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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization  
UC Healthcare System

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

3200 Burnet Avenue

City or town, state or province, country, and ZIP or foreign postal code  
Cincinnati, OH 45229

F Name and address of principal officer:  
Hugh R Hinds Jr  
3200 Burnet Avenue  
Cincinnati, OH 45229

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

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

H(c) Group exemption number ▶

D Employer identification number  
27-3850988

E Telephone number  
(513) 585-6000

G Gross receipts \$ 1,914,868,460

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

J Website: ▶ [www.uchealth.com](http://www.uchealth.com)

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

L Year of formation: 2010

M State of legal domicile:  
OH

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
UC Healthcare System provides long term planning and public relations support for UC Health and its affiliates on a centralized and consistent basis.

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

3	Number of voting members of the governing body (Part VI, line 1a)	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	11
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	12,512
6	Total number of volunteers (estimate if necessary)	570
7a	Total unrelated business revenue from Part VIII, column (C), line 12	612,848
7b	Net unrelated business taxable income from Form 990-T, line 39	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	33,002,521	51,932,476
9 Program service revenue (Part VIII, line 2g)	1,747,929,590	1,810,200,841
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )	13,557,424	14,686,720
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,290,651	37,093,730
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,834,780,186	1,913,913,767

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	52,585,939	54,490,328
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	994,145,130	1,052,558,325
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	753,347,126	826,779,294
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,800,078,195	1,933,827,947
19 Revenue less expenses. Subtract line 18 from line 12	34,701,991	-19,914,180

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,628,902,325	1,985,162,223
21 Total liabilities (Part X, line 26)	826,080,719	1,291,775,097
22 Net assets or fund balances. Subtract line 21 from line 20	802,821,606	693,387,126

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

Charity N Fannin Executive VP & CFO

Type or print name and title

2021-04-21

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ Deloitte Tax LLP

Firm's address ▶ 200 Renaissance Center Suite 3900  
Detroit, MI 49243

Preparer's signature

Firm's EIN ▶ 86-1065772

Phone no. (313) 396-3000

Date

PTIN P00741382

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

UC Healthcare System is the sole member of UC Health, LLC and is responsible for facilitating interaction, cooperation and communication between the various entities that make up the UC Health System to ensure a superior academic medical complex for the residents of Greater Cincinnati and the surrounding region. UC Healthcare System is also responsible for engaging in outreach and development activities to increase the awareness and benefits of the UC Health hospitals. The UC Health system is committed to advancing medicine and improving the health of all people - regardless of race, ethnicity, geography or ability to pay-by fostering groundbreaking medical research and education, delivering outstanding primary and specialty care services and building a diverse workforce.

**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.

<b>4a</b>	(Code: ) (Expenses \$ 1,021,884,354 including grants of \$ 54,490,328 ) (Revenue \$ 1,389,005,841 )
See Additional Data	

<b>4b</b>	(Code: ) (Expenses \$ 327,639,359 including grants of \$ ) (Revenue \$ 235,450,833 )
See Additional Data	

<b>4c</b>	(Code: ) (Expenses \$ 235,184,262 including grants of \$ ) (Revenue \$ 182,148,449 )
See Additional Data	

See Additional Data Table

<b>4d</b>	Other program services (Describe in Schedule O.)
(Expenses \$ 168,781,463 including grants of \$ ) (Revenue \$ 28,728,591 )	

<b>4e</b>	<b>Total program service expenses</b> ▶ 1,753,489,438
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**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	867
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

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

<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> 12,512			
<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? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<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>	Yes		
<b>b</b> If "Yes," enter the name of the foreign country: ►CJ 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>			
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			
<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>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</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>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? If "No," provide an explanation in Schedule O . . . . .	<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>	Yes		
<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**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 11		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ► Hugh R Hinds Jr 3200 Burnet Avenue Cincinnati, OH 45229 (513) 585-8720

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							0	13,358,338	652,860	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,333

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Crothall Healthcare Inc 1500 Liberty Ridge Drive Suite 210 Wayne, PA 19087	Environmental & Transportation Services	18,979,549
Hoxworth Blood Center - Univ of Cincinnati PO Box 670055 Cincinnati, OH 45269	Blood Services	12,902,725
Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati, OH 45229	Laboratory & Clinical Services	9,086,186
Morrison Management Specialists Inc 400 Northridge Road Suite 600 Sandy Springs, GA 30350	Food Services	8,088,292
Metro Aviation Inc 1214 Hawn Avenue Shreveport, LA 71107	Helicopter Flights	5,256,928

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 243

Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a					
	b Membership dues . . . . .	1b					
	c Fundraising events . . . . .	1c					
	d Related organizations	1d	3,003,676				
	e Government grants (contributions)	1e	47,561,427				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,367,373				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f . . . . . ▶	51,932,476					
Program Service Revenue	2a Net Patient Services	Business Code					
		621990	1,704,791,363	1,704,482,775	308,588		
	b Clinical Contract Reve	621110	29,477,741	29,269,390	208,351		
	c Research Revenue	621110	13,184,693	13,184,693			
	d Residents	621990	13,155,986	13,155,986			
	e Medical Directorship	621110	1,838,201	1,770,361	67,840		
	f All other program service revenue.		47,752,857	47,622,006	130,851		
g Total. Add lines 2a-2f. . . . . ▶	1,810,200,841						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		7,548,113		-1,048,613	8,596,726	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties . . . . . ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6a	4,462,762				
		b Less: rental expenses	6b	0			
		c Rental income or (loss)	6c	4,462,762			
	d Net rental income or (loss) . . . . . ▶		4,462,762	-1,021,818	665,735	4,818,845	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	2,725,518	4,413,089			
		b Less: cost or other basis and sales expenses	7b	0	0		
		c Gain or (loss)	7c	2,725,518	4,413,089		
	d Net gain or (loss) . . . . . ▶		7,138,607			7,138,607	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a					
		b Less: direct expenses . . . . .	8b				
		c Net income or (loss) from fundraising events . . . . . ▶					
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .	9a					
		b Less: direct expenses . . . . .	9b				
		c Net income or (loss) from gaming activities . . . . . ▶					
	10aGross sales of inventory, less returns and allowances . . . . .	10a	1,436,987				
b Less: cost of goods sold . . . . .		10b	954,693				
c Net income or (loss) from sales of inventory . . . . . ▶			482,294			482,294	
Miscellaneous Revenue		Business Code					
11aLCOH Leased Employees	900099	17,615,029	17,615,029				
b Cafeteria	900099	4,726,465				4,726,465	
c Joint Venture Income	900099	-1,161,662	-1,433,454			271,792	
d All other revenue . . . . .		10,968,842	10,688,746	280,096			
e Total. Add lines 11a-11d . . . . . ▶		32,148,674					
12 Total revenue. See instructions . . . . . ▶		1,913,913,767	1,835,333,714	612,848		26,034,729	

Form 990 (2019)

**Part IX Statement of Functional Expenses**

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

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

<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 . . . . .	54,490,328	54,490,328		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	7,323,643	5,858,914	1,464,729	
<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) . . . . .	337,566	270,053	67,513	
<b>7</b> Other salaries and wages . . . . .	875,811,700	790,859,449	84,952,251	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	21,020,823	18,708,532	2,312,291	
<b>9</b> Other employee benefits . . . . .	107,198,442	95,406,613	11,791,829	
<b>10</b> Payroll taxes . . . . .	40,866,151	36,370,874	4,495,277	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	2,974,474		2,974,474	
<b>c</b> Accounting . . . . .	485,886		485,886	
<b>d</b> Lobbying . . . . .	306,711		306,711	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	194,873,356	164,364,767	30,508,589	
<b>12</b> Advertising and promotion . . . . .	4,214,976	842,995	3,371,981	
<b>13</b> Office expenses . . . . .	21,212,897	17,069,328	4,143,569	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	37,824,758	30,259,806	7,564,952	
<b>17</b> Travel . . . . .	416,073	332,858	83,215	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	2,042,428	1,633,777	408,651	
<b>20</b> Interest . . . . .	19,559,406	17,603,465	1,955,941	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	73,401,159	58,720,927	14,680,232	
<b>23</b> Insurance . . . . .	7,706,118	6,164,894	1,541,224	
<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> Medical Supplies	398,952,062	398,952,062		
<b>b</b> Hospital Franchise Tax	26,265,123	26,265,123		
<b>c</b> Maintenance & Repairs	13,324,805	10,659,844	2,664,961	
<b>d</b> Memberships & Dues	3,300,240	2,693,137	607,103	
<b>e</b> All other expenses	19,918,822	15,961,692	3,957,130	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,933,827,947	1,753,489,438	180,338,509	0
<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 . . . . .		20,676,265	<b>1</b>	156,522,631	
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>		
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		310,575,785	<b>4</b>	308,356,052	
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		5,035,448	<b>7</b>	5,000,000	
	<b>8</b>	Inventories for sale or use . . . . .		18,705,826	<b>8</b>	28,192,959	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		20,396,296	<b>9</b>	22,423,735	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,563,405,200			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	960,169,460	582,115,437	<b>10c</b>	603,235,740
	<b>11</b>	Investments—publicly traded securities . . . . .		578,487,436	<b>11</b>	556,069,051	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		198,494	<b>12</b>	191,019,644	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		80,820,738	<b>13</b>	48,210,506	
	<b>14</b>	Intangible assets . . . . .		3,753,533	<b>14</b>	45,601,763	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		8,137,067	<b>15</b>	20,530,142	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,628,902,325	<b>16</b>	1,985,162,223		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		145,560,464	<b>17</b>	158,986,088	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		2,813,265	<b>19</b>	137,458,559	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		403,276,661	<b>20</b>	625,724,596	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		66,998,870	<b>23</b>	65,672,500	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<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		207,431,459	<b>25</b>	303,933,354	
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		826,080,719	<b>26</b>	1,291,775,097		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		802,821,606	<b>27</b>	693,387,126	
	<b>28</b>	Net assets with donor restrictions . . . . .			<b>28</b>		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		802,821,606	<b>32</b>	693,387,126		
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,628,902,325	<b>33</b>	1,985,162,223		

**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>	1,913,913,767
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,933,827,947
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-19,914,180
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	802,821,606
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-25,615,180
<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>	-63,905,120
<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>	693,387,126

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> 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?		No
<b>b</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.		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 27-3850988  
**Name:** UC Healthcare System

Form 990 (2019)

**Form 990, Part III, Line 4a:**  
Patient Services and Physician Services

<b>Form 990, Part III, Line 4b:</b> <u>Cost of Medicaid</u>	
--	--

<b>Form 990, Part III, Line 4c:</b>	
Subsidized Health Services	
<hr/>	

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

<b>Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</b>					
(Code: )	(Expenses \$	128,792,239	including grants of \$	(Revenue \$	15,318,591 )
Health Professions Education					
(Code: )	(Expenses \$	37,280,847	including grants of \$	(Revenue \$	13,410,000 )
Traditional Charity Care					

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

<b>Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</b>				
(Code: )	(Expenses \$	946,673	including grants of \$	(Revenue \$ 0 )
Community Health Improvement Services				
(Code: )	(Expenses \$	1,761,704	including grants of \$	(Revenue \$ 0 )
Financial and In-kind Contributions				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard P Lofgren MD ..... CEO/Pres/Trustee - UCH (Ex-Officio)	2.00 ..... 58.00	X		X				0	2,017,694	32,861
Joseph Cheng MD ..... Physician	0.00 ..... 50.00					X		0	1,340,662	23,851
Diya Mutasim MD ..... Physician	0.00 ..... 50.00					X		0	1,284,004	56,051
Steven Agabegi MD ..... Physician	0.00 ..... 50.00					X		0	1,212,580	56,051
Rani Nasser MD ..... Physician	0.00 ..... 50.00					X		0	1,137,307	56,051
Peter Gilbert ..... Chief Operating Officer - UCH	0.00 ..... 60.00				X			0	1,134,195	38,112
Ferhan Asghar MD ..... Physician	0.00 ..... 50.00					X		0	997,872	56,051
Hugh R Hinds Jr ..... CFO/Treasurer	2.00 ..... 58.00			X				0	907,438	30,549
Evaline Alessandrini MD ..... Chief Medical Officer - UCH	0.00 ..... 60.00				X			0	735,644	39,751
Myles Pensak MD ..... Chief Phys Svcs - UCH (Ended 12/19)	0.00 ..... 60.00				X			0	611,249	56,051

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			
Clarence Pauley ..... Chief HR Officer - UCH	0.00 ..... 60.00				X			0	513,955	33,249
Arthur M Pancioli MDSch O ..... Trustee - UCHS & UCH	1.00 ..... 49.00	X						0	450,160	35,851
Gregory Rouan MD Sch O ..... Trustee - UCH	1.00 ..... 49.00	X						0	330,301	23,851
William E Hurford MD ..... CMO - UCH (Ended 11/16)	0.00 ..... 60.00						X	0	309,526	23,951
Andrew T Filak MD Sch O ..... Trustee - UCH (Ex-Officio)	1.00 ..... 5.00	X						0	191,346	56,051
Joseph Broderick MD Sch O ..... Trustee - UCH (Ended 12/19)	1.00 ..... 49.00	X						0	101,677	9,119
Carmela Horan ..... Assistant Secretary	2.00 ..... 48.00			X				0	82,728	25,409
Sandra W Heimann ..... Chairperson	1.00 ..... 5.00	X						0	0	0
Ronald D Brown ..... Trustee - UCHS & UCH (Start 12/19)	1.00 ..... 5.00	X						0	0	0
Kerry Byrne ..... Trustee - UCH	1.00 ..... 5.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kristian A Gatewood ..... Trustee - UCH (Started 12/19)	1.00 ..... 5.00	X						0	0	0
Joanne Harris ..... Trustee - UCH	1.00 ..... 5.00	X						0	0	0
Karen Hoguet ..... Trustee - UCH	1.00 ..... 5.00	X						0	0	0
Gary Johns ..... Trustee - UCH	1.00 ..... 5.00	X						0	0	0
Rev Damon Lynch Jr ..... Trustee - UCH (Ended 12/19)	1.00 ..... 5.00	X						0	0	0
Carter McNabb ..... Trustee - UCH	1.00 ..... 5.00	X						0	0	0
Thomas Mischell ..... Trustee - UCH	1.00 ..... 5.00	X						0	0	0
Jim Orr ..... Trustee - UCHS (Started 12/19)	1.00 ..... 0.00	X						0	0	0
Neville Pinto PhD ..... Trustee - UCH (Ex-Officio)	1.00 ..... 5.00	X						0	0	0
William C Portman III ..... Trustee - UCHS & UCH (Ended 12/19)	1.00 ..... 5.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
George L Schaefer Jr ..... Trustee - UCHS (Ended 12/19)	1.00 ..... 1.00	X						0	0	0
Jeffrey L Wyler ..... Trustee - UCHS & UCH	1.00 ..... 5.00	X						0	0	0

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
UC Healthcare System

Employer identification number  
27-3850988

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,979,214	17,246,414	17,055,748	33,002,521	51,932,476	136,216,373
<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	1,490,772,894	1,519,242,977	1,603,845,457	1,749,042,245	1,810,954,431	8,173,858,004
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513	4,561,154	4,316,168	4,519,983	4,602,805	4,998,257	22,998,367
<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	1,512,313,262	1,540,805,559	1,625,421,188	1,786,647,571	1,867,885,164	8,333,072,744
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<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.						0
<b>c</b>	Add lines 7a and 7b.						0
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						8,333,072,744

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6.	1,512,313,262	1,540,805,559	1,625,421,188	1,786,647,571	1,867,885,164	8,333,072,744
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,190,955	17,017,481	12,941,995	19,266,484	14,852,558	80,269,473
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	-177,799	-277,256	81,733	0	0	-373,322
<b>c</b>	Add lines 10a and 10b.	16,013,156	16,740,225	13,023,728	19,266,484	14,852,558	79,896,151
<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.)	23,521,123	17,620,553	7,981,727	28,218,088	28,268,009	105,609,500
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,551,847,541	1,575,166,337	1,646,426,643	1,834,132,143	1,911,005,731	8,518,578,395
<b>14</b>	<b>First five years.</b> 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 <b>stop here.</b> ► <input type="checkbox"/>						

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

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	97.820 %
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	97.590 %

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.940 %
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.150 %

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☒

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<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>3a</b>		
<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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<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>4a</b>		
<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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<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 <b>Part VI</b> 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>4c</b>		
<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 <b>Part VI</b>, 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>5a</b>		
<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>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<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 <b>Part VI</b>.</i>		
<b>6</b>		
<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>7</b>		
<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>8</b>		
<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 <b>Part VI</b>.</i>		
<b>9a</b>		
<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 <b>Part VI</b>.</i>		
<b>9b</b>		
<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 <b>Part VI</b>.</i>		
<b>9c</b>		
<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>10a</b>		
<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>		
<b>10b</b>		

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 <b>Part VI</b>.</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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b>.</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 <b>Part VI</b> the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> 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>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

**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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part III, Line 12, Explanation for Other Income:	Other Income

**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

**2019**

**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 UC Healthcare System	<b>Employer identification number</b> 27-3850988
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a)		(b)
		Yes	No	Amount
<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)? .....	Yes		
<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? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		291,102
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		15,609
<b>j</b>	Total. Add lines 1c through 1i .....			306,711
<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? .....			

**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 I-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1:	While UC Healthcare System does not spend a substantial amount of resources or time participating in lobbying activities, UC Healthcare System does maintain a government relations office that is focused on improving and expanding interactions with local, state, and federal government appointed and elected officials relating to health reimbursement and grant/funding issues. During fiscal year 2020, UC Healthcare System's government relations office incurred \$291,102 in expenses relating to various lobbying activities. Certain members of management and faculty meet with and educate local, state and federal officials relating to health, reimbursement, and grant/funding issues. The value of their time spent performing lobbying activities is not quantifiable. Additionally, lobbying expenses of \$15,609 represent a portion of the dues paid to national and state hospital and academic medical center associations that is specifically allocable to lobbying. UC Healthcare System does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
UC Healthcare System

Employer identification number  
27-3850988

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 . . . . . ► \$ 0

(ii) Assets included in Form 990, Part X . . . . . ► \$ 918,000

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

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

Part III

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

3

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

a☒ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

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	
1a	Beginning of year balance	6,543,950	5,757,374	5,561,337	4,300,197	4,597,448
b	Contributions		711,958	95,952	1,157,144	0
c	Net investment earnings, gains, and losses	-376,052	74,618	100,085	103,996	-297,251
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	6,167,898	6,543,950	5,757,374	5,561,337	4,300,197

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

100.000 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	32,755,182		32,755,182
b	Buildings	820,558,103	468,828,870	351,729,233
c	Leasehold improvements	19,382,125	8,852,421	10,529,704
d	Equipment	656,471,051	470,864,383	185,606,668
e	Other	34,238,739	11,623,786	22,614,953
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			603,235,740

Schedule D (Form 990) 2019

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) 2020 Bond Project Fund	161,435,504	F
(B) 2020 Bond Capitalized Interest	29,172,237	F
(C) Other Securities	411,903	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	191,019,644	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	

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	
(2) Employee Benefit Related Liabilities	209,221,048
(3) Accrued Professional Fees	18,529,039
(4) Due to Third Party Payors	6,683,078
(5) Asset Retirement Obligations	9,912,750
(6) Interest Payable	4,778,484
(7) Naming & Sponsorship Contracts	4,108,075
(8) Operating Lease Liability	39,927,472
(9) Other Liabilities	10,773,408
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	303,933,354

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:** 27-3850988  
**Name:** UC Healthcare System

**Supplemental Information**

Return Reference	Explanation
Part III, Line 4:	In December 2018, the Organization received a donation of Rookwood Pottery decorated with painted portraits of Native Americans. This collection was donated to the Organization for display in the newly opened University of Cincinnati Gardner Neuroscience Institute, where it can be viewed by patients, families and the general public.

Supplemental Information	
Return Reference	Explanation
Part V, Line 4:	The intended use for the Organization's endowment funds, held by UC Health Foundation, is to enhance the high-quality services and compassionate care provided by UC Healthcare System.

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

2019

Open to Public Inspection

Name of the organization  
UC Healthcare System

Employer identification number  
27-3850988

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total . . . . .	2	2			123,270,966
b Total from continuation sheets to Part I . . . . .	0	0			0
c Totals (add lines 3a and 3b)	2	2			123,270,966

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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 . . . . . ► \_\_\_\_\_

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

[illegible]

**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

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Part I, line 3:	The amounts shown in column (f) for investment activities in Central America & the Caribbean represent investments in those regions. The amount shown as program service activities in Central America & the Caribbean represents total expenditures in the region.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Part III Accounting Method:	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 27-3850988

**Name:** UC Healthcare System

### 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
Central America and the Caribbean	1	1	Program Services	Offshore Captive Management	257,835
Central America and the Caribbean	1	1	Investments	Offshore Captive Management	2,513,377

**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
Central America and the Caribbean	0	0	Investments	Alternatives	120,499,754

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UC Healthcare System

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number  
27-3850988

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			37,280,847	13,410,000	23,870,847	1.230 %
b Medicaid (from Worksheet 3, column a) . . . . .			327,639,359	235,450,833	92,188,526	4.770 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			364,920,206	248,860,833	116,059,373	6.000 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			946,673		946,673	0.050 %
f Health professions education (from Worksheet 5) . . . . .			128,792,239	15,318,591	113,473,648	5.870 %
g Subsidized health services (from Worksheet 6) . . . . .			235,184,262	182,148,449	53,035,813	2.740 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			1,761,704		1,761,704	0.090 %
j Total. Other Benefits . . . . .			366,684,878	197,467,040	169,217,838	8.750 %
k Total. Add lines 7d and 7j . . . . .			731,605,084	446,327,873	285,277,211	14.750 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>		
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b> 18,037,989		
<b>3</b> 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. . . . .	<b>3</b> 0		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b> 157,403,395
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b> 136,040,720
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b> 21,362,675
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:	
<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b> Yes
<b>b</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 . . . . .	<b>9b</b> Yes

**Part IV Management Companies and Joint Ventures**

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

**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?

3

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)  
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):** \_\_\_\_\_

	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? . . . . .	<b>1</b>	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. . . . .	<b>2</b>	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):	<b>3</b>	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 . . . . .	<b>5</b>	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 . . . . .	<b>6a</b>	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 . . . . .	<b>6b</b>	Yes
<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):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.uchealth.com/about/community-benefit/</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. . . . .	<b>8</b>	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>https://www.uchealth.com/about/community-benefit/</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<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)**

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:	<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 <u>150.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>200.000000000000</u> %		
<b>b</b>	<input checked="" 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? . . . . .	<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>https://www.uchealth.com/financial/financial-assistance/</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.uchealth.com/financial/financial-assistance/</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://www.uchealth.com/financial/financial-assistance/</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 checked="" type="checkbox"/> Other (describe in Section C)		

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

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? . . . . .	<b>17</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <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? . . . . .	<b>21</b> 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)**

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>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 89

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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 6a:	The community benefit information for Daniel Drake Center for Post-Acute Care, LLC, West Chester Hospital, LLC and the University of Cincinnati Medical Center, LLC are included in the report issued by UC Healthcare System. The link below is the URL to access the community benefit report: <a href="http://uchealth.com/about/community-benefit/">http://uchealth.com/about/community-benefit/</a>
Part I, Line 7:	The net community benefit expenses are estimated using a cost-to-charge ratio. The cost-to-charge ratio is based on allowable cost per the Medicare Cost Report as a percent of total patient charges.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 7h:	UC Healthcare System does not report expenses related to research on Schedule H, Part I, Line 7h. These activities are conducted through the University of Cincinnati and thus are not reported by UC Healthcare System.
Part III, Line 2:	UC Healthcare System offers uninsured patients who are not eligible for any discount under the terms of the Charity Care Policy an uninsured discount of a percentage of billed charges to help ease the burden of medical expenses. The uninsured discount is not included in bad debt expenses. Bad debt expense, at cost, is calculated using a cost-to-charge ratio. The cost-to-charge ratio is based on allowable cost per the Medicare Cost Report as a percent of total patient charges.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3:	UC Healthcare System has a very robust financial assistance program; therefore, no estimate is made for bad debt attributed to financial assistance eligible patients.
Part III, Line 4:	The Organization's share of bad debt expense was \$69,568,994 at charges (\$18,037,989 at cost).

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8:	UC Healthcare System follows the Catholic Health Association of the United States policy document, Community Benefit Program, A Revised Resource for Social Accountability ("CHA Guidelines") for determining community benefit.
Part III, Line 9b:	UC Healthcare System representatives will assist patients in filling out the Financial Assistance Application. UC Healthcare System limits collection practices for those known to qualify for financial assistance.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2:	<p>Daniel Drake Center, LLC, West Chester Hospital, LLC and University of Cincinnati Medical Center, LLC utilize various methods to assess the health care needs of the communities it serves. The primary method includes membership in various industry organizations including: The Health Collaborative, Ohio Hospital Association, and American Hospital Association; and affiliations with various regulatory agencies, including Joint Commission on Accreditation of Healthcare Organizations, Commission on Accreditation of Rehabilitation Facilities, and Ohio Department of Health. Additionally, UC Healthcare System utilizes an independent research group to monitor patient satisfaction, solicit feedback from physicians, and be actively involved in community health fairs and education events. Additionally, UC Healthcare System conducted a Community Health Needs Assessment during fiscal years 2013, 2016, and 2019 to identify and begin to address the health needs of the communities which each hospital serves. Using both qualitative and quantitative feedback as well as publically available and proprietary health indicators, UC Healthcare System was able to identify and prioritize community health needs for each hospital.</p>
Part VI, Line 3:	<p>UC Healthcare System utilizes a multifaceted approach regarding the communication of assistance programs available to patients. There are signs throughout the hospitals alerting patients of the charity care programs available. While registering patients, Registrars can offer patients financial assistance applications, which provide information regarding the programs available. Financial counselors will also meet with patients and outline the programs available, determine eligibility, and offer assistance in completing the application process. When a patient receives their balance due statement, the back of the statement provides information regarding programs and eligibility. During the collections process, representatives will also offer financial assistance information if a patient notifies them that they do not have the ability to pay. Finally, UC Healthcare System provides the Financial Assistance Policy, Financial Assistance Application, Financial Assistance Plain Language Summary and other detailed information online, to educate patients of programs that are available.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4:	<p>UC Healthcare System is a physician-led, integrated health system serving primarily Cincinnati and the Ohio, Kentucky and Indiana Tristate region. Here are some key demographics in the Butler, Clermont, Hamilton and Warren counties, the main counties served by University of Cincinnati Medical Center, LLC, Daniel Drake Center for Post-Acute Care, LLC, West Chester Hospital, LLC and University of Cincinnati Physicians Company, LLC include:Butler County- Top causes of death are lung cancer, dementia and heart disease- Cancer mortality rates are higher than national average- Injury deaths are significantly higher than state and national rates- Obesity, Smoking, and Physical Inactivity rates are higher than state and national rates- Alcohol-Impaired driving deaths are higher than state and national rates- Rates for depression, drug poisoning deaths, fentanyl/heroin/prescription drug deaths are all higher than state and national average- 9% of the county is rural- Ohio county with highest percentage of households with childrenClermont County- Top causes of death are lung cancer and heart disease- Death rates from stroke and smoking are higher than state and national average- Injury deaths are increasing and higher than state and national rates- Obesity rates higher than state and national average- Rates for depression, drug poisoning deaths, fentanyl/heroin/prescription drug deaths are all significantly higher than state and national averageHamilton County- Top causes of death are lung cancer, heart disease and dementia- Higher than average rates of poverty, infant mortality, and homicide- Rates of chlamydia, gonorrhea and HIV are rising and higher than state and national average- 26% of population is African American compared to 12% for the state- Most populated county in region- High number of children living in povertyWarren County- Top causes of death are Alzheimer's, heart disease, dementia and lung cancer- Percentage of individuals with high blood pressure or diabetes is higher than state and national average- Rising rates of chlamydia, gonorrhea and syphilis- Death rates from drug poisoning and fentanyl increasing- Prescription opioid overdose death rate is higher than state and national averageUC Healthcare System has committed itself to providing health care services no one else can to the underserved in our region. These achievements are made possible by the dedicated physicians, nurses, clinicians and administrators who believe in the commitment to our region as a growing, thriving community for today and for the future.</p>
Part VI, Line 5:	<p>A substantial part of what UC Healthcare System provides to the community is in fulfilling the role of caring for the region's most vulnerable patients - providing life-changing, patient-centered care regardless of the ability to pay. UC Healthcare System has a Community Steering Committee comprised of community leaders and community organizations that serve its service area. The purpose of this group is to advise UC Health on how it can better serve the populations in the community and to guide development of UC Health and its community partnerships in order to improve the physical and economic health of the community. In addition, UC Healthcare System has an Internal Community Wellness Committee comprised of all of its healthcare facilities and the University of Cincinnati College of Medicine to make sure the health system is coordinating the use of all of its resources to provide the most impactful community based involvement and initiatives. As the primary adult teaching affiliate of the University of Cincinnati College of Medicine, University of Cincinnati Medical Center, LLC partners with physicians and faculty for various research programs, bringing medical advances and ground breaking clinical initiatives directly to the patients and community. University of Cincinnati Medical Center, LLC is involved in a program with the United States Air Force to offer training for military medical personnel in the areas of trauma and critical care.West Chester Hospital, LLC provides access to over 750 credentialed physicians to the community and holds community health seminars. West Chester Hospital, LLC, also hosted the UC Health Safety and Wellness Festival featuring on-site health screenings as well as representation from emergency medical service agencies, community organizations and businesses.Daniel Drake Center for Post-Acute Care, LLC (Daniel Drake Center) provides long-term acute care, skilled nursing care, assisted living, various outpatient services, wellness programs, and an aquatic center to the Greater Cincinnati area. In addition, Daniel Drake Center hosts support groups for individuals and families who are faced with the challenges of a chronic illness or injury, such as brain injury or stroke survivors. Daniel Drake Center offers a patient and family library to provide information on the treatment and recovery process and ways to improve overall wellness and quality of life.University of Cincinnati Physicians Company, LLC is one of Greater Cincinnati's largest primary care and specialties physicians groups, practicing in several locations throughout the region. University of Cincinnati Physicians Company, LLC offers a wide range of services to meet the needs of the community, including the aged and indigent.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 6:	<p>UC Healthcare System is a physician-led, integrated health system serving primarily Cincinnati and the Ohio, Kentucky and Indiana Tristate region with national and international referrals for tertiary services. Affiliated with the University of Cincinnati, UC Healthcare System includes:- 724-licensed bed University of Cincinnati Medical Center, LLC, the largest hospital in Cincinnati and the region's only university-based academic medical center;- 174-licensed bed West Chester Hospital, LLC, one of the region's newest hospitals serving the northern suburbs of Cincinnati;- University of Cincinnati Physicians, the University of Cincinnati College of Medicine's multi-specialty physician group;- 241-licensed bed Daniel Drake Center for Post-Acute Care, LLC, a specialized medical and rehabilitative hospital;- Other related facilities and services. UC Healthcare System has a policy as a system to treat patients regardless of their ability to pay. For the fiscal year ended June 30, 2020 UC Healthcare System provided more than \$39,600,000 in charity care to the community it serves.</p>
Part VI, Line 7, Reports Filed With States	OH

## Additional Data

**Software ID:****Software Version:**

**EIN:** 27-3850988

**Name:** UC Healthcare System

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

[illegible]

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

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

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

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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
Facility Reporting Group A consists of:	- Facility 1: University of Cincinnati Medical Center, LLC, - Facility 2: West Chester Hospital, LLC, - Facility 3: Daniel Drake Center for Post-Acute Care, LLC

**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
Group A-Facility 1 -- University of Cincinnati Medical Center, Part V, Section B, line 5:	UC Healthcare System reviewed and assessed the Community Health Needs Assessment organized by The Health Collaborative in Cincinnati, Ohio in partnership with the Greater Dayton Area Hospital Association. The Health Collaborative assembled a highly-qualified team to develop a CHNA for 35 hospitals. The team consulted with, and obtained data and health priorities from, 28 local health departments. It also worked closely in collaboration with the Southwest District of the Association of Ohio Health Commissioners and the Greater Dayton Area Hospital Association. As part of the CHNA initiative, UC Healthcare System participated in community meetings, stakeholder interviews, focus groups and surveys, including representatives from the following: ABCAP-Adams Brown Economic Opportunities, Adams Brown Head Start, Adams County Children's Services Board, Adams County Creating Healthy Communities, Adams County Regional Health Center, Adams County Senior Citizens Council, Inc., Alzheimer's Association Miami Valley, Artemis Center, Big Brothers, Big Sisters of Greater Cincinnati, Brethren Retirement Community, Brookville Library, Brown County Educational Services Center, Cancer Justice Network, Caracole, CASA, Center for Closing the Health Gap, Champaign Family YMCA, Children's Hunger Alliance, Cincinnati Board of Health, Cincinnati Fire Department, City of Franklin Division of Fire & EMS, City of Springfield Fire Rescue, City Link, Clark County Combined Health District, Clark County Coalition Substance Abuse, Clark County Jobs and Family Services, Clark County Emergency Management Agency, Clark ESC, Clark County Family and Children's First Council, Clermont County Mental Health and Recovery Board, Clermont Developmental Disabilities, Colerain Township Department of Fire and EMS, Community Action Commission of Fayette County, Community Health Centers of Greater Dayton, Community Health and Wellness Partner of Logan County, Council on Aging, Council on Rural Services, Cradle Cincinnati, Crossroad Health Center, Darke County Chamber of Commerce, Dayton Fire Dept/ Dayton MMRS, Delhi Township Fire Department, Eastway Behavioral, Elm Street Clinic, Envision Partnership's Epilepsy Foundation Greater Dayton Region, Faith Community Pharmacy, Fairhaven Church, Family Health Services of Darke County, Fayette County Board of Developmental Disabilities, Fitz Center, Fitzgerald's Pharmacy, Five Rivers Health Centers, Franklin Police Department, GDAHA, Health Ministries, Graceworks, Greater Cincinnati Regional Food Policy Council, Green Township Fire & EMS, Hamilton County Sheriff's Office, Health Source of Ohio, Healthcare Access Now, Healthsource of Ohio, Heart House, Help Me Grow, Higher Education Mentoring Initiative, Highland District Hospital, Highpoint Health Physician Practices, Highpoint Health WIC, Hispanic Chamber, Homefull, Homeless Coalition, Ivy Tech, Joshua Recovery, Kettering Health Network, Kids Learning Place-Xenia, LADD, Lawrenceburg Schools, Lighthouse

**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
Group A-Facility 1 -- University of Cincinnati Medical Center, Part V, Section B, line 5:	Youth Services, Medical Reserve Corps Mental Health and Recovery Board - Early Childhood, Mental Health and Recovery Board (of Clark, Greene, and Madison Counties), Mercy Reach, Miami County Job and Family Services, Miami University, Miami Valley Child Development Centers, Inc., Miami Valley Urban League, Montgomery County Educational Service Center, Montgomery County Sheriff's Office, NAMI-Greater Cincinnati, NAMI-Montgomery County, NKCAC, Nutrition Education Program, One Dearborn, Opportunities for Ohioans with Disabilities, Oral Health Ohio, Ohio State University-Extension, Paint Valley ADAMH Board, Piqua Police, Preble County WIC Program, Preble County YMCA, Pregnancy Resource Clinic, Prevent Blindness, Ohio Affiliate, Proud Scholars, Purdue University - Health and Human Services, Reach Out, Recovery + Wellness, Register-Herald, Riverside of Miami County Developmental Disabilities, Rocking Horse Community Health Center, Rose Garden Center for Health & Healing, Safe Passage, Samaritan Behavioral Health, Samaritan Works, Santa Maria Community Services, Scioto Paint Valley Mental Health Center, Seven Hills Neighborhood Houses, Sinclair Community College, Solutions CCRC, Southeastern Ohio Legal Services, Springfield City Youth Mission, Springfield Soup Kitchen, Star Pathways, LLC, Su Casa, Sunlight Village, The Salvation Army, Talbert House, Tri-State Trails Green Umbrella, United Senior Services, United Way (various regions), University of Cincinnati LGBTQ Center, University of Kentucky Nutrition Program, Village of New Paris, VIMDOS Clinic, Walnut Hills Area Council, Warren County Regional Planning Commission, Welcome House Street Outreach, Whole Truth Ministries, WinMed Health Services, Women Helping Women, Wright State University Hall Hunger Initiative, and YMCA (various regions).

**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
Group A-Facility 1 -- University of Cincinnati Medical Center, Part V, Section B, line 6a:	The Christ Hospital Health Network Cincinnati Children's Hospital Medical Center Clinton Memorial Hospital Highpoint Health Fort Hamilton Hospital Grandview Medical Center Greene Memorial Hospital Kettering Behavioral Medicine Center Kettering Medical Center Soin Medical Center Southview Medical Center Sycamore Medical Center Lindner Center of HOPE Mercy Health - Anderson Hospital Mercy Health - Clermont Hospital Mercy Health - Fairfield Hospital Mercy Health - West Hospital The Jewish Hospital - Mercy Health Mercy Health - Urbana Hospital Springfield Regional Medical Center Atrium Medical Center Miami Valley Hospital Miami Valley Hospital North Miami Valley Hospital South Upper Valley Medical Center Bethesda Butler Hospital Bethesda North Hospital Good Samaritan Hospital McCullough-Hyde Memorial Hospital TriHealth Evendale Hospital Wilson Health Wayne HealthCare West Chester Hospital, LLC Daniel Drake Center for Post-Acute Care, LLC

**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
Group A-Facility 1 -- University of Cincinnati Medical Center, Part V, Section B, line 6b:	City of Cincinnati Health DepartmentGreater Dayton Area Hospital AssociationInteract for HealthNorthern Kentucky Health DepartmentPreventionFirst!Public Health Dayton & Montgomery CountySouthwest District of the Association of Ohio Health CommissionersThe Health CollaborativeDearborn/Ohio/Switzerland CountiesFranklin/Union CountiesBoone/Campbell/Kenton CountiesAdams CountyBrown CountyButler CountyChampaign CountyClark CountyClermont CountyClinton CountyDarke CountyFayette CountyGreene CountyHamilton CountyHighland CountyMiami CountyMontgomery CountyPreble CountyShelby CountyWarren CountyAdams County Health DepartmentBrown County Health DepartmentButler County Health DepartmentChampaign-Urbana County DepartmentCincinnati Health DepartmentCity of Hamilton Health DepartmentClark County Combined Health DistrictClermont County Public HealthClinton County Health DepartmentDarke County General Health DistrictFayette County Public HealthGreene County Public HealthHamilton County Public HealthHighland County Health DepartmentMiami County Public HealthMiddletown City Health DistrictNorwood Health DepartmentPiqua City Health DepartmentPreble County Public HealthPublic Health - Dayton & Montgomery CountySidney Shelby County Health DepartmentSpringdale Health DepartmentWarren County Combined Health District

**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
Group A-Facility 1 -- University of Cincinnati Medical Center, Part V, Section B, line 11:	A detailed description of how the University of Cincinnati Medical Center is addressing the significant needs of the community is found in the Implementation Plan. The prioritized needs aligning with the Hospital facility include that of Access to Care, Chronic Disease, Mental Health and Substance Abuse, and Healthy Behaviors. Although all needs identified in the CHNA cannot be addressed due to limited resources and expertise, UC Healthcare System leaders continue to address as many significant needs as possible. UC Healthcare System leaders prioritized these needs with the goal of quickly impacting the health of the community and to be in alignment with existing hospitals' strengths.

**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
Group A-Facility 1 -- University of Cincinnati Medical Center, Part V, Section B, line 13b:	UC Healthcare System applies the following income guidelines to qualify for financial assistance: Family Size Income Per Year 1 \$25,520 2 \$34,480 3 \$43,440 4 \$52,400 5 \$61,360 6 \$70,320 * For families greater than 6, add an additional \$8,960 for each member.

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

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Form and Line Reference	Explanation
Group A-Facility 1 -- University of Cincinnati Medical Center, Part V, Section B, line 16j:	In addition to posting the Charity Care and Financial Assistance Policies to the website and making the policy available upon request, the Policy is also referenced in the following ways: - Signs are posted throughout the emergency room and other areas within the hospital facility providing details of financial assistance available.- Packets are available in facility admitting and registration areas outlining those financial programs available to the insured.

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Form and Line Reference	Explanation
Group A-Facility 2 -- West Chester Hospital, LLC Part V, Section B, line 5:	UC Healthcare System reviewed and assessed the Community Health Needs Assessment organized by The Health Collaborative in Cincinnati, Ohio in partnership with the Greater Dayton Area Hospital Association. The Health Collaborative assembled a highly qualified team to develop a CHNA for 35 hospitals. The team consulted with, and obtained data and health priorities from, 28 local health departments. It also worked closely in collaboration with the Southwest District of the Association of Ohio Health Commissioners and the Greater Dayton Area Hospital Association. As part of the CHNA initiative, UC Healthcare System participated in community meetings, stakeholder interviews, focus groups and surveys, including representatives from the following: ABCAP-Adams Brown Economic Opportunities, Adams Brown Head Start, Adams County Children's Services Board, Adams County Creating Healthy Communities, Adams County Regional Health Center, Adams County Senior Citizens Council, Inc., Alzheimer's Association Miami Valley, Artemis Center, Big Brothers, Big Sisters of Greater Cincinnati, Brethren Retirement Community, Brookville Library, Brown County Educational Services Center, Cancer Justice Network, Caracole, CASA, Center for Closing the Health Gap, Champaign Family YMCA, Children's Hunger Alliance, Cincinnati Board of Health, Cincinnati Fire Department, City of Franklin Division of Fire & EMS, City of Springfield Fire Rescue, City Link, Clark County Combined Health District, Clark County Coalition Substance Abuse, Clark County Jobs and Family Services, Clark County Emergency Management Agency, Clark ESC, Clark County Family and Children's First Council, Clermont County Mental Health and Recovery Board, Clermont Developmental Disabilities, Colerain Township Department of Fire and EMS, Community Action Commission of Fayette County, Community Health Centers of Greater Dayton, Community Health and Wellness Partner of Logan County, Council on Aging, Council on Rural Services, Cradle Cincinnati, Crossroad Health Center, Darke County Chamber of Commerce, Dayton Fire Dept/ Dayton MMRS, Delhi Township Fire Department, Eastway Behavioral, Elm Street Clinic, Envision Partnership's Epilepsy Foundation Greater Dayton Region, Faith Community Pharmacy, Fairhaven Church, Family Health Services of Darke County, Fayette County Board of Developmental Disabilities, Fitz Center, Fitzgerald's Pharmacy, Five Rivers Health Centers, Franklin Police Department, GDAHA, Health Ministries, Graceworks, Greater Cincinnati Regional Food Policy Council, Green Township Fire & EMS, Hamilton County Sheriff's Office, Health Source of Ohio, Healthcare Access Now, Healthsource of Ohio, Heart House, Help Me Grow, Higher Education Mentoring Initiative, Highland District Hospital, Highpoint Health Physician Practices, Highpoint Health WIC, Hispanic Chamber, Homefull, Homeless Coalition, Ivy Tech, Joshua Recovery, Kettering Health Network, Kids Learning Place-Xenia, LADD, Lawrenceburg Schools, Lighthouse

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Form and Line Reference	Explanation
Group A-Facility 2 -- West Chester Hospital, LLC Part V, Section B, line 5:	Youth Services, Medical Reserve Corps Mental Health and Recovery Board - Early Childhood, Mental Health and Recovery Board (of Clark, Greene, and Madison Counties), Mercy Reach, Miami County Job and Family Services, Miami University, Miami Valley Child Development Centers, Inc., Miami Valley Urban League, Montgomery County Educational Service Center, Montgomery County Sheriff's Office, NAMI-Greater Cincinnati, NAMI-Montgomery County, NKCAC, Nutrition Education Program, One Dearborn, Opportunities for Ohioans with Disabilities, Oral Health Ohio, Ohio State University-Extension, Paint Valley ADAMH Board, Piqua Police, Preble County WIC Program, Preble County YMCA, Pregnancy Resource Clinic, Prevent Blindness, Ohio Affiliate, Proud Scholars, Purdue University - Health and Human Services, Reach Out, Recovery + Wellness, Register-Herald, Riverside of Miami County Developmental Disabilities, Rocking Horse Community Health Center, Rose Garden Center for Health & Healing, Safe Passage, Samaritan Behavioral Health, Samaritan Works, Santa Maria Community Services, Scioto Paint Valley Mental Health Center, Seven Hills Neighborhood Houses, Sinclair Community College, Solutions CCRC, Southeastern Ohio Legal Services, Springfield City Youth Mission, Springfield Soup Kitchen, Star Pathways, LLC, Su Casa, Sunlight Village, The Salvation Army, Talbert House, Tri-State Trails Green Umbrella, United Senior Services, United Way (various regions), University of Cincinnati LGBTQ Center, University of Kentucky Nutrition Program, Village of New Paris, VIMDOS Clinic, Walnut Hills Area Council, Warren County Regional Planning Commission, Welcome House Street Outreach, Whole Truth Ministries, WinMed Health Services, Women Helping Women, Wright State University Hall Hunger Initiative, and YMCA (various regions).

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

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Form and Line Reference	Explanation
Group A-Facility 2 -- West Chester Hospital, LLC Part V, Section B, line 6a:	The Christ Hospital Health Network Cincinnati Children's Hospital Medical Center Clinton Memorial Hospital Highpoint Health Fort Hamilton Hospital Grandview Medical Center Greene Memorial Hospital Kettering Behavioral Medicine Center Kettering Medical Center Soin Medical Center Southview Medical Center Sycamore Medical Center Lindner Center of HOPE Mercy Health - Anderson Hospital Mercy Health - Clermont Hospital Mercy Health - Fairfield Hospital Mercy Health - West Hospital The Jewish Hospital - Mercy Health Mercy Health - Urbana Hospital Springfield Regional Medical Center Atrium Medical Center Miami Valley Hospital Miami Valley Hospital North Miami Valley Hospital South Upper Valley Medical Center Bethesda Butler Hospital Bethesda North Hospital Good Samaritan Hospital McCullough-Hyde Memorial Hospital TriHealth Evendale Hospital Wilson Health Wayne HealthCare University of Cincinnati Medical Center, LLC Daniel Drake Center for Post-Acute Care, LLC

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Form and Line Reference	Explanation
Group A-Facility 2 -- West Chester Hospital, LLC Part V, Section B, line 6b:	City of Cincinnati Health DepartmentGreater Dayton Area Hospital AssociationInteract for HealthNorthern Kentucky Health DepartmentPreventionFirst!Public Health Dayton & Montgomery CountySouthwest District of the Association of Ohio Health CommissionersThe Health CollaborativeDearborn/Ohio/Switzerland CountiesFranklin/Union CountiesBoone/Campbell/Kenton CountiesAdams CountyBrown CountyButler CountyChampaign CountyClark CountyClermont CountyClinton CountyDarke CountyFayette CountyGreene CountyHamilton CountyHighland CountyMiami CountyMontgomery CountyPreble CountyShelby CountyWarren CountyAdams County Health DepartmentBrown County Health DepartmentButler County Health DepartmentChampaign-Urbana County DepartmentCincinnati Health DepartmentCity of Hamilton Health DepartmentClark County Combined Health DistrictClermont County Public HealthClinton County Health DepartmentDarke County General Health DistrictFayette County Public HealthGreene County Public HealthHamilton County Public HealthHighland County Health DepartmentMiami County Public HealthMiddletown City Health DistrictNorwood Health DepartmentPiqua City Health DepartmentPreble County Public HealthPublic Health - Dayton & Montgomery CountySidney Shelby County Health DepartmentSpringdale Health DepartmentWarren County Combined Health District

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Form and Line Reference	Explanation
Group A-Facility 2 -- West Chester Hospital, LLC Part V, Section B, line 11:	A detailed description of how the West Chester Hospital is addressing the significant needs of the community is found in the Implementation Plan. The prioritized needs aligning with the Hospital facility include that of Access to Care, Chronic Disease, Mental Health and Substance Abuse, and Healthy Behaviors. Although all needs identified in the CHNA cannot be addressed due to limited resources and expertise, UC Healthcare System leaders continue to address as many significant needs as possible. UC Healthcare System leaders prioritized these needs with the goal of quickly impacting the health of the community and to be in alignment with existing hospitals' strengths. Many of the additional needs identified in the CHNA are being addressed by other UC Healthcare System facilities (or other area hospitals) with more closely aligned expertise and resources available.

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Form and Line Reference	Explanation
Group A-Facility 2 -- West Chester Hospital, LLC Part V, Section B, line 13b:	UC Healthcare System applies the following income guidelines to qualify for financial assistance:Family Size Income Per Year 1 \$25,520 2 \$34,480 3 \$43,440 4 \$52,400 5 \$61,360 6 \$70,320 * For families greater than 6, add an additional \$8,960 for each member.

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Form and Line Reference	Explanation
Group A-Facility 2 -- West Chester Hospital, LLC Part V, Section B, line 15e:	In addition to posting the Charity Care and Financial Assistance Policies to the website and making the policy available upon request, the Policy is also referenced in the following ways: - Signs are posted throughout the emergency room and other areas within the hospital facility providing details of financial assistance available.- Packets are available in facility admitting and registration areas outlining those financial programs available to the insured.

**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
Group A-Facility 3 -- Daniel Drake Center for Post-Acute Care, Part V, Section B, line 5:	UC Healthcare System reviewed and assessed the Community Health Needs Assessment organized by The Health Collaborative in Cincinnati, Ohio in partnership with the Greater Dayton Area Hospital Association. The Health Collaborative assembled a highly qualified team to develop a CHNA for 35 hospitals. The team consulted with, and obtained data and health priorities from, 28 local health departments. It also worked closely in collaboration with the Southwest District of the Association of Ohio Health Commissioners and the Greater Dayton Area Hospital Association. As part of the CHNA initiative, UC Healthcare System participated in community meetings, stakeholder interviews, focus groups and surveys, including representatives from the following: ABCAP-Adams Brown Economic Opportunities, Adams Brown Head Start, Adams County Children's Services Board, Adams County Creating Healthy Communities, Adams County Regional Health Center, Adams County Senior Citizens Council, Inc., Alzheimer's Association Miami Valley, Artemis Center, Big Brothers, Big Sisters of Greater Cincinnati, Brethren Retirement Community, Brookville Library, Brown County Educational Services Center, Cancer Justice Network, Caracole, CASA, Center for Closing the Health Gap, Champaign Family YMCA, Children's Hunger Alliance, Cincinnati Board of Health, Cincinnati Fire Department, City of Franklin Division of Fire & EMS, City of Springfield Fire Rescue, City Link, Clark County Combined Health District, Clark County Coalition Substance Abuse, Clark County Jobs and Family Services, Clark County Emergency Management Agency, Clark ESC, Clark County Family and Children's First Council, Clermont County Mental Health and Recovery Board, Clermont Developmental Disabilities, Colerain Township Department of Fire and EMS, Community Action Commission of Fayette County, Community Health Centers of Greater Dayton, Community Health and Wellness Partner of Logan County, Council on Aging, Council on Rural Services, Cradle Cincinnati, Crossroad Health Center, Darke County Chamber of Commerce, Dayton Fire Dept/ Dayton MMRS, Delhi Township Fire Department, Eastway Behavioral, Elm Street Clinic, Envision Partnership's Epilepsy Foundation Greater Dayton Region, Faith Community Pharmacy, Fairhaven Church, Family Health Services of Darke County, Fayette County Board of Developmental Disabilities, Fitz Center, Fitzgerald's Pharmacy, Five Rivers Health Centers, Franklin Police Department, GDAHA, Health Ministries, Graceworks, Greater Cincinnati Regional Food Policy Council, Green Township Fire & EMS, Hamilton County Sheriff's Office, Health Source of Ohio, Healthcare Access Now, Healthsource of Ohio, Heart House, Help Me Grow, Higher Education Mentoring Initiative, Highland District Hospital, Highpoint Health Physician Practices, Highpoint Health WIC, Hispanic Chamber, Homefull, Homeless Coalition, Ivy Tech, Joshua Recovery, Kettering Health Network, Kids Learning Place-Xenia, LADD, Lawrenceburg Schools, Lighthouse

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Form and Line Reference	Explanation
Group A-Facility 3 -- Daniel Drake Center for Post-Acute Care, Part V, Section B, line 5:	Youth Services, Medical Reserve Corps Mental Health and Recovery Board - Early Childhood, Mental Health and Recovery Board (of Clark, Greene, and Madison Counties), Mercy Reach, Miami County Job and Family Services, Miami University, Miami Valley Child Development Centers, Inc., Miami Valley Urban League, Montgomery County Educational Service Center, Montgomery County Sheriff's Office, NAMI-Greater Cincinnati, NAMI-Montgomery County, NKCAC, Nutrition Education Program, One Dearborn, Opportunities for Ohioans with Disabilities, Oral Health Ohio, Ohio State University-Extension, Paint Valley ADAMH Board, Piqua Police, Preble County WIC Program, Preble County YMCA, Pregnancy Resource Clinic, Prevent Blindness, Ohio Affiliate, Proud Scholars, Purdue University - Health and Human Services, Reach Out, Recovery + Wellness, Register-Herald, Riverside of Miami County Developmental Disabilities, Rocking Horse Community Health Center, Rose Garden Center for Health & Healing, Safe Passage, Samaritan Behavioral Health, Samaritan Works, Santa Maria Community Services, Scioto Paint Valley Mental Health Center, Seven Hills Neighborhood Houses, Sinclair Community College, Solutions CCRC, Southeastern Ohio Legal Services, Springfield City Youth Mission, Springfield Soup Kitchen, Star Pathways, LLC, Su Casa, Sunlight Village, The Salvation Army, Talbert House, Tri-State Trails Green Umbrella, United Senior Services, United Way (various regions), University of Cincinnati LGBTQ Center, University of Kentucky Nutrition Program, Village of New Paris, VIMDOS Clinic, Walnut Hills Area Council, Warren County Regional Planning Commission, Welcome House Street Outreach, Whole Truth Ministries, WinMed Health Services, Women Helping Women, Wright State University Hall Hunger Initiative, and YMCA (various regions).

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Form and Line Reference	Explanation
Group A-Facility 3 -- Daniel Drake Center for Post-Acute Care, Part V, Section B, line 6a:	The Christ Hospital Health Network Cincinnati Children's Hospital Medical Center Clinton Memorial Hospital Highpoint Health Fort Hamilton Hospital Grandview Medical Center Greene Memorial Hospital Kettering Behavioral Medicine Center Kettering Medical Center Soin Medical Center Southview Medical Center Sycamore Medical Center Lindner Center of HOPE Mercy Health - Anderson Hospital Mercy Health - Clermont Hospital Mercy Health - Fairfield Hospital Mercy Health - West Hospital The Jewish Hospital - Mercy Health Mercy Health - Urbana Hospital Springfield Regional Medical Center Atrium Medical Center Miami Valley Hospital Miami Valley Hospital North Miami Valley Hospital South Upper Valley Medical Center Bethesda Butler Hospital Bethesda North Hospital Good Samaritan Hospital McCullough-Hyde Memorial Hospital TriHealth Evendale Hospital Wilson Health Wayne HealthCare UUniversity of Cincinnati Medical Center, LLC West Chester Hospital, LLC

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Form and Line Reference	Explanation
Group A-Facility 3 -- Daniel Drake Center for Post-Acute Care, Part V, Section B, line 6b:	City of Cincinnati Health DepartmentGreater Dayton Area Hospital AssociationInteract for HealthNorthern Kentucky Health DepartmentPreventionFirst!Public Health Dayton & Montgomery CountySouthwest District of the Association of Ohio Health CommissionersThe Health CollaborativeDearborn/Ohio/Switzerland CountiesFranklin/Union CountiesBoone/Campbell/Kenton CountiesAdams CountyBrown CountyButler CountyChampaign CountyClark CountyClermont CountyClinton CountyDarke CountyFayette CountyGreene CountyHamilton CountyHighland CountyMiami CountyMontgomery CountyPreble CountyShelby CountyWarren CountyAdams County Health DepartmentBrown County Health DepartmentButler County Health DepartmentChampaign-Urbana County DepartmentCincinnati Health DepartmentCity of Hamilton Health DepartmentClark County Combined Health DistrictClermont County Public HealthClinton County Health DepartmentDarke County General Health DistrictFayette County Public HealthGreene County Public HealthHamilton County Public HealthHighland County Health DepartmentMiami County Public HealthMiddletown City Health DistrictNorwood Health DepartmentPiqua City Health DepartmentPreble County Public HealthPublic Health - Dayton & Montgomery CountySidney Shelby County Health DepartmentSpringdale Health DepartmentWarren County Combined Health District

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Form and Line Reference	Explanation
Group A-Facility 3 -- Daniel Drake Center for Post-Acute Care, Part V, Section B, line 11:	A detailed description of how the Daniel Drake Center is addressing the significant needs of the community is found in the Implementation Plan. The prioritized needs aligning with the Hospital facility include that of Access to Care, Chronic Disease, Mental Health and Substance Abuse, and Healthy Behaviors. Due to the Drake Center's focus on long-term acute care and highly specialized services, many of the additional needs identified in the CHNA are being addressed by other UC Healthcare System facilities (and other area hospitals) with more closely aligned expertise and resources available.

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Form and Line Reference	Explanation
Group A-Facility 3 -- Daniel Drake Center for Post-Acute Care, Part V, Section B, line 13b:	UC Healthcare System applies the following income guidelines to qualify for financial assistance: Family Size Income Per Year 1 \$25,520 2 \$34,480 3 \$43,440 4 \$52,400 5 \$61,360 6 \$70,320 * For families greater than 6, add an additional \$8,960 for each member.

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Form and Line Reference	Explanation
Group A-Facility 3 -- Daniel Drake Center for Post-Acute Care, Part V, Section B, line 16j:	In addition to posting the Charity Care and Financial Assistance Policies to the website and making the policy available upon request, the Policy is also referenced in the following ways: - Signs are posted throughout the emergency room and other areas within the hospital facility providing details of financial assistance available.- Packets are available in facility admitting and registration areas outlining those financial programs available to the insured.

**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> 1 - Drake Development LLC 165 West Galbraith Road Cincinnati, OH 45219	Assisted Living Facility
<b>1</b> 2 - Drake Rehab at West Chester 7675 Wellness Way Suite 101 West Chester, OH 45069	Outpatient Rehabilitation, General Surgery
<b>2</b> 3 - Hoxworth Center 3130 Highland Avenue Cincinnati, OH 45219	OB/GYN, Dermatology, Primary Care, Pediatrics, Heart Failure, Other
<b>3</b> 4 - IDC Northside Caracole Building 4138 Hamilton Ave Cincinnati, OH 45223	Infectious Disease
<b>4</b> 5 - Linder Center of HOPE 4075 Old Western Row Rd Mason, OH 45040	Behavioral Health, Lab, Family Med, Pharmacy
<b>5</b> 6 - Physical Medicine and Rehabilitation 375 Thomas More Pkwy Suite 209 Crestview Hills, KY 41017	Physical Medicine and Rehabilitation
<b>6</b> 7 - Physical Medicine and Rehabilitation 455 Delta Ave Suite 1 Cincinnati, OH 45226	Physical Medicine and Rehabilitation
<b>7</b> 8 - UC Health Radiotherapy 7710 Discovery Drive West Chester, OH 45069	Radiation Oncology
<b>8</b> 9 - UC Health Addiction Services 3131 Harvey Avenue Cincinnati, OH 45229	Psychiatry, Infectious Diseases
<b>9</b> 10 - UC Health Cardiology 110 South Broadway Suite 4 Lebanon, OH 45036	Cardiology
<b>10</b> 11 - UC Health Cincinnati Arthritis Associate 7798 Discovery Drive Suite F West Chester, OH 45069	Rheumatology
<b>11</b> 12 - UC Health Physicians 5575 Cheviot Road Cincinnati, OH 45247	Rheumatology, Surgery, Radiology, Family Med, Dermatology
<b>12</b> 13 - UC Health Dermatology 2701 Chancellor Drive Crestview Hills, KY 41017	Dermatology
<b>13</b> 14 - UC Health Physicians 230 Medical Center Dr Seamans, OH 45679	Cardiology, Emergency Medicine
<b>14</b> 15 - UC Health Surgery 305 Crescent Avenue Cincinnati, OH 45215	General Surgery, Vascular Surgery

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(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> 16 - UC Health Gynecologic Oncology 3535 Southern Boulevard Kettering, OH 45429	Gynecologic Oncology
<b>1</b> 17 - UC Health Nephrology 107 Bridgeway Suite 101 Aurora, IN 47001	Nephrology
<b>2</b> 18 - UC Health Nephrology 232 State Road 129S Batesville, IN 47006	Nephrology
<b>3</b> 19 - UC Health Nephrology 12700 Townepark Way Louisville, KY 40243	Nephrology
<b>4</b> 20 - UC Health Nephrology 1401 Harrodsburg Road Lexington, KY 40504	Nephrology
<b>5</b> 21 - UC Health Nephrology 220 Clifty Drive Madison, IN 47250	Nephrology
<b>6</b> 22 - UC Health Nephrology 1210 Pope Drive Maysville, KY 41056	Nephrology
<b>7</b> 23 - UC Health Physicians Offices 200 Albert Sabin Way Cincinnati, OH 45219	Surgery, Sleep Medicine, Orthopedics, Radiology, Therapy
<b>8</b> 24 - UC Health Physicians Offices 200 Eden Avenue Cincinnati, OH 45219	Pharmacy
<b>9</b> 25 - UC Health Physicians Offices 3200 Burnet Avenue Cincinnati, OH 45229	Psychiatry, Emergency Med, Pharmacy, Radiology, Cardiology, Primary Care
<b>10</b> 26 - UC Health Nephrology 1001 Bellefontaine Ave Lima, OH 45804	Nephrology
<b>11</b> 27 - UC Health Nephrology 500 Lincoln Park Blv Suite 100 Dayton, OH 45429	Nephrology
<b>12</b> 28 - UC Health Nephrology 720 N Lincoln St 2nd Floor Greensburg, IN 47240	Nephrology
<b>13</b> 29 - UC Health Nephrology 750 West High St Lima, OH 45801	Nephrology
<b>14</b> 30 - UC Health Physicians 1 Elizabeth Place Dayton, OH 45417	Neurology, Infusion, Physical Med & Rehabilitation

**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> 31 - UC Health Obstetrics and Gynecology 4422 Carver Woods Dr Suite 100 Blue Ash, OH 45242	Obstetrics and Gynecology
<b>1</b> 32 - UC Health Orthopaedics and Sports Medici 2751 OVarsity Way Room 265 Cincinnati, OH 45219	Orthopedic Surgery
<b>2</b> 33 - UC Health Gardner Neuroscience Institute 3113 Bellevue Avenue Cincinnati, OH 45219	Neurology, Rehab, Infusion, ENT, Radiology, Pharmacy, Integrative Med
<b>3</b> 34 - UC Health Orthopedics & Sports Medicine 2449 Ross-Millville Road Suite 265 Hamilton, OH 45013	Orthopaedics & Sports Medicine
<b>4</b> 35 - UC Health Physicians Offices 175 West Galbraith Road Cincinnati, OH 45216	Family Medicine, Gastroenterology, Surgery, Cardiology, Laboratory
<b>5</b> 36 - UC Health Orthopedics & Sports Medicine 630 West Main Street Suite 109 Wilmington, OH 45177	Orthopaedics & Sports Medicine
<b>6</b> 37 - UC Health Orthopedics 7981 Beechmont Avenue Cincinnati, OH 45255	Orthopedics & Sports Medicine, Radiology
<b>7</b> 38 - UC Health Orthopedics & Sports Medicine 68 Cavalier Boulevard Suite 1100 Florence, KY 41042	Orthopedic Surgery
<b>8</b> 39 - UC Health Pain Medicine Center 7759 University Drive West Chester, OH 45069	Pain Medicine, Laboratory
<b>9</b> 40 - UC Health Physician Offices North 7690 Discovery Drive West Chester, OH 45069	Orthopaedics, Surgery, Primary Care, Pediatrics, Neurology, ENT, Other
<b>10</b> 41 - UC Health Physician Offices South 7675 Wellness Way West Chester, OH 45069	Internal Medicine, Primary Care, Hematology Oncology, Women's Health, Other
<b>11</b> 42 - UC Student Health Services Albert Sabin Way at Eden Avenue Cincinnati, OH 45220	Family Medicine
<b>12</b> 43 - UC Health Physicians Offices 222 Piedmont Avenue Cincinnati, OH 45219	Orthopaedics, Imaging, Neurology, Infusion, ENT, Internal Med, Surgery, OB
<b>13</b> 44 - UC Health Physicians Offices 3590 Lucille Drive Cincinnati, OH 45213	Diagnostic Imaging, Lab, Pain Medicine, Orthopedics, Surgery, OB, Other
<b>14</b> 45 - UC Health Physicians Offices 9275 Montgomery Road Cincinnati, OH 45242	Primary Care, Surgery, Lab, Radiology, Cardio, Other

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)
46 46 - UC Health Physicians Offices 2123 Auburn Avenue Cincinnati, OH 45219	Perinatal, Surgery
1 47 - UC Health Physicians Offices 68 Cavalier Boulevard Florence, KY 41042	Orthopedics, Dermatology, Internal Medicine, Neurology, OB, Surgery, Other
2 48 - UC Health Physicians Offices 350 Thomas Moore Pkwy Suite 190 Crestview Hills, KY 41017	Orthopedics & Sports Medicine
3 49 - UC Health Primary Care 425 Walnut Street Suite 200 Cincinnati, OH 45202	Primary Care
4 50 - UC Health Primary Care 3440 Burnet Avenue Cincinnati, OH 45229	Primary Care
5 51 - UC Health Primary Care 9313 Mason Montgomery Road Suite 200 Mason, OH 45040	Primary Care
6 52 - UC Health Physicians Offices 715 West State Street Trenton, OH 45067	Primary Care, Pulmonology
7 53 - UC Health Physicians Offices 11590 Century Boulevard Cincinnati, OH 45246	Primary Care, Laboratory, Cardiology
8 54 - UC Health Physicians Offices 260 Stetson Street Cincinnati, OH 45219	Psychiatry
9 55 - UC Health Primary Care 6645 Princeton-Glendale Road Liberty Township, OH 45011	Primary Care, Pulmonology
10 56 - UC Health Physician Offices 3120 Burnet Avenue Cincinnati, OH 45229	Laboratory, Family Medicine, Nephrology
11 57 - UC Health Primary Care 300 Chamber Drive Milford, OH 45150	Primary Care, Cardiology, Laboratory
12 58 - UC Health Psychiatry 311 Straight Street Cincinnati, OH 45219	Mental Health, Emergency Medicine
13 59 - UC Health Varsity Village Imaging Center 2650 Varsity Village Cincinnati, OH 45267	Diagnostic Imaging
14 60 - UC Medical Center Proton Therapy Center 7777 Yankee Road Liberty Township, OH 45044	Proton Therapy, ENT

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>61</b> 61 - UC Student Health Services 2751 OVarsity Way Floor 3 Cincinnati, OH 45219	Family Medicine, Psychiatry, Radiology, Pharmacy
<b>1</b> 62 - West Chester Hospital Sleep Medical Cent 7798 Discovery Drive Suite E West Chester, OH 45069	Sleep Medicine, Bariatrics
<b>2</b> 63 - West Chester Hospital Surgical Center 7750 Discovery Drive West Chester, OH 45069	Outpatient Surgery, Sleep Medicine, Infusion Therapy, Radiology
<b>3</b> 64 - UC Health Psychiatry 311 Albert Sabin Way Cincinnati, OH 45219	Psychiatry
<b>4</b> 65 - UC Health Obstetrics and Gynecology 3533 Southern Boulevard Dayton, OH 45429	OBGYN
<b>5</b> 66 - UC Health Outreach Lab 5900 West Chester Road West Chester, OH 45069	Laboratory
<b>6</b> 67 - UC Health Orthopaedics 720 Elm Street Wilmington, OH 45177	Orthopedic Surgery
<b>7</b> 68 - UC Health Nephrology 7700 Washington Village Dayton, OH 45459	Nephrology
<b>8</b> 69 - UC Health Sleep Medicine & Outpatient Nu 7777 University Drive West Chester, OH 45069	Sleep Medicine, Nutrition
<b>9</b> 70 - UC Health Physicians Offices 1 Medical Village Drive Edgewood, KY 41017	Emergency Medicine
<b>10</b> 71 - Telestroke Bethesda Arrow Springs 100 Arrow Springs Blvd Lebanon, OH 45036	Emergency Medicine
<b>11</b> 72 - Telestroke Bethesda North Hospital 10500 Montgomery Road Cincinnati, OH 45242	Emergency Medicine
<b>12</b> 73 - UC Health Outreach Lab 11340 Montgomery Road Suite 208 Cincinnati, OH 45249	Laboratory
<b>13</b> 74 - UC Health Nephrology 1207 17th Street Portsmouth, OH 45662	Nephrology
<b>14</b> 75 - Telestroke St Elizabeth Hospital 1500 James Simpson Jr Way Covington, KY 41011	Emergency Medicine

**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>76</b> 76 - UC Health Physicians Offices 231 Albert Sabin Way Cincinnati, OH 45267	Laboratory, Emergency Medicine
<b>1</b> 77 - Telestroke St Elizabeth Hospital 238 Barnes Road Williamstown, KY 41097	Emergency Medicine
<b>2</b> 78 - UC Health Nephrology 27 Indiana Avenue Monroe, OH 45050	Nephrology
<b>3</b> 79 - Telestroke Margaret Mary Hospital 312 Mitchell Avenu Batesville, IN 47006	Emergency Medicine
<b>4</b> 80 - Telestroke Bethesda Butler Hospital 3125 Hamilton Mason Road Hamilton, OH 45011	Emergency Medicine
<b>5</b> 81 - Telestroke Good Samaritan Hospital 375 Dixmyth Avenue Cincinnati, OH 45220	Emergency Medicine
<b>6</b> 82 - Telestroke St Elizabeth Hospital 4900 Houston Road Florence, KY 41042	Emergency Medicine
<b>7</b> 83 - University Health Services 57 West Daniels Street Cincinnati, OH 45221	Family Medicine
<b>8</b> 84 - Telestroke Dearborn County Hospital 600 Wilson Creek Lawrenceburg, IN 47025	Emergency Medicine
<b>9</b> 85 - Telestroke Clinton Memorial Hospital 610 W Main Street Wilmington, OH 45177	Emergency Medicine
<b>10</b> 86 - Telestroke Fort Hamilton Hospital 630 Eaton Avenue Hamilton, OH 45013	Emergency Medicine
<b>11</b> 87 - Telestroke Good Samaritan Western Ridge 6949 Good Samaritan Drive Cincinnati, OH 45247	Emergency Medicine
<b>12</b> 88 - Telestroke McCullough Hyde Memorial Hosp 110 North Poplar Street Oxford, OH 45056	Emergency Medicine
<b>13</b> 89 - Telestroke St Elizabeth Hospital 85 North Grand Avenue Fort Thomas, KY 41075	Emergency Medicine

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

Schedule I  
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service  
Name of the organization  
UC Healthcare System

Employer identification number

27-3850988

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 14

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

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

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

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

Return Reference	Explanation
Part I, Line 2:	UC Healthcare System provides grants to various government and 501(c)(3) organizations for purposes that are consistent with our mission and values. Through due diligence, UC Healthcare System has reasonably confirmed that the entities to which the grants are distributed are highly reputable in the community and have used the funds for the purposes intended.

Additional Data

Software ID:  
Software Version:  
EIN: 27-3850988  
Name: UC Healthcare System

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Cincinnati 2600 Clifton Avenue Cincinnati, OH 45221	31-6000989	Government Entity	53,316,739				General
Uptown Consortium Inc 629 Oak Street 306 Cincinnati, OH 45206	20-0688727	501(c)(3)	290,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Closing the Health Gap In Greater Cincinnati 3120 Burnet Avenue Cincinnati, OH 45229	20-0902286	501(c)(3)	200,000				General
United Way of Greater Cincinnati 2400 Reading Road 2nd Floor Cincinnati, OH 45202	31-0537502	501(c)(3)	139,383				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Respite Care PO Box 1413001 Cincinnati, OH 45250	20-2544994	501(c)(3)	132,500				General
Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501(c)(3)	130,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Village Life Outreach Project Inc 2900 Reading Road Suite 340 Cincinnati, OH 45206	20-1582097	501(c)(3)	116,668				General
Urban League of Greater Cincinnati 3458 Reading Road Cincinnati, OH 45229	31-0565428	501(c)(3)	75,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Avondale Community Council Inc 3635 Reading Road Cincinnati, OH 45229	23-7089046	501(c)(3)	20,000				General
Cincinnati Institute of Fine Arts 20 E Central Pkwy 200 Cincinnati, OH 45202	31-0537138	501(c)(3)	10,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mortar Cincinnati 1329 Vine Street Cincinnati, OH 45202	47-2431620	501(c)(3)	10,000				General
University of Cincinnati Foundation PO Box 19970 Cincinnati, OH 45221	31-0896555	501(c)(3)	10,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women Walking West Inc 8337 Verbena Lane Liberty Township, OH 45044	47-3323895	501(c)(3)	7,000				General
American Heart Association Inc 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501(c)(3)	6,000				General

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Name of the organization  
UC Healthcare System

Employer identification number  
27-3850988

Part I

Questions Regarding Compensation

1a

Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b

If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3

Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☒ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4

During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a

Receive a severance payment or change-of-control payment?

b

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c

Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a

The organization?

b

Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a

The organization?

b

Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes

No

1b

Yes

2

Yes

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

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

Cat. No. 50053T

Schedule J (Form 990) 2019

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

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

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
Part I, Line 1a	Multiple executives have club membership dues which are treated as taxable compensation to the executive.
Part I, Line 3	UC Health, LLC, a disregarded entity of UC Healthcare System, utilizes information from independent compensation consultants and compensation surveys to determine the compensation of Senior Vice-Presidents, the Chief Financial Officer, and the Chief Executive Officer. The compensation is approved by the Compensation Committee of the UC Health Board. The compensation of the Chief Executive Officer is evidenced by a written employment contract. The compensation of all other individuals is determined at fair market value.

Additional Data

Software ID:

Software Version:

EIN: 27-3850988

Name: UC Healthcare System

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				
1Richard P Lofgren MD CEO/Pres/Trustee - UCH (Ex-Officio)	(i)	0	0	0	0	0	0	0
	(ii)	1,152,058	765,046	100,590	13,559	19,302	2,050,555	0
1Joseph Cheng MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	1,138,172	175,000	27,490	23,800	51	1,364,513	0
2Diya Mutasim MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	1,257,335	0	26,669	56,000	51	1,340,055	0
3Steven Agabegi MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	1,192,411	0	20,169	56,000	51	1,268,631	0
4Rani Nasser MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	1,115,789	0	21,518	56,000	51	1,193,358	0
5Peter Gilbert Chief Operating Officer - UCH	(i)	0	0	0	0	0	0	0
	(ii)	732,636	374,627	26,932	13,352	24,760	1,172,307	0
6Ferhan Asghar MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	995,703	0	2,169	56,000	51	1,053,923	0
7Hugh R Hinds Jr CFO/Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	605,099	259,194	43,145	13,850	16,699	937,987	0
8Evaline Alessandrini MD Chief Medical Officer - UCH	(i)	0	0	0	0	0	0	0
	(ii)	551,782	148,600	35,262	13,850	25,901	775,395	0
9Myles Pensak MD Chief Phys Svcs - UCH (Ended 12/19)	(i)	0	0	0	0	0	0	0
	(ii)	508,531	87,500	15,218	56,000	51	667,300	0
10Clarence Pauley Chief HR Officer - UCH	(i)	0	0	0	0	0	0	0
	(ii)	350,058	118,029	45,868	13,850	19,399	547,204	0
11Arthur M Pancioli MDSch O Trustee - UCHS & UCH	(i)	0	0	0	0	0	0	0
	(ii)	409,795	37,375	2,990	35,800	51	486,011	0
12Gregory Rouan MD Sch O Trustee - UCH	(i)	0	0	0	0	0	0	0
	(ii)	267,083	37,500	25,718	23,800	51	354,152	0
13William E Hurford MD CMO - UCH (Ended 11/16)	(i)	0	0	0	0	0	0	0
	(ii)	282,361	0	27,165	23,900	51	333,477	0
14Andrew T Filak MD Sch O Trustee - UCH (Ex-Officio)	(i)	0	0	0	0	0	0	0
	(ii)	152,177	12,000	27,169	56,000	51	247,397	0

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Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UC Healthcare System

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

27-3850988

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A County of Butler OH	31-6000061	123550GB5	11-04-2010	204,957,604	Hospital facilities	X			X		X
B Port of Greater Cincinnati Development Authority	31-1752368	000000000	06-29-2012	24,200,000	Build and equip hospital facility		X		X		X
C Hamilton County OH	31-6000063	407272S53	04-16-2014	83,919,171	To refund bonds issued 1/23/2001, and to construct hospital facilities		X		X		X
D County of Butler OH	31-6000061	123550GR0	11-22-2016	171,239,323	To refund a portion of bonds issued 11/4/2010, and to renovate and construct		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired . . . . .	8,280,000		3,849,476		25,030,000			
2	Amount of bonds legally defeased . . . . .	196,710,000							
3	Total proceeds of issue . . . . .	204,957,604		24,200,000		83,934,022		171,737,997	
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .							63,361,282	
7	Issuance costs from proceeds . . . . .	3,207,410		299,957		934,997		1,370,244	
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .	9,874,619						175,601	
10	Capital expenditures from proceeds . . . . .	183,061,344		23,900,043		25,195,325		100,498,675	
11	Other spent proceeds . . . . .	8,814,231				57,803,700		11,641,097	
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2011		2012		2016		2018	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X	X	
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 %		1.700 %		0 %		0 %	
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	0 %		0.600 %		0 %		0 %	
<b>6</b>	Total of lines 4 and 5 . . . . .	0 %		2.300 %		0 %		0 %	
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV

Arbitrage

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
Schedule K, Part I, Bond Issues:	(a) Issuer Name: Hamilton County, OH (f) Description of Purpose: To refund bonds issued 1/23/2001, and to construct hospital facilities (a) Issuer Name: County of Butler, OH (f) Description of Purpose: To refund a portion of bonds issued 11/4/2010, and to renovate and construct hospital facilities

Return Reference	Explanation
Schedule K, Part I and Part II	Differences between Part I column (e) and Part II line 3 are due to investment earnings.

Return Reference	Explanation
Schedule K, Part IV, Arbitrage, Line 2c:	(a) Issuer Name: County of Butler, OH Date the Rebate Computation was Performed: 11/12/2015 (a) Issuer Name: Hamilton County, OH Date the Rebate Computation was Performed: 02/19/2019

Return Reference	Explanation
Part IV, Line 6, Columns D of Entity 1 and A of Entity 2	This question is being answered without regard to a yield-restricted advance refunding escrow financed with proceeds of the bonds.

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

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UC Healthcare System

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public  
Inspection

Employer identification number  
27-3850988

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A County of Butler OH	31-6000061	123550HW8	12-28-2017	144,374,803	To refund a portion of bonds issued 11/4/2010		X		X		X
B County of Hamilton OH	31-6000063	000000000	04-22-2020	231,103,722	To renovate & equip hospital		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	800,000							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	144,374,803		231,124,352					
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .	130,168,830							
7	Issuance costs from proceeds . . . . .	1,118,727		1,864,699					
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .	46,137							
10	Capital expenditures from proceeds . . . . .			38,585,126					
11	Other spent proceeds . . . . .	17,613,250							
12	Other unspent proceeds . . . . .			190,674,527					
13	Year of substantial completion . . . . .	2017							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X		X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .	X			X				
16	Has the final allocation of proceeds been made? . . . . .	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

Part III Private Business Use

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

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

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

Department of the Treasury

Name of the organization  
UC Healthcare System**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

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

27-3850988

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	UC Healthcare System has designated the responsibility of reviewing the Form 990 to the UC Health Board. A copy of the Form 990 has been provided to each of UC Health's Audit and Compliance Committee Members. UC Health's Audit and Compliance Committee demonstrated review of the Form 990 by a vote to approve the Form 990 for review by the full Board of Directors. The Form 990 is then provided to the Board Members for review, prior to filing.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	On an annual basis and as new individuals are appointed or hired, the corporate internal audit department of UC Health conducts a survey which is distributed to all Board of Directors, physicians and management. The corporate internal audit department collects and reviews all responses, utilizing the assistance of legal counsel, as needed. The corporate internal audit department reports compliance with the policy and non-responses to Senior Management and the Audit and Compliance Committee of UC Health.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	UC Health, LLC, a disregarded entity of UC Healthcare System, utilizes information from independent compensation consultants and compensation surveys to determine the compensation of Senior Vice-Presidents, the Chief Financial Officer, and the Chief Executive Officer. The compensation is approved by the Compensation Committee of the UC Health Board. The compensation of the Chief Executive Officer is evidenced by a written employment contract. The compensation of all other individuals is determined at fair market value.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Organization will provide any documents open for public inspection upon request.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A:	Explanation of Compensation Paid to Arthur M. Pancioli, M.D. : The compensation paid to Arthur Pancioli, M.D. reflects payments for his services as a physician of UC Physicians Company, LLC, a disregarded entity of UC Healthcare System, not remuneration for his participation on the Board of Trustees of UC Healthcare System.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A:	Explanation of Compensation Paid to Joseph Broderick, M.D. : The compensation paid to Jose ph Broderick, M.D. reflects payments for his services as a physician of UC Physicians Comp any, LLC, a disregarded entity of UC Healthcare System, not remuneration for his participa tion on the Board of Trustees of UC Healthcare System.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A:	Explanation of Compensation Paid to Gregory Rouan, M.D. : The compensation paid to Gregory Rouan, M.D. reflects payments for his services as a physician of UC Physicians Company, L LC, a disregarded entity of UC Healthcare System, not remuneration for his participation o n the Board of Trustees of UC Healthcare System.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A:	Explanation of Compensation Paid to Andrew T. Filak, M.D. : The compensation paid to Andrew T. Filak, M.D. reflects payments for his services as a physician of UC Physicians Company, LLC, a disregarded entity of UC Healthcare System, not remuneration for his participation on the Board of Trustees of UC Healthcare System.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section B:	The amounts reported on Form 990, Part VII, Section B for Hoxworth Blood Center, Children's Hospital Medical Center, and Morrison Healthcare include payments for both goods and services. These amounts cannot be separated.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Other Fees: Program service expenses 164,364,767. Management and general expenses 30,508,589. Fundraising expenses 0. Total expenses 194,873,356.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XI, line 9:	Change in Pension Liability -63,905,120.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
UC Healthcare System

Employer identification number  
27-3850988

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

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)UC Health Foundation 3200 Burnet Avenue  Cincinnati, OH 45229 26-1594868	Fundraising	OH	501(c)(3)	Line 7	UC Healthcare System	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> Piedmont-Eden Limited Partnership 2830 Victory Parkway Cincinnati, OH 45206 31-1209336	Real Estate	OH	University of Cincinnati Physicians Company LLC	Excluded from Tax Un	1,032,618	30,163,531		No		Yes		99.000 %
<b>(2)</b> Partnership for UC Health Neuroscience Excellence LLC 3200 Burnet Avenue Cincinnati, OH 45229 30-0976123	Health Care Services	OH	UC Health LLC	Excluded from Tax Un	271,791	25,654,343		No		Yes		95.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> UC Health Assurance Company PO Box 1051 GT Grand Cayman, Cayman Islands CJ	Insurance	CJ	UC Health LLC	C	5,370,255	20,549,069	100.000 %	Yes	
<b>(2)</b> Midwest Laundry Inc 3200 Burnet Avenue Cincinnati, OH 45229 31-1309029	Commercial Laundry	OH	UC Health LLC	C	6,573,104	2,321,485	100.000 %	Yes	
<b>(3)</b> Piedmont-Eden Corporation 2830 Victory Parkway Cincinnati, OH 45206 31-1187960	Real Estate	OH	University of Cincinnati Physicians Company LLC	C	10,431	738,688	100.000 %	Yes	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<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>	No
<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>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<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>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<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>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<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
<b>(1)</b> UC Health Foundation	C	3,003,676	Book Value
<b>(2)</b> UC Health Foundation	S	2,222,172	Book Value
<b>(3)</b> Partnership for UC Health Neuroscience Excellence LLC	S	285,000	Book Value

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

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 27-3850988  
Name: UC Healthcare System

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
UC Health LLC 3200 Burnet Avenue Cincinnati, OH 45229 31-1435820	Health Care Services	OH	378,912,629	1,043,811,782	UC Healthcare System
University of Cincinnati Medical Center LLC 234 Goodman Street Cincinnati, OH 45219 31-1479038	Health Care Services	OH	1,083,881,094	870,041,359	UC Health LLC
Daniel Drake Center for Post-Acute Care LLC 151 West Galbraith Road Cincinnati, OH 45216 31-1273012	Health Care Services	OH	50,802,083	-97,357,695	UC Health LLC
Drake Development LLC (dba Bridgeway Pointe) 165 West Galbraith Road Cincinnati, OH 45216 31-1658885	Health Care Services	OH	2,769,019	-3,377,857	Daniel Drake Center for Post-Acute Care LLC
University of Cincinnati Physicians Company LLC 3200 Burnet Avenue Cincinnati, OH 45229 31-1405915	Health Care Services	OH	472,948,382	53,735,779	UC Health LLC
West Chester Hospital LLC 7700 University Drive Cincinnati, OH 45069 31-1588499	Health Care Services	OH	312,539,582	126,080,908	UC Health LLC
UCGNI Pathway LLC 3200 Burnet Avenue Cincinnati, OH 45229 30-0983479	Health Care Services	OH	93,435	51,315,526	UC Health LLC
University Surgical-Dental Associates LLC 2830 Victory Parkway Cincinnati, OH 45206 31-1315108	Health Care Services	OH	2,862,850	0	UC Health LLC