

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

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

**C** Name of organization  
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC  
% RONALD C KELLER CPA  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1101 MARKET STREET SUITE 2004  
City or town, state or province, country, and ZIP or foreign postal code  
PHILADELPHIA, PA 19107

**D** Employer identification number  
23-2829095

**E** Telephone number  
(215) 503-8958

**G** Gross receipts \$ 1,924,459,606

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

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

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

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.JEFFERSONHEALTH.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1995

**M** State of legal domicile: PA

**Part I Summary**

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	37
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	24
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	8,752
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	304
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	693,657
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Revenue	
	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	4,292,061	6,653,058
<b>9</b> Program service revenue (Part VIII, line 2g)	1,769,886,474	1,905,698,754
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,893,130	2,464,647
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,757,892	6,150,780
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,807,313,773	1,920,967,239
Expenses		
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	82,000	3,936,346
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	664,986,550	661,111,433
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,400,211		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,084,158,019	1,234,940,653
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,749,226,569	1,899,988,432
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	58,087,204	20,978,807
Net Assets or Fund Balances		
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	2,086,453,398	2,057,833,164
<b>21</b> Total liabilities (Part X, line 26)	855,845,921	797,585,366
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,230,607,477	1,260,247,798

**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: \*\*\*\*\*  
Date: 2020-07-10  
Type or print name and title: PETER L DEANGELIS JR EVP/CFO

**Paid Preparer Use Only**  
Print/Type preparer's name: WithumSmithBrown PC  
Preparer's signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Check  if self-employed  
PTIN: P00642486  
Firm's EIN: \_\_\_\_\_  
Firm's address: TWO LOGAN SQUARE SUITE 2001  
Phone no. (215) 546-2140  
PHILADELPHIA, PA 191032726

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 1,596,183,271 including grants of \$ 3,936,346 ) (Revenue \$ 1,905,150,488 )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses ▶ 1,596,183,271

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> 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 . . . . .		<b>2a</b>	8,752		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>		Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>		Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>		Yes	
<b>4a</b> 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)? . . . . .		<b>4a</b>			No
<b>b</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).					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>			No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>			No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> 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? . . . . .		<b>6a</b>			No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .		<b>7a</b>			No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>			No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>			No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>			No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>			
<b>b</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 . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>			No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> 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 4720, Schedule N . . . . .		<b>15</b>			No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>			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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (37); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-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 [x] 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: RONALD C KELLER CPA 1101 MARKET STREET STE 2004 PHILADELPHIA, PA 19107 (215) 503-8344







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	6,653,058		
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ _____ 25,825				
	<b>h Total.</b> Add lines 1a-1f . . . . .		6,653,058		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> NET PATIENT SERVICE REVENUE		622110	1,800,440,194	1,800,440,194		
	<b>b</b> OTHER HEALTHCARE RELATED REVENUE		622110	102,498,929	101,950,663	548,266	
	<b>c</b> RENTAL INCOME FROM AFFILIATES		622110	1,737,283	1,737,283		
	<b>d</b> TUITION & EDUCATION		622110	1,022,348	1,022,348		
	<b>e</b> _____						
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f . . . . .			1,905,698,754			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			3,088,772			3,088,772
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			0			
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		4,725,164					
	<b>b</b> Less: rental expenses	2,868,242					
	<b>c</b> Rental income or (loss)	1,856,922	0				
	<b>d</b> Net rental income or (loss) . . . . .			1,856,922			1,856,922
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		0		
	<b>b</b> Less: cost or other basis and sales expenses	599,575	24,550				
	<b>c</b> Gain or (loss)	-599,575	-24,550				
	<b>d</b> Net gain or (loss) . . . . .			-624,125			-624,125
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		0			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		0			
	<b>c</b> Net income or (loss) from fundraising events . . . . .			0			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		0			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		0			
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>		0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue	Business Code						
<b>11a</b> CAFETERIA/VENDING/CATERING		541800	3,785,119		145,391	3,639,728	
<b>b</b> PARKING REVENUE		541800	508,739			508,739	
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			4,293,858				
<b>12 Total revenue.</b> See Instructions. . . . .			1,920,967,239	1,905,150,488	693,657	8,470,036	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,482,186	3,482,186		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	454,160	454,160		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,621,933	3,621,933		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages	527,100,592	527,100,592		
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	29,921,256	29,921,256		
<b>9</b> Other employee benefits . . . . .	63,304,687	63,304,687		
<b>10</b> Payroll taxes . . . . .	37,162,965	37,162,965		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	1,109,415	1,109,415		
<b>b</b> Legal . . . . .	175,625	175,625		
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	255,377	255,377		
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	65,020,205	65,020,205	0	0
<b>12</b> Advertising and promotion . . . . .	189,087	189,087		
<b>13</b> Office expenses . . . . .	18,539,740	18,539,740		
<b>14</b> Information technology . . . . .	4,492,683	4,492,683		
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	23,275,618	23,275,618		
<b>17</b> Travel . . . . .	4,674,558	4,674,558		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	466,890	466,890		
<b>20</b> Interest . . . . .	17,135,787	17,135,787		
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	93,287,305	93,287,305		
<b>23</b> Insurance . . . . .	20,453,985	20,453,985		
<b>24</b> 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.)				
<b>a</b> DRUGS & MEDICAL SUPPLIES	365,356,217	365,356,217	0	0
<b>b</b> CORPORATE SERVICES	310,005,266	6,200,105	291,404,950	12,400,211
<b>c</b> CLINICAL & ACADEMIC SUPPORT	191,152,776	191,152,776	0	0
<b>d</b> MA TAX ASSESS/MODERNIZATION	66,115,606	66,115,606	0	0
<b>e</b> All other expenses	53,234,513	53,234,513		
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,899,988,432	1,596,183,271	291,404,950	12,400,211
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	270,139,467	<b>1</b>	27,972,895
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	3,082,493
	<b>4</b> Accounts receivable, net . . . . .	260,346,144	<b>4</b>	286,218,642
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	34,421,109	<b>8</b>	34,588,705
	<b>9</b> Prepaid expenses and deferred charges . . . . .	14,444,216	<b>9</b>	5,522,583
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,832,285,260		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,190,601,971	658,295,949	<b>10c</b> 641,683,289
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	548,097,902	<b>13</b>	563,800,597
	<b>14</b> Intangible assets . . . . .	144,585,800	<b>14</b>	153,585,800
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	156,122,811	<b>15</b>	341,378,160
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,086,453,398	<b>16</b>	2,057,833,164	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	174,177,011	<b>17</b>	164,137,967
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	8,766,390
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	14,484,422	<b>23</b>	6,242,602
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	667,184,488	<b>25</b>	618,438,407
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	855,845,921	<b>26</b>	797,585,366
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,172,890,862	<b>27</b>	1,201,559,705
	<b>28</b> Temporarily restricted net assets . . . . .	57,716,615	<b>28</b>	58,688,093
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,230,607,477	<b>33</b>	1,260,247,798	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,086,453,398	<b>34</b>	2,057,833,164	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,920,967,239
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,899,988,432
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	20,978,807
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,230,607,477
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	27,449,535
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-18,788,021
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,260,247,798

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2829095

**Name:** THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Form 990 (2018)

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### Form 990, Part III, Line 4a:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK L ALDERMAN ESQ ..... CHAIRMAN - TRUSTEE	5.0 ..... 0.0	X		X				0	0	0
JOSEPHINE MANDEVILLE ..... VICE CHAIR - TRUSTEE	5.0 ..... 0.0	X		X				0	0	0
RODNEY BELL MD ..... TRUSTEE - PRES MEDICAL STAFF	55.0 ..... 0.0	X						0	382,159	61,712
JANICE R BELLACE ESQ ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
SALVATORE COGNETTI JR ESQ ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
THOMAS P COSTELLO ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
GEORGE E DEMING ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
ANTHONY J DIMARINO JR MD ..... TRUSTEE	55.0 ..... 0.0	X						0	631,719	79,231
ROBERT DISTANISLAO ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
JACK FARBER ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY ANN FITZPATRICK ..... TRUSTEE - SVP/CNO	55.0 ..... 0.0	X			X			417,495	0	52,146
KENNETH A GRAHAM ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
MICHAEL J HELLER ESQ ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
HAROLD A HONICKMAN ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
HYMAN R KAHN MD ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
MATTHEW KILLION MD ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
STEPHEN K KLASKO MD MBA ..... TRUSTEE-PRES/CEO TJU&JEFF HLTH	60.0 ..... 0.0	X		X				0	5,367,198	2,126,045
CHARLES G KOPP ESQ ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
LEONARD I KORMAN ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
IRA LUBERT ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0

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			
WARREN MATTHEWS MD ..... TRUSTEE	55.0 ..... 0.0	X						0	306,084	96,094
JOSEPH J MCLAUGHLIN ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
LAURENCE M MERLIS ..... TRUSTEE	60.0 ..... 0.0	X						0	1,800,550	648,813
BRUCE A MEYER MD MBA ..... TRUSTEE - PRESIDENT JH	60.0 ..... 0.0	X		X				0	1,799,206	759,481
DAVID O'MALLEY ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
JEFFREY P ORLEANS ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
EDMUND PRIBITKIN MD ..... TRUSTEE-CHIEF MEDICAL OFFICER	55.0 ..... 0.0	X						0	1,054,105	136,213
VIJAY M RAO MD FACR ..... TRUSTEE	55.0 ..... 0.0	X						0	763,426	72,789
DONNA SALVO ..... TRUSTEE - PRES WOMEN'S BOARD	5.0 ..... 0.0	X						0	0	0
JILL SCHULSON ESQ ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GERALD SEGAL ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
MANNY STAMATAKIS ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
BRIAN P TIERNEY ESQ ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
MARK L TYKOCINSKI MD ..... TRUSTEE	60.0 ..... 0.0	X						0	1,312,712	275,489
ALEXANDER VACCARO MD PHD ..... TRUSTEE	5.0 ..... 0.0	X						0	0	0
RICHARD J WEBSTER RN MSN ..... TRUSTEE - PRESIDENT TJUH	55.0 ..... 0.0	X		X				921,961	0	99,035
CHARLES J YEO MD FACS ..... TRUSTEE	55.0 ..... 0.0	X						0	1,158,918	87,061
CRISTINA G CAVALIERI ESQ ..... SECRETARY	60.0 ..... 0.0			X				0	1,038,701	281,773
PETER L DEANGELIS JR ..... TREASURER	60.0 ..... 0.0			X				0	1,340,285	439,128
ANDREA KAHN KOTHMAN ESQ ..... ASSISTANT SECRETARY	55.0 ..... 0.0			X				0	405,266	58,600

**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			
ANDREW NATHANS ..... ASSISTANT TREASURER	55.0 ..... 0.0			X				346,274	0	60,118
NEIL G LUBARSKY CPA CGMA ..... SVP, FINANCE/CFO - TJUH	55.0 ..... 0.0			X				655,126	0	69,229
JAMES E ROBINSON ..... SVP/CAO-METHODIST(TERM 12/18)	55.0 ..... 0.0				X			431,268	0	37,681
BRIAN SWEENEY RN MBA FACHE ..... CHIEF OPERATING OFFICER TJUH	55.0 ..... 0.0				X			481,986	0	49,614
STEPHEN K SIGWORTH MD MSH ..... INTERNIST	55.0 ..... 0.0					X		747,616	0	83,964
RICHARD KWEI ..... SVP,PAYER STRATEGY&NTWK PERF.	55.0 ..... 0.0					X		517,639	0	65,176
SHARON M GALUP ..... SVP, PAYER STRATEGY & CONTRACT	55.0 ..... 0.0					X		513,672	0	52,070
DEBRA W TAYLOR ..... VP, PAYER RELATIONS & CONTRACT	55.0 ..... 0.0					X		444,655	0	53,943
PAMELA KOLB ..... VP, CLINICAL & SUPPORT SVCS	55.0 ..... 0.0					X		412,037	0	53,969

**SCHEDULE A**  
(Form 990 or 990-EZ)

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization**  
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

**Employer identification number**  
23-2829095

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	

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

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
<b>2</b>	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 . . .						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . .						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
<b>b</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. . .						
<b>c</b>	Add lines 7a and 7b. . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.) . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6. . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
<b>c</b>	Add lines 10a and 10b. . .						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b>	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>		
<b>2</b>	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>		
<b>3a</b>	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>		
<b>b</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>		
<b>c</b>	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>		
<b>4a</b>	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>		
<b>b</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>		
<b>c</b>	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>		
<b>5a</b>	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>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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>		
<b>7</b>	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>		
<b>8</b>	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>		
<b>9a</b>	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>		
<b>b</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>		
<b>c</b>	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>		
<b>10a</b>	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>		
<b>b</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>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

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

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

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



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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018:			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2829095

**Name:** THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2018**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization THOMAS JEFFERSON UNIVERSITY HOSPITALS INC	Employer identification number 23-2829095
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_
- Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 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-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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....	Yes		
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....	Yes		255,377
<b>j</b> Total. Add lines 1c through 1i .....			255,377
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....		No	

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

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

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

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

**Part IV Supplemental Information**

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
SCHEDULE C, PART II-B; LINES 1F, 1G & 1I	DURING THE YEAR ENDED JUNE 30, 2019, THE ORGANIZATION PAID TWO INDEPENDENT OUTSIDE LOBBYING FIRMS A TOTAL OF \$172,787 FOR LOBBYING ON A FEDERAL, STATE AND LOCAL LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS IMPACTING THE HOSPITAL AND ITS PATIENTS AND SURROUNDING COMMUNITY. IN ADDITION, THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, NATIONAL ALLIANCE OF SAFETY - NET HOSPITALS, ASSOCIATION OF AMERICAN MEDICAL COLLEGES AND THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA WHICH EACH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$82,590 DURING THE FISCAL YEAR ENDED JUNE 30, 2019.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for the latest information.

**Name of the organization**  
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

**Employer identification number**  
23-2829095

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 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 . . . . . ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance . . . . .             |        |
| <b>d</b> Additions during the year . . . . .     |        |
| <b>e</b> Distributions during the year . . . . . |        |
| <b>f</b> Ending balance . . . . .                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .	132,322,176	126,789,526	119,579,591	102,803,546	102,818,940
<b>b</b> Contributions . . . . .	952,152	2,909,437	89,416	45,514	134,300
<b>c</b> Net investment earnings, gains, and losses	7,781,834	7,596,052	11,726,968	21,369,983	4,523,463
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	5,089,416	4,972,839	4,606,449	4,639,452	4,673,157
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	135,966,746	132,322,176	126,789,526	119,579,591	102,803,546

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 74.960 %
  - b** Permanent endowment ▶ 7.940 %
  - c** Temporarily restricted endowment ▶ 17.100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> related organizations . . . . .  | Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | Yes |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		28,997,293		28,997,293
<b>b</b> Buildings . . . . .		721,156,561	389,035,175	332,121,386
<b>c</b> Leasehold improvements		90,268,951	36,069,306	54,199,645
<b>d</b> Equipment . . . . .		976,420,098	765,497,490	210,922,608
<b>e</b> Other . . . . .		15,442,357		15,442,357
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				641,683,289

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) SHORT-TERM INVESTMENTS	341,391,687	F
(2) LONG-TERM INVESTMENTS	221,931,664	F
(3) ASSETS WHOSE USE IS LIMITED	477,246	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶ 563,800,597	

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	262,321,208
(2) INSURANCE RECOVERABLE	67,363,485
(3) ASSETS HELD BY AFFILIATES	10,002,225
(4) OTHER ASSETS	1,691,242
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 341,378,160

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO AFFILIATES	447,283,055
ACCRUED PROFESSIONAL LIAB. CLAIMS	145,355,706
INTEREST RATE SWAP CONTRACTS	20,256,078
ASSET RETIREMENT OBLIGATIONS	1,922,471
OTHER LIABILITIES	3,621,097
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 618,438,407

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



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

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

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2829095

**Name:** THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

## Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 4	<p>ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES. THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE ORGANIZATION AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2019 AND JUNE 30, 2018; RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATIONS AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE SYSTEM'S ENDOWMENT FUNDS: TJUS ENDOWMENTS CONSIST OF 1,006 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. NET ASSETS ASSOCIATED WITH EACH OF THESE GROUPS OF FUNDS ARE CLASSIFIED AND REPORTED BASED UPON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR REQUIRES TJU TO RETAIN AS A FUND OF PERPETUAL DURATION. SHORTFALLS OF THIS NATURE, WHICH ARE REPORTED IN UNRESTRICTED NET ASSETS, WERE \$1.3 MILLION AND \$1.4 MILLION AS OF JUNE 30, 2019 AND 2018, RESPECTIVELY. THESE SHORTFALLS RESULTED FROM UNFAVORABLE MARKET FLUCTUATIONS THAT OCCURRED SHORTLY AFTER THE INVESTMENT OF NEW PERMANENTLY RESTRICTED CONTRIBUTIONS AND CONTINUED APPROPRIATION FOR CERTAIN PROGRAMS THAT WAS DEEMED PRUDENT BY TJU. THE COMMONWEALTH OF PENNSYLVANIA HAS NOT ADOPTED THE UNIFORM MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UMIFA) OR THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA). RATHER, THE PENNSYLVANIA ACT GOVERNS THE INVESTMENT, USE AND MANAGEMENT OF TJUS ENDOWMENT FUNDS. THE PENNSYLVANIA ACT ALLOWS A NONPROFIT TO ELECT TO APPROPRIATE FOR EXPENDITURE AN INVESTMENT POLICY THAT SEEKS THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE INVESTMENTS. IN ACCORDANCE WITH THE PENNSYLVANIA ACT, THE OBJECTIVES OF TJUS INVESTMENT POLICY IS TO PROVIDE A LEVEL OF SPENDABLE INCOME WHICH IS SUFFICIENT TO MEET THE CURRENT AND FUTURE BUDGETARY REQUIREMENTS OF TJU AND WHICH IS CONSISTENT WITH THE GOAL OF PROTECTING THE PURCHASING POWER OF THE INVESTMENTS. THE CALCULATION OF THE SPENDABLE INCOME FOR ENDOWMENT FUNDS OF TJU IS BASED ON 75% OF THE PRIOR YEAR SPENDABLE INCOME AND 25% OF THE CALCULATED TWO YEAR AVERAGE OF THE ENDOWMENT MARKET VALUE MULTIPLIED BY 4.75% THE SUM OF WHICH IS ADJUSTED BY AN INFLATION FACTOR.</p>

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

## 2018

**Open to Public Inspection**

Name of the organization  
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

**Employer identification number**  
23-2829095

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	0			13,959,856
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	0	0			13,959,856

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

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

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



**Part IV Foreign Forms**

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





## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2829095

**Name:** THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Investments		31,455
East Asia and the Pacific	0	0	Investments		16,983

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Investments		1,070
Central America and the Caribbean	0	0	Investments		13,910,310

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	0	0	Investments		38

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Name of the organization**  
 THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

**Employer identification number**  
 23-2829095

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> 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. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<b>c</b> 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.			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b>	Yes	
<b>c</b> 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? . . . . .	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b>		No
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b>		

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**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			14,795,540	0	14,795,540	0.780 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			319,656,960	232,729,292	86,927,668	4.580 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			0	0	0	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			334,452,500	232,729,292	101,723,208	5.360 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			2,804,043	18,734	2,785,309	0.150 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			127,607,711	36,605,451	91,002,260	4.790 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			372,604,522	334,898,072	37,706,450	1.980 %
<b>h</b> Research (from Worksheet 7) . . . . .			766,613	101,372	665,241	0.040 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			736,949	0	736,949	0.040 %
<b>j Total.</b> Other Benefits . . . . .			504,519,838	371,623,629	132,896,209	7.000 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			838,972,338	604,352,921	234,619,417	12.360 %

**Part III 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		1,726		1,726	
2	Economic development					
3	Community support		17,372		17,372	
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building		69,597		69,597	0.010 %
7	Community health improvement advocacy					
8	Workforce development		4,940		4,940	
9	Other					
10	<b>Total</b>		93,635		93,635	0.010 %

**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	54,519,475
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	14,540,344
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	361,160,540
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	418,153,025
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-56,992,485
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 checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 RIVERVIEW SURGERY				
2 CENTER AT THE NAVY				
3 YARD LLC	SURGICAL SERVICES	51 %		39 %
4 ROTHMAN ORTHOPAEDIC				
5 SPECIALTY HOSPITAL	SPECIALTY HOSPITAL	54 %		46 %
6 BUCKS CNTY SPECIALTY				
7 HOSPITAL REALTY	HEALTHCARE SERVICES	15 %		64 %
8 JEFFERSON COMPREHEN-				
9 SIVE CONCUSSION CTR	CONCUSSION SERVICES	32.5 %		33.6 %
10				
11				
12				
13				

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

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

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

5

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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): \_\_\_\_\_ 13

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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. . . . .		No
<b>3</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</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 . . . . .		No
<b>7</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.JEFFERSONHEALTH.ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>WWW.JEFFERSONHEALTH.ORG</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

TJUH (FACILITY REPORTING GROUP A)

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.JEFFERSONHEALTH.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.JEFFERSONHEALTH.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.JEFFERSONHEALTH.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		



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

TJUH (FACILITY REPORTING GROUP A)

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b>	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
<b>18</b>	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:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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):		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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:		
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<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)**

TJUH (FACILITY REPORTING GROUP A)

**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
<b>23</b>		No
<b>24</b>		No

**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)  
 ROSH (FACILITY REPORTING GROUP B)

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): \_\_\_\_\_ 4 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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. . . . .		No
<b>3</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
<b>5</b>	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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</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. . . . .		No
<b>7</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://ROTHMANORTHOHOSPITAL.COM</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): _____		No
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	Yes	
<b>11</b>	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.		
<b>12a</b>	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)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

ROSH (FACILITY REPORTING GROUP B)

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____ % and FPG family income limit for eligibility for discounted care of 0. _____ %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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):	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://ROTHMANORTHOHOSPITAL.COM</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://ROTHMANORTHOHOSPITAL.COM</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>ROTHMANORTHOHOSPITAL.COM</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

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

## ROSH (FACILITY REPORTING GROUP B)

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	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	
<b>18</b>	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:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<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)**

ROSH (FACILITY REPORTING GROUP B)

**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
<b>23</b>		No
<b>24</b>		No

**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) PHYCARE (FACILITY REPORTING GROUP C)

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): \_\_\_\_\_ 5

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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. . . . .	Yes	
<b>3</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</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. . . . .		No
<b>7</b>	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):	Yes	
<b>a</b>	<input type="checkbox"/> Hospital facility's website (list url): _____		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url): <u>WWW.MAINLINEHEALTH.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>WWW.MAINLINEHEALTH.ORG</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

PHYCARE (FACILITY REPORTING GROUP C)

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:	Yes	
<b>a</b>	<input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____ % and FPG family income limit for eligibility for discounted care of 0. _____ %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.PHYCAREHOSPITAL.COM</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.PHYCAREHOSPITAL.COM</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.PHYCAREHOSPITAL.COM</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		



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

PHYCARE (FACILITY REPORTING GROUP C)

**Name of hospital facility or letter of facility reporting group**

		Yes	No	
<b>17</b>	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	
<b>18</b>	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:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<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			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<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)**

PHYCARE (FACILITY REPORTING GROUP C)

**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
<b>23</b>		No
<b>24</b>		No



**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? 51

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

**Part VI Supplemental Information**

Provide the following information.

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

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

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

## 990 Schedule H, Supplemental Information

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



## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>SCHEDULE H, PART II</p>	<p>THE ORGANIZATIONS COMMUNITY BUILDING ACTIVITIES ARE FOCUSED ON IMPROVING THE COMMUNITYS HEALTH AND SAFETY BY ADDRESSING POVERTY, HOMELESSNESS, WORKFORCE DEVELOPMENT, COMMUNITY SUPPORT, COALITION BUILDING, AND THE HEALTH AND WELLBEING OF OLDER ADULTS. TJUH COLLABORATES WITH COMMUNITY ORGANIZATIONS TO ADVANCE NEIGHBORHOOD IMPROVEMENT AND REVITALIZATION PROJECTS, MENTORING AND PIPELINE PROGRAMS FOR YOUTH AND COMMUNITY MEMBERS, HEALTH LITERACY TRAINING, COALITION BUILDING, AND VARIOUS HEALTH IMPROVEMENT TASK FORCES. THE HOSPITAL PARTNERS WITH COALITIONS THAT ADDRESS DRUG AND ALCOHOL PREVENTION, REFUGEE AND IMMIGRANT HEALTH AND SOCIAL ISSUES, AGING IN PLACE, RETURNING CITIZENS, AND HEALTHY COMMUNITY ISSUES THAT ADDRESS SOCIAL DETERMINANTS OF HEALTH INCLUDING NUTRITION, FOOD SECURITY, SMOKING CESSATION, PHYSICAL ACTIVITY, HOUSING AND SHARED DATA. TJUH WAS INVOLVED WITH PROVIDING HEALTH EDUCATION AND WORKFORCE DEVELOPMENT WITH LOCAL MIDDLE AND HIGH SCHOOLS. IN ADDITION, THE HOSPITAL DONATES FUNDS TO ORGANIZATIONS THAT ADVANCE THESE EFFORTS. COALITIONS AND COMMUNITY PARTNERSHIPS                      ===== REGIONAL: - COLLABORATIVE OPPORTUNITY TO ADVANCE COMMUNITY HEALTH (COACH) - DVRPC - HEALTH SUBCOMMITTEE - PACDC - HEALTH AND HOUSING SUBCOMMITTEE - STATE DPP PROGRAM - SEPA READS HEALTH LITERACY CITY WIDE: - GET HEALTHY PHILLY, FOOD FIT PHILLY AND SMOKEFREE PHILLY COALITIONS - CLINIC TO COMMUNITY LINKAGES TASKFORCE - DPP - (PHILLY DIFFERENCE - PDOH; HCIF) - PHILADELPHIA REENTRY COALITION - FOOD POLICY ADVISORY COUNCIL (HUNGER SUBCOMMITTEE; FOOD SECURITY QUESTIONS; FOOD DRIVES/DONATIONS) - ACES TASK FORCE - PHILADELPHIA REFUGEE HEALTH COLLABORATIVE - PHILADELPHIA REFUGEE MENTAL HEALTH COLLABORATIVE - FOOD SECURITY TRAINING - PIERCE GRANT - HCIF; COACH; COALITION AGAINST HUNGER) - HEALTHY CITIES: NOVO NORDISCHEART ASSOC AND AMA DPP LOCAL COMMUNITY LEVEL: - SOUTH PHILLY PREVENTION COALITION - WESTSIDE COMMUNITY PREVENTION COLLABORATIVE - COMMUNITY SCHOOLS SOUTHWARK, INDEPENDENCE CHARTER, AND SOUTH PHILLY HS WORKFORCE DEVELOPMENT; PHYSICALS; COMMUNITY CLOSET - MANNA RESEARCH INSTITUTE - IMMIGRANT HEALTH AND WELLNESS CENTER - SOUTH PHILADELPHIA - SOUTH PHILADELPHIA AGING COALITION - LATINO HEALTH ADVISORY COUNCIL - PCHE JEFFERSON INTERNAL INITIATIVES: - OPIATE TASK FORCE - PCHE - AGE FRIENDLY HEALTH SYSTEM - LGBTQ FRIENDLY HEALTH SYSTEM - JCIPE</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINES 2, 3 & 4	<p>BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS INTERNAL FINANCIAL STATEMENTS. THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. EFFECTIVE JULY 1, 2018, THE SYSTEM ADOPTED ASU 2014-09 USING A FULL RETROSPECTIVE METHOD OF APPLICATION. THE ADOPTION OF ASU 2014-09 RESULTED IN CHANGES TO THE PRESENTATION AND DISCLOSURE OF REVENUE PRIMARILY RELATED TO UNINSURED OR UNDERINSURED PATIENTS. UNDER ASU 2014-09, THE ESTIMATED UNCOLLECTIBLE AMOUNTS DUE FROM THESE PATIENTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO NET PATIENT SERVICE REVENUES. FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, THE SYSTEM RECORDED \$142.9 MILLION AND \$132.8 MILLION, RESPECTIVELY OF IMPLICIT PRICE CONCESSIONS AS A DIRECT REDUCTION OF NET PATIENT SERVICE REVENUES THAT WOULD HAVE BEEN RECORDED AS PROVISION FOR BAD DEBTS PRIOR TO THE ADOPTION OF ASU 2014-09. PLEASE REFER TO THE NET PATIENT SERVICE REVENUE SECTION WITHIN FOOTNOTE 1 (PAGES 9 &amp; 10) OF THE SYSTEM'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR ADDITIONAL INFORMATION ON THIS TOPIC AND THE REPORTING OF THE NETWORK'S REVENUE RECOGNITION.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, LINE 8</p>	<p>MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT FILED BY THE ORGANIZATION. THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE INTERNAL REVENUE SERVICE ("IRS"). THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3). THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE", A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE: IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD. CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS. COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVED" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY. THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY. THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	<p>AL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD. - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT. - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLES". THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT. BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THERE ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS: - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE." - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 10% OF BAD DEBT IS PENDING CHARITY CARE. - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE. AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PURPOSES. BAD DEBT REPRESENTS</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	<p>AYMENT ARRANGEMENTS ARE MADE. IF PAYMENT HAS NOT BEEN RECEIVED AFTER 90 DAYS (FROM THE DATE OF THE PATIENTS FIRST POST-DISCHARGE BILLING STATEMENT) ROSH WILL SEND OUT A LETTER INFORMING THE PATIENT IN WRITING THAT THE ACCOUNT WILL BE SENT TO COLLECTIONS, IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS OF THE DATE OF THE LETTER. THE BUSINESS OFFICE MANAGER OR DESIGNEE SHALL ENSURE THAT PATIENT RESPONSIBLE ACCOUNTS HAVE A MINIMUM OF THREE (3) STATEMENTS GENERATED TO THE PATIENT PRIOR TO THE ACCOUNT BEING WRITTEN OFF OR CONSIDERED FOR COLLECTION AGENCY PLACEMENT. ADDITIONALLY, THE LETTER WILL INCLUDE ANY ECAS THAT MAY TAKE PLACE AFTER THE PATIENT ACCOUNT HAS BEEN PLACED IN COLLECTIONS. THE WRITTEN NOTICE WILL ALSO INCLUDE A COPY OF THE PLS. ALL OUTSTANDING ACCOUNTS (INSURANCE BALANCES AND PATIENT BALANCES) A GED 120 DAYS WITHOUT APPROPRIATE PAYMENT ARRANGEMENTS OR MAY BE OUTSOURCED TO AN OUTSIDE AGENCY OR CONSIDERED FOR WRITE OFF TO BAD DEBT AND SENT TO A COLLECTION AGENCY IN ACCORDANCE WITH THE BAD DEBT WRITE-OFF POLICY. IN ACCORDANCE WITH IRC 501(R)(6), ROSH DOES NOT ENGAGE IN ANY ECAS PRIOR TO THE EXPIRATION OF THE NOTIFICATION PERIOD. SUBSEQUENT TO THE NOTIFICATION PERIOD ROSH, OR ANY THIRD PARTIES ACTING ON ITS BEHALF, MAY INITIATE THE FOLLOWING ECAS AGAINST A PATIENT FOR AN UNPAID BALANCE IF A FAP-ELIGIBILITY DETERMINATION HAS NOT BEEN MADE OR IF AN INDIVIDUAL IS INELIGIBLE FOR FINANCIAL ASSISTANCE. ROSH MAY AUTHORIZE THIRD PARTIES TO INITIATE ECAS ON DELINQUENT PATIENT ACCOUNTS AFTER THE NOTIFICATION PERIOD. ROSH, AND THIRD PARTIES ACTING ON ITS BEHALF, DO NOT ENGAGE IN ANY OTHER ECAS DEFINED WITHIN IRC 501(R)(6). ROSH WILL ENSURE REASONABLE EFFORTS HAVE BEEN TAKEN TO DETERMINE WHETHER OR NOT AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS FAP AND WILL TAKE THE FOLLOWING ACTIONS AT LEAST 30 DAYS PRIOR TO INITIATING ANY ECA: 1) THE PATIENT WILL BE PROVIDED WITH WRITTEN NOTICE WHICH: - INDICATES THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR ELIGIBLE PATIENTS; - IDENTIFIES THE ECA(S) THAT ROSH INTENDS TO INITIATE TO OBTAIN PAYMENT; - STATES A DEADLINE AFTER WHICH SUCH ECAS MAY BE INITIATED. 2) THE PATIENT HAS RECEIVED A COPY OF THE PLS WITH THIS WRITTEN NOTIFICATION; AND 3) REASONABLE EFFORTS HAVE BEEN MADE TO ORALLY NOTIFY THE INDIVIDUAL ABOUT THE FAP AND HOW THE INDIVIDUAL MAY OBTAIN ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. ROSH, AND THIRD-PARTY VENDORS ACTING ON THEIR BEHALF, WILL ACCEPT AND PROCESS ALL APPLICATIONS FOR FINANCIAL ASSISTANCE AVAILABLE UNDER THIS POLICY SUBMITTED DURING THE APPLICATION PERIOD. ROSH WILL NOT PURSUE ANY COLLECTION ACTIONS AGAINST ANYONE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY, AND WILL NOT PURSUE EXTRAORDINARY COLLECTION ACTIONS AGAINST ANY INDIVIDUAL WITHOUT FIRST MAKING REASONABLE EFFORTS TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE. THE VICE PRESIDENT OF FINANCE WILL DETERMINE IF REASONABLE EFFORTS HAVE BEEN MADE. PHYCARE - FACILITY REPORTING GROUP C  ===== IF A BILL IS OUTSTANDING 120 DAYS OR MORE, PCSH MAY SEND THE ACCOUNT TO A COLLECTION AGENCY TO BE COLLECTED. WHILE IN COLLECTIONS, AN APPLICATION FOR FINANCIAL ASSISTANCE WILL BE ACCEPTED AT ANY TIME. ONCE AN APPLICATION IS RECEIVED, COLLECTIONS WILL BE PLACED ON HOLD AND THE PROCEDURES REGARDING INCOMPLETE APPLICATIONS AND DENIALS. PCSH WILL NOT PURSUE ANY COLLECTION ACTIONS AGAINST ANYONE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY AND WILL NOT PURSUE EXTRAORDINARY COLLECTION ACTIONS AGAINST ANY INDIVIDUAL WITHOUT FIRST MAKING REASONABLE EFFORTS TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE. THE VICE PRESIDENT OF FINANCE WILL DETERMINE IF REASONABLE EFFORTS HAVE BEEN MADE.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI; QUESTION 2</p>	<p>IN AN EFFORT TO BETTER ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES, JEFFERSON HEALTH PARTICIPATES IN THE COLLABORATIVE OPPORTUNITIES TO ADVANCE COMMUNITY HEALTH ("COACH") PROJECT. THIS PROJECT IS COORDINATED BY THE HEALTHCARE IMPROVEMENT FOUNDATION, IN PARTNERSHIP WITH THE HOSPITAL AND HEALTH SYSTEM OF PENNSYLVANIA AND THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (REGION 3). COACH SEEKS TO DEMONSTRATE THE POTENTIAL FOR SIGNIFICANT POPULATION HEALTH IMPACT THROUGH COORDINATED, COLLECTIVE ACTION TO ESTABLISH EFFECTIVE SYSTEMS FOR ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH. DURING FY19 AND FY20, HCIF AND THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH LED A REGIONAL COLLABORATIVE EFFORT THROUGH COACH TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT. EIGHTEEN HOSPITALS PARTICIPATED IN THIS REGIONAL EFFORT. DURING FY19, FOOD INSECURITY CONTINUED TO BE COACHS WORKING PRIORITY A NEW FOCUS TO INCREASE HEALTHCARE SYSTEM AND COMMUNITYS KNOWLEDGE AND ABILITY TO ADDRESS BEHAVIOR HEALTH WAS ADDED AS A COACH PRIORITY. THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH IS SPEARHEADING A REGIONAL TASKFORCE WITH JEFFERSON HEALTH, OTHER HEALTH SYSTEMS, AND COMMUNITY PARTNERS TO INITIATE A PLATFORM WHERE INFORMATION ABOUT REGIONAL RESOURCES CAN BE SHARED, REFERRALS CAN BE EASILY MADE BETWEEN HEALTHCARE AND COMMUNITY BASED ORGANIZATIONS, AND COMMUNICATION LOOPS THAT SHARE INFORMATION ABOUT THE IMPACT OF THE REFERRAL SYSTEM CAN BE SHARED BETWEEN HEALTHCARE AND COMMUNITY BASED ORGANIZATIONS TO ASSESS IMPACT. FOUR PRINCIPLES ARE GUIDING THE DEVELOPMENT OF A STRATEGY FOR LEVERAGING COMMUNITY BENEFIT PROGRAMS TO INCREASE THEIR INFLUENCE: DEFINING MUTUALLY AGREED-ON REGIONAL GEOGRAPHIC BOUNDARIES TO ALIGN BOTH COMMUNITY BENEFIT AND ACCOUNTABLE HEALTH COMMUNITY INITIATIVES, ENSURING THAT COMMUNITY BENEFIT ACTIVITIES USE EVIDENCE TO PRIORITIZE INTERVENTIONS, INCREASING THE SCALE AND EFFECTIVENESS OF COMMUNITY BENEFIT INVESTMENTS BY POOLING SOME RESOURCES, AND ESTABLISHING SHARED MEASUREMENT AND ACCOUNTABILITY FOR REGIONAL POPULATION HEALTH IMPROVEMENT. FOR THE 2019 CHNA, JEFFERSON JOINED REGIONAL EFFORTS IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). AS A PARTNERING HOSPITAL IN COACH, TJUH JOINED THE CHNA STEERING COMMITTEE THAT WAS FACILITATED BY THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH (PDPH) AND HEALTH CARE IMPROVEMENT FOUNDATION (HCIF). TOGETHER THE GROUP DEVELOPED A COLLABORATIVE, COMMUNITY-ENGAGED APPROACH THAT INVOLVED COLLECTING AND ANALYZING QUANTITATIVE AND QUALITATIVE DATA AND AGGREGATING DATA FROM A VARIETY OF SECONDARY SOURCES, INCLUDING THE VOICE OF THE COMMUNITY, TO COMPREHENSIVELY ASSESS THE HEALTH STATUS OF THE REGION. IN ADDITION, TJUH CONDUCTED INTERNAL FOCUS GROUPS WITH EMPLOYEES LIVING IN TJUHS COMMUNITY BENEFIT AREAS, TO GAIN THEIR INPUT REGARDING HEALTH NEEDS IN THEIR NEIGHBORHOODS AND TO IDENTIFY COMMUNITY ASSETS, CURRENT EFFORTS, AND RESOURCES AVAILABLE TO ADDRESS THESE NEEDS. KEY STAFF IN VARIOUS TJUH DEPARTMENTS AND THE UNIVERSITY WERE ALSO INTERVIEWED TO FURTHER UNDERSTAND JEFFERSONS CURRENT AND PLANNED EFFORTS THAT BENEFIT THE COMMUNITY BY ADDRESSING HEALTH DISPARITIES, AND PROMOTING HEALTH EQUITY. TJUH ALSO REACHED OUT TO PARTNER COMMUNITY BASED ORGANIZATION TO GAIN THEIR PERSPECTIVE ABOUT SPECIFIC COMMUNITY HEALTH NEEDS IN TJUHS COMMUNITY BENEFITS AREA. AS PART OF ITS CHNA PROCESS, ONE OF THE INITIAL UNDERTAKINGS WAS TO CREATE A SECONDARY DATA PROFILE. THE SECONDARY DATA IS COMPRISED OF DATA OBTAINED FROM EXISTING RESOURCES AND INCLUDES DEMOGRAPHIC AND HOUSEHOLD STATISTICS, EDUCATION AND INCOME MEASURES, MORBIDITY AND MORTALITY RATES, AND HEALTH INDICATORS, AMONG OTHER DATA POINTS. THE DATA WAS GATHERED AND INTEGRATED INTO A GRAPHICAL REPORT TO PORTRAY THE CURRENT HEALTH AND SOCIO-ECONOMIC STATUS OF RESIDENTS IN ITS PRIMARY SERVICE AREAS. WE REVIEWED THE NATIONAL, STATE AND LOCAL HEALTH DATA AND REPORTS, PERTAINING TO HEALTH EQUITY AND ROOT CAUSES OF HEALTH DISPARITIES, AS WELL AS EVIDENCE-BASED PRACTICES TO ADDRESS COMMUNITY HEALTH NEEDS. THESE FOCUS GROUPS, INTERVIEWS AND REPORTS GUIDED THE DEVELOPMENT OF JEFFERSONS CHIP THAT LEVERAGES THE RESOURCES AND EXPERTISE OF JEFFERSON HOSPITALS, THE UNIVERSITY AND COMMUNITY PARTNERS.</p>



990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 4	<p>PHILADELPHIA, THE SIXTH LARGEST CITY IN THE UNITED STATES, IS A DIVERSE CITY WITH MORE THAN 1.58 MILLION RESIDENTS IN 48 ZIP CODES. JEFFERSON HEALTH CENTER CITY DEFINES ITS COMMUNITY BENEFIT AREA AS THE GEOGRAPHIC AREA WITHIN PHILADELPHIA THAT ENCOMPASSES 18 ZIP CODES IN NORTH PHILADELPHIA-EAST, NORTH PHILADELPHIA-WEST, RIVER WARDS, CENTER CITY, SOUTH PHILADELPHIA-EAST, AND SOUTH PHILADELPHIA-WEST. THESE ZIP CODES ARE THE MOST GEOGRAPHICALLY PROXIMATE TO TJUH, JHN AND JMH CAMPUSES. THE FOCUS WITHIN THESE ZIP CODES IS ON COMMUNITIES WITH A POVERTY RATE &gt;20% AND WHERE HEALTH DISPARITIES ARE MORE PREVALENT. THESE AREAS REPRESENT A TOTAL POPULATION OF 592,693; MORE THAN ONE-THIRD OF ALL PHILADELPHIA RESIDENTS. - NORTH PHILADELPHIA (19121, 19122, 19132, 19133, 19140) - RIVER WARDS (19124, 19125, 19134) - CENTER CITY (19102, 19103, 19106, 19107, 19123, 19130) - SOUTH PHILADELPHIA (19145, 19146, 19147, 19148) TJUH-CENTER CITY COMMUNITY BENEFIT AREA DEMOGRAPHICS =====</p> <p>===== RACE/ETHNICITY ----- PHILADELPHIA IS RACIALLY AND ETHNICALLY DIVERSE: 35% NON-HISPANIC WHITE, 41% NON-HISPANIC AFRICAN AMERICAN, 14% HISPANIC OR LATINO, AND 7% NON-HISPANIC ASIAN. IN JEFFERSONS HEALTHS CBA OVERALL, 37% OF THE POPULATION IS NON-HISPANIC WHITE, 31% NON-HISPANIC AFRICAN AMERICAN, 22% HISPANIC OR LATINO, AND 8% NON-HISPANIC ASIAN. WITHIN JEFFERSONS CBA THERE IS GREAT DIVERSITY AMONG ITS NEIGHBORHOODS. - THE WHITE POPULATION RANGES FROM ALMOST 68% IN CENTER CITY TO ONLY 9.4% IN NORTH PHILADELPHIA WEST - THE BLACK POPULATION RANGES FROM ONLY 11.2% IN CENTER CITY TO ALMOST 90% IN NORTH PHILADELPHIA WEST - THE HISPANIC/LATINO POPULATION ACCOUNTS FOR 44% OF INDIVIDUALS IN NORTH PHILADELPHIA EAST TO ONLY 4.6% IN SOUTH PHILADELPHIA WEST - THE ASIAN POPULATION RANGES FROM ONLY 3.7% IN THE RIVERWARDS TO 17.6% IN SOUTH PHILADELPHIA EAST. THE ASIAN COMMUNITY IN CENTER CITY IS PREDOMINANTLY OF CHINESE DESCENT, WHILE SOUTH PHILADELPHIA RESIDENTS INCLUDE IMMIGRANTS FROM VIETNAM AND REFUGEES FROM CAMBODIA (THE LARGEST POPULATION OF ASIAN RESIDENTS AS WELL AS NEWLY RESETTLED REFUGEES FROM BURMA, NEPAL, AND BHUTAN). THE MAJORITY OF HISPANICS IN THE PHILADELPHIA AREA ARE FROM PUERTO RICO AND LIVE PREDOMINANTLY IN NORTH PHILADELPHIA EAST; THE REMAINING HISPANIC POPULATION ARE FROM MEXICO LATIN AMERICA, THE CARIBBEAN, CENTRAL AMERICA, AND SOUTH AMERICA. SOUTH PHILADELPHIA EAST IS HOME TO A GROWING IMMIGRANT POPULATION FROM MEXICO. ALTHOUGH THEY SHARE A COMMON LANGUAGE, EACH HISPANIC COMMUNITY IS CULTURALLY UNIQUE, AND INTERNALLY DIVERSE BY GENDER, GENERATION, CLASS, AND RACE. AGE --- IN PHILADELPHIA 21% OF RESIDENTS ARE UNDER AGE 18, 45% OF RESIDENTS ARE AGES 18-44, 22% FALL BETWEEN 45 AND 64 YEARS OLD AND 11% ARE AGED 65 OR OLDER. YOUNG ADULTS AGED 20-34 REPRESENT THE LARGEST PROPORTION OF THE POPULATION. LOWER NORTH PHILADELPHIA HAS MORE YOUTH AGES 0-17 THAN THE REST OF PHILADELPHIA AND TJUHS CBA AREA. CENTER CITY HAS A HIGHER PERCENTAGE OF ADULTS AGED 18-44 THAN PHILADELPHIA AND IS MORE LIKELY THAN OTHER TJUH CBA AREAS TO HAVE ADULTS OVER AGE 65+. EDUCATION ----- CHILDREN WHO ARE NOT AT A PROFICIENT READING LEVEL BY FOURTH GRADE ARE AT RISK OF REPEATING A GRADE AND ALSO FACE EDUCATIONAL CHALLENGES INCLUDING RISK FOR DROPPING OUT OF SCHOOL. ONLY 31 PERCENT OF PHILADELPHIAS PUBLIC SCHOOL FOURTH-GRADERS SCORED PROFICIENT OR ABOVE ON TESTS OF READING DURING THE 2018 SCHOOL YEAR. IMPROVING ON-TIME HIGH SCHOOL GRADUATION RATES HAS BEEN A MAJOR FOCUS OF THE CITY. STUDENTS WHO GRADUATE WITHIN FOUR YEARS OF BEGINNING HIGH SCHOOL ARE LESS LIKELY TO BE INCARCERATED OR UNEMPLOYED AND HAVE BETTER HEALTH AND ECONOMIC OUTCOMES LATER IN LIFE. IMPROVING HIGH SCHOOL GRADUATION AND EDUCATIONAL ATTAINMENT RATES CAN HELP REDUCE HEALTH INEQUITIES, ESPECIALLY AMONG RACIAL/ETHNIC MINORITY POPULATIONS. WHILE ON-TIME GRADUATION HAS STEADILY IMPROVED SINCE 2005 (52% COMPARED TO 62.8% IN 2017-2018), PHILADELPHIA STUDENTS REMAIN WELL BELOW THE STATE ON-TIME HIGH SCHOOL GRADUATION RATE OF 85%. NON-HISPANIC BLACK/AFRICAN-AMERICAN STUDENTS AND HISPANIC STUDENTS HAD LOWER ON-TIME GRADUATION RATES. THE LEVEL OF EDUCATION AMONG RESIDENTS IN TJUHS CBA VARIES GREATLY. OVERALL, 37.7% OF ADULTS AGED 25 OR OLDER IN PHILADELPHIA HAVE A HIGH SCHOOL EDUCATION (29.8%) OR LESS (7.9%). IN JEFFERSONS CBA INDIVIDUALS WITH A HIGH SCHOOL EDUCATION OR LESS RANGES FROM 10.8% IN CENTER CITY TO 55.6% IN LOWER NORTH WEST AND 61.1% IN LOWER NORTH EAST. RESIDENTS LIVING IN CENTER CITY AND SOUTH PHILADELPHIA ARE MORE LIKELY TO HAVE COLLEGE DEGREES OR HIGHER (67.7% AND 48% RESPECTIVELY) COMPARED TO PHILADELPHIA (39%). ONLY 20-26% OF RESIDENTS IN NORTH PHILADELPHIA EAST, NORTH PHILADELPHIA WEST AND THE RIVERWARDS HAVE COLLEGE DEGREES OR HIGHER. POVERTY ----- PHILADELPHIA IS THE POOREST OF THE TEN LARGEST CITIES IN THE UNITED STATES. OVERALL, 43% OF ALL PHILADELPHIA RESIDENTS LIVE BELOW THE 200% OF POVERTY RATE AND 25.8% OF PHILADELPHIANS LIVE BELOW 100%</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 4	<p>POVERTY. FF THOSE IN POVERTY 8.3% EARN LESS THAN 50% OF THE POVERTY RATE (DEEP POVERTY). AMONG TJUH'S CBA NEIGHBORHOODS, POVERTY RATES RANGE FROM 15.3% IN CENTER CITY TO 47.1% IN NORTH PHILADELPHIA EAST. THE RIVERWARDS (34%), LOWER NORTH WEST (45.5%) AND LOWER NORTH EA ST (47.1%) ALL HAVE POVERTY RATES THAT EXCEED THE RATE IN PHILADELPHIA. THE FEDERAL POVERT Y LEVEL WAS \$25,701 IN 2018 FOR A FAMILY OF FOUR. IN 2018, 34.6 PERCENT OF CHILDREN IN PHI LADELPHIA UNDER THE AGE OF 18 (119,055 CHILDREN) LIVED IN POVERTY, ABOUT TWICE THE STATE A ND NATIONAL AVERAGE. THE DISTRIBUTION OF POVERTY AMONG CHILDREN IN PHILADELPHIA IS CONCENT RATED AMONG RACIAL AND ETHNIC MINORITIES. ALMOST 50 PERCENT OF HISPANIC CHILDREN LIVE IN P OVERTY AND 38 PERCENT OF NON-HISPANIC BLACK CHILDREN LIVE IN POVERTY. DATA FROM THE PUBLIC HEALTH MANAGEMENT CORPORATION'S 2018 HOUSEHOLD HEALTH SURVEY APPEARS TO INDICATE THAT DEE P POVERTY IN PHILADELPHIA MAY BE DECREASING (12.3% IN 2012 TO 8.3% IN 2018). THIS ALSO APP EARS TO HOLD FOR THE PERCENTAGE OF RESIDENTS LIVING AT OR BELOW 100% OF THE FEDERAL POVERT Y LEVEL IN PHILADELPHIA (26.3% IN 2012 TO 25.8% IN 2018). COMMUNITY NEED INDEX ----- THE COMMUNITY NEED INDEX (CNI) COMBINES MULTIPLE SOCIAL DETERMINANTS OF HEALTH I NTO A SINGLE SCORE THAT RANGES FROM 1 TO 5. HIGHER SCORES INDICATE GREATER NEED AND GREATE R LIKELIHOOD OF HOSPITALIZATION. THE CNI FOR PHILADELPHIA IS 4.0. IN TJUHS CBA THE CNI RAN GES FROM 3.0 IN CENTER CITY TO 4.7 IN NORTH PHILADELPHIA EAST, NORTH PHILADELPHIA WEST AND THE RIVERWARDS. EXCESSIVE HOUSING COSTS ----- EXCESSIVE HOUSING COSTS I S DEFINED AS SPENDING MORE THAN 30 PERCENT OF ONES MONTHLY INCOME ON HOUSING COSTS, INCLUD ING RENT, UTILITIES, AND MORTGAGE COSTS. ALMOST 39% OF ALL PHILADELPHIA RESIDENTS FACE EXC ESSIVE HOUSING COSTS COMPARED TO 31% NATIONALLY. IN TJUHS CBA, EXCESSIVE HOUSING COSTS IN NORTH PHILADELPHIA EAST (41.8%), NORTH PHILADELPHIA WEST (41.3%) AND THE RIVERWARDS (42.7% ) EXCEED THIS RATE. FOOD INSECURITY ----- NINETEEN PERCENT OF PHILADELPHIANS ARE FOOD INSECURE. THESE RATES ARE EVEN HIGHER IN NORTH PHILADELPHIA EAST (27.9%), SOUTH PHIL ADELPHIA EAST (21.5%) AND SOUTH PHILADELPHIA WEST (20.2%). 24.5% OF PEOPLE IN PHILADELPHIA RECEIVE FOOD ASSISTANCE. WHILE ONLY 6.7% OF CENTER CITY RESIDENTS RECEIVE FOOD ASSISTANCE , RESIDENTS IN OTHER TJUH CBA EXCEED THE OVERALL RATE IN PHILADELPHIA (43% IN NORTH PHILAD ELPHIA EAST, 37.2% IN NORTH PHILADELPHIA WEST, 37% IN THE RIVERWARDS). DESPITE HIGHER FOOD INSECURITY RATES IN SOUTH PHILADELPHIA, THESE NEIGHBORHOODS ARE LESS LIKELY TO RECEIVE FO OD ASSISTANCE (17.2% IN SOUTH PHILADELPHIA EAST AND 21.4% IN SOUTH PHILADELPHIA WEST), WHI CH MAY REFLECT THAT THESE NEIGHBORHOODS ALSO HAVE HIGHER POPULATIONS OF IMMIGRANTS AND REF UGEES. SPEAK ENGLISH LESS THAN "VERY WELL" ----- THIRTEEN PE RCENT OF PEOPLE IN PHILADELPHIA WERE BORN OUTSIDE THE UNITED STATES. 10.6% OF PHILADELPHIA NS SPEAK ENGLISH LESS THAN "VERY WELL". IN TJUHS CBA, THE RATE OF SPEAK ENGLISH LESS THAN VERY WELL ARE NORTH PHILADELPHIA EAST (17.5%), RIVERWARDS (16.1%) AND SOUTH PHILADELPHIA E AST (17.3%). HEALTH INSURANCE ----- FOURTEEN PERCENT OF ADULTS AGED 18-64 ARE U NINSURED IN PHILADELPHIA, A 6% IMPROVEMENT COMPARED TO 2012. IN TJUHS CBA THIS RATE RANGES FROM 5% IN CENTER CITY TO ALMOST 19 PERCENT IN OTHER NEIGHBORHOODS (18.97% NORTH PHILADEL PHIA EAST; 15.98 IN NORTH PHILADELPHIA WEST; 18% IN RIVERWARDS; AND 18.75% IN SOUTH PHILAD ELPHIA EAST). THE RATE OF UNINSURED CHILDREN IN PHILADELPHIA (4.2 %) HAS DECREASED SLIGHTL Y SINCE 2012 (4.6%).</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 5	<p>THE ORGANIZATION DEFINES ITS GREATEST ACHIEVEMENTS BY THE CONTRIBUTIONS MADE TO THE COMMUNITY IT SERVES. OUR INSTITUTION IS BOTH INSPIRED BY AND COMMITTED TO RENEWING THE HEALTH AND PROSPERITY OF OUR AREA NEIGHBORHOODS. TJUH'S COMMUNITY BUILDING ACTIVITIES ARE FOCUSED ON PROVIDING OPPORTUNITIES FOR YOUTH TO EXPLORE CAREERS IN HEALTHCARE THROUGH HEALTH AWARENESS EDUCATION, MENTORING, AND INTERNSHIPS. ADDITIONALLY, JEFFERSON STAFF PLAY LEADERSHIP ROLES IN THE COMMUNITY BUILDING ORGANIZATIONS SUCH AS THOSE DEVOTED TO ASSISTING OLDER ADULTS AND CREATING CAREER OPPORTUNITIES FOR YOUTH. THE HOSPITAL ALSO DONATES FUNDS TO MANY ORGANIZATIONS THAT PROVIDE SOCIAL AND COMMUNITY ENHANCEMENT SERVICES IN OUR TARGET COMMUNITIES. CENTER FOR URBAN HEALTH -----</p> <p>-- IN 1998 JEFFERSON OPENED THE CENTER FOR URBAN HEALTH, WHICH HAS WORKED TO IMPROVE THE WELL-BEING OF PHILADELPHIA CITIZENS BY MARSHALLING THE RESOURCES OF THOMAS JEFFERSON UNIVERSITY HOSPITALS, THOMAS JEFFERSON UNIVERSITY AND ITS DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE, AND PARTNERING WITH COMMUNITY ORGANIZATIONS AND NEIGHBORHOODS. THE CENTER'S GOAL IS TO IMPROVE THE HEALTH STATUS OF INDIVIDUALS AND TARGETED COMMUNITIES/NEIGHBORHOODS THROUGH A MULTIFACETED INITIATIVE, THE ARCHES PROJECT, WHICH FOCUSES ON SIX DOMAINS/THEMES: - ACCESS AND ADVOCACY; - RESEARCH, EVALUATION, AND OUTCOMES MEASUREMENT; - COMMUNITY PARTNERSHIPS AND OUTREACH; - HEALTH EDUCATION, SCREENING AND PREVENTION PROGRAMS; - EDUCATION HEALTH PROFESSIONS STUDENTS AND PROVIDERS; AND - SERVICE DELIVERY SYSTEMS INNOVATION. TJUH'S PARTNERS CONSIST OF SCHOOLS, HOMELESS SHELTERS, SENIOR CENTERS, FAITH-BASED COMMUNITIES AND OTHER BROAD-BASED EFFORTS THAT RECOGNIZE NEIGHBORHOOD ECONOMIC, SOCIAL AND PHYSICAL ENVIRONMENTS AS UNDERLYING DETERMINANTS OF HEALTH AND DISEASE. IN ADDITION, TJUH UNDERTAKES MORE EXTENSIVE ASSESSMENTS IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS TO CREATE PROGRAMS THAT REFLECT COMMUNITY NEED, VOICE AND CULTURE. PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT FOR ADDITIONAL INFORMATION ON PROMOTION OF COMMUNITY HEALTH.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFES SIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. TJUH SYSTEM, ABINGTON HEALTH, ARIA HEALTH, KENNEDY HEALTH SYSTEM AND MAGEE REHABILITATION HOSPITAL ARE INTEGRATED HEALTH CARE ORGANIZATIONS THAT PROVIDE INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES THROUGH ACUTE CARE, AMBULATORY CARE, PHYSICIAN AND OTHER PRIMARY CARE SERVICES FOR THE RESIDENTS O F SOUTHERN NEW JERSEY AND THE GREATER PHILADELPHIA REGION. TJU IS THE SOLE CORPORATE MEMBE R OF THESE ORGANIZATIONS. OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE S YSTEM: NOT-FOR-PROFIT HEALTH SYSTEM ENTITIES ===== THOMAS JEFFERSON UNIVERSITY ----- THOMAS JEFFERSON UNIVERSITY ("TJU") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNA L REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A) (1). TJU IS THE PARENT COMPANY THAT FINANCIALLY AND CORPORATELY INTEGRATES THOMAS J EFFERSON UNIVERSITY AMONG ITS SUBSIDIARY ENTITIES. TJU IS AN INNOVATIVE HEALTH SCIENCES UN IVERSITY THAT CONDUCTS RESEARCH AND OFFERS UNDERGRADUATE AND GRADUATE INSTRUCTION THROUGH THE SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY ("SKMC") AS WELL AS THE J EFFERSON COLLEGES OF NURSING, PHARMACY, HEALTH PROFESSIONS, POPULATION HEALTH, REHABILITAT ION SCIENCES AND LIFE SCIENCES. TJUS EDUCATIONAL PROGRAMS ARE FULLY ACCREDITED AND IT EDUC ATES OVER 4,000 STUDENTS ANNUALLY. TJUH SYSTEM, INC. ----- TJUH SYSTEM, INC. ( "TJUHS") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSU ANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNA L REVENUE CODE 509(A)(3). TJUHS IS THE HOLDING COMPANY TO PROVIDE OVERALL PLANNING, MANAGE MENT AND SUPPORT SERVICES FOR ALL OTHER HOSPITAL ENTERPRISE ORGANIZATIONS. THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. ----- JEFFERSON HEALTH IS THE CLINICAL ARM OF THE ORGANIZATION. IT INCLUDES THOMAS JEFFERSON UNIVERSITY HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIENCE AND METHODIST HOSPITAL (COLLECTIVELY REFERRED TO AS T JUH). TJUH PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES IN SOUTHEASTERN PENNSYLVANIA, SOUTHERN NEW JERSEY, AND DELAWARE PRIMARILY BY PROVIDING HOSPITAL, SUB-ACUTE, OUTPATIENT, AND PHYSICIAN SERVICES AND BY PROVIDING FACILITIES IN WHICH STUDENTS, PHYSICIANS, NURSES, AND OTHER HEALTHCARE PROFESSIONALS ARE TRAINED IN A CLINICAL SETTING. TJUH IS RECOGNIZED B Y THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATI ON. PURSUANT TO ITS CHARITABLE PURPOSES, TJUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERV ICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, AGE, STATUS AS AN INDI VIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY. MOREOVER, NO INDIVIDUALS ARE DENIED N ECESSARY MEDICAL CARE, TREATMENT OR SERVICES. TJUH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545. EMERGENCY TRANSPORT ASSOCIATES, INC. ----- EMERGENCY TRANSPORT ASSOCIATES, INC. ("ETA") IS AN ORGANIZATION RE COGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 5 01(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A) (2). ETA SEEKS TO PROVIDE HIGH QUALITY AIR AND GROUND MEDICAL TRANSPORTATION SERVICES TO PATIENTS W HO ARE ADMITTED TO OR DISCHARGED FROM JEFFERSON FACILITIES. JEFFEX, INC. ----- JEFF EX, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSU ANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNA L REVENUE CODE 509(A)(3). JEFFEX, INC. IS A HOLDING COMPANY PROVIDING PLANNING, MANAGEMENT AND OVERSIGHT FOR CERTAIN NON-ACUTE CARE, NON-PROFIT SUBSIDIARY ORGANIZATIONS. JEFFERSON PHYSICIAN SERVICES ----- JEFFERSON PHYSICIAN SERVICES IS AN ORGANIZ ATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENU E CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)( 3). JEFFERSON PHYSICIAN SERVICES PROVIDES SUPPORT TO VARIOUS RELATED THOMAS JEFFERSON INTE RNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATIONS. JEFFERSON MEDICAL CARE ----- JEFFERSON MEDICAL CARE ("JMC") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REV ENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVAT E FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). JMC PROVIDES PHYSICIAN SERVICES IN THE AREAS OF FAMILY MEDICINE, ORAL SURGERY AND INTEGRATIVE MEDICINE. JEFFERSON UNIVERSI TY PHYSICIANS ----- JEFF</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	<p>ERSON UNIVERSITY PHYSICIANS ("JUP") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). JUP IS CHARGED IN SUPPORTING THE MEDICAL CARE, EDUCATION AND RESEARCH OF TJU, SKMC AND TJUHS. JEFFERSON UNIVERSITY PHYSICIANS OF NEW JERSEY, P.C. -----</p> <p>JEFFERSON UNIVERSITY PHYSICIANS OF NJ, P.C. ("JUPNJ") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). JUPNJ IS CHARGED IN SUPPORTING THE MEDICAL CARE, EDUCATION AND RESEARCH OF TJU, SKMC AND TJUHS. METHODIST ASSOCIATES IN HEALTHCARE, INC. ----- METHODIST ASSOCIATES IN HEALTHCARE, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). METHODIST ASSOCIATES IN HEALTHCARE, INC. PROVIDES PROFESSIONAL SERVICES. METHODIST ASSOCIATES IN HEALTHCARE OF NEW JERSEY, P.C. ----- METHODIST ASSOCIATES IN HEALTHCARE OF NEW JERSEY, P.C. ("MAHCNJ") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2). MAHCNJ IS A PROFESSIONAL CORPORATION WHOSE STOCK IS NOMINALLY OWNED BY AN EMPLOYED PHYSICIAN OF TJUHS. SUTHBREIT PROPERTIES, LTD. ----- SUTHBREIT PROPERTIES, LTD. ("SP") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(2). SP ACTS AS A REAL ESTATE HOLDING COMPANY FOR VARIOUS PROPERTIES. WALNUT HOME THERAPEUTICS, INC. ----- WALNUT HOME THERAPEUTICS, INC. ("WHT") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(2). WHT PROVIDES MEDICATIONS IN THE HOME TO ASSIST IN TRANSITIONING PATIENTS FROM A HOSPITAL OF SKILLED FACILITY TO INDEPENDENT LIVING, PRIMARILY THROUGH INTRAVENOUS DRUG DELIVERY METHODOLOGIES, IN SUPPORT OF TJUH AND OTHER PHILADELPHIA AREA HOSPITALS, AND SERVES AS A SPECIALTY PHARMACY THAT PROVIDES A UNIQUE SERVICE TO CLINICALLY COMPLEX PATIENTS. SPECIALTY MEDICATIONS ARE TYPICALLY BIOTECHNOLOGY-DERIVED MEDICATIONS THAT TREAT RARE AND CHRONIC CONDITIONS. ABINGTON HEALTH ----- ABINGTON HEALTH ("AH") IS A NOT FOR PROFIT HOLDING COMPANY BASED IN ABINGTON, PENNSYLVANIA. AH IS THE SOLE CORPORATE MEMBER OF A NUMBER OF NOT FOR-PROFIT ENTITIES AS OUTLINED HEREIN. AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, AH STRIVES TO CONTINUALLY DEVELOP AND OPERATE AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH PROVIDES A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA COUNTIES INCLUDING EASTERN MONTGOMERY, PORTIONS OF BUCKS AND PHILADELPHIA COUNTIES, PENNSYLVANIA. AH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). ABINGTON MEMORIAL HOSPITAL -----</p> <p>ABINGTON MEMORIAL HOSPITAL ("AMH") IS A 665-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN ABINGTON, MONTGOMERY COUNTY, PENNSYLVANIA. AMH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, AMH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, RELIGION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY</p>

## 990 Schedule H, Supplemental Information

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





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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B; LINE 3I	<p>ROSH - FACILITY REPORTING GROUP B ===== A HOSPITAL ORGANIZATION THAT ACQUIRES A HOSPITAL FACILITY (WHETHER THROUGH MERGER OR ACQUISITION) MUST MEET THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(R)(3) WITH RESPECT TO THE ACQUIRED HOSPITAL FACILITY BY THE LAST DAY OF THE ORGANIZATION'S SECOND TAXABLE YEAR BEGINNING AFTER THE DATE ON WHICH THE HOSPITAL FACILITY WAS ACQUIRED. THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. ("TJUH") BECAME A MAJORITY OWNER IN ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL, LLC ("ROSH") AND BEGAN OPERATING THE HOSPITAL FACILITY EFFECTIVE JUNE 30, 2016. IN ACCORDANCE WITH THESE REGULATIONS, ROSHS INITIAL COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") WAS COMPLETED AND MADE WIDELY AVAILABLE AS OF JUNE 30, 2018. SINCE THIS WAS THE HOSPITAL FACILITY'S FIRST CHNA, THE IMPACT OF ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITAL FACILITY'S PRIOR CHNA IS NOT APPLICABLE.</p>

**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
<p>SCHEDULE H, PART V, SECTION B; LINE 5</p>	<p>TJUH - FACILITY REPORTING GROUP A ===== FOR THE FY19 COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"), THE DEPARTMENT OF TREASURY AND THE INTERNAL REVENUE SERVICE ("IRS") ENCOURAGED CROSS INSTITUTION COLLABORATION. TO THAT END THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. ("TJUH") PARTICIPATED IN A REGIONAL COLLABORATIVE EFFORT FOR THIS CHNA CYCLE. RECOGNIZING THAT HOSPITALS AND HEALTH SYSTEMS OFTEN MUTUALLY SERVE THE SAME COMMUNITIES, A GROUP OF LOCAL HOSPITALS AND HEALTH SYSTEMS CONVENED TO DEVELOP THIS FIRST-EVER SOUTHEASTERN PENNSYLVANIA (SEPA) REGIONAL CHNA, WITH SPECIFIC FOCUS ON BUCKS, CHESTER, MONTGOMERY, AND PHILADELPHIA COUNTIES. COMMUNITY/STAKEHOLDER INPUT: COMMUNITY MEETINGS WERE COORDINATED BY HEALTH CARE IMPROVEMENT FOUNDATION (HCIF) AND PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS (PACDC) AND FACILITATED BY QUALITATIVE EXPERTS FROM PARTICIPATING HOSPITALS/HEALTH SYSTEMS. STAKEHOLDER FOCUS GROUPS WERE CONDUCTED BY HCIF. HCIF COORDINATED THE QUALITATIVE COMPONENTS OF THE ASSESSMENT WHICH INCLUDED: 19 COMMUNITY MEETINGS THAT WERE ORGANIZED BY PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS (PACDC) AND FACILITATED BY THE QUALITATIVE TEAM, MADE UP OF EXPERTS FROM CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP), JEFFERSON HEALTH, PENN MEDICINE, HOLY REDEEMER HEALTH SYSTEM, GRAND VIEW HEALTH, AND CHESTER COUNTY HOSPITAL. ANALYSIS OF FINDINGS FROM THESE MEETINGS WAS CONDUCTED BY EXPERTS FROM CHOP, JEFFERSON HEALTH, AND PENN MEDICINE. 9 KEY STAKEHOLDER FOCUS GROUPS ABOUT STEERING COMMITTEE-SELECTED POPULATIONS OF SPECIAL INTEREST, INCLUDING AFRICAN AMERICAN AND HISPANIC/LATINO COMMUNITIES; INDIVIDUALS EXPERIENCING HOMELESSNESS; INDIVIDUALS EXPERIENCING HOUSING SECURITY; PRENATAL AND POSTPARTUM WOMEN; AND INDIVIDUALS WITH BEHAVIORAL/MENTAL HEALTH CONDITIONS. REPRESENTATIVES INCLUDED MONTGOMERY COUNTY OFFICE OF PUBLIC HEALTH AND EPIDEMIOLOGY AND PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH LEADERSHIP. 12 KEY INFORMANT INTERVIEWS WITH LEADERSHIP AND STAFF AT FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs), CONDUCTED BY HEALTH FEDERATION OF PHILADELPHIA. ADDITIONAL KEY INFORMANT INTERVIEWS WITH HOSPITAL PATIENT ADVISORY GROUPS, EMPLOYEES, AND OTHER STAKEHOLDERS CONDUCTED BY HOSPITALS AND HEALTH SYSTEMS WERE CONDUCTED. ROSH - FACILITY REPORTING GROUP B =====</p> <p>===== IN ITS MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") THIS ORGANIZATION TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY ITS HOSPITAL FACILITY. TO UNDERTAKE THE CHNA, ROSH FORMED A COMMUNITY BENEFIT COMMITTEE ("COMMITTEE"). THE COMMITTEE WAS RESPONSIBLE FOR OVERSEEING AND RECOMMENDING POLICIES AND PROGRAMS TO ENHANCE THE HEALTH STATUS OF COMMUNITIES SERVED BY THE HOSPITAL BASED ON THE RESULTS OF THE CHNA. SPECIFICALLY, THE COMMITTEE WAS CHARGED TO: - OVERSEE THE CONDUCT OF A COMMUNITY HEALTH NEEDS ASSESSMENT AT LEAST EVERY THREE (3) YEARS; - REVIEW, AND RECOMMEND</p>

**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
<p>SCHEDULE H, PART V, SECTION B; LINE 5</p>	<p>MEND FOR APPROVAL A COMMUNITY BENEFIT PLAN OUTLINING LONG-TERM STRATEGIES BASED ON A COMMUNITY HEALTH NEEDS ASSESSMENT AND OTHER OBJECTIVE SOURCES OF DATA, AND RECOMMEND UPDATES TO SUCH PLAN; - GUIDE AND MONITOR THE PLANNING, DEVELOPMENT, AND IMPLEMENTATION OF PROGRAMS AIMED AT IMPROVING THE HEALTH STATUS OF THE LOCAL COMMUNITY CONSISTENT WITH THE COMMUNITY BENEFIT PLAN; - ESTABLISH CRITERIA FOR PRIORITY-SETTING AMONG POTENTIAL COMMUNITY BENEFIT ACTIVITIES AND PROJECTS, CONSISTENT WITH CLINICAL SCOPE, FINANCIAL CAPABILITIES, AND RESOURCE LIMITATIONS; - PERIODICALLY MAKE RECOMMENDATIONS FOR PROGRAM CONTINUATION OR TERMINATION BASED ON PROGRESS TOWARD IDENTIFIED MEASURABLE OBJECTIVES, AVAILABLE RESOURCES, LEVEL OF COMMUNITY OWNERSHIP, AND ALIGNMENT WITH CRITERIA FOR PRIORITIES; - REVIEW AND MAKE RECOMMENDATIONS REGARDING THE ANNUAL COMMUNITY BENEFIT REPORT, INCLUDING THE INFORMATION PROVIDED TO THE IRS ON FORM 990. ADDITIONALLY, IDENTIFY OPPORTUNITIES FOR DISSEMINATING INFORMATION TO THE PUBLIC ABOUT THE ORGANIZATIONS COMMUNITY BENEFIT ACTIVITIES; AND - REVIEW ANNUAL GOALS SPECIFYING PRINCIPAL WORK FOCUS AREAS FOR THE COMING YEAR. REVIEW HOSPITAL FINANCIAL ASSISTANCE POLICIES AND PRACTICES AND PROVIDE RECOMMENDATIONS AS NECESSARY IN AN EFFORT TO INCREASE EFFORTS TO COMMUNICATE THESE POLICIES. COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. THE COMMITTEE SOUGHT COMMUNITY INPUT THROUGH KEY INFORMANT INTERVIEWS WITH COMMUNITY LEADERS AND PARTNERS AS WELL AS CONDUCTED FOCUS GROUP RESEARCH. AS A COLLABORATIVE EFFORT, ROSH AND JEFFERSON HEALTH D/B/A JEFFERSON HEALTH NORTHEAST; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, CONDUCTED FOCUS GROUPS WITH 29 EMPLOYEE REPRESENTATIVES WITHIN THE COMMUNITY DURING TWO SESSIONS IN APRIL 2018. FOCUS GROUP QUESTIONS WERE DESIGNED TO ELICIT THE MAJOR HEALTH AND SOCIAL CONCERNS OF THE NEIGHBORHOOD AND LARGER COMMUNITY, BARRIERS TO ACCESSING HEALTH AND SOCIAL SERVICES AND IMPROVING LIFESTYLES, PERCEPTIONS ABOUT EXISTING AND POTENTIAL INTERVENTIONS TO ADDRESS COMMUNITY HEALTH IMPROVEMENT, AND WHAT SPECIFICALLY ROSH AND JEFFERSON HEALTH NORTHEAST COULD DO TO IMPROVE THE HEALTH OF THE COMMUNITY. FOUR OF THE SOLICITED INDIVIDUALS REPRESENTED HEALTHCARE AND COMMUNITY-BASED ORGANIZATIONS (BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP, JEFFERSON HEALTH NORTHEAST, FRANKFORD COMMUNITY DEVELOPMENT CORPORATION, JEFFERSON FRANKFORD HOSPITAL) WHO HAVE KNOWLEDGE OF THE HEALTH AND UNDERLYING SOCIAL CONDITIONS AFFECTING THE HEALTH OF PEOPLE IN THEIR NEIGHBORHOOD. FOCUS GROUP QUESTIONS WERE DESIGNED TO GAIN INSIGHT ABOUT HEALTH NEEDS AND PRIORITIES, BARRIERS TO IMPROVING COMMUNITY HEALTH, AND THE COMMUNITY ASSETS AND EFFORTS ALREADY IN PLACE OR BEING PLANNED TO ADDRESS THESE ISSUES AND CONCERNS. ADDITIONALLY, RECOMMENDATIONS FROM THE PENNSYLVANIA DEPARTMENT OF HEALTH 2015-2020 STATE HEALTH IMPROVEMENT PLAN STAKEHOLDER MEETINGS WERE CONSIDERED. IN MARCH 2015, 177 ATTENDEES PARTICIPATED I</p>

**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
<p>SCHEDULE H, PART V, SECTION B; LINE 5</p>	<p>N SIX STAKEHOLDER MEETINGS AS PART OF A COLLABORATIVE EFFORT TO IDENTIFY KEY HEALTH ISSUES . PHYCARE - FACILITY REPORTING GROUP C ===== FOR ITS MOST R ECENTLY CONDUCTED CHNA, PHYCARE WORKED WITH MAIN LINE HEALTH ("MLH") AND WAS INCLUDED IN T HE 2019 MAIN LINE HEALTH ACUTE CARE HOSPITALS CHNA REPORT. THIS CHNA TOOK INTO ACCOUNT INP UT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY ITS HOSPITAL FACILITIES. THIS CHNA WAS COMPLETED USING A DATA AND PARTNERSHIP DRIVEN APPROACH TO INFORM ITS DEVELOPMENT. AS PART OF THIS PROCESS, MLH CONTRACTED WITH PUBLIC HEALTH MANAGEMENT CO RPORATIONS (PHMC) RESEARCH &amp; EVALUATION GROUP (REG) TO COLLECT AND ANALYZE DATA, AS WELL A S ENGAGE MLH ACUTE CARE COMMUNITY RESIDENTS AND COMMUNITY. ADDITIONALLY, THE CHNA PARTNERS HIP TEAM (INCLUDING MLH AND PHMC) WAS HIGHLY MULTI-DISCIPLINARY AND MAINTAINED ONGOING COM MUNICATION TO REVIEW AND IDENTIFY GAPS IN DATA, ALIGN APPROACHES TO COMMUNITY ENGAGEMENT, DISCUSS PRELIMINARY FINDINGS, AND MONITOR REPORT PROGRESS. THE CHNA INCORPORATES BROAD MEA SURES RELATED TO HEALTH AND WELL-BEING, AND A COMBINATION OF EVIDENCE-BASED SOURCES, METHO DS AND APPROACHES, INCLUDING: - ADMINISTERING THE 2018 SOUTHEASTERN PENNSYLVANIA HOUSEHOLD HEALTH SURVEY (SEPA HHS) TO 2,964 ADULT RESIDENTS (INCLUDING 1,197 OLDER ADULTS AGE 65+) IN THE COMMUNITY, THEN ANALYZING AND COMPARING THE RESULTS WITH THE REMAINDER SEPA REGION (N = 4,466, INCLUDING 1,890 OLDER ADULTS AGE 65+); - COMPARING NATIONAL HEALTHY PEOPLE 202 0 GOALS (HP2020; NATIONAL BENCHMARK DATA) TO MORTALITY RATES AND BIRTH OUTCOMES DRAWN FROM VITAL STATISTICS DATA FROM THE PENNSYLVANIA DEPARTMENT OF HEALTH; - IDENTIFYING DEMOGRAPH IC INDICATORS (SUCH AS RACE, INCOME, EMPLOYMENT STATUS) BASED ON 2018 UNITED STATES CENSUS DATA ESTIMATES PROVIDED BY CLARITAS POP-FACTS PREMIER AND PREPARING CORRESPONDING MAPS TO INFORM GEOGRAPHICAL RELATIONSHIPS AND DEMOGRAPHIC SOCIAL DETERMINANTS OF HEALTH THOUGHT T O DISPROPORTIONATELY IMPACT CERTAIN COMMUNITIES; - CONDUCTING FOCUS GROUPS AND KEY INFORMA NT INTERVIEWS WITH COMMUNITY MEMBERS AND PARTNERS, SUCH AS PATIENTS, SERVICE AREA RESIDENT S, BUSINESS AND GOVERNMENT STAKEHOLDERS, FAITH-BASED STAKEHOLDERS, AND REPRESENTATIVES FRO M SOCIAL SERVICES ORGANIZATIONS; MLH ALSO CONDUCTED FOCUS GROUPS WITH PROVIDERS; AND - DEV ELOPING AND ADMINISTERING A COMMUNITY LEADER AND COMMUNITY MEMBER ONLINE SURVEY TO A CONVE NIENCE SAMPLE OF RESPONDENTS (IDENTIFIED VIA MLH COMMUNITY MEMBER NEWSLETTER AND COMMUNITY PARTNERS THROUGH MLH CHNA TEAM) TO UNDERSTAND PERSPECTIVES ABOUT COMMUNITY HEALTH NEEDS.</p>

**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
<p>SCHEDULE H, PART V, SECTION B; LINES 6A &amp; 6B</p>	<p>TJUH - FACILITY REPORTING GROUP A ===== TJUH PARTICIPATED IN WITH THE STEERING COMMITTEE OF REPRESENTATIVES FROM PARTNERING HOSPITALS AND HEALTH SYSTEMS, THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH (PDPH) AND HEALTH CARE IMPROVEMENT FOUNDATION (HCIF) DEVELOPED A COLLABORATIVE, COMMUNITY-ENGAGED APPROACH THAT INVOLVED COLLECTING AND ANALYZING QUANTITATIVE AND QUALITATIVE DATA AND AGGREGATING DATA FROM A VARIETY OF SECONDARY SOURCES TO COMPREHENSIVELY ASSESS THE HEALTH STATUS OF THE REGION. THE ASSESSMENT RESULTED IN A LIST OF PRIORITY HEALTH NEEDS THAT WILL BE USED BY THE PARTICIPATING HOSPITALS AND HEALTH SYSTEM TO DEVELOP IMPLEMENTATION PLANS OUTLINING HOW THEY WILL ADDRESS THESE NEEDS INDIVIDUALLY AND IN COLLABORATION WITH OTHER PARTNERS. COACH COLLABORATIVE PARTICIPATING HOSPITALS INCLUDED: - ABINGTON MEMORIAL HOSPITAL, NOW ABINGTON HOSPITAL-JEFFERSON HEALTH - LANSDALE HOSPITAL CORPORATION, NOW ABINGTON-LANSDALE HOSPITAL-JEFFERSON HEALTH - ARIA HEALTH, NOW JEFFERSON NORTHEAST - CHESTER COUNTY HOSPITAL - THE CHILDREN'S HOSPITAL OF PHILADELPHIA - EINSTEIN MEDICAL CENTER PHILADELPHIA - EINSTEIN MEDICAL CENTER ELKINS PARK - EINSTEIN MEDICAL CENTER MONTGOMERY - GRAND VIEW HOSPITAL - HEALTH CARE IMPROVEMENT FOUNDATION - HOSPITAL AND HEALTH SYSTEM ASSOCIATION OF PA - HOLY REDEEMER HEALTH SYSTEM - MONTGOMERY COUNTY HEALTH DEPARTMENT - UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM - PENNSYLVANIA HOSPITAL - PENN PRESBYTERIAN MEDICAL CENTER - PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH TJUH COLLABORATED WITH THE ABOVE LISTED HOSPITALS AND HEALTH SYSTEMS, WORKING WITH JEFFERSON HEALTH COLLEAGUES TO COMPLETE THE JUNE 30, 2019 COMMUNITY HEALTH NEEDS ASSESSMENT. ROSH - FACILITY REPORTING GROUP B ===== THE ORGANIZATION'S CHNA WAS CONDUCTED BY THE HOSPITAL ORGANIZATION ITSELF. HOWEVER, ROSH AND JEFFERSON HEALTH - NORTHEAST COLLABORATED TO CONDUCT FOCUS GROUPS TOGETHER IN AN EFFORT TO OBTAIN INFORMATION REGARDING THE HEALTH AND SOCIAL CONCERNS WITHIN THE COMMUNITY SERVED. ADDITIONALLY, THE COMMUNITY BENEFIT COMMITTEE OF ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL ("ROSH"), WORKED UNDER THE GUIDANCE OF THE THOMAS JEFFERSON UNIVERSITY HOSPITAL CENTER FOR URBAN HEALTH. ROSH PROFESSIONALS WILL CONTINUE TO COLLABORATE WITH JEFFERSON HEALTH COLLEAGUES IN AN EFFORT TO IMPROVE HEALTH STATUS, IN CONJUNCTION WITH THE HOSPITAL'S PARTNERSHIPS. BEST PRACTICES WILL BE SHARED WITH THE AIM OF ENHANCING INFRASTRUCTURE, STRETCHING RESOURCES, AND INCORPORATING KNOWLEDGE ABOUT SOCIAL DETERMINANTS OF HEALTH AND HEALTH LITERACY TO BETTER THE POPULATION'S HEALTH AND WELL-BEING. PHYCARE - FACILITY REPORTING GROUP C ===== THE ORGANIZATION'S CHNA WAS COMPLETED IN COLLABORATION WITH MAIN LINE HEALTH WHICH INCLUDED THE FOLLOWING HOSPITAL FACILITIES: - BRYN MAWR HOSPITAL; - LANKENAU MEDICAL CENTER; - PAOLI HOSPITAL; - RIDDLE HOSPITAL; AND - PHYSICIAN CARE SURGICAL HOSPITAL.</p>

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B; LINE 10	<p>TJUH - FACILITY REPORTING GROUP A ===== THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 10A, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: <a href="http://HOSPITALS.JEFFERSON.EDU/ABOUT-US/IN-THE-COMMUNITY/COMMUNITY-HEALTHNEEDS-ASSESSMENT.HTML">HTTP://HOSPITALS.JEFFERSON.EDU/ABOUT-US/IN-THE-COMMUNITY/COMMUNITY-HEALTHNEEDS-ASSESSMENT.HTML</a> PHYCARE - FACILITY REPORTING GROUP C</p> <p>===== THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 7B, IS THE HOME PAGE FOR MAIN LINE HEALTH. THE COMMUNITY HEALTH IMPLEMENTATION PLAN CAN BE ACCESSED AT THE FOLLOWING URL INCLUDED WITHIN ITS WEBSITE: <a href="http://WWW.MAINLINEHEALTH.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT">WWW.MAINLINEHEALTH.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a></p>



**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
<p>SCHEDULE H, PART V, SECTION B; LINE 11</p>	<p>TJUH - FACILITY REPORTING GROUP A ===== IN AN EFFORT TO ADDRESS THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA, RECOMMENDATIONS FOR INITIATIVES WERE INITIALLY PRIORITIZED BASED ON SECONDARY DATA FINDINGS, PRIMARY DATA GATHERED THROUGH INTERNAL AND EXTERNAL KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WITH COMMUNITY RESIDENTS. PARTICIPANTS IN KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WERE ASKED TO IDENTIFY THE HEALTH NEEDS OF THE COMMUNITY AND WERE THEN ASKED TO IDENTIFY THOSE THEY FELT WERE MOST IMPORTANT TO ADDRESS. THEY WERE ALSO ASKED TO RECOMMEND POTENTIAL INITIATIVES TO ADDRESS THESE NEEDS. THE IDENTIFIED PRIORITY HEALTH NEEDS AND RECOMMENDED INITIATIVES WERE THEN GROUPED INTO THE FOLLOWING DOMAINS: - SUBSTANCE USE AND ABUSE; - BEHAVIORAL HEALTH; - ACCESS TO AFFORDABLE, CULTURALLY APPROPRIATE PRIMARY AND SPECIALTY CARE; - CHRONIC DISEASE PREVENTION AND MANAGEMENT; AND - SOCIAL DETERMINANTS OF HEALTH. THE IMPLEMENTATION PLAN INCLUDES AN OVERVIEW OF EACH OF THE DOMAINS, AND RELATED PRIORITY HEALTH NEEDS/ISSUES. A LOGIC MODEL FOR EACH PRIORITY HEALTH NEED PROVIDES AN OVERVIEW OF THE OBJECTIVES, PROPOSED STRATEGIES/ACTIVITIES, OUTCOMES AND IMPACT MEASURES, AND POTENTIAL PARTNERS. THE STRATEGIES/ACTIVITIES RELATED TO SPECIAL POPULATIONS (REFUGEES/IMMIGRANTS, THE HOMELESS, RETURNING CITIZENS, VETERANS, AND LESBIAN GAY BI-SEXUAL TRANSEXUAL AND QUEER) ARE INTEGRATED THROUGHOUT THE IMPLEMENTATION PLAN AS ARE UNDERLYING ROOT CAUSES THAT IMPACT THE PRIORITY HEALTH NEED SUCH AS ACCESS TO HEALTHY FOOD AND SAFE PLACES FOR PHYSICAL ACTIVITY, HEALTH LITERACY, BEHAVIORAL HEALTH ISSUES INCLUDING SUBSTANCE ABUSE, SMOKING, TRANSPORTATION AND HOUSING. PROPOSED STRATEGIES/ACTIVITIES WERE CONSIDERED BASED ON THEIR ALIGNMENT WITH NATIONAL, PENNSYLVANIA, AND PHILADELPHIA HEALTH IMPROVEMENT PLANS, AND NATIONAL BEST PRACTICES CITED BY ORGANIZATIONS SUCH AS THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES, AGENCY FOR HEALTH RESEARCH AND QUALITY, HEALTHY PEOPLE 2020, THE AMERICAN MEDICAL ASSOCIATION, NATIONAL COUNCIL ON AGING, THE NATIONAL PREVENTION STRATEGY, THE GUIDE TO COMMUNITY PREVENTIVE SERVICES, AND THE GUIDE TO CLINICAL PREVENTIVE SERVICES. STRATEGIES AND ACTIVITIES WERE ALSO INCLUDED THAT CAN IMPACT HEALTH ISSUES AT MULTIPLE LEVELS OF THE SOCIAL ECOLOGICAL MODEL. THE MODEL INTEGRATES: 1) INDIVIDUAL FACTORS, SOMETIMES CALLED INTRAPERSONAL FACTORS, LIKE GENETICS AND INDIVIDUAL BEHAVIORS; 2) INTERPERSONAL FACTORS, LIKE SOCIAL SUPPORT AND FAMILY CHARACTERISTICS; 3) INSTITUTIONAL AND COMMUNITY ENVIRONMENTS, WHICH MIGHT INCLUDE WORK SITES, SCHOOLS, SERVICE SYSTEMS AND TRANSPORTATION; AND 4) BROADER SOCIAL, ECONOMIC, AND POLITICAL INFLUENCES, WHICH COULD ENCOMPASS A RANGE OF FACTORS FROM LAWS AND REGULATIONS TO RACISM AND DISCRIMINATION. PLEASE REFER TO THE ORGANIZATION'S IMPLEMENTATION STRATEGY FOR ADDITIONAL INFORMATION.</p> <p>ROSH - FACILITY REPORTING GROUP B ===== IN AN EFFORT TO ADDRESS THE COMMUNITY HEALTH NEEDS</p>

**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
<p>SCHEDULE H, PART V, SECTION B; LINE 11</p>	<p>IDENTIFIED IN THE CHNA, THE COMMUNITY BENEFIT ACTION TEAMS CONSISTING OF ROSH ADMINISTRATIVE, CLINICAL LEADERS AND OTHER PARTNERS DEVELOPED AND IMPLEMENTED GOALS AND ACTION PLANS. IN ADDITION, ROSH PROFESSIONALS, IN COLLABORATION WITH JEFFERSON COLLEAGUES, AIM TO IMPROVE THE HEALTH STATUS IN CONJUNCTION WITH THE HOSPITAL'S PARTNERSHIPS. BEST PRACTICES WILL BE SHARED WITH THE AIM OF ENHANCING INFRASTRUCTURE, STRETCHING RESOURCES, AND INCORPORATING KNOWLEDGE ABOUT SOCIAL DETERMINANTS OF HEALTH AND HEALTH LITERACY TO BETTER THE POPULATION'S HEALTH AND WELL-BEING. AS INDICATED IN ITS IMPLEMENTATION PLAN, ROSH WILL FULFILL ITS COMMITMENT TO COMMUNITY BENEFIT PROGRAMS AND SERVICES THROUGH THE STRATEGIC HEALTH PRIORITIES SET FORTH BELOW THAT FOCUS PRIMARILY ON THE FOLLOWING THREE HIGH PRIORITY HEALTH NEED DOMAINS: - HEALTHY LIFESTYLE BEHAVIORS AND COMMUNITY ENVIRONMENT - CHRONIC DISEASE MANAGEMENT - ACCESS TO CARE BY IMPLEMENTING EVIDENCED-BASED STRATEGIES TO ADDRESS THESE THREE DOMAINS OF COMMUNITY HEALTH NEED, THE HOSPITAL ANTICIPATES THE FOLLOWING POSITIVE IMPACT AND IMPROVEMENTS IN COMMUNITY HEALTH: - POSITIVE IMPACT ON DISEASE MANAGEMENT AND DISEASE PREVALENCE, INCLUDING SUBSTANCE ABUSE AND OBESITY AND OBESITY-RELATED DISEASES; - MORE APPROPRIATE USE OF HEALTH RESOURCES, INCLUDING THE SOCIAL AND HEALTH CARE NEEDS AMONG OLDER ADULTS, HEALTH EDUCATION, AND SOCIAL SERVICES; AND - IMPROVEMENT IN COMMUNITY HEALTH STATUS, INCLUDING REDUCTION IN HEALTH DISPARITIES AND INCREASED PHYSICAL ACTIVITY. THESE IMPROVEMENTS WILL BE EVALUATED THROUGH REVIEW AND MONITORING OF EXISTING DATA SOURCES. NEEDS BEYOND THE HOSPITAL'S MISSION OR COMMUNITY BENEFIT PROGRAM ----- ADDRESSING ALL OF THE HEALTH NEEDS PRESENT IN A LARGE COMMUNITY REQUIRES RESOURCES BEYOND WHAT ANY SINGLE HOSPITAL OR SOCIAL SERVICE AGENCY CAN BRING TO BEAR. THE HOSPITAL IS COMMITTED TO FULFILLING ITS MISSION AS WELL AS REMAINING FINANCIALLY VIABLE SO THAT IT CAN CONTINUE ITS COMMITMENT TO EXCELLENCE IN QUALITY CARE AND PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. BETWEEN 2018 AND 2021, THE HOSPITAL WILL FOCUS ITS EFFORTS IN ORDER TO MAKE A TRUE AND MEASURABLE IMPACT, AND THUS PLANS TO IMPLEMENT ACTIONS THAT WILL ADDRESS THOSE NEEDS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT AS "MOST IMPORTANT". THE HOSPITAL WILL CONTINUE TO EVALUATE OPPORTUNITIES FOR FUNDING OR RESOURCES TO COMMIT TO ADDRESSING THE REMAINING NEEDS. ROSH WILL NOT DIRECTLY FOCUS ON MENTAL HEALTH SERVICES, ACCESS TO HEALTHY AFFORDABLE FOOD AND NUTRITION EDUCATION OR FOOD SECURITY, HEALTH INSURANCE, TRANSPORTATION, THE BUILT ENVIRONMENT, COMMUNITY SAFETY, OR WORKFORCE DEVELOPMENT AND DIVERSITY, NEEDS IDENTIFIED AS "IMPORTANT OR LESS IMPORTANT" IN THE 2018 CHNA. THOSE PRIORITIES ARE BEYOND THE SCOPE OF ROSH AND ARE BEING ADDRESSED BY OTHER COMMUNITY BASED AND GOVERNMENT ORGANIZATIONS. ROSH WILL COLLABORATE WITH GROUPS OF EXPERTS IN THESE AREAS TO FOSTER APPROPRIATE A</p>

**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
<p>SCHEDULE H, PART V, SECTION B; LINE 11</p>	<p>ND SAFE REFERRALS AND IDENTIFY OPPORTUNITIES FOR PARTNERSHIP AND INCLUSION IN COMMUNITY BENEFIT INITIATIVES. PHYCARE - FACILITY REPORTING GROUP C</p> <p>===== == THE VALUABLE INFORMATION PROVIDED BY COMMUNITY MEMBERS AND LEADERS WERE A KEY INPUT WHEN DEVELOPING THE CHNA AND PRIORITIES FOR MLH TO FOCUS OVER THE NEXT THREE YEARS. TO ADDRESS THESE FINDINGS FROM THE CHNA, MLH ESTABLISHED 8 PRIORITIES FOR THE FY20 TO FY22 CHIP. THE MLH PRIORITIES AND ALIGNMENT WITH CHNA IDENTIFIED NEEDS ARE DEPICTED IN THE TABLE BELOW. THE COLUMNS REPRESENT THE TOP NEEDS IDENTIFIED DURING THE CHNA, THE ROWS REPRESENT THE PRIORITIES THAT MLH HAS PROPOSED TO ADDRESS THE IDENTIFIED NEEDS, AND THE CHECK MARKS IN THE CELLS SHOW AREAS MLH HAS EXISTING OR PLANNED WORK TO ADDRESS IDENTIFIED NEEDS. THE HEALTH NEEDS WERE IDENTIFIED AND PRIORITIZED BY COMPARING THE HEALTH STATUS, ACCESS TO CARE, HEALTH BEHAVIORS, AND UTILIZATION OF SERVICES FOR RESIDENTS TO RESULTS FOR SOUTHEASTERN PENNSYLVANIA (SEPA)-COMPRISING BUCKS, CHESTER, DELAWARE, MONTGOMERY AND PHILADELPHIA COUNTIES-AND HEALTHY PEOPLE 2020 (HP2020) GOALS FOR THE U.S. ADDITIONAL DATA SOURCES WERE CONSIDERED, SUCH AS ONLINE SURVEYS AND QUALITATIVE FOCUS GROUPS. INPUT FROM COMMUNITY MEETINGS WERE ALSO USED TO IDENTIFY AND PRIORITIZE UNMET NEEDS, LOCAL PROBLEMS WITH ACCESS TO CARE, AND POPULATIONS WITH SPECIAL HEALTH CARE NEEDS. THE MLH ACUTE CARE SERVICE AREA IS LARGE AND INCLUDES A DIVERSE SET OF COMMUNITIES; THIS ASSESSMENT FOUND POCKETS OF RESIDENTS WHO HAVE DRASTICALLY DIFFERENT HEALTH NEEDS AND EXPERIENCES WITH THE HEALTH CARE SYSTEM. THE MLH CHNA OVERSIGHT COMMITTEE, COMPRISING MLH SYSTEM LEADERSHIP, PROVIDED OVERSIGHT AND ACTIVE GOVERNANCE OF THE CHNA AND CHIP DEVELOPMENT. GOAL SELECTION WAS BASED ON PROGRAMS AND INITIATIVES WHERE MLH IS IN A POSITION TO MAKE THE MOST IMPACT IN THE HEALTH OF THE COMMUNITY IN ALIGNMENT WITH THE MISSION, VALUES AND CAPABILITIES OF THE ORGANIZATION. MLH WILL WORK CLOSELY WITH THE MLH CPHR TO DEVELOP AND IMPROVE DATA COLLECTION TOOLS, AND PROVIDE ADVANCED ANALYSES AND REPORTING OF MLH COMMUNITY HEALTH ACTIVITY, LEVERAGING CPHR CAPABILITIES FOR ONGOING FOCUS GROUPS, SUBJECT-SPECIFIC REPORTS AND DATA ANALYSES THROUGHOUT THE CHNA CYCLE. PLEASE REFER TO THE ORGANIZATION'S IMPLEMENTATION PLAN FOR ADDITIONAL INFORMATION WITH RESPECT TO THE VARIOUS OBJECTIVES AND INITIATIVES IN PLACE TO ADDRESS THE NEEDS IDENTIFIED WITHIN THE CHNA.</p>

**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
<p>SCHEDULE H, PART V, SECTION B; LINE 16</p>	<p>TJUH - FACILITY REPORTING GROUP A ===== THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: <a href="http://hospitals.jefferson.edu/patients-and-visitors/patient-policies/financial-assistance.html">HTTP://HOSPITALS.JEFFERSON.EDU/PATIENTS-AND-VISITORS/PATIENT-POLICIES/FINANCIAL-ASSISTANCE.HTML</a></p> <p>ROSH - FACILITY REPORTING GROUP B ===== DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE ORGANIZATION. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON ITS WEBSITE. THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING URL INCLUDED WITHIN THE ORGANIZATION'S WEBSITE: <a href="https://rothmanorthohospital.com/for-patients/financial-assistance">HTTPS://ROTHMANORTHOHOSPITAL.COM/FOR-PATIENTS/FINANCIAL-ASSISTANCE</a></p> <p>PHYCARE - FACILITY REPORTING GROUP C ===== DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN SCHEDULE H, PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE ORGANIZATION. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON ITS WEBSITE. THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING URL INCLUDED WITHIN THE ORGANIZATION'S WEBSITE: <a href="https://www.phycarehospital.com/financial-assistance.html">HTTPS://WWW.PHYCAREHOSPITAL.COM/FINANCIAL-ASSISTANCE.HTML</a></p>

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

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

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

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

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

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

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

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

Name and address	Type of Facility (describe)
<b>1</b> BRIND-MARCUS CENTER OF INTEGRATIVE MED 789 EAST LANCASTER AVENUE VILLANOVA, PA 19085	OUTPATIENT SERVICES - INTEGRATIVE MEDICINE
<b>1</b> HYPERBARIC AT METHODIST 1301 WOLF STREET 1ST FLOOR PHILADELPHIA, PA 19147	OUTPATIENT SERVICES - OXEGYN THERAPY
<b>2</b> INFUSION CENTER 925 CHESTNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - INFUSION SERVICES
<b>3</b> INFUSION CENTER AT METHODIST 1301 WOLF STREET PHILADELPHIA, PA 19147	OUTPATIENT SERVICES - INFUSION SERVICES
<b>4</b> INFUSION CENTER FOR RHEUMATOLGY 211 S 9TH STREET PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - RHEUMATOLOGY
<b>5</b> JEFFERSON CARDIAC IMAGING 925 CHESTNUT STREET PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - IMAGING
<b>6</b> JEFFERSON CARDIOLOGY 925 CHESTNUT STREET MEZZANINE PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - CARDIAC & VASCULAR SERVICES
<b>7</b> JEFFERSON DERMATOLOGY 833 CHESTNUT STREET SUITE 740 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - DERMATOLOGY SERVICES
<b>8</b> JEFFERSON ENDOCRINOLOGY 211 S 9TH STREET WALNUT TOWERS ST PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - ENDOCRINOLOGY SERVICES
<b>9</b> JEFFERSON FAMILY MEDICINE 833 CHESTNUT STREET SUITE 300 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - PRIMARY CARE
<b>10</b> JEFFERSON GASTROENTEROLOGYHEPATOLOGY 1300 WOLF STREET 1ST FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - GASTROENTEROLOGY/HEPATOLOGY
<b>11</b> JEFFERSON GASTROENTEROLOGYHEPATOLOGY 132 SOUTH 10TH STREET 4TH 5TH FL PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - GASTROENTEROLOGY/HEPATOLOGY
<b>12</b> JEFFERSON HEARING AND BALANCING CENTER 925 CHESTNUT STREET 6TH FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - HEARING & BALANCE SERVICES
<b>13</b> JEFFERSON HEMATOLOGY 1015 CHESTNUT STREET SUITE 132 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - HEMATOLOGY SERVICES
<b>14</b> JEFFERSON HOSPITAL AMBULATORY PRACTICE 833 CHESTNUT STREET SUITE 220 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - AMBULATORY SERVICES

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

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> JEFFERSON IMAGING CENTER 909 WALNUT STREET 1ST FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - IMAGING
<b>1</b> JEFFERSON INTERNAL MEDICINE 833 CHESTNUT STREET SUITE 701 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - INTERNAL MEDICINE
<b>2</b> JEFFERSON MEDICAL ONCOLOGY 1300 WOLF STREET 3RD FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - ONCOLOGY SERVICES
<b>3</b> JEFFERSON MEDICAL ONCOLOGY 925 CHESTNUT STREET 3RD 4TH FLOO PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - ONCOLOGY SERVICES
<b>4</b> JEFFERSON METHODIST CARDIAC REHAB 2422-24 SOUTH BROAD STREET PHILADELPHIA, PA 19145	OUTPATIENT SERVICES - PHYSICIAN THERAPY & CARDIAC
<b>5</b> JEFFERSON NEPHROLOGY 833 CHESTNUT STREET SUITE 700 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - NEPHROLOGY SERVICES
<b>6</b> JEFFERSON NEUROLOGYNEUROSURGERY 3 CRESCENT DRIVE 3RD FLOOR PHILADELPHIA, PA 19112	OUTPATIENT SERVICES - NEUROLOGY SERVICES
<b>7</b> JEFFERSON NEUROLOGYNEUROSURGERY 909 WALNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - NEUROLOGY SERVICES
<b>8</b> JEFFERSON OBGYN 3 CRESCENT DRIVE 2ND FLOOR PHILADELPHIA, PA 19112	OUTPATIENT SERVICES - WOMEN'S HEALTH SERVICES
<b>9</b> JEFFERSON OBGYN 833 CHESTNUT STREET 1ST FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - WOMEN'S HEALTH SERVICES
<b>10</b> JEFFERSON OTOLARYNGOLOGY 925 CHESTNUT STREET 5TH 6TH FLOO PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - OTOLARYNGOLOGY SERVICES
<b>11</b> JEFFERSON OUTPATIENT PEDIATRIC REHAB CTR 833 CHESTNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - PHYSICAL THERAPY
<b>12</b> JEFFERSON OUTPATIENT REHAB MEDICINE 25 S 9TH STREET PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - PHYSICAL THERAPY
<b>13</b> JEFFERSON PAIN MANAGEMENT 3 CRESCENT DRIVE PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - PAIN MANAGEMENT
<b>14</b> JEFFERSON PHYSICAL MEDICINE & REHAB 3 CRESCENT DRIVE 3RD FLOOR PHILADELPHIA, PA 19112	OUTPATIENT SERVICES - REHABILITATION SERVICES



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

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

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

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

Name and address	Type of Facility (describe)
<b>31</b> JEFFERSON PRIMARY CARE 3 CRESCENT DRIVE 2ND FLOOR PHILADELPHIA, PA 19112	OUTPATIENT SERVICES - PRIMARY CARE
<b>1</b> JEFFERSON PULMONARY 834 WALNUT STREET SUITE 620 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - PULMONARY SERVICES
<b>2</b> JEFFERSON RADIATION THERAPY RIDDLE HOSP 1078 WEST BALTIMORE PIKE SUITE 2 MEDIA, PA 19063	OUTPATIENT SERVICES - RADIATION SERVICES
<b>3</b> JEFFERSON REHABILITATION 3 CRESCENT DRIVE 1ST FLOOR PHILADELPHIA, PA 19112	OUTPATIENT SERVICES - REHABILITATION SERVICES
<b>4</b> JEFFERSON RHEUMATOLOGY 211 S 9TH STREET WALNUT TOWERS ST PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - RHEUMATOLOGY SERVICES
<b>5</b> JEFFERSON SURGICAL CENTER 1100 WALNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - SURGICAL SERVICES
<b>6</b> JEFFERSON TRANSITIONS CLINIC 3 CRESCENT DRIVE 2ND FLOOR PHILADELPHIA, PA 19112	OUTPATIENT SERVICES - CLINIC
<b>7</b> JEFFERSON UROLOGY 833 CHESTNUT STREET SUITE 703 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - UROLOGY SERVICES
<b>8</b> JEFFERSON WEINBERG ALS CLINIC 909 WALNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - VARIOUS
<b>9</b> JEFFERSON-HONICKMAN BREAST IMAGING CTR 1100 WALNUT STREET 3RD AND 4TH FLO PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - IMAGING SLEEP DISORDERS
<b>10</b> JEFFFIT ART MUSEUM 2130 SPRING GARDEN STREET 2ND FLOO PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - VARIOUS
<b>11</b> MYRNA BRIND CENTER OF INTEGRATIVE MED 925 CHESTNUT STREET 1ST FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - INTEGRATIVE MEDICINE
<b>12</b> NICOLETTI KIDNEY TRANSPLANT CENTER 833 CHESTNUT STREET SUITE 138 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - KIDNEY SERVICES
<b>13</b> PATIENT TESTING CENTER 925 CHESTNUT STREET PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - LABORATORY
<b>14</b> PHLEBOTOMY OP STATION 833 CHESTNUT STREET 2ND FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - LABORATORY

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

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

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

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

Name and address	Type of Facility (describe)
<b>46</b> PHOTOPHERESIS 925 CHESTNUT STREET PHILADELPHIA, PA 19107	OUTPATIENT SERVICES
<b>1</b> PULMONARY FUNCTION LABORATORY 834 WALNUT STREET SUITE 650 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - LABORATORY
<b>2</b> SLEEP DISORDER CENTER 211 S 9TH STREET 5TH FLOOR PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - SLEEP DISORDERS
<b>3</b> STEPHEN KLEIN WELLNESS CENTER 2144 CECIL B MOORE AVENUE PHILADELPHIA, PA 19121	OUTPATIENT SERVICES - WELLNESS SERVICES
<b>4</b> ULTRASOUND 909 WALNUT STREET BASEMENT PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - IMAGING
<b>5</b> URODYNAMICS TESTING 833 CHESTNUT STREET SUITE 703 PHILADELPHIA, PA 19107	OUTPATIENT SERVICES - IMAGING

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Employer identification number

23-2829095

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3
3 Enter total number of other organizations listed in the line 1 table 6

**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) EMPLOYEE SCHOLARSHIPS	222	454,160			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I; QUESTION 2	GRANTS ARE MONITORED BY THE SYSTEM'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2829095

**Name:** THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANTHONY PARTY RENTALS 935 EAST MAIN STREET NORRISTOWN, PA 19401	23-1685662		10,254				SUB-GRANTEE
ARAMARK 24863 NETWORK PLACE CHICAGO, IL 60673	95-3082883		384,419				SUB-GRANTEE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARUP LABORATORIES PO BOX 27964 SALT LAKE CITY, UT 84127	87-0403206		19,280				SUB-GRANTEE
ATLANTIC DIAGNOSTIC LABORATORIES 3520 PROGRESS DRIVE BENSALEM, PA 19020	26-2151519		34,211				SUB-GRANTEE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLOOD CENTER OF WISCONSIN PO BOX 78961 MILWAUKEE, WI 53278	39-0807235	501(C)(3)	45,273				SUB-GRANTEE
EUROFINS VIRACOR INC 2695 MOMENTUM PLACE CHICAGO, IL 60689	27-0218809		19,686				SUB-GRANTEE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
QUEST DIAGNOSTICS INCORPORATED ONE MALCOLM AVENUE TETERBORO, NJ 07608	52-1604494		1,595,316				SUB-GRANTEE
SOUTHEAST ASIAN MUTUAL ASSISTANCE ASSOC 1711 S BROAD STREET PHILADELPHIA, PA 19148	22-2541120	501(C)(3)	20,000				SUB-GRANTEE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VERSITI INC 638 N 18TH STREET MILWAUKEE, WI 53233	45-4675354	501(C)(3)	29,509				SUB-GRANTEE

**Schedule J**  
(Form 990)

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Employer identification number  
23-2829095

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	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 checked="" type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
<b>b</b>	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b> Yes	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b> Yes	
<b>3</b>	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 type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
<b>4</b>	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:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b> Yes	
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes	
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	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:		
<b>a</b>	The organization?	<b>5a</b>	No
<b>b</b>	Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b>	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:		
<b>a</b>	The organization?	<b>6a</b>	No
<b>b</b>	Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b>	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.	<b>7</b> Yes	
<b>8</b>	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.	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**Part III Supplemental Information**

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

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2018 FORMS W-2.

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J, PART I; QUESTION 1	THE ORGANIZATION MAINTAINS A FLEXIBLE BENEFIT PROGRAM ("PERQUISITE PROGRAM") FOR CERTAIN MEMBERS OF ITS SENIOR LEADERSHIP TEAM. THIS PROGRAM PROVIDES A FIXED DOLLAR AMOUNT, AND ENABLES PARTICIPATING EMPLOYEES TO ALLOCATE THE AMOUNT AMONG CERTAIN TAXABLE BENEFIT OPTIONS (I.E., ADDITIONAL LIFE INSURANCE COVERAGES, LONG-TERM CARE INSURANCE AND FINANCIAL OR TAX PLANNING ASSISTANCE) OR TO NON-QUALIFIED DEFERRED COMPENSATION OPTIONS. THE ELECTIONS ARE MADE BEFORE THE YEAR IN WHICH THE PROGRAM AMOUNT IS PROVIDED. THE AMOUNTS ALLOCATED TO TAXABLE BENEFIT OPTIONS ARE INCLUDED WITHIN THE EMPLOYEES' FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES FOR THE YEAR IN WHICH THE ALLOCATIONS ARE EFFECTIVE. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE ORGANIZATION'S PERQUISITE PROGRAM: RICHARD J. WEBSTER, RN, MSN AND SHARON M. GALUP.

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J, PART I; QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2018 WHICH WERE INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JAMES E. ROBINSON, \$145,718 AND DEBRA W. TAYLOR, \$82,875.

Return Reference	Explanation
SCHEDULE J, PART I; QUESTION 4B	<p>THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: LAURENCE M. MERLIS, \$197,279; VIJAY M. RAO, M.D., \$588; MARK L. TYKOCINSKI, M.D., \$121,692; RICHARD J. WEBSTER, RN, MSN, \$72,498; CHARLES J. YEO, M.D., FACS, \$15,744; CRISTINA G. CAVALIERI, ESQ., \$82,915; NEIL G. LUBARSKY, CPA, CGMA, \$35,427; JAMES E. ROBINSON, \$20,025; RICHARD KWEI, \$6,363; DEBRA W. TAYLOR, \$58,904 AND PAMELA KOLB, \$2,536. THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES CURRENT YEAR VESTING IN AN EMPLOYER RECRUITMENT AND RETENTION PROGRAM FOR KEY INDIVIDUALS, AS THIS AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN HIS 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: STEPHEN K. KLASKO, M.D., MBA, \$2,786,480. THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: STEPHEN K. KLASKO, M.D., MBA, \$457,724; LAURENCE M. MERLIS, \$138,060; BRUCE A. MEYER, M.D., MBA, \$276,633; EDMUND PRIBITKIN, M.D., \$74,724; RICHARD J. WEBSTER, RN, MSN, \$52,474; PETER L. DEANGELIS, JR., \$111,486; NEIL G. LUBARSKY, CPA, CGMA, \$24,325; BRIAN SWEENEY, RN, MBA, FACHE, \$2,507; STEPHEN K. SIGWORTH, M.D., MSHA, \$40,331; RICHARD KWEI, \$10,761 AND SHARON M. GALUP, \$8,683. THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN EMPLOYER RECRUITMENT AND RETENTION PROGRAM FOR KEY INDIVIDUALS, WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: STEPHEN K. KLASKO, M.D., MBA, \$902,262; LAURENCE M. MERLIS, \$459,224; BRUCE A. MEYER, M.D., MBA, \$422,255; MARK L. TYKOCINSKI, M.D., \$220,728; CRISTINA G. CAVALIERI, ESQ., \$229,612 AND PETER L. DEANGELIS, JR., \$275,575. THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN A LONG-TERM INCENTIVE PLAN, WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: STEPHEN K. KLASKO, M.D., MBA, \$711,149.</p>

Return Reference	Explanation
SCHEDULE J, PART I; QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2018 WHICH AMOUNTS WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2017 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. EMPLOYEE BONUSES ARE BASED UPON THE ATTAINMENT OF QUALITY GOALS, STRATEGIC OPERATIONAL INITIATIVES AND FINANCIAL PERFORMANCE. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT. THIS INFORMATION BY PERSON BY AMOUNT.



<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J, PART II; COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AND/OR EMPLOYER RECRUITMENT AND RETENTION PROGRAM AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THESE AMOUNTS WERE REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990. ADDITIONALLY, THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES: STEPHEN K. KLASKO, M.D., MBA, \$2,300,815; LAURENCE M. MERLIS, \$197,279; VJAY M. RAO, M.D., FACR, \$531; MARK L. TYKOCINSKI, M.D., \$4,838; RICHARD J. WEBSTER, RN, MSN, \$50,844; CHARLES J. YEO, M.D., FACS, \$15,744; CRISTINA G. CAVALIERI, ESQ., \$2,389; NEIL G. LUBARSKY, CPA, CGMA, \$25,592; RICHARD KWEI, \$4,511 AND DEBRA W. TAYLOR, \$6,301.

2019 Schedule J (Form 990) 2018



**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				
RICHARD KWEI SVP, PAYER STRATEGY&NTWK PERF.	(i)	406,527	83,927	27,185	46,511	18,665	582,815	4,511
	(ii)	0	0	0	0	0	0	0
SHARON M GALUP SVP, PAYER STRATEGY & CONTRACT	(i)	378,749	101,601	33,322	44,433	7,637	565,742	0
	(ii)	0	0	0	0	0	0	0
DEBRA W TAYLOR VP, PAYER RELATIONS & CONTRACT	(i)	168,721	89,130	186,804	30,828	23,115	498,598	6,301
	(ii)	0	0	0	0	0	0	0
PAMELA KOLB VP, CLINICAL & SUPPORT SVCS	(i)	310,392	74,582	27,063	35,741	18,228	466,006	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

Employer identification number  
23-2829095

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	2	25,825	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

**Part II****Supplemental Information.**

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

Return Reference

Explanation

**SCHEDULE O**  
**(Form 990 or 990-**  
**EZ)**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury

Internal Revenue Service  
Name of the organization

THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

**Employer identification number**

23-2829095

## 990 Schedule O, Other Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. ("TJUH") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION. IT INCLUDES THOMAS JEFFERSON UNIVERSITY HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIENCE AND METHODIST HOSPITAL (COLLECTIVELY REFERRED TO AS TJUH). PURSUANT TO ITS CHARITABLE PURPOSES, TJUH PROVIDES EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, OR ABILITY TO PAY. MOREOVER, THE ORGANIZATION OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1) TJUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2) TJUH OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK, 365 DAYS PER YEAR; 3) TJUH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4) CONTROL OF TJUH RESTS WITH ITS BOARD OF TRUSTEES; WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND 5) SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND ACTIVITIES. THE OPERATIONS OF TJUH, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT TJUH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT AND THAT THE USE AND CONTROL OF TJUH IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. BACKGROUND ===== JEFFERSON UNIVERSITY HOSPITALS AND THOMAS JEFFERSON UNIVERSITY ARE PARTNERS IN PROVIDING EXCELLENT CLINICAL AND COMPASSIONATE CARE FOR OUR PATIENTS IN THE PHILADELPHIA REGION, EDUCATING THE HEALTH PROFESSIONALS OF TOMORROW IN A VARIETY OF DISCIPLINES AND DISCOVERING NEW KNOWLEDGE THAT WILL DEFINE THE FUTURE OF CLINICAL CARE. WE ARE 30,000+ PEOPLE REIMAGINING HEALTH CARE, EDUCATION AND DISCOVERY. WE ARE MANY THINGS, BUT EVERY DAY ALL OF US ARE DEDICATED TO ONE THING: IMPROVING LIVES. JEFFERSON RANKS AS 16TH BEST HOSPITAL ON U.S. NEWS &amp; WORLD REPORT'S HONOR ROLL LIST. WE CONTINUE TO TOP THE LIST OF HOSPITALS IN PENNSYLVANIA (3RD) AND THE PHILADELPHIA METRO AREA (2ND) IN U.S. NEWS &amp; WORLD REPORT'S ANNUAL LISTING OF THE BEST HOSPITALS AND SPECIALTIES. JEFFERSON ALSO STANDS OUT AS AMONG THE BEST IN 11 SPECIALTY AREAS: - ORTHOPEDICS - CANCER - EAR, NOSE &amp; THROAT - GASTROENTEROLOGY &amp; GI SURGERY - NEPHROLOGY - NEUROLOGY &amp; NEUROSURGERY - OPHTHALMOLOGY - DIABETES &amp; ENDOCRINOLOGY - GERIATRICS - CARDIOLOGY &amp; HEART SURGERY - UROLOGY THOMAS JEFFERSON UNIVERSITY HOSPITALS HAS 908 LICENSED ACUTE CARE BEDS, WITH MAJOR PROGRAMS IN A WIDE RANGE OF CLINICAL SPECIALTIES. SERV</p>



**990 Schedule O, Organizational Information**

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ICES ARE PROVIDED AT FIVE PRIMARY LOCATIONS - THOMAS JEFFERSON UNIVERSITY HOSPITAL (THE MA IN HOSPITAL FACILITY, WHICH WAS ESTABLISHED IN 1825) AND JEFFERSON HOSPITAL FOR NEUROSCIEN CE, BOTH IN CENTER CITY PHILADELPHIA; JEFFERSON'S METHODIST HOSPITAL AND JEFFERSON AT THE NAVY YARD, BOTH IN SOUTH PHILADELPHIA; AND JEFFERSON AT VOORHEES IN SOUTH JERSEY. TO PROTE CT THE HEALTH AND WELL-BEING OF OUR PATIENTS, VISITORS, EMPLOYEES, STUDENTS AND VOLUNTEERS , JEFFERSON IS A SMOKE-FREE CAMPUS. SMOKING IS NOT PERMITTED IN ALL JEFFERSON BUILDINGS AN D WITHIN 50 FEET OF ANY ENTRYWAY TO OR EXIT FROM JEFFERSON BUILDINGS, AND WITHIN 50 FEET O F DRIVEWAYS, CANOPIES, ARCHWAYS AND PLAZAS. WE ARE ALSO SMOKE FREE IN CAMPUS PARKING AREAS .</p> <p>THOMAS JEFFERSON UNIVERSITY HOSPITALS STATISTICS ----- LICENSED BEDS: 908 - ADMISSIONS: 39,122 - OUTPATIENT VISITS: 1,303,360 - EMERGENCY ROOM VISITS: 118,978 - EMPLOYEES (FULL AND PART-TIME): 9,604 - EMPLOYEES: 9,604 - PHYSICIANS &amp; PRACTITIONERS: 2,741 - REGISTERED NURSES (FULL AND PART-TIME): 3,557 OUR MISSION ----- WE IMPROVE LIVES. OUR VISION ----- REIMAGINING HEALTH, EDUCATION AND DISCOVERY TO CREATE UNPARALLELED VALUE. OUR VALUES ----- THE BEHAVIORS OUR EMPLOYEES DEMONSTRATE DAILY TO PATIENTS AND THEIR FELLOW STAFF ENABLE JEFFERSON TO CONTINUE ACHIEVE ITS MISSION. JEFFERSON'S VALUES DEFINE WHO WE ARE AS AN ORGANIZATION, WHAT WE STAND FOR, AND HOW WE CONTINUE THE WORK OF HELPING OTHERS THAT BEGAN HERE NEARLY TWO CENTURIES AGO. THESE VALUES ARE: - PUT PEOPLE FIRST: SERVICE-MINDED, RESPECTFUL &amp; EMBRACES DIVERSITY - BE BOLD &amp; THINK DIFFERENTLY: INNOVATIVE, COURAGEOUS &amp; SOLUTION-ORIENTED - DO THE RIGHT THING: SAFETY-FOCUSED, INTEGRITY &amp; ACCOUNTABILITY OUR HISTORY ===== THOMAS JEFFERSON UNIVERSITY HOSPITALS HAVE MAJOR PROGRAMS IN A WIDE RANGE OF CLINICAL SPECIALTIES. SERVICES ARE DELIVERED AT FIVE PRIMARY LOCATIONS - THOMAS JEFFERSON UNIVERSITY HOSPITAL (OUR TEACHING HOSPITAL, WHICH WAS ESTABLISHED IN 1877) AND JEFFERSON HOSPITAL FOR NEUROSCIENCE, BOTH IN CENTER CITY PHILADELPHIA; JEFFERSON'S METHODIST HOSPITAL AND JEFFERSON AT THE NAVY YARD, BOTH IN SOUTH PHILADELPHIA; AND JEFFERSON AT VOORHEES IN SOUTH JERSEY. THERE ARE ALSO VARIOUS RADIATION THERAPY SATELLITE LOCATIONS THROUGHOUT THE REGION. FORMERLY A DIVISION OF THOMAS JEFFERSON UNIVERSITY, THE HOSPITAL WAS SEPARATED FROM THE UNIVERSITY TO BECOME A FOUNDING MEMBER OF THE JEFFERSON HEALTH SYSTEM IN 1995. THE HOSPITAL EXPANDED ITS SERVICES TO THE COMMUNITY WITH THE MERGER OF METHODIST HOSPITAL AS A DIVISION OF THOMAS JEFFERSON UNIVERSITY HOSPITALS IN 1996. AS AN ACADEMIC MEDICAL CENTER, THOMAS JEFFERSON UNIVERSITY HOSPITALS BELIEVE IN THE IMPORTANCE OF AN EXCELLENT CLINICAL SETTING FOR OUR PATIENTS AND AS A FOUNDATION FOR THE LEARNING EXPERIENCE OF JEFFERSON STUDENTS AND RESIDENTS. IT IS WITHIN OUR VARIOUS CLINICAL SETTINGS THAT SCIENTISTS, RESIDENTS AND ATTENDING PHYSICIANS, MEDICAL STUDENTS, NURSING AND ALLIED HEALTH</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>STUDENTS, AND TECHNOLOGISTS LEARN THEIR PROFESSION AND LEARN TO WORK TOGETHER AS A TEAM AND HELP DEFINE THE FUTURE OF CLINICAL CARE. JEFFERSON UNIVERSITY HOSPITALS CONTINUE TO TAKE PRIDE IN THE QUALITY AND VARIETY OF HEALTHCARE SERVICES PROVIDED TO CITIZENS OF PHILADELPHIA AND THE DELAWARE VALLEY. THE HOSPITAL IS FULLY ACCREDITED BY THE JOINT COMMISSION AND LICENSED BY THE DEPARTMENT OF HEALTH OF THE COMMONWEALTH OF PENNSYLVANIA. IN THE COMMUNITY ===== THOMAS JEFFERSON UNIVERSITY HOSPITALS DEFINES ITS GREATEST ACHIEVEMENTS BY THE CONTRIBUTIONS MADE TO THE COMMUNITY IT SERVES. AS AN EMPLOYER OF NEARLY 10,000 INDIVIDUALS, OUR INSTITUTION IS BOTH INSPIRED BY AND COMMITTED TO RENEWING THE HEALTH AND PROSPERITY OF OUR AREA NEIGHBORHOODS. IN FULFILLMENT OF THIS PLEDGE, JEFFERSON OPENED THE CENTER FOR URBAN HEALTH (CUH) IN 1998, WHICH HAS WORKED TO IMPROVE THE WELL-BEING OF PHILADELPHIA CITIZENS BY MARSHALLING THE RESOURCES OF THOMAS JEFFERSON UNIVERSITY HOSPITALS, THOMAS JEFFERSON UNIVERSITY AND ITS DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE (DFCM), AND PARTNERING WITH COMMUNITY ORGANIZATIONS AND NEIGHBORHOODS. THE CENTER'S GOAL IS TO IMPROVE THE HEALTH STATUS OF INDIVIDUALS AND TARGETED COMMUNITIES/NEIGHBORHOODS THROUGH A MULTIFACETED INITIATIVE, THE ARCHES PROJECT, WHICH FOCUSES ON SIX DOMAINS/THEMES: ACCESS AND ADVOCACY; RESEARCH, EVALUATION, AND OUTCOMES MEASUREMENT; COMMUNITY PARTNERSHIPS AND OUTREACH; HEALTH EDUCATION, SCREENING AND PREVENTION PROGRAMS; EDUCATION HEALTH PROFESSIONS STUDENTS AND PROVIDERS; AND SERVICE DELIVERY SYSTEMS INNOVATION. TJUH'S PARTNERS CONSIST OF SCHOOLS, HOMELESS SHELTERS, SENIOR CENTERS, FAITH-BASED COMMUNITIES AND OTHER BROAD-BASED EFFORTS THAT RECOGNIZE NEIGHBORHOOD ECONOMIC, SOCIAL AND PHYSICAL ENVIRONMENTS AS UNDERLYING DETERMINANTS OF HEALTH AND DISEASE. IN ADDITION, TJUH UNDERTAKES MORE EXTENSIVE ASSESSMENTS IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS TO CREATE PROGRAMS THAT REFLECT COMMUNITY NEED, VOICE AND CULTURE.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AT JEFFERSON, WE RECOGNIZE THAT BY PROVIDING QUALITY HEALTH CARE TO OUR PATIENTS, AND EDUCATION AND OUTREACH TO OUR NEIGHBORS, WE ARE ALSO ENRICHING THE LIVES AND FUTURE OF OUR SURROUNDING COMMUNITY. AND WHEN THE COMMUNITY THRIVES, WE ALL BENEFIT. AWARDS &amp; HONORS</p> <p>=====</p> <p>JEFFERSON UNIVERSITY HOSPITALS IS CONSISTENTLY RECOGNIZED BOTH NATIONALLY AND LOCALLY BY VARIOUS ORGANIZATIONS AND INSTITUTIONS IN JUST ABOUT EVERY ASPECT OF PATIENT CARE, PATIENT SAFETY AND THE QUALITY OF THE HEALTHCARE EXPERIENCE. JEFFERSON HEALTH CONTINUES ITS RECORD OF EXCELLENCE IN HEALTHCARE WITH RECOGNITION FROM U.S. NEWS &amp; WORLD REPORTS ANNUAL LISTING OF TOP HOSPITALS AND SPECIALTIES. IN ADDITION TO RANKING IN THE TOP 10 FACILITIES IN THE PHILADELPHIA METRO AREA (2ND) AND PENNSYLVANIA (3RD), 8 OF THOMAS JEFFERSON UNIVERSITY HOSPITAL'S SPECIALTY PROGRAMS HAVE BEEN RECOGNIZED. THOMAS JEFFERSON UNIVERSITY HOSPITAL'S NATIONALLY RANKED SPECIALTIES -----</p> <p>OPHTHALMOLOGY - JEFFERSON'S DEPARTMENT OF OPHTHALMOLOGY (WILLS EYE HOSPITAL) RANKS 2ND IN THE NATION - ORTHOPEDICS - RANKS 10TH BEST HOSPITAL IN THE NATION (ROTHMAN ORTHOPAEDICS AT JEFFERSON HEALTH AND PHILADELPHIA HAND TO SHOULDER CENTER) - EAR, NOSE &amp; THROAT - JEFFERSON IS THE 21ST BEST HOSPITAL IN THE NATION NEUROLOGY &amp; NEUROSURGERY - RANKS 21ST BEST HOSPITAL IN THE NATION (VICKIE &amp; JACK FARBER INSTITUTE FOR NEUROSCIENCE JEFFERSON HEALTH) - CANCER - RANKS 23RD BEST HOSPITAL IN THE NATION (SIDNEY KIMMEL CANCER CENTER JEFFERSON HEALTH) - GASTROENTEROLOGY &amp; GI SURGERY - JEFFERSON IS THE 16TH BEST HOSPITAL IN THE NATION - CARDIOLOGY &amp; HEART SURGERY - RANKS 48TH IN THE NATION - GERIATRICS - JEFFERSON'S GERIATRIC MEDICINE RANKS 38TH IN THE NATION TJUH NAMED AS HIGH PERFORMING IN FOUR SPECIALTIES -----</p> <p>NEPHROLOGY - PULMONOLOGY - REHABILITATION (MAGEE REHABILITATION HOSPITAL) - UROLOGY QUALITY &amp; SAFETY =====</p> <p>SINCE 1825, THE PHYSICIANS, NURSES AND STAFF AT THOMAS JEFFERSON UNIVERSITY HOSPITALS HAVE MADE THE SAFETY OF OUR PATIENTS AND THE QUALITY OF CARE WE DELIVER TOP PRIORITIES. WE RECOGNIZE THAT THE CARE WE PROVIDE AFFECTS EVERY PATIENT AND FAMILY MEMBER WHO COMES THROUGH OUR DOORS. OUR COMMITMENT TO QUALITY IS MEASURED IN BETTER PATIENT OUTCOMES AND INCREASED PATIENT SATISFACTION. THE RESULT IS GENERATIONS OF FAMILIES TURN TO JEFFERSON BECAUSE THEY KNOW THAT WE DELIVER SAFE, SUPERIOR AND COMPASSIONATE CARE, FROM DIAGNOSTICS THROUGH FOLLOW-UP CARE. AT JEFFERSON, WE DON'T JUST TALK ABOUT SAFETY AND QUALITY: WE SET GOALS AND BENCHMARK OUR RESULTS TO ENSURE WE ARE MEETING AND EXCEEDING NATIONAL STANDARDS. WE USE A "BALANCED SCORECARD" APPROACH TO CONTINUALLY MEASURE OUR PROGRESS TOWARD OUR GOALS. THIS APPROACH PROVIDES ACCOUNTABILITY AT ALL LEVELS AND TRACKS THOSE METRICS THAT HAVE THE GREATEST IMPACT ON OUR STRATEGIC VALUES QUALITY AND SAFETY, SERVICE, PEOPLE, GROWTH AND FINANCE AND OPERATIONS. IN OUR DRIV</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>E TO DELIVER THE BEST QUALITY CARE, WE UTILIZE PROVEN METHODOLOGIES FOR QUALITY IMPROVEMENT. MANY OF OUR STAFF HAVE RECEIVED DEDICATED TRAINING AND GAINED EXPERTISE IN SPECIAL TECHNIQUES TO DRIVE IMPROVEMENTS IN QUALITY AND SAFETY. RECOGNITION FOR QUALITY &amp; SAFETY =====</p> <p>===== MANY NATIONAL ORGANIZATIONS RECOGNIZE THOMAS JEFFERSON UNIVERSITY HOSPITALS FOR OUR STANDARDS OF QUALITY, EXCELLENCE AND SAFETY. U.S. NEWS &amp; WORLD REPORT ----- THOMAS JEFFERSON UNIVERSITY HOSPITALS IS CONSISTENTLY RATED AMONG THE BEST HEALTHCARE PROVIDERS IN THE NATION, WITH TOP NATIONAL AND REGIONAL RANKINGS IN OPHTHALMOLOGY, ORTHOPEDICS, CANCER, OTOLARYNGOLOGY (EAR, NOSE AND THROAT), UROLOGY, GASTROENTEROLOGY AND GI SURGERY, NEUROLOGY AND NEUROSURGERY, CARDIOLOGY AND HEART SURGERY, NEPHROLOGY AND GERIATRICS. CENTERS FOR MEDICARE &amp; MEDICAID -----</p> <p>----- THE CENTERS FOR MEDICARE &amp; MEDICAID SERVICES (CMS) RECENTLY ANNOUNCED THAT IT RANKED THOMAS JEFFERSON UNIVERSITY HOSPITALS AS A FOUR (OUT OF FIVE)- STAR HOSPITAL FOR THE QUALITY OF ITS CARE. THE FOUR STARS INDICATE JEFFERSONS HIGH PERFORMANCE IN IMPROVING SAFETY OF CARE (REDUCING HOSPITAL-ACQUIRED INFECTION) AND THE PATIENT EXPERIENCE, AS WELL AS REDUCING MORTALITY RATES. A REDUCTION IN READMISSION RATES WAS ALSO NOTED AMONG OVERALL PERFORMANCE IMPROVEMENT. MAGNET RECOGNITION FOR NURSING EXCELLENCE -----</p> <p>----- THOMAS JEFFERSON UNIVERSITY HOSPITALS CENTER CITY CAMPUS HAS BEEN GRANTED MAGNET RECOGNITION FOR NURSING EXCELLENCE FROM THE AMERICAN NURSES CREDENTIALING CENTER (ANCC). ANCC IS A SUBSIDIARY OF THE AMERICAN NURSES ASSOCIATION. LESS THAN 7 PERCENT OF ALL HOSPITALS IN THE UNITED STATES HAVE ACHIEVED ANCC MAGNET RECOGNITION STATUS. THE MAGNET RECOGNITION PROGRAM RECOGNIZES HEALTHCARE ORGANIZATIONS FOR QUALITY PATIENT CARE, NURSING EXCELLENCE AND INNOVATIONS IN PROFESSIONAL NURSING PRACTICE. MAGNET HOSPITALS ENJOY HIGHER PERCENTAGES OF IMPROVED PATIENT CARE OUTCOMES AND IMPROVED PATIENT SATISFACTION AS WELL AS ATTRACTING TO P NOTCH NURSES, PHYSICIANS AND HEALTHCARE PROFESSIONALS. NATIONAL CANCER INSTITUTE-DESIGNATED CANCER CENTER -----</p> <p>----- THE SIDNEY KIMMEL CANCER CENTER AT JEFFERSON IS A NATIONAL LEADER IN CANCER TREATMENT, RESEARCH AND EDUCATION AND A NATIONAL CANCER INSTITUTE (NCI)-DESIGNATED CANCER CENTER. IT IS AMONG THE TOP 20 CENTERS IN THE COUNTRY IN GRANT FUNDING FROM NCI. JOINT COMMISSION ACCREDITATION ----- THOMAS JEFFERSON UNIVERSITY HOSPITALS ARE FULLY ACCREDITED BY THE JOINT COMMISSION. ACROSS THE UNITED STATES, THE JOINT COMMISSION EVALUATES AND ACCREDITS HEALTHCARE ORGANIZATIONS. ACCREDITATION FROM THIS INDEPENDENT, NONPROFIT ORGANIZATION IS A RECOGNIZED SYMBOL OF QUALITY, DEMONSTRATING AN ORGANIZATION'S ACHIEVEMENT OF PERFORMANCE STANDARDS. ACCREDITATION REQUIRES SUCCESSFUL COMPLETION OF AN ON-SITE SURVEY AT LEAST EVERY THREE YEARS. THE JOINT COMMISSION H</p>

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Return Reference	Explanation
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>AS RECOGNIZED THOMAS JEFFERSON UNIVERSITY HOSPITALS AS IMPROVING IN QUALITY AND SAFETY IN THE AREAS OF HEART ATTACKS, HEART FAILURE, PNEUMONIA, SPINE SURGERY, SURGICAL CARE, IMMUNIZATIONS AND PERINATAL CARE. THEY HAVE ALSO RECOGNIZED JEFFERSON WITH SPECIFIC QUALITY AWARDS, INCLUDING THE MEDAL OF HONOR FOR ORGAN DONATION AND ADVANCED CERTIFICATIONS SUCH AS A PRIMARY STROKE CENTER AND IN VENTRICULAR ASSIST DEVICE (VAD). LEVEL 1 REGIONAL RESOURCE TRAUMA CENTER &amp; SPINAL CORD INJURY CENTER ----- THOMAS JEFFERSON UNIVERSITY HOSPITALS' EMERGENCY DEPARTMENT IS AN OFFICIALLY DESIGNATED LEVEL 1 REGIONAL RESOURCE TRAUMA CENTER. IT IS ONE OF ONLY 18 HOSPITALS IN THE UNITED STATES THAT IS BOTH AN OFFICIAL TRAUMA CENTER AND A FEDERALLY DESIGNATED REGIONAL SPINAL CORD INJURY CENTER. READ MORE ABOUT THE TRAUMA CENTER. JEFFERSON, IN AFFILIATION WITH MAGEE REHABILITATION HOSPITAL, IS DESIGNATED AS ONE OF THE NATION'S 14 MODEL SPINAL CORD INJURY CENTERS BY THE NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH. THE ONLY SUCH FACILITY IN THE DELAWARE VALLEY, THE CENTER HAS TREATED MORE THAN 3,000 PERSONS WITH SPINAL CORD INJURIES AND SIGNIFICANTLY REDUCED THE SEVERE SECONDARY COMPLICATIONS OF TRAUMATIC SPINAL CORD INJURY. HEALTHGRADES ----- HEATHGRADES IS A LONGSTANDING LEADER IN MAKING INFORMATION ON PHYSICIANS AND HOSPITALS MORE ACCESSIBLE AND TRANSPARENT. THEY PROVIDES CONSUMERS WITH INFORMATION ABOUT CLINICAL OUTCOMES, SATISFACTION, SAFETY AND HEALTH CONDITIONS. IN 2019, HEALTHGRADES HAS NAMED THOMAS JEFFERSON UNIVERSITY HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIENCE AND JEFFERSON METHODIST HOSPITAL AS THREE OF THE BEST HOSPITALS IN PENNSYLVANIA, AND AMONG THE NATION'S TOP 50. A LONGSTANDING JEFFERSON HEALTH PARTNER LANKENAU MEDICAL CENTER IN WYNNEWOOD, PENNSYLVANIA ALSO RANKS AMONG THE TOP 50 HOSPITALS NATIONWIDE. IN ADDITION, JEFFERSON TORRESDALE HOSPITAL, JEFFERSON BUCKS HOSPITAL AND JEFFERSON FRANKFORD HOSPITAL WERE NAMED TO THE HEALTHGRADES TOP 250 HOSPITALS LIST. BLUE DISTINCTION AWARD ----- THOMAS JEFFERSON UNIVERSITY HOSPITALS EARNED BLUE DISTINCTION AND BLUE DISTINCTION AWARDS FROM BLUE CROSS AND BLUE SHIELD ASSOCIATION FOR DEMONSTRATING EXPERTISE IN DELIVERING QUALITY HEALTH CARE IN THE FOLLOWING SPECIALTIES: BARIATRIC SURGERY - BLUE DISTINCTION+ MATERNITY CARE - BLUE DISTINCTION TRANSPLANT - BLUE DISTINCTION+</p>

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Return Reference	Explanation
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>PROMOTION OF COMMUNITY HEALTH ===== KEY TJUHS INITIATIVES THAT ADDRESSED HEALTH PROMOTION, CARE FOR THE UNDERSERVED, SYSTEM AND POLICY CHANGES INCLUDE THE FOLLOWING: BEHAVIORAL HEALTH ----- - OPIATE TASK FORCE PARTICIPATED IN THE CITY AND JEFFERSON ENTERPRISE-WIDE OPIATE TASK FORCES TO REDUCE ACCESS TO OPIATE PAIN KILLERS AND RAISE PUBLIC AWARENESS ABOUT ADDICTION FROM TAKING NON-PRESCRIBED OPIATE MEDICATIONS ( EX/ ACCESS TO OPIATE PAIN KILLERS IN FRIEND/FAMILY MEDICINE CABINETS) AND DRUG TAKE-BACK PROGRAMS. PROVIDED NARCAN TRAINING AND ACCESS TO NARCAN - DRUG FREE COMMUNITIES PARTNER AND EVALUATOR OF THE SOUTH PHILADELPHIA PREVENTION COALITION (EAST OF BROAD ST); WESTSIDE COMMUNITY PREVENTION LED BY TRINITY UNITED METHODIST CHURCH (SOUTH PHILADELPHIA WEST OF BROAD ) - NARP JEFFERSON INITIATIVE THAT PROVIDES MAT AND OTHER SERVICES FOR INDIVIDUALS WITH ADDICTIONS - MATER JEFFERSON PROGRAM THAT PROVIDES A PREGNANCY SUPPORT PROGRAM FOR WOMEN ON MAT AND PROVIDES OTHER SOCIAL SUPPORTS INCLUDING HOUSING COUNSELING SERVICES PROVIDED AT NO COST BY JEFFERSON FAMILY AND COUPLES THERAPY AT SOUTHWARK SCHOOL IN SOUTH PHILADELPHIA ( K-8). FURNESS HIGH SCHOOL - JEFFERSON COUNSELING PROGRAM TRAINING ALL STAFF IN TRAUMA INFORMED COUNSELING/CARE TO ENHANCE SKILLS OF ALL STAFF TO ADDRESS TRAUMA AMONG STUDENTS IN PARTNERSHIP WITH DBHIDS PROVIDE FREE MENTAL HEALTH FIRST AID PROGRAMS AT COMMUNITY SITES FOR COMMUNITY BASED ORGANIZATIONS AND RESIDENTS. ALL JEFFERSON NURSING STUDENTS RECEIVE MENTAL HEALTH FIRST AID TRAINING, EMTS AND EXPANDING TO MEDICAL STUDENTS. MHFA REACHED 926 HEALTH PROFESSIONAL, STUDENTS AND COMMUNITY MEMBERS BETWEEN 2017 AND 2019. IN FY2019 SERVED 421 - CHRONIC PAIN SELF-MANAGEMENT FREE COMMUNITY PROGRAM THAT TRAINS PARTICIPANTS TO ADDRESS PAIN WITH NON-MEDICATION METHODS HOMELESS ----- 30 YEARS WORKING WITH PROJECT HOME AND HOMELESS PARTNERS - JEFFHOPE PROGRAM GOES TO 4 HOMELESS SHELTERS AND 1 NEEDLE EXCHANGE HARM REDUCTION PROGRAM IN PHILADELPHIA EVERY WEEK TO PROVIDE ACUTE, BASIC MEDICAL CARE AND HELP INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS ACCESS OTHER HEALTH AND SOCIAL RESOURCES AND HEALTHCARE PROVIDERS THAT ARE BETTER EQUIPPED TO CARE FOR THEM LONG-TERM. TJUH PROVIDES LAB AND PHARMACEUTICAL SERVICES - STEVEN KLEIN WELLNESS CENTER PARTNERSHIP WITH PROJECT HOME REFUGEES AND IMMIGRANTS ----- - REFUGEE CLINIC, UNITY CLINIC AND CHINATOWN CLINIC SERVE IMMIGRANT AND REFUGEE COMMUNITY. IN PROCESS OF DEVELOPING THE WYSS IMMIGRANT HEALTH AND WELLNESS CENTER IN SOUTH PHILADELPHIA - PARTICIPATE IN THE PHILADELPHIA REFUGEE HEALTH COLLABORATIVE AND REFUGEE MENTAL HEALTH COLLABORATIVE - DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE PROVIDES MEDICAL SERVICES FOR NEW REFUGEES IN PARTNERSHIP WITH THE PHILADELPHIA REFUGEE HEALTH COLLABORATIVE SCHOOL HEALTH SERVICES ----- - THE ATHLETIC HEALTH ORGANIZATION AND CENTER FOR URBAN HEALTH PROVIDE SPORT PHYSICALS AT LOCAL COMMUNITY SCH</p>

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Return Reference	Explanation
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>TOOLS IN SUPPORT OF COMPETITIVE SPORTS PROGRAMS. SCHOOLS INCLUDE SOUTHWARK SCHOOL, INDEPENDENT CHARTER SCHOOL, SOUTH PHILADELPHIA HIGH SCHOOL - DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE PROVIDING PHYSICALS FOR SOUTH PHILADELPHIA HIGH SCHOOL STUDENTS LGBTQ COMMUNITY ----- LGBTQ HOSPITAL INITIATIVE - FAMILY AND COMMUNITY MEDICINE AND THE CENTER FOR URBAN HEALTH PROVIDE THE DOCTOR IS IN, AND OTHER PROGRAMS SUCH AS CHRONIC DISEASE SELF-MANAGEMENT WITH THE LGBT-ELDER INITIATIVE AGE FRIENDLY HEALTH SYSTEM ----- - ATTAINED DESIGNATED AGE FRIENDLY HEALTH SYSTEM STATUS CENTER FOR URBAN HEALTH ----- OUTREACH TO VULNERABLE AND UNDERSERVED COMMUNITIES IN PHILADELPHIA. DIRECTLY IMPACT INDIVIDUALS AND FAMILIES IN THE COMMUNITY THAT FOSTER SUPPORT, SHARED DECISION MAKING AND BEHAVIOR CHANGE: - COMMUNITY HEALTH WORKER PROGRAM - TRAINING FOR JEFFERSON AND COMMUNITY BASED ORGANIZATIONS FOR COMMUNITY HEALTH WORKERS. PARTICIPATE IN STATE EFFORTS TO CREATE A CERTIFIED PROGRAM FOR PENNSYLVANIA - JEFFPEERS (PEOPLE, EMPOWERED, EDUCATED, AND READY TO SUPPORT) IS A CHRONIC DISEASE SELF-MANAGEMENT PROGRAM DESIGNED TO HELP ADULTS BETTER MANAGE CHRONIC MEDICAL CONDITIONS. WE PROVIDE SUPPORT, EDUCATION, AND A VARIETY OF RESOURCES FOR INDIVIDUALS AND FAMILIES AFFECTED WITH A CHRONIC DISEASE. IN THE PAST 3 YEARS, 955 COMMUNITY MEMBERS AND PATIENTS ATTENDED THE PROGRAM - HEART SMARTS - PARTNERSHIP WITH THE FOOD TRUST AND CORNER STORES TO ADDRESS ACCESS TO HEALTHY FOOD, NUTRITION EDUCATION AND SCREENING SERVICES INCLUDING BLOOD PRESSURE, HEIGHT, WEIGHT, AND BMI. FOLLOW-UP PROVIDED MONTHLY AND PARTICIPANTS ARE ASSISTED WITH TOBACCO CESSATION, ACCESS TO PRIMARY CARE, FOOD SECURITY, AND PERSONAL GOAL SETTING. PROGRAM CURRENTLY SERVES 8 COMMUNITY SITES, INCLUDING CORNER STORES, SUPERMARKETS AND RECENTLY ADDED VETERAN MULTI SERVICE CENTER. PROGRAMS ARE PREDOMINANTLY IN LATINO AND AFRICAN AMERICAN COMMUNITIES. PARTNERING WITH CORNER STORES TO IMPROVE COMMUNITY HEALTH. BLOOD PRESSURE SCREENING SERVED 1354 INDIVIDUALS IN FY19. EMPLOYMENT: WORKFORCE DEVELOPMENT AND HEALTH ----- PARTNERED WITH FEDERATION OF NEIGHBORHOOD CENTERS AND PHILADELPHIA HORTICULTURE SOCIETY TO INTEGRATE HEALTHY LIFESTYLE AND DISEASE MANAGEMENT EDUCATION INTO WORKFORCE DEVELOPMENT. REDUCED RECIDIVISM BY 80% - PIPE LINE PROGRAMS AND STEM EDUCATION WITH SCHOOLS - COMMUNITY HEALTH WORKER TRAINING FOR JEFFERSON ENTERPRISE AND COMMUNITY BASED ORGANIZATIONS. CHWS SCREEN FOR SOCIAL DETERMINANTS OF HEALTH AND MAKE REFERRALS TO COMMUNITY ORGANIZATIONS AS APPROPRIATE. WITH ADDITIONAL TRAINING THEY CAN ALSO SERVE AS CERTIFIED RECOVERY SPECIALISTS, PEER SPECIALISTS (MENTAL HEALTH) AND CAN CONDUCT ENVIRONMENTAL ASSESSMENTS TO ADDRESS ASTHMA TRIGGERS, LEAD POISONING AND FALL PREVENTION - NEW KENSINGTON CDC HEALTHY EMPOWERMENT ZONE GRANT - THE CENTER FOR URBAN HEALTH IS PARTNERING WITH NKCDC ON AN INNOVATIVE COMMUNITY HEALTH WORKER PROGRAM</p>

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Return Reference	Explanation
<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>TO IMPROVE HEALTH OUTCOMES. THROUGH THEIR WORK PROVIDING FREE HOUSING COUNSELING, NKCDC RECOGNIZED CLIENTS FACED MANY OBSTACLES TO OBTAINING AND MAINTAINING SAFE AND SECURE HOUSING INCLUDING HEALTH AND SOCIAL SERVICE NEEDS. THROUGH THIS PARTNERSHIP, WE HAVE TRAINED 22 COMMUNITY MEMBERS (16 WOMEN AND 6 MEN RANGING IN AGES FROM THEIR EARLY 20S TO 60S, AND 14 AFRICAN AMERICANS, 6 LATINOS, AND 2 CAUCASIAN PARTICIPANTS). NKCDC HIRED 11 OF THE TRAINEES AND ARE WORKING WITH JEFFERSON AND OTHER COMMUNITY PARTNERS TO FIND EMPLOYMENT FOR THE OTHER 11 PARTICIPANTS ACCESS TO FOOD ----- - EXPANDED SCREENING FOR FOOD INSECURITY (ED, ADMISSIONS, PRIMARY CARE) - PARTICIPATING ON THE MAYORS FOOD POLICY ADVISORY COUNCIL AND HUNGER SUBCOMMITTEE TO ADDRESS POLICY AND SYSTEM CHANGES - INITIATED FOOD BUYING CLUBS THROUGH PARTNERSHIPS WITH SHARE, MATERNITY CARE COALITION AND MERCY NEIGHBORHOOD MINISTRIES OF PHILADELPHIA TO INCREASE ACCESS TO HEALTHY AFFORDABLE FOOD AND IMPACT HEALTHY WEIGHTS AMONG PRESCHOOL CHILDREN - PROMOTING FOOD AS MEDICINE AND NUTRITION THERAPY THROUGH MANNA, HEALTH PROMOTION COUNCIL AND OTHER GRANT FUNDED INITIATIVES - COLAB NUTRITION EDUCATION IN COLLABORATION WITH COMMUNITY BASED ORGANIZATIONS SUCH AS IMPACT SERVICES - COMMUNITY GARDEN AT JEFFERSON NORTHEAST TRANSPORTATION ----- - - REDUCE MISSED HEALTH APPOINTMENTS THROUGH TRANSPORTATION INITIATIVES SUCH AS AMBULANCE, LYFT AND UBER HEALTH LITERACY - ----- - GRANT FUNDED PARTNERSHIP OF HEALTH CARE IMPROVEMENT FOUNDATION AND JEFFERSON TO FACILITATE A REGIONAL COALITION OF HOSPITAL AND COMMUNITY MEMBERS TO IMPROVE WRITTEN AND ORAL COMMUNICATION WITH PATIENTS. TRAINING INCLUDES CULTURAL COMPETENCE, DEVELOPING LOW LITERACY MATERIALS, MOTIVATIONAL INTERVIEWING, WEB DESIGN, AND TECHNIQUES TO IMPROVE ORAL COMMUNICATION SUCH AS TEACHBACK. HELP TO FACILITATE PA STATE HEALTH LITERACY COALITION . IN COLLABORATION WITH HCIF ASSESSING THE HEALTH LITERACY NEEDS OF THE REFUGEE/IMMIGRANT COMMUNITY - CYRACOM AND IN PERSON INTERPRETATION BEING USED AT JEFFERSON TO IMPROVE COMMUNICATION WITH INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY ENVIRONMENTAL ----- - GREENING VACANT LOTS PARK IN A TRUCK - INJURY PREVENTION VISION ZERO COALITION AND JEFFERSON'S INJURY PREVENTION CENTER (EMERGENCY DEPARTMENT)</p>



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

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<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VI, SECTION A; QUESTION 2	MICHAEL J. HELLER, CHARLES G. KOPP, ESQ. & MARK L. ALDERMAN, ESQ. - BUSINESS RELATIONSHIP; MICHAEL J. HELLER & IRA LUBERT - BUSINESS RELATIONSHIP; HYMAN R. KAHN, M.D. & JACK FARBER - BUSINESS RELATIONSHIP; AND IRA LUBERT & HAROLD A. HONICKMAN - BUSINESS RELATIONSHIP.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VI, SECTION A; QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THOMAS JEFFERSON UNIVERSITY ("TJU") IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND SERVES AS THE PARENT ORGANIZATION OF THE SYSTEM. AS THE PARENT ORGANIZATION OF THE SYSTEM TJU PROVIDES VARIOUS CORPORATE RELATED SERVICES FOR THE BENEFIT OF VARIOUS SYSTEM ENTITIES; INCLUDING THIS ORGANIZATION. THESE CORPORATE SERVICES, INCLUDE, BUT ARE NOT LIMITED TO, EXECUTIVE, LEGAL AND RISK MANAGEMENT, COMPLIANCE AND GOVERNANCE, HUMAN RESOURCES AND FINANCE. TJU ALLOCATES A PERCENTAGE OF ITS TOTAL CORPORATE RELATED SERVICES COSTS TO VARIOUS SYSTEM ENTITIES, INCLUDING THIS ORGANIZATION, AS REIMBURSEMENT FOR THESE CORPORATE RELATED SERVICES. THE REIMBURSEMENT TO TJU IS REFLECTED AS AN EXPENSE FOR THESE ORGANIZATIONS.

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

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 12	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH ALL AFFILIATES REGULARLY MONITOR AND ENFORCE COMPLIANCE. THE CONFLICT OF INTEREST POLICY GOVERNS CONFLICT OF INTEREST DISCLOSURE AND MONITORING OF ALL VOTING MEMBERS OF THE SYSTEM'S BOARD OF TRUSTEES. THE CONFLICT OF INTEREST POLICY IS DESIGNED TO ASSIST THE ORGANIZATION IN EVALUATING ARRANGEMENTS, CONTRACTS OR TRANSACTIONS THAT MAY BENEFIT THE PRIVATE INTEREST OF A TRUSTEE, THEIR FAMILY MEMBER(S), A MEMBER OF A COMMITTEE OR SUBCOMMITTEE THAT EXERCISES BOARD-DELEGATED POWERS OF THE UNIVERSITY, OR SENIOR MANAGEMENT. THE POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE APPLICABLE STATE AND FEDERAL LAWS GOVERNING NONPROFIT CHARITABLE CORPORATIONS. IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY, EACH VOTING MEMBER OF THE BOARD OF TRUSTEES MUST COMPLETE, AT LEAST ANNUALLY, THE SYSTEM'S CONFLICT OF INTEREST DISCLOSURE PROCESS. THE CONFLICT OF INTEREST PROCESS INCLUDES DISTRIBUTION OF AN ELECTRONIC DISCLOSURE TO ALL PERSONS WHO SERVED AS VOTING MEMBERS OF THE BOARD OF TRUSTEES, MEMBERS OF SENIOR MANAGEMENT AND KEY EMPLOYEES DURING THE PREVIOUS FISCAL YEAR. THE DISCLOSURE FORM ELICITS INFORMATION RELATED TO THE RESPONDENTS ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES IN WHICH THEY ENGAGED DURING THE REPORTING PERIOD. THE PROCESS ALSO REQUIRES COVERED PERSONS TO DISCLOSE SUCH INFORMATION ABOUT THEIR FAMILY MEMBERS. IN ADDITION TO ATTESTING TO THE VERACITY OF INFORMATION CONTAINED WITHIN THE DISCLOSURE, THE VOTING MEMBER OF THE BOARD OF TRUSTEES MUST CERTIFY THAT THEY WILL ABIDE BY THE SYSTEM'S CONFLICTS OF INTEREST AND OTHER RELEVANT POLICIES AND WILL DISCLOSE ALL INTERESTS AND ACTIVITIES RELATED TO THEIR ONGOING SERVICE ON THE BOARD OF TRUSTEES. MEMBERS OF SENIOR MANAGEMENT AND INDIVIDUALS IDENTIFIED AS KEY EMPLOYEES RECEIVE DISCLOSURE QUESTIONS REQUIRED OF MEMBERS OF THE BOARD OF TRUSTEES. ALL PERSONS COVERED UNDER THE ORGANIZATION'S BOARD OF TRUSTEES AND EMPLOYEE-RELATED CONFLICT OF INTEREST POLICIES MAINTAIN A CONTINUING OBLIGATION TO DISCLOSE ALL CHANGES IN INTERESTS, ACTIVITIES AND RELATIONSHIPS THROUGHOUT THE YEAR. THE SYSTEM MAINTAINS ALL ORIGINAL DISCLOSURE FORMS AND CERTIFICATIONS IN ACCORDANCE WITH ITS RECORD RETENTION POLICY. THE SYSTEM ALSO COMPILES AND ISSUES A COMPREHENSIVE REPORT OF ALL ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES REPORTED DURING THE BOARD OF TRUSTEES CONFLICTS OF INTEREST DISCLOSURE PROCESS TO THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THEREAFTER, THE BOARD OF TRUSTEES ITSELF OR THROUGH DELEGATION TO THE AUDIT, RISK AND COMPLIANCE COMMITTEE, EVALUATES ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO DETERMINE WHETHER ACTIVITIES OR ARRANGEMENTS REQUIRE MANAGEMENT, REDUCTION, OR ELIMINATION OF CERTAIN</p>

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE HIGHEST STANDARDS OF REGULATORY COMPLIANCE AND BEST PRACTICES IN CORPORATE GOVERNANCE. THOMAS JEFFERSON UNIVERSITY'S BOARD OF TRUSTEES HAS A COMPENSATION AND HUMAN CAPITAL COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE SYSTEM'S EXECUTIVE COMPENSATION, INCLUDING ARRANGEMENTS COVERING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR EXECUTIVES AND OTHER KEY EMPLOYEES (INCLUDING CLINICAL DEPARTMENT CHAIRS AND SELECT FACULTY). THE COMMITTEE MEETS MULTIPLE TIMES DURING THE YEAR AND IS COMPRISED OF INDIVIDUALS WHO ARE INDEPENDENT AND DO NOT HAVE CONFLICTS OF INTEREST WITH REGARD TO THE COMPENSATION ARRANGEMENTS THAT FALL WITHIN ITS PURVIEW. THE COMMITTEE'S PROCESS IS DESIGNED TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS THAT IS AVAILABLE UNDER THE INTERMEDIATE SANCTIONS LAW, AND INCLUDES THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF ITS DELIBERATIONS AND DECISIONS. THE COMMITTEE'S DECISIONS ARE MADE IN ACCORDANCE WITH SYSTEM'S COMPENSATION PHILOSOPHY, WHICH SUPPORTS THE OBJECTIVE OF ATTRACTING, RETAINING AND MOTIVATING TALENTED INDIVIDUALS WHO HAVE THE APPROPRIATE EXPERIENCE AND SKILLS TO ACHIEVE THE INSTITUTIONS OBJECTIVES. ON AN ANNUAL BASIS THE COMMITTEE REVIEWS APPROPRIATE COMPARABILITY DATA FOR SIMILAR INSTITUTIONS THAT REFLECT THE MISSION, SCOPE AND COMPLEXITY OF THE ORGANIZATION AND ITS CONSTITUTE ENTITIES. THE COMMITTEE ENGAGES QUALIFIED, INDEPENDENT CONSULTANTS AS NEEDED TO PROVIDE ADVICE ON COMPENSATION MATTERS AND TO PREPARE THE COMPARABILITY DATA, WHICH ARE REVIEWED BY THE COMMITTEE IN ADVANCE OF MAKING ITS DECISIONS. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND OTHER SENIOR EXECUTIVES BASED ON MARKET PRACTICES, AN ASSESSMENT OF PERFORMANCE AND OTHER BUSINESS JUDGMENT FACTORS. THE EXECUTIVE COMPENSATION INCLUDES INCENTIVE PAY, PURSUANT TO WHICH EXECUTIVES ARE REWARDED BASED ON THE ACHIEVEMENT OF THE SYSTEM, ENTITY AND INDIVIDUAL PERFORMANCE GOALS THAT ARE ESTABLISHED IN ADVANCE OF THE PERFORMANCE PERIOD. THESE GOALS ARE LINKED TO SYSTEM'S MISSION, STRATEGIC AND OPERATING OBJECTIVES, AND HAVE PREDETERMINED WEIGHTS. AT THE END OF THE YEAR, THE COMMITTEE APPROVES THE RESULTING AWARDS BASED ON A REVIEW OF PERFORMANCE ACHIEVEMENTS RELATIVE TO THE GOALS; IN APPROPRIATE CIRCUMSTANCES, OTHER DISCRETIONARY FACTORS MAY BE CONSIDERED WHEN INCENTIVES ARE DETERMINED. THE COMMITTEE MAKES A DETERMINATION OF THE REASONABLENESS OF COMPENSATION AND MAINTAINS MINUTES THAT DOCUMENT ITS DELIBERATIONS AND DECISIONS</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART VI, SECTION B; QUESTION 15	

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART X; LINE 25	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES: - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2006B; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2009A; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012A; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012B; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015A; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015B; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015C-G; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015H; - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017A; - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017B; - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017C; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018A, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018B; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018C; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018D; AND - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2019A. THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY THOMAS JEFFERSON UNIVERSITY; THE TAX-EXEMPT PARENT OF THE SYSTEM AND SOLE MEMBER OF VARIOUS TAX-EXEMPT AFFILIATES WITHIN THE SYSTEM. TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES. THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A TJU OBLIGATED GROUP LIABILITY. ACCORDINGLY, THIS TJU OBLIGATED GROUP LIABILITY IS REFLECTED ON THE BALANCE SHEET OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS: - THOMAS JEFFERSON UNIVERSITY HOSPITALS, EIN: 23-2829095 - TJUH SYSTEM, INC., EIN: 26-3026795 - JEFFERSON UNIVERSITY PHYSICIANS, EIN: 23-2809585 - ABINGTON HEALTH, EIN: 27-1243803 - ABINGTON HEALTH FOUNDATION, EIN: 23-2188052 - ABINGTON MEMORIAL HOSPITAL, EIN: 23-1352152 - LANSDALE HOSPITAL CORPORATION, EIN: 26-3359979 - ARIA HEALTH, EIN: 23-0596940 - ARIA HEALTH SYSTEM, EIN: 23-2239131 - PHILADELPHIA UNIVERSITY, EIN: 23-1352294 - KENNEDY UNIVERSITY HOSPITAL, INC., EIN: 22-1773439 - KENNEDY HEALTH SYSTEM, INC., EIN: 22-2442036 - MAGEE REHABILITATION HOSPITAL, EIN: 23-1476328 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 OF THOMAS JEFFERSON UNIVERSITY, EIN: 23-1352651.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART X; LINES 27-29	<p>IN AUGUST 2016, THE FASB ISSUED ASU 2016-14, NOT-FOR-PROFIT ENTITIES: PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR PROFIT ENTITIES, WHICH ELIMINATES THE REQUIREMENT FOR NOT-FOR-PROFITS (NFPS) TO CLASSIFY NET ASSETS AS UNRESTRICTED, TEMPORARILY RESTRICTED AND PERMANENTLY RESTRICTED. INSTEAD, NFPS ARE REQUIRED TO CLASSIFY NET ASSETS AS NET ASSETS WITH DONOR RESTRICTIONS OR WITHOUT DONOR RESTRICTIONS. AMONG OTHER THINGS, THE GUIDANCE ALSO MODIFIES REQUIRED DISCLOSURES AND REPORTING RELATED TO NET ASSETS, INVESTMENT EXPENSES AND QUALITATIVE INFORMATION REGARDING LIQUIDITY. NFPS ARE ALSO REQUIRED TO REPORT ALL EXPENSES BY BOTH FUNCTIONAL AND NATURAL CLASSIFICATION IN ONE LOCATION. THE PROVISIONS OF ASU 2016-14 ARE EFFECTIVE FOR THE INSTITUTION FOR ANNUAL PERIODS BEGINNING AFTER DECEMBER 15, 2017 AND INTERIM PERIODS THEREAFTER. AS SUCH, THE INSTITUTION ADOPTED ASU 2016-14 FOR THE YEAR ENDED DECEMBER 31, 2018. THE EFFECTS OF THE ADOPTION OF ASU 2016-14 WERE APPLIED RETROSPECTIVELY. AS A RESULT OF THE ADOPTION OF ASU 2016-14, THE NET ASSET CATEGORIES HAVE BEEN UPDATED AS DESCRIBED ABOVE. ADDITIONALLY, THE ADDITION OF QUANTITATIVE AND QUALITATIVE DISCLOSURES RELATED TO THE ANALYSIS OF EXPENSES BY BOTH NATURAL AND FUNCTIONAL CLASSIFICATIONS AND LIQUIDITY AND AVAILABILITY OF RESOURCES CAN BE FOUND IN NOTES 4 AND 14. THE ADOPTION OF ASU 2016-14 HAD NO IMPACT ON THE TOTAL NET ASSETS PREVIOUSLY REPORTED BY THE INSTITUTION AS OF DECEMBER 31, 2017.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART XI; QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE: - NET ASSETS RELEASED FROM RESTRICTION - \$5,780,835; - CHANGE IN INTEREST RATE SWAP CONTRACTS - (\$7,195,587); - DISTRIBUTION TO MINORITY INTEREST - (\$10,923,301); - OTHER CHANGES IN NET ASSETS - (\$680,392); - NET ASSETS RELEASED FROM RESTRICTION (DONOR RESTRICTED) - (\$5,797,835); - CHANGE IN VALUE OF EXTERNAL TRUSTS (DONOR RESTRICTED) - \$29,751; AND - OTHER CHANGES IN NET ASSETS (DONOR RESTRICTED) - (\$1,492).

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
CORE FORM, PART XII; QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE FISCAL YEARS ENDED JUNE 30, 2019 AND JUNE 30, 2018; RESPECTIVELY AND ISSUED A CONSOLIDATED AUDITED FINANCIAL STATEMENT. AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM. TJU'S AUDIT, RISK AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THE SELECTION OF AN INDEPENDENT AUDITOR.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THOMAS JEFFERSON UNIVERSITY HOSPITALS INC

**Employer identification number**

23-2829095

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> JEFF ENDOSCOPY CENTER AT BALA LLC C/O TJU 1101 MARKET STREET STE 20 PHILADELPHIA, PA 19107 47-4487777	HEALTHCARE	PA	3,366,066	781,754	TJUH

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) 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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b> Yes	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b> Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b> Yes	

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

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



**Part VII Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE R, PART III, LINE 3	DUE TO ITS SHARED DIRECT CONTROLLING ENTITY, TJUH SYSTEM, THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. (TJUH) WAS DEEMED TO OWN BOTH ITS INDIVIDUAL INTEREST IN JEFFERSON COMPREHENSIVE CONCUSSION CENTER, AS WELL AS THOSE OF ITS BROTHER/SISTER ENTITY, JEFFERSON UNIVERSITY PHYSICIANS (JUP). WHILE NEITHER TJUH NOR JUP HAD AN INDIVIDUAL CONTROLLING INTEREST IN JEFFERSON COMPREHENSIVE CONCUSSION CENTER, THEIR COLLECTIVE OWNERSHIP CONSTITUTED A CONTROLLING INTEREST IN THE PARTNERSHIP. AS OF JUNE 30, 2019 JEFFERSON AFFILIATES TERMINATED THEIR OWNERSHIP IN THIS JOINT VENTURE.

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

**Additional Data**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352651	EDUCATION	PA	501(C)(3)	509(A)(1)	NA		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3026795	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2809585	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-4855345	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	JUP		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3026939	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2858320	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	JPS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2678055	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3537847	HEALTH SVCS.	NJ	501(c)(3)	509(A)(2)	MAHC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622009	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622004	HEALTH SVCS.	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622006	HEALTH SVCS.	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2214351	REAL ESTATE	PA	501(c)(2)		JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 27-1243803	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352152	HEALTH SVCS.	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3359979	HEALTH SVCS.	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2188052	FUNDRAISING	PA	501(C)(3)	509(A)(1)	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2239131	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-0596940	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	AHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2691968	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	AHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-0779942	HEALTH SVCS.	PA	501(C)(3)	509(A)(2)	AHS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-7318683	FUNDRAISING	PA	501(C)(3)	509(A)(3)	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352294	EDUCATION	PA	501(C)(3)	509(A)(1)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442036	HEALTH SVCS.	NJ	501(C)(3)	509(A)(1)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-1773439	HEALTH SVCS.	NJ	501(C)(3)	HOSPITAL	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 80-0550282	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442034	REAL ESTATE	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2443981	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442032	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-1420853	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1476328	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	TJU		No
1105 N MARKET STREET WILMINGTON, DE 19899 20-4191006	INSURANCE	DE	501(C)(3)	509(A)(3)	NA		No





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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
									Yes	No
(1) TJU INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2146678	REAL ESTATE	PA	NA	C CORP.						No
(1) WALNUT REALTY CO 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2332416	REAL ESTATE	PA	NA	C CORP.						No
(2) ATRIUM CORPORATION 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2075587	HEALTH SVCS.	PA	NA	C CORP.						No
(3) HEALTHMARK INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2259593	HEALTH SVCS.	PA	NA	C CORP.						No
(4) JEFFERSON ACUTE CARE PHYSICIANS PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2639286	HEALTH SVCS.	PA	NA	C CORP.						No
(5) JEFFCARE INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2830152	HEALTH SVCS.	PA	NA	C CORP.						No
(6) MID-ATLANTIC MATERNAL FETAL INSTITUTE 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2922471	INACTIVE	PA	NA	C CORP.						No
(7) MID-ATLANTIC MATERNAL FETAL INSTITUTE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3536371	INACTIVE	NJ	NA	C CORP.						No
(8) JEFFERSON PHYSICIAN SVCS OF CALIFORNIA 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 37-1856786	INACTIVE	CA	NA	C CORP.						No
(9) 925 WALNUT STREET CORP 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1657497	REAL ESTATE	PA	NA	S CORP.						No
(10) SYSTEM SERVICE CORPORATION 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2218944	HOLDING CO.	DE	NA	C CORP.						No
(11) TF DEVELOPMENT LTD 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2197865	REAL ESTATE	PA	NA	C CORP.						No
(12) HEALTH CARE INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 20-0214524	HEALTH SVCS.	PA	NA	C CORP.						No
(13) KENNEDY MANAGEMENT GROUP INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3347294	MANAGEMENT	NJ	NA	C CORP.						No
(14) PROFESSIONAL MEDICAL MANAGEMENT INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2559690	COLLECTION SVCS.	NJ	NA	C CORP.						No

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								Yes	No
(16) KENNEDY ACCESS INCORPORATED 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2661672	INVESTMENTS	NJ	NA	C CORP.					No
(1) JEFFERSON HLTH NJ DIRECT PRIMARY CARE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1980055	HEALTH SVCS.	NJ	NA	C CORP.					No