMPLOYED PHYSICIAN BOARD MEMBERS, AND OTHER KEY EMPLOYEES ARE REVIEWED AND APPROVED BY THE ENTIRE BOARD OF DIRECTORS ANNUALLY. COMPENSATION IS DETERMINED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS AND APPROVED BY THE HUMAN RESOURCES COMMITTEE AND THE FULL BOARD. THE BOARD MAINTAINS COMPARABILITY DATA FROM INDEPENDENT THIRD-PARTY COMPENSATION CONSULTANTS AND COMPENSATION DATA FROM SIMILARLY-SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS. THE BOARD ADHERES TO THE CONFLICT OF INTEREST POLICY AT ALL TIMES WITH REGARD TO APPROVAL OF COMPENSATION.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DR ROBERT F ELDER BOARD MEMBER	(i)	556,243	32,449	3,810	57,809	828	651,139	0
	(ii)	0	0	0	0	0	0	0
1BENJAMIN M CUNNINGHAM JR SR VP & CFO	(i)	395,450	91,176	690	49,187	14,325	550,828	0
	(ii)	0	0	0	0	0	0	0
2JANELL R CECIL SR VP & CNO	(i)	448,430	64,750	5,070	82,588	14,495	615,333	0
	(ii)	0	0	0	0	0	0	0
3WILLIAM D HALL EXECUTIVE VICE PRESIDENT	(i)	697,133	146,625	5,467	144,252	9,419	1,002,896	0
	(ii)	0	0	0	0	0	0	0
4JERRY L EPPS SR VP & CMO	(i)	236,985	123,750	2,260	41,394	355	404,744	0
	(ii)	0	0	0	0	0	0	0
5JOSEPH R LANDSMAN JR PRESIDENT & CEO	(i)	2,417,683	384,120	7,445	300,613	9,638	3,119,499	0
	(ii)	0	0	0	0	0	0	0
6STEVEN R ROSS SR VICE PRESIDENT	(i)	557,821	89,000	6,871	103,147	6,080	762,919	0
	(ii)	0	0	0	0	0	0	0
7BENNETT COX SR VP & GENERAL COUNSEL	(i)	443,824	62,841	2,700	86,946	1,005	597,316	0
	(ii)	0	0	0	0	0	0	0
8BRUCE R HARTMANN SR VP & CHIEF COMMUNITY RELATIONS OF	(i)	345,591	36,329	14,766	38,820	9,096	444,602	0
	(ii)	0	0	0	0	0	0	0
9KATHERINE BOYD SR. VP & CHIEF DEVELOPMENT OFFICER	(i)	358,282	51,381	5,027	4,256	4,373	423,319	0
	(ii)	0	0	0	0	0	0	0
10DR KEITH GRAY SR VP & CHIEF MEDICAL OFFICER	(i)	570,892	17,500	775	57,169	676	647,012	0
	(ii)	0	0	0	0	0	0	0
11DR JAMES SHAMIYEH SR VP & CHIEF QUALITY OFFICER	(i)	471,372	20,334	653	46,682	12,819	551,860	0
	(ii)	0	0	0	0	0	0	0
12JOHN L BELL PHYSICIAN/MEDICAL DIR	(i)	863,581	36,525	2,210	84,874	765	987,955	0
	(ii)	0	0	0	0	0	0	0
13DAVID N ALJADIR PHYSICIAN	(i)	539,647	425,683	300	90,098	14,325	1,070,053	0
	(ii)	0	0	0	0	0	0	0
14MICHAEL B FREEMAN PHYSICIAN	(i)	592,503	528,025	1,980	103,001	420	1,225,929	0
	(ii)	0	0	0	0	0	0	0
15OSCAR GRANDAS PHYSICIAN	(i)	774,837	361,635	1,290	106,292	420	1,244,474	0
	(ii)	0	0	0	0	0	0	0
16SUSAN M NEWMAN PHYSICIAN	(i)	470,591	467,785	450	14,000	7,458	960,284	0
	(ii)	0	0	0	0	0	0	0
17ANTONY J CHARLES PHYSICIAN	(i)	543,483	413,946	450	91,440	14,325	1,063,644	0
	(ii)	0	0	0	0	0	0	0
18DR MELISSA P LAPINSKA BOARD MEMBER (ROTATED OFF)	(i)	314,506	0	300	31,530	828	347,164	0
	(ii)	0	0	0	0	0	0	0
19THOMAS FISHER FORMER VP & CFO	(i)	108,430	0	0	57,337	693	166,460	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY HEALTH SYSTEM INC

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

31-1626179

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE COUNTY OF KNOX	62-1220275		07-23-2014	10,000,000	ADDITIONS AND IMPROVEMENTS TO MEDICAL CENTER		X		X		X
B THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE COUNTY OF KNOX	62-1220275		06-25-2015	90,000,000	CURRENT REFUNDING AND CAPITAL PROJECT		X		X		X
C THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE COUNTY OF KNOX	62-1220275	49952MCZ7	11-17-2016	120,612,199	CURRENT REFUNDING AND CAPITAL PROJECT		X		X		X
D THE HEALTH EDUCATIONAL AND HOUSING FACILITY BOARD OF THE COUNTY OF KNOX	62-1220275	49952MEF9	02-07-2017	133,311,875	CURRENT REFUNDING		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	76,000		1,830,000		4,875,211		10,055,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	10,000,000		90,000,000		120,613,623		133,311,875	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			250,000		1,422,017		1,119,046	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	10,000,000		40,445,000		66,408,417			
11	Other spent proceeds							132,192,828	
12	Other unspent proceeds								
13	Year of substantial completion	2015		2015		2016			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X		X		X	
16	Has the final allocation of proceeds been made?		X	X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART II, LINE 3, SERIES 2016	INVESTMENT EARNINGS HAVE BEEN INCLUDED IN THIS LINE. BECAUSE OF THIS, THE ISSUE PRICE ON PART I AND THE ISSUE PRICE IN PART II FOR THE SERIES 2016 BOND WILL NOT MATCH.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEM INC

Employer identification number
31-1626179

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

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

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

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

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

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

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ELIZABETH SHERROD	FAMILY RELATIONSHIP WITH BOARD MEMBER	79,944	COMPENSATION AS EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
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Name of the organization
UNIVERSITY HEALTH SYSTEM INC

Employer identification number
31-1626179

Part ITypes 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	X		10,000	FMV
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
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 . . .				
LIGHT AND SOUND	X	0	47,644	FMV
25 Other ► (EQUIPMENT)	X	0	25,000	FMV
EVENT SUPPLIES: TENTS, TABLES, CHAIRS, FURNITURE, CARPET,				
26 Other ► (LINENS, ETC)				
A/V	X	0	20,000	FMV
27 Other ► (EQUIPMENT)				
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 isn't 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?		No
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 didn't 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

Name of the organization
UNIVERSITY HEALTH SYSTEM INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

31-1626179

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST DISCLOSURES ARE NOW PERFORMED ELECTRONICALLY. STATUS REPORTS WITH DETAILS CAN BE RUN AT ANY TIME TO DETERMINE COMPLETION. THIS IS RUN MANY TIMES ANNUALLY AS THEY ARE COMPLETED. THE ORGANIZATION FURTHER INVESTIGATES ANY DISCLOSURES THAT REQUIRE A CLOSER LOOK AND WORKS TOWARD RESOLUTION OF ANY POTENTIAL COMPLIANCE DISCREPANCIES.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 79,150,674. MANAGEMENT AND GENERAL EXPENSES 5,511,508. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 84,662,182. COMMUNICATION SERVICES: PROGRAM SERVICE EXPENSES 22,002,152. MANAGEMENT AND GENERAL EXPENSES 1,532,078. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 23,534,230. CLINICAL SERVICES: PROGRAM SERVICE EXPENSES 21,941,170. MANAGEMENT AND GENERAL EXPENSES 1,527,832. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 23,469,002. ENVIRONMENTAL SERVICES: PROGRAM SERVICE EXPENSES 3,771,234. MANAGEMENT AND GENERAL EXPENSES 262,603. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,033,837. OTHER SERVICES: PROGRAM SERVICE EXPENSES 1,686,196. MANAGEMENT AND GENERAL EXPENSES 117,415. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,803,611.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF DERIVATIVE INSTRUMENT -3,327,006. CHANGE IN INTEREST RATE SWAP 5,194,283. OTHER CHANGE IN NET ASSETS 3,111,126.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	<p>STATEMENT OF COMMUNITY BENEFIT UNIVERSITY HEALTH SYSTEM JANUARY 1, 2019 - DECEMBER 31, 2019</p> <p>2019 COMMUNITY COLLABORATIONS: IN ORDER TO REDUCE HEALTH DISPARITIES AND TO PROVIDE MEDICAL CARE AT THE FREE MEDICAL CENTER AMERICA (FMCA) FOR ITS AT-RISK PATIENT POPULATION, UT MEDICAL CENTER, GRADUATE SCHOOL OF MEDICINE, AND UNIVERSITY PHYSICIANS' ASSOCIATION HAVE COMMITTED GRANT FUNDING, TRAINEE PARTICIPATION, AND MANAGEMENT SERVICES. THE FMCA WILL CONTINUE PARTNERSHIPS WITH KNOXVILLE AREA PROJECT ACCESS, KNOXVILLE OUTPATIENT DIAGNOSTIC CENTER, AND LABCORP, AND WITH COMMUNITY AGENCIES TRAINED TO ADDRESS SOCIAL AND ENVIRONMENTAL FACTORS IMPACTING OUR COMMUNITY'S HEALTH. ADDITIONALLY, ON-SITE PREVENTIVE AND RESTORATIVE DENTAL SERVICES WILL BE OFFERED IN 2020. UT MEDICAL CENTER ALSO HAS PARTNERED WITH EMERALD YOUTH FOUNDATION AND CHEROKEE HEALTH SYSTEMS (CHS) TO LAUNCH A NEW "HEALTH IN COMMUNITY" CONCEPT IN THE LONSDALE COMMUNITY IN KNOXVILLE. A HEALTH CENTER WILL OPEN IN THE NEW HASLAM-SANSOM LONSDALE COMPLEX ON DECEMBER 12, 2019. WHILE CHS WILL PROVIDE ADULT PRIMARY CARE, PEDIATRICS AND BEHAVIORAL HEALTH SERVICES, THE MEDICAL CENTER AND GRADUATE SCHOOL OF MEDICINE WILL COORDINATE MOBILE DENTAL CARE, AND A COMMUNITY HEALTH EDUCATION CURRICULUM TO INCLUDE HEALTHY COOKING/EATING AND PHYSICAL FITNESS CLASSES, DISEASE PREVENTION AND MANAGEMENT, AND ON-SITE HEALTH SCREENINGS.</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEM INC

Employer identification number
31-1626179

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UHS ASC LLC 1520 CHEROKEE TRAIL STE 200 KNOXVILLE, TN 37920 31-1626179	INACTIVE	TN	989,354,000	886,284,000	UNIVERSITY HEALTH SYSTEM INC
(2) REGIONAL TRAUMA SERVICES LLC 1520 CHEROKEE TRAIL STE 330 KNOXVILLE, TN 37920 20-2769076	TRAUMA MANAGEMENT	TN	879,000	398,000	UNIVERSITY HEALTH SYSTEM INC
(3) UNIVERSITY CARDIOLOGY GROUP LLC 1520 CHEROKEE TRAIL STE 330 KNOXVILLE, TN 37920 46-4901485	PHYSICIAN SERVICE	TN	12,482,000	3,029,000	UNIVERSITY HEALTH SYSTEM INC
(4) UNIVERSITY HEALTH NETWORK LLC 1520 CHEROKEE TRAIL STE 200 KNOXVILLE, TN 37920 81-2770309	CLINICALLY INTEGRATED NETWORK	TN	5,091,000	2,806,000	UNIVERSITY HEALTH SYSTEM INC
(5) UT URGENT CARE CENTERS 2121 MEDICAL CENTER WAY KNOXVILLE, TN 37920	URGENT CARE	TN	2,538,000	387,000	UNIVERSITY HEALTH SYSTEM INC
(6) UNIVERSITY HEALTH ACO LLC 2121 MEDICAL CENTER WAY KNOXVILLE, TN 37920 82-2250990	COORDINATOR: HEALTH CARE	TN	0	0	UNIVERSITY HEALTH NETWORK LLC

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) UHS VENTURES INC 9000 EXECUTIVE PARK DRIVE D-240 KNOXVILLE, TN 37923 62-1619460	MANAGEMENT SERVICES	TN	UNIVERSITY HEALTH SYSTEM INC	C	1,508,000	460,000	100.000 %	Yes	

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

Yes

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

No

1s

Yes

2

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
UHS ASC LLC 1520 CHEROKEE TRAIL STE 200 KNOXVILLE, TN 37920 31-1626179	INACTIVE	TN	989,354,000	886,284,000	UNIVERSITY HEALTH SYSTEM INC
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