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Form 990 Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c) 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0047

2008

Open to Public Inspection

A For the 2008 calendar year or tax year beginning and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
University Hospitals Health System, Inc
Group Return

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
11100 Euclid Avenue - Attn Treasur

City or town state or country and ZIP + 4
Cleveland, OH 44106

F Name and address of principal officer Michael A Szubski
3605 Warrensville Center Road Shaker Height

D Employer identification number
90-0059117

E Telephone number
216-767-8007

G Gross receipts $ 1677642000

H(a) Is this a group return for affiliates? [X] Yes [ ] No

H(b) Are all affiliates included? [X] Yes [ ] No
If No attach a list (see instructions)

H(c) Group exemption number ▶ 3829

I Tax exempt status [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ www UHhospitals org

K Type of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance	1 Briefly describe the organization s mission or most significant activities: University Hospitals (the System) is guided by its mission To Heal To Teach To Discover		
	2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI line 1a)	3	181
	4 Number of independent voting members of the governing body (Part VI line 1b)	4	105
	5 Total number of employees (Part V line 2a)	5	13855
	6 Total number of volunteers (estimate if necessary)	6	1599
	7a Total gross unrelated business revenue from Part VIII line 12 column (C)	7a	475,000
	b Net unrelated business taxable income from Form 990-T line 34	7b	-5 000

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		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII line 1h)	28,947,000	33,429 000
	9 Program service revenue (Part VIII line 2g)	1 360 307 000	1 607 042 000
	10 Investment income (Part VIII column (A) lines 3 4 and 7d)	9,845,000	5 887,000
	11 Other revenue (Part VIII column (A) lines 5 6d 8c 9c 10c and 11e)	78,755,000	31 284 000
	12 Total revenue add lines 8 through 11 (must equal Part VIII column (A) line 12)	1 477 854 000	1 677 642 000
Expenses	13 Grants and similar amounts paid (Part IX column (A) lines 1 3)	1,186,000	838,000
	14 Benefits paid to or for members (Part IX column (A) line 4)		
	15 Salaries other compensation employee benefits (Part IX column (A) lines 5 10)	667 740,137	855 924 000
	16a Professional fundraising fees (Part IX column (A) line 11e)		52,000
	b Total fundraising expenses (Part IX column (D) line 25) ▶ 7,715,000		
	17 Other expenses (Part IX column (A) lines 11a 11d 11f 24f)	646,809,863	717 125 000
	18 Total expenses Add lines 13 17 (must equal Part IX column (A) line 25)	1 315 736 000	1 573 939 000
	19 Revenue less expenses Subtract line 18 from line 12	162,118 000	103 703 000

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Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X line 16)	1 880 859 000	1 080 448 000
	21 Total liabilities (Part X line 26)	395 315 000	363,872,000
	22 Net assets or fund balances Subtract line 21 from line 20	1 485 544 000	716 576,000

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 7/9/12

▶ Michael A Szubski, UHHS CFO
Type or print name and title

Paid Preparer's Use Only

Preparer s signature — Date 6/11/12 — Check if self employed ▶ [X] — Preparer s identifying number (see instructions) P00102230

Firm s name (or yours if self employed) address and ZIP 4
ERNST & YOUNG US LLP
2100 One PPG Place
Pittsburg, PA 15222

EIN ▶

Phone no ▶ 412-644-7800

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

See Schedule O for Organization Mission Statement Continuation

SCANNED JUL 30 2012

H

616
2H

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission See Schedule O for Continuation
University Hospitals' mission is To Heal To Teach To Discover In pursuit of this mission, University Hospitals remains at the forefront of health care delivery, physician education, and medical research nationwide Yet what makes University Hospitals unique is its ability

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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
See Schedule O for Continuation(s)

4a (Code) (Expenses $ 1 460 146 000 including grants of $ 838,000) (Revenue $ 1 630 245 000)
Caring for the community has been an unwavering commitment of University Hospitals ("the System") since its founding in 1866 Commitment to the community remains at the core of the System's mission To Heal To Teach To Discover

"Community benefit" includes programs designed to address identified community needs, such as improving access to health services, enhancing public health and advancing general medical knowledge University Hospitals' community benefit programs consist of a wide variety of activities which have been developed in response to identified needs throughout its diverse region In 2007, the System conducted a comprehensive community needs assessment that included a review of data

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

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

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

4e **Total program service expenses ▶ $** 1 460 146 000 *(Must equal Part IX Line 25 column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If Yes complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If Yes complete Schedule C Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If Yes complete Schedule C Part II*	4	X	
5	**Section 501(c)(4) 501(c)(5) and 501(c)(6) organizations** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If Yes complete Schedule C Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If Yes complete Schedule D Part I*	6		X
7	Did the organization receive or hold a conservation easement including easements to preserve open space the environment historic land areas or historic structures? *If Yes complete Schedule D Part II*	7		X
8	Did the organization maintain collections of works of art historical treasures or other similar assets? *If Yes complete Schedule D Part III*	8		X
9	Did the organization report an amount in Part X line 21 serve as a custodian for amounts not listed in Part X or provide credit counseling debt management credit repair or debt negotiation services? *If Yes complete Schedule D Part IV*	9		X
10	Did the organization hold assets in term permanent or quasi endowments? *If Yes complete Schedule D Part V*	10		X
11	Did the organization report an amount in Part X lines 10 12 13 15 or 25? *If Yes complete Schedule D Parts VI VII VIII IX or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If Yes complete Schedule D Parts XI XII and XIII*	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If Yes complete Schedule E*	13		X
14a	Did the organization maintain an office employees or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10 000 from grantmaking fundraising business and program service activities outside the U S ? *If Yes complete Schedule F Part I*	14b		X
15	Did the organization report on Part IX column (A) line 3 more than $5 000 of grants or assistance to any organization or entity located outside the United States? *If Yes complete Schedule F Part II*	15		X
16	Did the organization report on Part IX column (A) line 3 more than $5 000 of aggregate grants or assistance to individuals located outside the United States? *If Yes complete Schedule F Part III*	16		X
17	Did the organization report more than $15 000 on Part IX column (A) line 11e? *If Yes complete Schedule G Part I*	17	X	
18	Did the organization report more than $15 000 total on Part VIII lines 1c and 8a? *If Yes complete Schedule G Part II*	18		X
19	Did the organization report more than $15 000 on Part VIII line 9a? *If Yes complete Schedule G Part III*	19		X
20	Did the organization operate one or more hospitals? *If Yes complete Schedule H*	20	X	
21	Did the organization report more than $5 000 on Part IX column (A) line 1? *If Yes complete Schedule I Parts I and II*	21	X	
22	Did the organization report more than $5 000 on Part IX column (A) line 2? *If Yes complete Schedule I Parts I and III*	22		X
23	Did the organization answer Yes to Part VII Section A questions 3 4 or 5? *If Yes complete Schedule J*	23	X	
24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than $100 000 as of the last day of the year that was issued after December 31 2002? *If Yes answer questions 24b 24d and complete Schedule K If No go to question 25*	24a		X
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?	24c		
d	Did the organization act as an on behalf of issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If Yes complete Schedule L Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If Yes complete Schedule L Part I*	25b		X
26	Was a loan to or by a current or former officer director trustee key employee highly compensated employee or disqualified person outstanding as of the end of the organization s tax year? *If Yes complete Schedule L Part II*	26	X	
27	Did the organization provide a grant or other assistance to an officer director trustee key employee or substantial contributor or to a person related to such an individual? *If Yes complete Schedule L Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year did any person who is a current or former officer director trustee or key employee			
a	Have a direct business relationship with the organization (other than as an officer director trustee or employee) or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII Section A)? *If Yes complete Schedule L Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If Yes complete Schedule L Part IV*	28b	X	
c	Serve as an officer director trustee key employee partner or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If Yes complete Schedule L Part IV*	28c	X	
29	Did the organization receive more than $25 000 in non cash contributions? *If Yes complete Schedule M*	29	X	
30	Did the organization receive contributions of art historical treasures or other similar assets or qualified conservation contributions? *If Yes complete Schedule M*	30	X	
31	Did the organization liquidate terminate or dissolve and cease operations? *If Yes complete Schedule N Part I*	31		X
32	Did the organization sell exchange dispose of or transfer more than 25% of its net assets? *If Yes complete Schedule N Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701 2 and 301 7701 3? *If Yes complete Schedule R Part I*	33	X	
34	Was the organization related to any tax exempt or taxable entity? *If Yes complete Schedule R Parts II III IV and V line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If Yes complete Schedule R Part V line 2*	35	X	
36	**Section 501(c)(3) organizations** Did the organization make any transfers to an exempt non charitable related organization? *If Yes complete Schedule R Part V line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If Yes complete Schedule R Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Annual Summary and Transmittal of U S Information Returns Enter 0 if not applicable	1a	2543		
b	Enter the number of Forms W 2G included in line 1a Enter 0 if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W 3 Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	13855		
b	If at least one is reported on line 2a did the organization file all required federal employment tax returns?		2b	X	
	Note If the sum of lines 1a and 2a is greater than 250 you may be required to e *file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1 000 or more during the year covered by this return?		3a	X	
b	If Yes has it filed a Form 990 T for this year? *If No provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account securities account or other financial account)?		4a		X
b	If Yes enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90 22 1 Report of Foreign Bank and Financial Accounts		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If Yes to question 5a or 5b did the organization file Form 8886 T Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction?		6a		X
6a	Did the organization solicit any contributions that were not tax deductible?		6b		
b	If Yes did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c)**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If Yes did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell exchange or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If Yes indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?		7e		X
f	Did the organization during the year pay premiums directly or indirectly on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property did the organization file Form 8899 as required?		7g	X	
h	For contributions of cars boats airplanes and other vehicles did the organization file a Form 1098 C as required?		7h	X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations** Did the supporting organization or a fund maintained by a sponsoring organization have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor donor advisor or related person?		9b		
10	**Section 501(c)(7) organizations** Enter N/A				
a	Initiation fees and capital contributions included on Part VIII line 12	10a			
b	Gross receipts included on Form 990 Part VIII line 12 for public use of club facilities	10b			
11	**Section 501(c)(12) organizations** Enter N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non exempt charitable trusts** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If Yes enter the amount of tax exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A B and C request information about policies not required by the Internal Revenue Code)*

Section A Governing Body and Management

			Yes	No
	For each Yes response to lines 2 7b below and for a No response to lines 8 or 9b below describe the circumstances processes or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 181		
b	Enter the number of voting members that are independent	1b 105		
2	Did any officer director trustee or key employee have a family relationship or a business relationship with any other officer director trustee or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers directors or trustees or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization s assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members stockholders or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members stockholders or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters branches or affiliates?	9a		X
b	If Yes does the organization have written policies and procedures governing the activities of such chapters affiliates and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization s governing body before it was filed? All organizations must describe in Schedule O the process if any the organization uses to review the Form 990	10	X	
11	Is there any officer director or 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*	11		X

Section B Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If No go to line 13*	12a	X	
b	Are officers directors or trustees and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If Yes describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons comparability data and contemporaneous substantiation of the deliberation and decision			
a	The organization s CEO Executive Director or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in contribute assets to or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If Yes has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law and taken steps to safeguard the organization s exempt status with respect to such arrangements?	16b		

Section C Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OH, FL, IL, KY, MI, NY, PA, WI, WV

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

☐ Own website ☒ Another s website ☒ Upon request

19 Describe in Schedule O whether (and if so how) the organization makes its governing documents conflict of interest policy and financial statements available to the public

20 State the name physical address and telephone number of the person who possesses the books and records of the organization ▶

Michael Szubski SR VP/CFO UHHS - 216-767-8007
3605 Warrensville Center Road, Shaker Hts, OH 44122

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

Section A Officers Directors Trustees Key Employees and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J 2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any officer director trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
UHCMC - Joel Adelman Director	2 00	X						0	0	0
UHCMC - Thomas W Adler Director	2 00	X						0	0	0
UHCMC - Monte Ahuja Ex Officio Director	2 00	X						0	0	0
UHCMC - William L Annab Director	2 00	X						0	0	0
UHCMC - Robert T Bennet Director	2 00	X						0	0	0
UHCMC - Paul H Carleton Director	2 00	X						0	0	0
UHCMC - Carole A Carr Director	2 00	X						0	0	0
UHCMC - Kevin D Cooper, Ex Officio Director	2 00	X						0	0	0
UHCMC - Pamela B Davis Ex Officio Director	2 00	X						0	0	0
UHCMC - Ralph Della Ratt Director	2 00	X						0	0	0
UHCMC - Achilles A Deme Ex Officio Director	2 00	X						0	0	0
UHCMC - Michael Feuer Director	2 00	X						0	0	0
UHCMC - Maxeen S Flower Director (end 5/08)	2 00	X						0	0	0
UHCMC - David Goldberg Director	2 00	X						0	0	0
UHCMC - Robert D Gries Director	2 00	X						0	0	0
UHCMC - Gordon Harnett Director	2 00	X						0	0	0
UHCMC - Richard A Horvi Director	2 00	X						0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
UHCMC - Christopher Hyla Director	2 00	X						0	0	0
UHCMC - Beth Kaufman Ex-Officio Director (5/0	2 00	X						0	0	0
UHCMC - William B Lawre Director (end 5/08)	2 00	X						0	0	0
UHCMC - Raymond K Lee Director	2 00	X						0	0	0
UHCMC - Adrian Maldonado Director	2 00	X						0	0	0
UHCMC - Stephanie McHenr Director	2 00	X						0	0	0
UHCMC - S Sterling McMi Director (end 5/2008)	2 00	X						0	0	0
UHCMC - John C Morley Director	2 00	X						0	0	0
UHCMC - Patrick S Mulli Director	2 00	X						0	0	0
UHCMC - Ernest J Novak Chair	2 00	X						0	0	0
1b Total								25391196	299,392	3 162 275

2 Total number of individuals (including those in 1a) who received more than $100 000 in reportable compensation from the organization ▶ 788

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
Locum Medical Grp LLC 13792 Collections Ctr Dr, Chicago, IL 60693	Physician Staffing	5,197,082
Medquist Ltd PO Box 10832, Newark, NJ 07193	Transcription/Document management	2,562,034
Doan Pyramid Electric LLC 5069 Corbin Dr, Bedford Hts, OH 44128	Electrical Contractor	2,165,280
Vorys Sater Seymour & Pease LLP PO Box 73487, Cleveland, OH 44193	Legal	1,251,811
OMG LLC PO Box 37389, Louisville, KY 40233	Administrative	982,483

2 Total number of independent contractors (including those in 1) who received more than $100 000 in compensation from the organization ▶ 67

See Schedule J-2 for Part VII, Section A Continuation

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513 or 514
Contributions gifts grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions gifts grants and similar amounts not included above	1f	33 429 000			
	g Noncash contributions included in lines 1a 1f $		4 859 000			
	h **Total** Add lines 1a 1f		33 429 000			
Program Service Revenue		Business Code				
	2a Patient Services less	900099	1 523 091 000	1 522 595 000	496,000	
	b UHMG Other Clinical Re	900099	20 487 000	20 487 000		
	c UHMG Resident Teaching	900099	18 063 000	18 063 000		
	d UHMG Medical Director	900099	13 291 000	13 291 000		
	e Resident Rotations	900099	9207000	9207000		
	f All other program service revenue	900099	22 903 000	22 903 000		
	g **Total** Add lines 2a 2f		1 607 042 000			
Other Revenue	3 Investment income (including dividends interest and other similar amounts)		3855000		-21,000	3 876 000
	4 Income from investment of tax exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	2 032 000				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	2 032 000				
	d Net gain or (loss)		2032000			2 032 000
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a Other Miscellaneous Re	900099	22 962 000	22 962 000		
	b Parking Services	900099	6335000			6 335 000
	c Dietary Services	900099	1250000			1 250 000
	d All other revenue	900099	737,000	737,000		
	e **Total** Add lines 11a 11d		31 284 000			
	12 **Total Revenue** Add lines 1h 2g 3 4 5 6d 7d 8c 9c 10c and 11e		1 677 642 000	1 630 245 000	475,000	13 493 000

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) but are not required to complete columns (B) (C) and (D)

Do not include amounts reported on lines 6b 7b 8b 9b and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV line 21	838,000	838,000		
2 Grants and other assistance to individuals in the U S See Part IV line 22				
3 Grants and other assistance to governments organizations and individuals outside the U S See Part IV lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers directors trustees and key employees	3,099,000	3,099,000		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	262,000	262,000		
7 Other salaries and wages	686006000	653909000	27,872,000	4,225,000
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	40,426,000	38,587,000	1,839,000	
9 Other employee benefits	81,736,000	76,451,000	4,080,000	1,205,000
10 Payroll taxes	44,395,000	42,375,000	2,020,000	
11 Fees for services (non employees)				
a Management				
b Legal	1,610,000		1,610,000	
c Accounting	454,000		454,000	
d Lobbying				
e Professional fundraising services See Part IV line 17	52,000			52,000
f Investment management fees				
g Other				
12 Advertising and promotion	2,808,000	2,808,000		
13 Office expenses	251931000	250715000		1,216,000
14 Information technology	14,013,000	770,000	13,207 000	36,000
15 Royalties				
16 Occupancy	70,978,000	70,665,000		313,000
17 Travel	5,685,000	5,685,000		
18 Payments of travel or entertainment expenses for any federal state or local public officials				
19 Conferences conventions and meetings				
20 Interest	23,265,000	23,265,000		
21 Payments to affiliates				
22 Depreciation depletion and amortization	62,517 000	62,517,000		
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Other purchased service	132007000	101794000	29,572,000	641 000
b Bad debt expense	32,556,000	32,556,000		
c Medical/clinical purcha	26,072,000	26,072,000		
d Other	24,229,000	15,380,000	8,848,000	1,000
e Other Than Temporary De	22,170,000	22,170,000		
f All other expenses	46,830,000	30,228,000	16,576,000	26,000
25 Total functional expenses Add lines 1 through 24f	1 573 939 000	1 460 146 000	106078000	7,715,000
26 Joint Costs Check here ▶ ☐ if following SOP 98 2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash non interest bearing	14,840,000	1	19,282,000
	2	Savings and temporary cash investments	44,238,000	2	27,440,000
	3	Pledges and grants receivable net	75,204,000	3	74,131,000
	4	Accounts receivable net	232,697,000	4	220,723,000
	5	Receivables from current and former officers directors trustees key employees or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable net	1,304,000	7	450,000
	8	Inventories for sale or use	18,661,000	8	19,680,000
	9	Prepaid expenses and deferred charges	1,459,000	9	4,496,000
	10a	Land buildings and equipment cost basis 10a 1 273 457 000			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 786,454 000	441,113,000	10c	487,003,000
	11	Investments publicly traded securities	111,287,000	11	107,727,000
	12	Investments other securities See Part IV line 11	86,333,000	12	68,544,000
	13	Investments program related See Part IV line 11	3,285,000	13	3,197,000
	14	Intangible assets		14	656,000
	15	Other assets See Part IV line 11	850,438,000	15	47,119,000
	16	**Total assets** Add lines 1 through 15 (must equal line 34)	1 880 859 000	16	1 080 448 000
Liabilities	17	Accounts payable and accrued expenses	71,284,000	17	105,414,000
	18	Grants payable		18	
	19	Deferred revenue		19	47,611,000
	20	Tax exempt bond liabilities	157,552,000	20	116,251,000
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers directors trustees key employees highest compensated employees and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	218,000	23	184,000
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	166,261,000	25	94,412,000
	26	**Total liabilities** Add lines 17 through 25	395,315,000	26	363 872,000
Net Assets or Fund Balances		**Organizations that follow SFAS 117 check here ▶ [X] and complete lines 27 through 29 and lines 33 and 34**			
	27	Unrestricted net assets	1 274 054 000	27	534,742,000
	28	Temporarily restricted net assets	179,777,000	28	165,431 000
	29	Permanently restricted net assets	31,713,000	29	16,403,000
		Organizations that do not follow SFAS 117 check here ▶ [ ] and complete lines 30 through 34			
	30	Capital stock or trust principal or current funds		30	
	31	Paid in or capital surplus or land building or equipment fund		31	
	32	Retained earnings endowment accumulated income or other funds		32	
	33	Total net assets or fund balances	1 485 544 000	33	716,576,000
	34	Total liabilities and net assets/fund balances	1 880 859 000	34	1 080 448 000

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization s financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization s financial statements audited by an independent accountant?	2b		X
c	If Yes to lines 2a or 2b does the organization have a committee that assumes responsibility for oversight of the audit review or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A 133?	3a		X
b	If Yes did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990 EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts

▶ Attach to Form 990 or Form 990 EZ ▶ See separate instructions

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization University Hospitals Health System, Inc Group Return

Employer identification number 90-0059117

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 (Please check only **one** organization)

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)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)** (Attach Schedule H)

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 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 the Part III)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III Functionally integrated d ☐ Type III Other

e ☐ By checking this box I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I Type II or Type III supporting organization check this box ☐

g Since August 17 2006 has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls either alone or together with persons described in (ii) and (iii) below the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
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)

Section A Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts grants contributions and membership fees received (Do not include any unusual grants)						
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 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities etc (see instructions) 12

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

Section C Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 14 %

15 Public support percentage from 2007 Schedule A Part IV A line 26f 15 %

16a **33 1/3% support test 2008** If the organization did not check the box on line 13 and line 14 is 33 1/3% or more check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test 2007** If the organization did not check a box on line 13 or 16a and line 15 is 33 1/3% or more check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% facts and circumstances test 2008** 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 IV how the organization meets the facts and circumstances test The organization qualifies as a publicly supported organization ▶ ☐

b **10% facts and circumstances test 2007** 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 IV how the organization meets the facts and circumstances test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts grants contributions and membership fees received (Do not include any unusual grants)						
2 Gross receipts from admissions merchandise sold or services per formed or facilities furnished in any activity that is related to the organization s tax exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus iness under section 513						
4 Tax revenues levied for the organ ization s benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1 5						
7a Amounts included on lines 1 2 and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9 10c 11 and 12 for the year or $5 000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest dividends payments received on securities loans rents royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9 10c 11 and 12)						

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

Section C Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	%
16 Public support percentage from 2007 Schedule A Part IV A line 27g	16	%

Section D Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	%
18 Investment income percentage from **2007** Schedule A Part IV A line 27h	18	%

19a **33 1/3% support tests 2008** 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 2007** 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 Supplemental Information Complete this part to provide the explanation required by Part II line 10 Part II line 17a or 17b or Part III line 12 Provide any other additional information (see instructions)

Public charity classification of each Group Member is shown below

University Hospitals of Cleveland (UHCMC) - 34-1567805
dba University Hospitals Case Medical Center
170(b)(1)(A)(iii)
11100 Euclid Ave
Cleveland, OH 44106

UHHS Bedford Medical Center (BMC) - 34-1271115
dba University Hospitals Bedford Medical Center
170(b)(1)(A)(iii)
44 Blaine Avenue
Bedford, OH 44146

UHHS Brown Memorial Hospital (CMC) - 34-0750341
dba University Hospitals Conneaut Medical Center
170(b)(1)(A)(iii)
158 West Main Road
Conneaut, OH 44030

BMH Professional Corporation (BMHPC) - 34-1749966
509(a)(3)
158 West Main Road
Conneaut, OH 44030

UHHS Geauga Regional Hospital (GMC) - 34-0816492
dba University Hospitals Geauga Medical Center
170(b)(1)(A)(iii)

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

▶ **To be completed by organizations described below**

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

OMB No 1545 0047

2008

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If the organization answered "Yes " to Form 990 Part IV line 3 or Form 990 EZ Part VI 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 to 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 to Form 990 Part IV line 5 (Proxy Tax) then

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

Name of organization	Employer identification number
University Hospitals Health System, Inc Group Return	90-0059117

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations

See the instructions for Schedule C for details

1 Provide a description of the organization s direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3)

See the instructions for Schedule C for details

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If Yes describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3)

See the instructions for Schedule C for details

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization s funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120 POL line 17b ▶ $

4 Did the filing organization file **Form 1120 POL** for this year? ☐ Yes ☐ No

5 State the names addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization s funds or were political contributions received and 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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h))** See the instructions for Schedule C for details

A Check ▶ [X] if the filing organization belongs to an affiliated group

B Check ▶ [ ] if the filing organization checked box A and limited control provisions apply

Limits on Lobbying Expenditures (The term expenditures means amounts paid or incurred)	(a) Filing organization s totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	6,165	9,429
b Total lobbying expenditures to influence a legislative body (direct lobbying)	313,842	460,285
c Total lobbying expenditures (add lines 1a and 1b)	320,007	469,714
d Other exempt purpose expenditures	926 513 993	1 806 777 286
e Total exempt purpose expenditures (add lines 1c and 1d)	926 834 000	1 807 247 000
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a Enter 0 if line g is more than line a	0	0
i Subtract line 1f from line 1c Enter 0 if line f is more than line c	0	0

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

j If there is an amount other than zero on either line 1h or line 1i did the organization file Form 4720 reporting section 4911 tax for this year? [ ] Yes [ ] No

4 Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4 Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a column(e))					6,000,000
c Total lobbying expenditures	363,869	401,106	447 418	469,714	1 682,107
d Grassroots non taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d column (e))					1,500,000
f Grassroots lobbying expenditures	2,885	3,792	1,838	9,429	17,944

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h))** See the instructions for Schedule C for details

		(a) Yes	(a) No	(b) Amount
1	During the year did the filing organization attempt to influence foreign national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum through the use of			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members legislators or the public?	X		24,572
e	Publications or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		118,644
g	Direct contact with legislators their staffs government officials or a legislative body?	X		27,799
h	Rallies demonstrations seminars conventions speeches lectures or any other means?		X	
i	Other activities? If Yes describe in Part IV		X	
j	Total lines 1c through 1i			171,015
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If Yes enter the amount of any tax incurred under section 4912			
c	If Yes enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)** See the instructions for Schedule C for details

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes "** See Schedule C instructions for details

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I A line 1 Part I B line 4 Part I C line 5 and Part II B line 1i Also complete this part for any additional information

Part II-B, Affiliated Group Return Statement

Lobbying expenses include allocations of the Government Relations department's wages based on tracked hours, identified lobbying related expenses, percentage of association dues which relate to lobbying, and payments to contract lobbyists

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures**
Part II A

Name of Affiliated Group Member
University Hospitals Case Medical Center

Employer ID Number
34-1567805

Affiliated Group Member Address
11100 EUCLID AVE
Cleveland, OH 44106

Electing Member
YES

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	6,165	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	313,842	b
Total lobbying expenditures (add lines 1a and 1b)	320,007	c
Other exempt purpose expenditures	925,710,993	d
Total exempt purpose expenditures (add lines 1c and 1d)	926,031,000	e
Lobbying nontaxable amount Enter the amount from the following table	1,000,000	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures Part II A**

Name of Affiliated Group Member
University Hospitals Bedford Medical Center

Employer ID Number
34-1271115

Affiliated Group Member Address
44 BLAINE AVE
Bedford, OH 44146

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	294	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	13,256	b
Total lobbying expenditures (add lines 1a and 1b)	13,550	c
Other exempt purpose expenditures	51,515,048	d
Total exempt purpose expenditures (add lines 1c and 1d)	51,528,598	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	1,000,000	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures Part II A**

Name of Affiliated Group Member
University Hospitals Conneaut Medical Center

Employer ID Number
34-0750341

Affiliated Group Member Address
158 WEST MAIN ROAD
Conneat, OH 44030

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	141	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	6,347	b
Total lobbying expenditures (add lines 1a and 1b)	6,488	c
Other exempt purpose expenditures	25,319,799	d
Total exempt purpose expenditures (add lines 1c and 1d)	25,326,287	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	1,000,000	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C — **Affiliated Group Lobbying Expenditures Part II A**

Name of Affiliated Group Member
BMH Professional Corp

Employer ID Number
34-1749966

Affiliated Group Member Address
158 WEST MAIN ROAD
Conneat, OH 44030

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0	b
Total lobbying expenditures (add lines 1a and 1b)	0	c
Other exempt purpose expenditures	0	d
Total exempt purpose expenditures (add lines 1c and 1d)	0	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	0	f
Grassroots nontaxable amount (enter 25% of line 1f)	0	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C — **Affiliated Group Lobbying Expenditures Part II A**

Name of Affiliated Group Member
University Hospitals Geauga Medical Center

Employer ID Number
34-0816492

Affiliated Group Member Address
13207 RAVENNA ROAD
Chardon, OH 44024

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	463	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	20,859	b
Total lobbying expenditures (add lines 1a and 1b)	21,322	c
Other exempt purpose expenditures	75,917,620	d
Total exempt purpose expenditures (add lines 1c and 1d)	75,938,942	e
Lobbying nontaxable amount Enter the amount from the following table		

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	1,000,000	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member's share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures**
Part II A

Name of Affiliated Group Member
University Hospitals Geneva Medical Center

Employer ID Number
34-0714461

Affiliated Group Member Address
870 WEST MAIN ST
Geneva, OH 44041

Electing Member
NO

Limits on Lobbying Expenditures		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	214	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	9,623	b
Total lobbying expenditures (add lines 1a and 1b)	9,837	c
Other exempt purpose expenditures	33,980 598	d
Total exempt purpose expenditures (add lines 1c and 1d)	33,990,435	e
Lobbying nontaxable amount Enter the amount from the following table		
Grassroots nontaxable amount (enter 25% of line 1f)	250,000	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

1,000,000 f

Part IV Supplemental Information *(continued)*

Schedule C — **Affiliated Group Lobbying Expenditures Part II A**

Name of Affiliated Group Member
University Hospitals Extended Care Campus

Employer ID Number
34-0771884

Affiliated Group Member Address
12340 BASS LAKE ROAD
Chardon, OH 44024

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	143	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	6,466	b
Total lobbying expenditures (add lines 1a and 1b)	6,609	c
Other exempt purpose expenditures	36,404,682	d
Total exempt purpose expenditures (add lines 1c and 1d)	36,411,291	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	1,000,000	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C — **Affiliated Group Lobbying Expenditures Part II A**

Name of Affiliated Group Member
UHHS - Heather Hill Rehabilitaion Hospital

Employer ID Number
34-1465745

Affiliated Group Member Address
12340 BASS LAKE ROAD
Chardon, OH 44024

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0	b
Total lobbying expenditures (add lines 1a and 1b)	0	c
Other exempt purpose expenditures	0	d
Total exempt purpose expenditures (add lines 1c and 1d)	0	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	0	f
Grassroots nontaxable amount (enter 25% of line 1f)	0	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures**
Part II A

Name of Affiliated Group Member
Heather Hill Institute

Employer ID Number
34-1465745

Affiliated Group Member Address
12340 BASS LAKE ROAD
Chardon, OH 44024

Electing Member
NO

Limits on Lobbying Expenditures		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0	b
Total lobbying expenditures (add lines 1a and 1b)	0	c
Other exempt purpose expenditures	0	d
Total exempt purpose expenditures (add lines 1c and 1d)	0	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	0	f
Grassroots nontaxable amount (enter 25% of line 1f)	0	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C — **Affiliated Group Lobbying Expenditures Part II A**

Name of Affiliated Group Member
University Hospitals Richmond Medical Center

Employer ID Number
34-1924226

Affiliated Group Member Address
27100 CHARDON ROAD
Richmond Heights, OH 44024

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	301	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	13,586	b
Total lobbying expenditures (add lines 1a and 1b)	13,887	c
Other exempt purpose expenditures	54,701,726	d
Total exempt purpose expenditures (add lines 1c and 1d)	54,715,613	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	1,000,000	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures**
Part II A

Name of Affiliated Group Member
University Mednet

Employer ID Number
34-0750341

Affiliated Group Member Address
23001 EUCLID AVE
Cleveland, OH 44117

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0	b
Total lobbying expenditures (add lines 1a and 1b)	0	c
Other exempt purpose expenditures	1,731,577	d
Total exempt purpose expenditures (add lines 1c and 1d)	1,731,577	e
Lobbying nontaxable amount Enter the amount from the following table	236 579	f
Grassroots nontaxable amount (enter 25% of line 1f)	59,145	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

Part IV Supplemental Information *(continued)*

Schedule C — **Affiliated Group Lobbying Expenditures Part II A**

Name of Affiliated Group Member
ULWH

Employer ID Number
31-1538521

Affiliated Group Member Address
35900 EUCLID AVE
Willoughby, OH 44094

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0	b
Total lobbying expenditures (add lines 1a and 1b)	0	c
Other exempt purpose expenditures	0	d
Total exempt purpose expenditures (add lines 1c and 1d)	0	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	0	f
Grassroots nontaxable amount (enter 25% of line 1f)	0	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures**
Part II A

Name of Affiliated Group Member
Pathology Associates of University Hospitals

Employer ID Number
34-1794737

Affiliated Group Member Address
11100 EUCLID AVE
Cleveland, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0	b
Total lobbying expenditures (add lines 1a and 1b)	0	c
Other exempt purpose expenditures	0	d
Total exempt purpose expenditures (add lines 1c and 1d)	0	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	0	f
Grassroots nontaxable amount (enter 25% of line 1f)	0	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C — **Affiliated Group Lobbying Expenditures Part II A**

Name of Affiliated Group Member
University Hospitals Home Care Services, Inc

Employer ID Number
34-1527536

Affiliated Group Member Address
4901 GALAXY PARKWAY
Warrensville Heights, OH 44128

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0	b
Total lobbying expenditures (add lines 1a and 1b)	0	c
Other exempt purpose expenditures	26,294,386	d
Total exempt purpose expenditures (add lines 1c and 1d)	26,294,386	e
Lobbying nontaxable amount Enter the amount from the following table		
Grassroots nontaxable amount (enter 25% of line 1f)	250,000	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

1,000,000 f

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures**
Part II A

Name of Affiliated Group Member
University Hospitals Laboratory Services Foundation

Employer ID Number
34-1720429

Affiliated Group Member Address
11100 EUCLID AVE
Cleveland, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0	b
Total lobbying expenditures (add lines 1a and 1b)	0	c
Other exempt purpose expenditures	20,271,675	d
Total exempt purpose expenditures (add lines 1c and 1d)	20,271,675	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500,000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	1,000,000	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member's share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C — **Affiliated Group Lobbying Expenditures**
Part II A

Name of Affiliated Group Member
University Hospitals Medical Group, Inc

Employer ID Number
20-4881619

Affiliated Group Member Address
11100 EUCLID AVE
Cleveland, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	1,560	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	70,286	b
Total lobbying expenditures (add lines 1a and 1b)	71,846	c
Other exempt purpose expenditures	328,953,330	d
Total exempt purpose expenditures (add lines 1c and 1d)	329,025,176	e
Lobbying nontaxable amount Enter the amount from the following table		
Grassroots nontaxable amount (enter 25% of line 1f)	250,000	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

1,000,000 f

Part IV Supplemental Information *(continued)*

Schedule C — **Affiliated Group Lobbying Expenditures Part II, A**

Name of Affiliated Group Member
UH Foundation

Employer ID Number
20-5999979

Affiliated Group Member Address
11100 EUCLID AVE
Cleveland, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0	b
Total lobbying expenditures (add lines 1a and 1b)	0	c
Other exempt purpose expenditures	0	d
Total exempt purpose expenditures (add lines 1c and 1d)	0	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	0	f
Grassroots nontaxable amount (enter 25% of line 1f)	0	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures**
Part II A

Name of Affiliated Group Member
University NPI Inc

Employer ID Number
34-1571623

Affiliated Group Member Address
11100 EUCLID AVE
Cleveland, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0	b
Total lobbying expenditures (add lines 1a and 1b)	0	c
Other exempt purpose expenditures	0	d
Total exempt purpose expenditures (add lines 1c and 1d)	0	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	0	f
Grassroots nontaxable amount (enter 25% of line 1f)	0	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures Part II A**

Name of Affiliated Group Member
UHHS - Saint Michael Hospital, Inc

Employer ID Number
34-1924227

Affiliated Group Member Address
11100 EUCLID AVE
Cleveland, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0	b
Total lobbying expenditures (add lines 1a and 1b)	0	c
Other exempt purpose expenditures	0	d
Total exempt purpose expenditures (add lines 1c and 1d)	0	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	0	f
Grassroots nontaxable amount (enter 25% of line 1f)	0	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member's share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C **Affiliated Group Lobbying Expenditures Part II A**

Name of Affiliated Group Member
Memorial Hospital Health Foundation

Employer ID Number
34-1810018

Affiliated Group Member Address
11100 EUCLID AVE
Cleveland, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0	b
Total lobbying expenditures (add lines 1a and 1b)	0	c
Other exempt purpose expenditures	0	d
Total exempt purpose expenditures (add lines 1c and 1d)	0	e

Lobbying nontaxable amount
Enter the amount from the following table

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

	0	f
Grassroots nontaxable amount (enter 25% of line 1f)	0	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

Part IV Supplemental Information *(continued)*

Schedule C — **Affiliated Group Lobbying Expenditures Part II A**

Name of Affiliated Group Member
University Hospitals Health System, Inc

Employer ID Number
34-0714775

Affiliated Group Member Address
11100 EUCLID AVE
Cleveland, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	148	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	6,020	b
Total lobbying expenditures (add lines 1a and 1b)	6,168	c
Other exempt purpose expenditures	233,301,832	d
Total exempt purpose expenditures (add lines 1c and 1d)	233,308,000	e
Lobbying nontaxable amount Enter the amount from the following table		
	1,000,000	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000	g
Subtract line 1g from line 1a (limit to zero)	0	h
Subtract line 1f from line 1c (limit to zero)	0	i
Member s share of excess lobbying expenditures	0	

If the amount on line e is	The lobbying nontaxable amount is
Not over $500 000	20% of the amount on line 1e
> 500 000 <= 1 000 000	100 000 + 15% > 500 000
> 1 000 000 <= 1 500 000	175 000 + 10% > 1 000 000
> 1 500 000 <= 17 000 000	225 000 + 5% > 1 500 000
Over $17 000 000	$1 000 000

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990 To be completed by organizations that answered Yes to Form 990 Part IV line 6 7 8 9 10 11 or 12

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization University Hospitals Health System, Inc Group Return

Employer identification number 90-0059117

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered Yes to Form 990 Part IV line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered Yes to 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 pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified transferred released extinguished or terminated by the organization during the taxable 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 violations and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring inspecting and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring inspecting and enforcing 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 XIV 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 to Form 990 Part IV line 8

1a If the organization elected as permitted under SFAS 116 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 XIV the text of the footnote to its financial statements that describes these items

b If the organization elected as permitted under SFAS 116 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) Revenues included in Form 990 Part VIII line 1 ▶ $ _____

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

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

a Revenues included in Form 990 Part VIII line 1 ▶ $ _____

b Assets included in Form 990 Part X ▶ $ _____

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

3 Using the organization s 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 XIV

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 Trust, Escrow and Custodial Arrangements Complete if organization answered Yes to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990 Part X line 21? ☐ Yes ☐ No

b If Yes explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered Yes to 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

4 Describe in Part XIV the intended uses of the organization s endowment funds

Part VI Investments - Land, Buildings, and Equipment See Form 990 Part X line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		21,535 000		21,535,000
b Buildings		692981000	415906000	277075000
c Leasehold improvements		3,412,000	2,303,000	1,109,000
d Equipment		472019000	351310000	120709000
e Other		83,510,000	16,935,000	66,575,000
Total Add lines 1a 1e *(Column (d) should equal Form 990 Part X column (B) line 10(c))*			▶	487003000

Schedule D (Form 990) 2008

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12 23 08

Part VII Investments - Other Securities 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
Financial derivatives and other financial products		
Closely held equity interests		
Other		
Investments Deposited with		
Trustee Bond Indenture	9,000	End-of-Year Market Value
Investments	10,812,000	End-of-Year Market Value
Beneficial interest in		
foundation	57,723,000	End-of-Year Market Value
Total (Col (b) should equal Form 990 Part X col (B) line 12) ▶	68,544,000	

Part VIII Investments - Program Related See Form 990 Part X line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end of year market value
Total (Col (b) should equal Form 990 Part X col (B) line 13) ▶		

Part IX Other Assets See Form 990 Part X line 15

(a) Description	(b) Book value
Total (Column (b) should equal Form 990 Part X col (B) line 15) ▶	

Part X Other Liabilities See Form 990 Part X line 25

(a) Description of liability	(b) Amount
Federal income taxes	
Interest payable	2,800,000
Due to third parties	22 379,000
Other current liabilities	17,854,000
Research Institute option liability	43,072,000
Other liabilities	8,307,000
Total (Column (b) should equal Form 990 Part X col (B) line 25) ▶	94,412,000

In Part XIV 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990 Part VIII column (A) line 12)	1	
2	Total expenses (Form 990 Part IX column (A) line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to 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 Part XI line 8 Part XII lines 2d and 4b and Part XIII lines 2d and 4b

The tax footnote that appears in University Hospitals Health System, Inc 's Consolidated Financial Statements is shown below

The System and most of its subsidiaries, including UHCMC, are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from federal income taxes pursuant to Section 501(a) of the Code The System also has certain subsidiaries that are taxable for federal income tax purposes (see note

Part XIV Supplemental Information *(continued)*

19)

Effective January 1, 2007 the System adopted FASB Financial Interpretation No 48 (FIN 48), Accounting for Uncertainty of Income Taxes, which clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements FIN 48 prescribes a more-likely-than-not recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken Under FIN 48, tax positions will be evaluated for recognition, derecognition, and measurement using consistent criteria and will provide more information about the uncertainty in income tax assets and liabilities Based on an analysis prepared by the System, it was determined that the application of FIN 48 had no material effect on the recorded tax assets and liabilities of the System

SCHEDULE G (Form 990 or 990 EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990 EZ Must be completed by organizations that answer "Yes to Form 990 Part IV lines 17 18 or 19 and by organizations that enter more than $15 000 on Form 990 EZ line 6a

OMB No 1545 0047

2008

Open To Public Inspection

Name of the organization: University Hospitals Health System, Inc Group Return

Employer identification number: 90-0059117

Part I Fundraising Activities Complete if the organization answered Yes to Form 990 Part IV line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- a [X] Mail solicitations
- b [ ] Email solicitations
- c [X] Phone solicitations
- d [X] In person solicitations
- e [X] Solicitation of non government grants
- f [X] Solicitation of government grants
- g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers directors trustees or key employees listed in Form 990 Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If Yes , list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5 000 by the organization Form 990 EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
ITM	Professional Fundraiser		X	0	0	36,000
IDC	Professional Fundraiser		X	0	0	16,000
Total ▶						52 000

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

FL, IL, KY, MI, NY, OH, PA, WI, WV

Part II Fundraising Events Complete if the organization answered Yes to Form 990 Part IV line 18 or reported more than $15 000 on Form 990 EZ line 6a List events with gross receipts greater than $5 000

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				( )
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? 9a		
b	If No Explain		
10a	Were any of the organization s gaming licenses revoked suspended or terminated during the tax year? 10a		
b	If Yes Explain		
11	Does the organization operate gaming activities with nonmembers? 11		
12	Is the organization a grantor beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization s facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization s gaming/special events books and records				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b If Yes enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____				
c If Yes enter name and address				
Name ▶				
Address ▶				
16 Gaming manager information				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization s own exempt activities during the tax year ▶ $				

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer Yes to Form 990 Part IV line 20

▶ Attach to Form 990

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization: University Hospitals Health System, Inc Group Return

Employer identification number: 90-0059117

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If No skip to question 6a		
b	If Yes is it a written policy?		
2	If the organization has multiple hospitals indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization s patients		
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If Yes indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If Yes indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	
c	If the organization does not use FPG to determine eligibility describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold regardless of income to determine eligibility for free or discounted care		
4	Does the organization s policy provide free or discounted care to the medically indigent ?	4	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b	If Yes did the organization s charity care expenses exceed the budgeted amount?	5b	
c	If Yes to line 5b as a result of budget considerations was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a	
b	If Yes does the organization make it available to the public?	6b	

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from *Worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *Worksheet 3 column a)*						
c Unreimbursed costs other means tested government programs (from *Worksheet 3 column b)*						
d **Total** Charity Care and Means Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children s hospital	Teaching hospital	Critical access hospital	Research facility	ER 24 hours	ER other	Other (Describe)
University Hospitals Case Medical Center 11100 Euclid Avenue Cleveland, OH 44106	X	X		X		X	X		IP Pysch /IP Rehab /Skilled Nu
UH Rainbow Babies & Children's Hospital 11100 Euclid Avenue Cleveland, OH 44106	X	X	X	X		X	X		
UH Bedford Medical Center 44 Blaine Avenue Bedford, OH 44146	X	X					X		
UH Conneaut Medical Center 158 West Main Road Conneaut, OH 44030	X				X		X		
UH Extended Care Campus 12340 Bass Lake Road Chardon, OH 44024	X								LT Acute Unit/Skilled Nurs
UH Geauga Medical Center 13207 Ravenna Road Chardon, OH 44024	X	X					X		IP Psychiatric Unit
UH Geneva Medical Center 870 West Main Street Geneva, OH 44041	X				X		X		
UH Richmond Medical Center 27100 Chardon Road Richmond Heights, OH 44143	X	X		X			X		
Supplementary Facility Information 11100 Euclid Avenue Cleveland, OH 44106								X	See Schedule O

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations Governments and Individuals in the U S

▶ Complete if the organization answered Yes on Form 990 Part IV lines 21 or 22

▶ Attach to Form 990

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization University Hospitals Health System, Inc Group Return

Employer identification number 90-0059117

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 Governments and Organizations in the United States Complete if the organization answered Yes on Form 990 Part IV line 21 for any recipient that received more than $5 000 Check this box if no one recipient received more than $5 000 Use Part IV and Schedule I 1 (Form 990) if additional space is needed ▶ ☐

1 (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
Aids Walk of Greater Cleveland 3210 Euclid Ave Cleveland OH 44115	34-1963760	501(c)(3)	12 000	0			General Support
Alzheimers Association P O Box 74924 Cleveland OH 44194	31-0996236	501(c)(3)	5 000	0			General Support
American Heart Assn 1689 E- 115 St Clevelahd OH 44106	13-5613797	501(c)(3)	60 000	0			General Support
American Cancer Assn 10501 Euclid Ave Cleveland OH 44106	34-0726080	501(c)(3)	7 000	0			General Support
American Red Cross 3747 Euclid Ave Cleveland OH 44115	34-1714829	501(c)(3)	10 000	0			General Support
Arthritis Foundation Northeastern Ohio Chapter - 4630 Richmond Rd Ste 240 - Cleveland OH 44128	34-5644884	501(c)(3)	25 000	0			General Support

2 Enter total number of section 501(c)(3) and government organizations ▶ 28

3 Enter total number of other organizations ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States** Complete if the organization answered Yes on Form 990 Part IV line 22
Use Schedule I 1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non cash assistance

Part IV **Supplemental Information** Complete this part to provide the information required in Part I line 2 and any other additional information

Schedule I, Part I, Line 2 Donations made by members of the Group Return to charitable organization's are made in furtherance of the recipients organizations exempt purpose and are considered unrestricted with regard to use of funds

SCHEDULE I 1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III Schedule I (Form 990)

OMB No 1545 0047
2008
Open to Public Inspection

Name of the organization University Hospitals Health System, Inc
Group Return

Employer identification number 90-0059117

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U S (Schedule I (Form 990) Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Cleveland Central Catholic HS 6550 Baxter Ave Cleveland OH 44105	34-1013635	501(c)(3)	25 000	0			General Support
Cleveland Playhouse 8500 Euclid Ave Cleveland OH 44106	34-1868998	501(c)(3)	25 000	0			General Support
Cleveland School of Science & Medicine - 1422 Euclid Avv Ste 1300 - Cleveland OH 44115	38-3740643	501(c)(3)	10 000	0			General Support
Cleveland Orchestra 11001 Euclid Ave Cleveland OH 44106	34-1057270	501(c)(3)	25 000	0			General Support
Cleveland Metroparks 3900 Wildlife Way Cleveland OH 44109	34-6000704	501(c)(3)	80 000	0			General Support
Center for Mental Retardation 1331 Euclid Ave Cleveland OH 44115	34-0924983	501(c)(3)	5 000	0			General Support
Playhouse Square Foundation 1501 EUCLID AVE STE 200 CLEVELAND OH 44115	23-7304942	501(c)(3)	204 000	0			General Support
Cystic Fibrosis Foundation 4635 Richmond Rd Ste 103 Warrensville Hts OH 44128	13-1930701	501(c)(3)	13 000	0			General Support

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III Schedule I (Form 990)

OMB No 1545 0047
2008
Open to Public Inspection

Name of the organization: University Hospitals Health System, Inc
Group Return

Employer identification number: 90-0059117

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U S (Schedule I (Form 990) Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book FMV appraisal other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Ronald McDonald House 10415 EUCLID AVE CLEVELAND OH 44111	34-1269123	501(c)(3)	29 000	0			General Support
Daily Dose of Reading 2054 South Green Rd South Euclid OH 44121	34-1935776	501(c)(3)	10 000	0			General Support
Epilepsy Foundation of NE Ohio 2831 Prospect Ave Cleveland OH 44115	23-7198807	501(c)(3)	5 000	0			General Support
Komen Northeast Ohio Race for the Cure - 10819 MAGNOLIA DR - CLEVELAND OH 44106	34-1793460	501(c)(3)	110 000	0			General Support
Free Clinic of Greater Cleveland 12201 Euclid Ave Cleveland OH 44106	23-7078501	501(c)(3)	55 000	0			General Support
Gathering Place 23300 Commerce Park Dr Cleveland OH 44122	34-1879035	501(c)(3)	15 000	0			General Support
Leukemia & Lymphoma Society 23297 Commerce Park Rd Beachwood OH 44122	13-5644916	501(c)(3)	10 000	0			General Support
Learning Disability Association 4800 E 131st St Ste B Garfield OH 44105	34-1398058	501(c)(3)	8 000	0			General Support

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I 1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III Schedule I (Form 990)

OMB No 1545 0047
2008
Open to Public Inspection

Name of the organization: University Hospitals Health System, Inc
Group Return

Employer identification number: 90-0059117

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U S (Schedule I (Form 990) Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Southwest Community Health Foundation - 18697 Bagley - Middleburg Hts OH 44130	34-1455135	501(c)(3)	8 000	0			General Support
St John Westshore Hospital 29000 Center Ridge Rd Westlake OH 44145	34-1893452	501(c)(3)	5 000	0			General Support
St Vincent Charity Hospital 2351 E 22nd St Cleveland OH 44115	34-1893452	501(c)(3)	10 000	0			General Support
Mercy Medical Center 1320 Mercy Dr NW Canton OH 44708	34-1893439	501(c)(3)	10 000	0			General Support
YWCA of Greater Cleveland 4019 Prospect Ave Cleveland OH 44103	34-0714800	501(c)(3)	25 000	0			General Support
Youth & Young Adult Ministry 7911 Detroit Ave Cleveland OH 44102	34-1908590	501(c)(3)	10 000	0			General Support

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

832241 12 17 08 LHA **For Privacy Act and Paperwork Reduction Act Notice see the Instructions for Form 990** **Schedule I 1 (Form 990) 2008**

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers Directors Trustees Key Employees and Highest Compensated Employees

▶ **Attach to Form 990 To be completed by organizations that answered Yes' to Form 990 Part IV line 23**

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization University Hospitals Health System, Inc Group Return

Employer identification number 90-0059117

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990 Part VII Section A line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g maid chauffeur chef)		
b	If line 1a is checked did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If No complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers directors trustees and the CEO/Executive Director regarding the items checked in line 1a?	2	X	
3	Indicate which if any of the following the organization uses to establish the compensation of the organization s CEO/Executive Director Check all that apply			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year did any person listed in Form 990 Part VII Section A line 1a			
a	Receive a severance payment or change of control payment?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
c	Participate in or receive payment from an equity based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5 8			
5	For persons listed in Form 990 Part VII Section A line 1a did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If Yes to line 5a or 5b describe in Part III			
6	For persons listed in Form 990 Part VII Section A line 1a did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If Yes to line 6a or 6b describe in Part III			
7	For persons listed in Form 990 Part VII Section A line 1a did the organization provide any non fixed payments not described in lines 5 and 6? If Yes describe in Part III	7	X	
8	Were any amounts reported in Form 990 Part VII paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958 4(a)(3)? If Yes describe in Part III	8	X	

Part II Officers Directors Trustees Key Employees and Highest Compensated Employees Use Schedule J 1 if additional space is needed

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990 Part VII line 1a

(A) Name		(B) Breakdown of W 2 and/or 1099 MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i) (D)	(F) Compensation reported in prior Form 990 or Form 990 EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BMC - Sean McKibben	(i)	199,743	54,395	46,289	34,152	15,785	350,364	21,861
	(ii)	0	0	0	0	0	0	0
CMC - Laurie S Delgado	(i)	127,196	42,019	14,352	22,526	6,712	212,805	4,406
	(ii)	0	0	0	0	0	0	0
GMC - Richard J Frenchi	(i)	245,388	104,520	99,730	11,461	10,767	471,866	71,633
	(ii)	0	0	0	0	0	0	0
UHGMC - Laurie S Delgad	(i)	127,196	42,019	14,352	22,526	6,712	212,805	4,407
	(ii)	0	0	0	0	0	0	0
UHGMC - Amitabh P Goel,	(i)	0	0	0	0	0	0	0
	(ii)	175,428	108,239	15,725	12,596	2,013	314,001	0
UHECC - Susan V Juris	(i)	198,397	76,272	68,391	61,769	7,294	412,123	15,943
	(ii)	0	0	0	0	0	0	0
RMC - William P Lawrenc	(i)	161,205	5,000	25,445	35,289	15,847	242,786	15,613
	(ii)	0	0	0	0	0	0	0
UMI - Phyllis Hall	(i)	233,956	60,000	17,984	42,237	15,669	369,846	1,080
	(ii)	0	0	0	0	0	0	0
UMI - Michael Nochomovit	(i)	380,900	232,000	76,119	99,465	7,884	796,368	32,572
	(ii)	0	0	0	0	0	0	0
PAUH - James J Benedict	(i)	234,160	113,600	73,897	44,824	15,566	482,047	21,341
	(ii)	0	0	0	0	0	0	0
HCS - Keith Maitland	(i)	155,362	46,125	23,644	31,223	13,543	269,897	0
	(ii)	0	0	0	0	0	0	0
UHHS - Achilles A Demet	(i)	726,278	438,750	251,999	209,092	13,263	1,639,382	205,877
	(ii)	0	0	0	0	0	0	0
UHHS - Fred C Rothstein	(i)	575,948	403,340	125,448	161,190	17,174	1,283,100	96,288
	(ii)	0	0	0	0	0	0	0
UHHS - Thomas F Zenty I	(i)	871,301	660,000	52,527	240,388	8,658	1,832,874	0
	(ii)	0	0	0	0	0	0	0
UHLSF - Matthew Love	(i)	108,900	27,097	25,740	9,399	13,410	184,546	0
	(ii)	0	0	0	0	0	0	0
UHMG - Catherine E Keat	(i)	371,400	147,000	39,777	107,484	3,343	669,004	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information explanation or descriptions required for Part I lines 1a 1b 4c 5a 5b 6a 6b 7 and 8 Also complete this part for any additional information

Part I, Line 4a The following persons received severance payments in 2008

- Hani Hennein, M D $63,203
- William P Lawrence $113,050
- John Nash $51,667

Part I, Line 4b The following persons participated in, or received payment from a nonqualified retirment plan in 2008

- Harlin G Adelman (No payments received in 2008)
- James J Benedict ($21,341)
- Sherri L Bishop ($29,357)
- Cliff J Coker ($12,382)
- Laurie S Delgado ($8,813)
- Achilles A Demetriou, M D ($205,877)
- Ronald E Dziedzicki ($11,342)
- Michael J Farrell (No payments received in 2008)
- Richard J Frenchie ($71,633)
- Phyllis Hall ($1,080)

Part III Supplemental Information

Complete this part to provide the information explanation or descriptions required for Part I lines 1a 1b 4c 5a 5b 6a 6b 7 and 8 Also complete this part for any additional information

- Susan V Juris ($15,943)
- Elliot A Kellman (No payments received in 2008)
- Catherine S Koppelman (No payments recieved in 2008)
- Don Landek ($15,455)
- William P Lawrence ($15,613)
- Keith Maitland (No payments received in 2008)
- Sean McKibben ($21,861)
- Janet L Miller (No payments received in 2008)
- John Nash (No payments received in 2008)
- Michael L Nochomovitz, M D ($32,572)
- Kevin V Roberts (No payments received in 2008)
- Fred C Rothstein, M D ($96,288)
- Steven D Standley (No payments received in 2008)
- Michael A Szubski ($57,722)
- Paul G Tait ($49,278)
- Michael R Vehovec ($35,062)
- Thomas F Zenty III (No payments received in 2008)
- Catherine E Keating, M D (No payments received in 2008)
- Nathan A Levitan, M D ($31,180)

Part III Supplemental Information

Complete this part to provide the information explanation or descriptions required for Part I lines 1a 1b 4c 5a 5b 6a 6b 7 and 8 Also complete this part for any additional information

- Nancy E Paton ($7,281)

- Mary Alice Annecharico (No payments received in 2008)

Part I, Line 7 Certain employees disclosed in Part VII receive bonuses and 457f payments which would qualify as non-fixed payments

Part I, Line 8 Certain employees compensation disclosed in Part VII meet the requirements of the initial contract exception

SCHEDULE J 1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)
▶ **Attach to Form 990 to list additional information regarding compensation**

OMB No 1545 0047
2008
Open to Public Inspection

Name of the organization University Hospitals Health System, Inc Group Return

Employer identification number 90-0059117

Part I **Continuation of Officers Directors Trustees Key Employees and Highest Compensated Employees** (Schedule J Part II)

(A) Name		(B) Breakdown of W 2 and/or 1099 MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i) (D)	(F) Compensation reported in prior Form 990 or Form 990 EZ
UHMG - Kevin Cooper, M D	(i)	195,972	0	19,423	15,972	2,929	234,296	0
	(ii)	0	0	0	0	0	0	0
UHMG - Avroy A Fanaroff	(i)	274,232	0	54,440	25,685	13,417	367,774	0
	(ii)	0	0	0	0	0	0	0
UHMG - Jonathan Lass, M	(i)	203,566	0	25,070	16,630	3,164	248,430	0
	(ii)	0	0	0	0	0	0	0
UHMG - Edward Michelson,	(i)	295,520	0	65,702	46,578	14,838	422,638	0
	(ii)	0	0	0	0	0	0	0
UHMG - Jeffrey Ponsky, M	(i)	432,940	75,000	60,364	25,685	11,633	605,622	0
	(ii)	0	0	0	0	0	0	0
UHMG - Richard A Walsh,	(i)	244,073	0	35,859	25,685	2,808	308,425	0
	(ii)	0	0	0	0	0	0	0
UHCMC - Michael R Ander	(i)	201,361	125	23,037	13,348	6,613	244,484	0
	(ii)	0	0	0	0	0	0	0
UHCMC - Ronald E Dziedz	(i)	214,872	91,875	47,850	57,061	15,742	427,400	11,342
	(ii)	0	0	0	0	0	0	0
UHCMC - Michael J Farre	(i)	382,292	128,000	38,208	85,940	18,326	652,766	0
	(ii)	0	0	0	0	0	0	0
UHCMC - Catherine S Kop	(i)	254,622	87,588	22,856	47,421	16,280	428,767	0
	(ii)	0	0	0	0	0	0	0
UHCMC - Nathan A Levita	(i)	344,885	131,932	71,148	91,426	15,065	654,456	0
	(ii)	0	0	0	0	0	0	0
UHCMC - John Nash	(i)	269,487	113,925	38,946	37,817	16,040	476,215	0
	(ii)	0	0	0	0	0	0	0
HCS - Rebecca Ivcic	(i)	107,941	11,034	20,793	18,656	10,402	168,826	0
	(ii)	0	0	0	0	0	0	0
UHHS - Elliot A Kellman	(i)	304,488	130,000	107,298	76,059	16,705	634,550	0
	(ii)	0	0	0	0	0	0	0
UHHS - Richard L Marrap	(i)	342,733	0	0	0	3,158	345,891	0
	(ii)	0	0	0	0	0	0	0
UHHS - Janet L Miller,	(i)	318,016	195,000	41,849	100,263	8,307	663,435	0
	(ii)	0	0	0	0	0	0	0
UHHS - Kevin V Roberts	(i)	213,461	374,201	23,784	92,229	15,966	719,641	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE J 1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)
▶ Attach to Form 990 to list additional information regarding compensation

OMB No 1545 0047
2008
Open to Public Inspection

Name of the organization: University Hospitals Health System, Inc- Group Return

Employer identification number: 90-0059117

Part I Continuation of Officers Directors Trustees Key Employees and Highest Compensated Employees (Schedule J Part II)

(A) Name		(B) Breakdown of W 2 and/or 1099 MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i) (D)	(F) Compensation reported in prior Form 990 or Form 990 EZ
UHHS - Steven D Standle	(i)	299,240	218,050	10,808	69,886	15,875	613,859	0
	(ii)	0	0	0	0	0	0	0
UHHS - Michael A Szubsk	(i)	377,724	252,400	81,169	99,122	5,974	816,389	57,722
	(ii)	0	0	0	0	0	0	0
UHLSF - Don M Landek	(i)	137,430	0	42,381	26,889	13,747	220,447	15,455
	(ii)	0	0	0	0	0	0	0
UHLSF - Michael R Vehov	(i)	186,660	49,400	48,123	53,917	3,369	341,469	35,062
	(ii)	0	0	0	0	0	0	0
UHMG - Larry McElroy	(i)	154,600	30,000	21,356	5,168	16,571	227,695	0
	(ii)	0	0	0	0	0	0	0
UHMG - Harlin G Adelman	(i)	254,904	74,140	11,389	51,046	15,466	406,945	0
	(ii)	0	0	0	0	0	0	0
UHHS - Cliff J Coker	(i)	344,096	66,000	26,775	103,546	14,298	554,715	12,382
	(ii)	0	0	0	0	0	0	0
UHHS - Sherri L Bishop	(i)	261,932	156,500	75,227	65,352	17,728	576,739	29,357
	(ii)	0	0	0	0	0	0	0
UHHS - Paul G Tait	(i)	271,823	159,325	78,230	64,761	14,405	588,544	49,278
	(ii)	0	0	0	0	0	0	0
UHMG - Charles Lanzieri,	(i)	482,258	0	62,285	25,685	23,789	594,017	0
	(ii)	0	0	0	0	0	0	0
UHMG - Howard Nearman, M	(i)	298,188	10,000	51,544	25,685	17,852	403,269	0
	(ii)	0	0	0	0	0	0	0
UHHS - Nancy E Paton	(i)	218,870	19,210	42,224	58,609	10,401	349,314	0
	(ii)	0	0	0	0	0	0	0
UHHS - Mary Alice Annech	(i)	103,998	40,000	45,430	19,610	3,646	212,684	0
	(ii)	0	0	0	0	0	0	0
UHCMC - Carl Lufter	(i)	150,758	14,823	7,858	15,607	10,778	199,824	0
	(ii)	0	0	0	0	0	0	0
UHHS - Cheryl Wahl	(i)	188,722	37,485	13,000	21,379	22,341	282,927	0
	(ii)	0	0	0	0	0	0	0
UHHS - Heidi Gartland	(i)	166,883	25,345	21,618	16,974	19,065	249,885	0
	(ii)	0	0	0	0	0	0	0
UHMG - Bahman Guyuron, M	(i)	669,890	124,201	160,855	25,685	17,865	998,496	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE J 1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)
▶ **Attach to Form 990 to list additional information regarding compensation**

OMB No 1545 0047
2008
Open to Public Inspection

Name of the organization: University Hospitals Health System, Inc
Group Return

Employer identification number: 90-0059117

Part I **Continuation of Officers Directors Trustees Key Employees and Highest Compensated Employees** (Schedule J Part II)

(A) Name		(B) Breakdown of W 2 and/or 1099 MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i) (D)	(F) Compensation reported in prior Form 990 or Form 990 EZ
	(i)	854,326	0	92,704	25,685	14,476	987,191	0
UHMG - Nicholas U Ahn,	(ii)	0	0	0	0	0	0	0
	(i)	715,002	0	96,712	25,685	20,005	857,404	0
UHMG - Hani Hennein, M D	(ii)	0	0	0	0	0	0	0
	(i)	655,631	0	82,495	22,381	16,406	776,913	0
UHMG - Reuben Gobezie, M	(ii)	0	0	0	0	0	0	0
	(i)	620,660	0	87,788	25,285	15,176	748,909	0
UHMG - Christopher G Fu	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990 Part VII, Section A line 1a

OMB No 1545 0047

2008

Open to Public Inspection

Name of the Organization: University Hospitals Health System, Inc Group Return

Employer Identification number: 90-0059117

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
UHCMC - William J O'Nei Director	2 00	X						0	0	0
UHCMC - Lydia B Oppmann Director	2 00	X						0	0	0
UHCMC - John D Osher Director	2 00	X						0	0	0
UHCMC - Kim Meisel Pesse Ex Officio Director (5/0	2 00	X						0	0	0
UHCMC - Ann P Ranney Director	2 00	X						0	0	0
UHCMC - Julie Adler Rask Ex Off Dir (end 5/08) D	2 00	X						0	0	0
UHCMC - Charles A Ratne Director (end 5/08)	2 00	X						0	0	0
UHCMC - Kenneth C Ricci Director (5/08)	2 00	X						0	0	0
UHCMC - Robert Risman Director	2 00	X						0	0	0
UHCMC - Barbara S Robin Director	2 00	X						0	0	0
UHCMC - Fred C Rothstei President/Ex Off Dir	2 00	X		X				0	0	0
UHCMC - Lawrence C Sher Director	2 00	X						0	0	0
UHCMC - Michael Siegal Director	2 00	X						0	0	0
UHCMC - Hilton O Smith Director	2 00	X						0	0	0
UHCMC - Penni Weinberg Director	2 00	X						0	0	0
UHCMC - Lorna Wisham Director	2 00	X						0	0	0
UHCMC - Jacqueline Woods Director	2 00	X						0	0	0
UHCMC - May L Wykle Ex Officio Director	2 00	X						0	0	0
UHCMC - Suzie Zenner Ex Off Dir (end 5/08)	2 00	X						0	0	0
UHCMC - Thomas F Zenty Ex Officio Director	2 00	X						0	0	0

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990 Part VII Section A line 1a

OMB No 1545 0047

2008

Open to Public Inspection

Name of the Organization: University Hospitals Health System, Inc Group Return

Employer Identification number: 90-0059117

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BMC - Samuel Ake Secretary/Director	2 00	X		X				0	0	0
BMC - Wendolyn Grant Director	2 00	X						0	0	0
BMC - Marwan Hilal, M D Ex Officio Director	2 00	X						63,621	0	0
BMC - James Hukill Treasurer/Director	2 00	X		X				0	0	0
BMC - James O Judd Chair(end 05/08)/Directo	2 00	X						0	0	0
BMC - Hon Peter Junkin Director	2 00	X						0	0	0
BMC - Patrick Lally Director	2 00	X						0	0	0
BMC - Sean McKibben President/Ex Officio Dir	60 00	X		X				300,427	0	42,976
BMC - Brock Milstein Director	2 00	X						0	0	0
BMC - Timothy Morgan Director	2 00	X						0	0	0
BMC - Philip Ridolfi Dir (Chair 5/08), Vice	2 00	X						0	0	0
BMC - Michael Romito Dir (Vice Chair 5/08)	2 00	X						0	0	0
BMC - Elizabeth Berrey, Ex-Officio Director	2 00	X						0	0	0
BMC - Michael A Szubski Ex Officio Director	2 00	X						0	0	0
CMC - Terry Atkinson Director	2 00	X						0	0	0
CMC - Laurie S Delgado Pres /Ex Off Dir	30 00	X		X				183,567	0	25,682
CMC - Gerald Eighmy Chair/Director	2 00	X						0	0	0
CMC - Gary Huston, D O Ex Officio Director	2 00	X						79,992	0	0
CMC - Tim Kraus Director (Vice Chair)	2 00	X						0	0	0
CMC - Doug Lewis Director (end 6/08)	2 00	X						0	0	0

SCHEDULE J-2
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990 Part VII Section A line 1a

OMB No 1545 0047
2008
Open to Public Inspection

Name of the Organization: University Hospitals Health System, Inc Group Return

Employer Identification number: 90-0059117

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CMC - Lori McLaughlin Director	2 00	X						0	0	0
CMC - Joseph A Moroski Director	2 00	X						0	0	0
CMC - James Supplee Director	2 00	X						0	0	0
CMC - JoAnne Surbella, R Ex Officio Dir /SR Dir	60 00	X						124,802	0	12,319
CMC - Michael A Szubski Ex Officio Dir	2 00	X						0	0	0
GMC - Kevin Chartrand, M Ex Officio Dir	2 00	X						0	0	0
GMC - Robert A Forino Director	2 00	X						0	0	0
GMC - Richard J Frenchi President/Ex Officio Dir	60 00	X		X				449,638	0	17,774
GMC - Linda Barnes Grimm Director	2 00	X						0	0	0
GMC - P James Kamer Jr Director	2 00	X						0	0	0
GMC - Peggy Kuhar Ex Off Dir /Dir of Nurs	60 00	X						132,466	0	4 166
GMC - Edith Lerner, Ph D Director	2 00	X						0	0	0
GMC - David M Ondrey Chair	2 00	X						0	0	0
GMC - James F Patterson Director	2 00	X						0	0	0
GMC - Gregory Robinson Treasurer/Director	2 00	X		X				0	0	0
GMC - George W (Tim) Ta Vice Chair/Director	2 00	X						0	0	0
GMC - Michael A Szubski Ex Officio Director	2 00	X						0	0	0
GMC - Natalina Andreani, Ex Officio Director	2 00	X						0	0	0
UHGMC - James Crawford Director	2 00	X						0	0	0
UHGMC - Laurie S Delgad Pres /Ex Off Dir	30 00	X		X				183,567	0	25,683

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990 Part VII Section A line 1a

OMB No 1545 0047

2008

Open to Public Inspection

Name of the Organization: University Hospitals Health System, Inc Group Return

Employer Identification number: 90-0059117

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
UHGMC - Amitabh P Goel, Ex Off Dir (See Sched	2 00	X						0	299,392	12,596
UHGMC - Jeffrey Lampson Director	2 00	X						0	0	0
UHGMC - G A Mallick, M Director	2 00	X						0	0	0
UHGMC - Craig Parker Chair	2 00	X						0	0	0
UHGMC - Gary L Pasqualo Director	2 00	X						0	0	0
UHGMC - Willard Raymond Director	2 00	X						0	0	0
UHGMC - Janet Rogers Ex Off Dir (01/08 only)	60 00	X						48,445	0	10,945
UHGMC - Roger Sisson Director	2 00	X						0	0	0
UHGMC - Robert Taylor Director	2 00	X						0	0	0
UHGMC - Michael A Szubs Ex Officio Director	2 00	X						0	0	0
UHECC - Thomas Benda Dir /Chair (Chair 05/08)	2 00	X						0	0	0
UHECC - Richard J Frenc Dir /Sec & Treas	2 00	X		X				0	0	0
UHECC - Donald Goddard, Ex Officio Director	2 00	X						0	0	0
UHECC - M Orry Jacobs Director (end 4/08)	2 00	X						0	0	0
UHECC - Susan V Juris President/Ex Off Dir	60 00	X		X				343,060	0	64,699
UHECC - Jack Male Director	2 00	X						0	0	0
UHECC - James Patterson Director	2 00	X						0	0	0
UHECC - Robert Reitman Chair/Director (Chair en	2 00	X						0	0	0
UHECC - Linton Sharpnack Ex Off Dir /Director of	60 00	X						103,372	0	18,158
UHECC - William Wortzman Director	2 00	X						0	0	0

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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OMB No 1545 0047

2008

Open to Public Inspection

Name of the Organization: University Hospitals Health System, Inc Group Return

Employer Identification number: 90-0059117

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
UHECC - William Young Director	2 00	X						0	0	0
UHECC - Achilles A Deme Ex-Officio Director	2 00	X						0	0	0
HHRH - Thomas Benda Dir /Chair (Chair 05/08)	2 00	X						0	0	0
HHRH - Richard J French Director	2 00	X						0	0	0
HHRH - Donald Goddard, M Ex Officio Director	2 00	X						0	0	0
HHRH - M Orry Jacobs Director(end 4/08)	2 00	X						0	0	0
HHRH - Susan V Juris President/Ex Off Dir	2 00	X		X				0	0	0
HHRH - Jack Male Director	2 00	X						0	0	0
HHRH - James Patterson Director	2 00	X						0	0	0
HHRH - Robert Reitman Chair/Director (Chair en	2 00	X						0	0	0
HHRH - Linton Sharpnack, Ex Officio Director	2 00	X						0	0	0
HHRH - William Wortzman Director	2 00	X						0	0	0
HHRH - William Young Director	2 00	X						0	0	0
HHRH - Achilles A Demet Ex Officio Director (5/0	2 00	X						0	0	0
HHI - Thomas Benda Dir /Chair (Chair end 05	2 00	X						0	0	0
HHI - Richard J Frenchi Director	2 00	X						0	0	0
HHI - Donald Goddard, M Ex Officio Director	2 00	X						0	0	0
HHI - M Orry Jacobs Director (end 4/08)	2 00	X						0	0	0
HHI - Susan V Juris President/Ex Off Dir	2 00	X		X				0	0	0
HHI - Jack Male Director	2 00	X						0	0	0

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990 Part VII Section A line 1a

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2008

Open to Public Inspection

Name of the Organization: University Hospitals Health System, Inc Group Return

Employer Identification number: 90-0059117

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
HHI - James Patterson Director	2 00	X						0	0	0
HHI - Robert Reitman Chair/Director (Chair en	2 00	X						0	0	0
HHI - Linton Sharpnack, Ex Officio	2 00	X						0	0	0
HHI - William Wortzman Director	2 00	X						0	0	0
HHI - William Young Direct	2 00	X						0	0	0
HHI - Achilles A Demetr Ex Officio Director (5/0	2 00	X						0	0	0
RMC - Theodore Dalheim Director	2 00	X						0	0	0
RMC - David E Jerome Chair/Director	2 00	X						0	0	0
RMC - William P Lawrenc Pres (end 10/08)/Ex Off	60 00	X		X				191,650	0	42,895
RMC - Mark Plush Director	2 00	X						0	0	0
RMC - Mark Stovsky, M D Ex Officio Director	2 00	X						0	0	0
RMC - Jan Meister Ex Officio Director/Dir	60 00	X						109,095	0	14,409
RMC - Michael A Szubski Ex Officio Director	2 00	X						0	0	0
UMI - Phyllis Hall Secretary/See Sched O	2 00	X		X				311,940	0	51,062
UMI - Michael Nochomovit President/See Sched O	2 00	X		X				689,019	0	99,465
UMI - Kevin V Roberts Treasurer (end 05/08)	2 00	X		X				0	0	0
ULWH - Thomas O Callagh Chair	2 00	X						0	0	0
ULWH - Cliff J Coker Director (end 05/08)	2 00	X						0	0	0
ULWH - John B Hexter Director (end 05/08)	2 00	X						0	0	0
ULWH - Mr Robert P Kne Director (end 05/08)	2 00	X						0	0	0

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990 Part VII Section A line 1a

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2008

Open to Public Inspection

Name of the Organization: University Hospitals Health System, Inc Group Return

Employer Identification number: 90-0059117

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ULWH - Achilles A Demet Director (5/08)	2 00	X						0	0	0
ULWH - Fred C Rothstein Director (5/08)	2 00	X						0	0	0
ULWH - Michael A Szubsk Director (5/08)	2 00	X						0	0	0
PAUH - James J Benedict Secretary/Director	2 00	X		X				421,657	0	53,649
PAUH - Nathan A Levitan Director	2 00	X						0	0	0
PAUH - Michael A Szubsk Treasurer/Director	2 00	X		X				0	0	0
PAUH - Ron E Dziedzicki President/Director (11/0	2 00	X		X				0	0	0
HCS - Achilles A Demetr Director	2 00	X						0	0	0
HCS - Keith Maitland President/Director	60 00	X		X				225,131	0	40,048
HCS - Janet L Miller Secretary/Director	2 00	X		X				0	0	0
UHHS - Monte Ahuja Chair/Director	2 00	X						0	0	0
UHHS - Sheldon G Adelma Director	2 00	X						0	0	0
UHHS - Arthur F Anton Director	2 00	X						0	0	0
UHHS - Craig Arnold Director	2 00	X						0	0	0
UHHS - Thomas W Benda Ex Officio Director (05/	2 00	X						0	0	0
UHHS - John G Breen Director	2 00	X						0	0	0
UHHS - Duane E Collins Director	2 00	X						0	0	0
UHHS - Christopher M Co Director	2 00	X						0	0	0
UHHS - Margot J Copelan Director	2 00	X						0	0	0
UHHS - David A Daberko Director	2 00	X						0	0	0

SCHEDULE J-2
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Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990 Part VII Section A line 1a

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2008

Open to Public Inspection

Name of the Organization: University Hospitals Health System, Inc Group Return

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Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
UHHS - Achilles A Demet President/Ex Officio Dir	60 00	X		X				1,417,027	0	215,405
UHHS - Paul J Dolan Director	2 00	X						0	0	0
UHHS - Gerald B Eighmy Ex Officio Director	2 00	X						0	0	0
UHHS - Avory A Fanaroff Director	2 00	X						0	0	0
UHHS - Michael P Gill Ex Officio Director	2 00	X						0	0	0
UHHS - Brian Hall Director	2 00	X						0	0	0
UHHS - James Hambrick Director	2 00	X						0	0	0
UHHS - Kenneth Hardy Director	2 00	X						0	0	0
UHHS - Ronald G Harring Director (8/08)	2 00	X						0	0	0
UHHS - David Jerome Ex Officio Director	2 00	X						0	0	0
UHHS - James O Judd Ex Officio Director	2 00	X						0	0	0
UHHS - Hon Peter Junkin Ex Officio Dir (end 5/0	2 00	X						0	0	0
UHHS - William E Karnat Director	2 00	X						0	0	0
UHHS - Joseph Lopez Director	2 00	X						0	0	0
UHHS - Henry L Meyer II Director	2 00	X						0	0	0
UHHS - Thomas G Murdoug Director	2 00	X						0	0	0
UHHS - David Ondrey Ex Officio Director	2 00	X						0	0	0
UHHS - Vasu Pandrangi, M Ex Officio Director	2 00	X						0	0	0
UHHS - Craig A Parker Ex Officio Director	2 00	X						0	0	0
UHHS - Sandy Pianalto Director	2 00	X						0	0	0

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990 Part VII Section A line 1a

OMB No 1545 0047

2008

Open to Public Inspection

Name of the Organization: University Hospitals Health System, Inc Group Return

Employer Identification number: 90-0059117

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
UHHS - Richard W Pogue Director	2 00	X						0	0	0
UHHS - Alfred M Rankin, Director	2 00	X						0	0	0
UHHS - Robert S Reitman Ex Officio Dir (end 5/0	2 00	X						0	0	0
UHHS - Philip Ridolfi Ex Officio Dir (05/08)	2 00	X						0	0	0
UHHS - Fred C Rothstein Ex Officio Dir/Exec VP	60 00	X		X				1,104,736	0	167,503
UHHS - Thomas A Selden Ex Officio Director	2 00	X						0	0	0
UHHS - George "Tim" W T Ex Officio director	2 00	X						0	0	0
UHHS - Jerry Sue Thornto Director	2 00	X						0	0	0
UHHS - Les C Vinney Director	2 00	X						0	0	0
UHHS - Scott Wolstein Director	2 00	X						0	0	0
UHHS - Thomas F Zenty I Ex Officio Dir /CEO UHHS	60 00	X		X				1,583,828	0	243,829
UHLSF - Ronald Dziedzick Secretary (05/08)/Direct	2 00	X		X				0	0	0
UHLSF - Catherine E Kea Director	2 00	X						0	0	0
UHLSF - James J Benedic Director	2 00	X						0	0	0
UHLSF - Matthew Love Dir (end 9/08)(See Sche	2 00	X						161,737	0	16,139
SM - Richard Frenchie Director	2 00	X		X				0	0	0
SM - Fred C Rothstein, Director	2 00	X		X				0	0	0
SM - Michael A Szubski Director	2 00	X		X				0	0	0
UHMG - Fred C Rothstein, Chair	2 00	X						0	0	0
UHMG - Catherine E Keat President/Director	60 00	X		X				558,177	0	107,484

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990 Part VII Section A line 1a

OMB No 1545 0047

2008

Open to Public Inspection

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Employer Identification number: 90-0059117

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
UHMG - Paul H Carlton Director	2 00	X						0	0	0
UHMG - Kevin Cooper, M D Director	60 00	X						215,395	0	15,972
UHMG - Pamela B Davis, Director	2 00	X						0	0	0
UHMG - Avroy A Fanaroff Dir /Dept Chair Neonato	60 00	X						328,672	0	31,401
UHMG - Michael J Farrel Director	2 00	X						0	0	0
UHMG - Elliott A Kellma Director	2 00	X						0	0	0
UHMG - Jonathan Lass, M Dir /Dept Chair Ophthal	60 00	X						228,636	0	16,630
UHMG - Nathan Levitan, M Director	2 00	X						0	0	0
UHMG - Edward Michelson, Director	60 00	X						361,222	0	55,403
UHMG - Patrick Mullin Director	2 00	X						0	0	0
UHMG - John D Nash Director (end 10/08)	2 00	X						0	0	0
UHMG - Jeffrey Ponsky, M Ex Off Dir /Dept Chair	60 00	X						568,304	0	31,998
UHMG - Kevin V Roberts Director (end 05/08)	2 00	X						0	0	0
UHMG - Michael A Szubsk Director	2 00	X						0	0	0
UHMG - Richard A Walsh, Dir /Dept Chair Medicin	60 00	X						279,932	0	25,685
UHMG - Mark E Loos Director (11/08)	2 00	X						0	0	0
UHMG - James J Benedict Director (11/08)	2 00	X						0	0	0
UHCMC - Michael R Ander Interim SR VP CMO (11/08	60 00			X				224,523	0	13,945
UHCMC - Ronald E Dziedz Sr VP/Gen Mgr Oper	60 00			X				354,597	0	65,886
UHCMC - Michael J Farre Pres RBC/MacDonald Hosp	60 00			X				548,500	0	94,765

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - Catherine S Kop Sr VP/Chief Nursing Off	60 00			X				365,066	0	56 246
UHCMC - Nathan A Levita SR VP/CMO (end 10/08) SR	60 00			X				547,965	0	98 027
UHCMC - Mark Loos SVP Med Surg (7/08)	60 00			X				118,029	0	3,677
UHCMC - Janet L Miller, Sec & SR VP, General Co	2 00			X				0	0	0
UHCMC - John Nash Sr VP Ireland Cancer Ce	60 00			X				422,358	0	46,882
UHCMC - Michael A Szubs Sr VP Treas & CFO	2 00			X				0	0	0
ULWH - Farshid Afsarifar President (end 05/08)	2 00			X				0	0	0
HCS - Rebecca Ivcic Treasurer	60 00			X				139 768	0	24,969
UHHS - Elliot A Kellman Sr VP Chief HR Officer	60 00			X				541,786	0	82,372
UHHS - Richard L Marrap Interim CFO (end 09/08)	60 00			X				342,733	0	0
UHHS - Janet L Miller, Sec /SR VP General Couns	60 00			X				554 865	0	102,990
UHHS - Kevin V Roberts Treas /SR VP CFO (end 05	60 00			X				611,446	0	101,593
UHHS - Steven D Standle SR VP System Services	60 00			X				528,098	0	78,710
UHHS - Michael A Szubsk Treas /SR VP CFO (12/08)	60 00			X				711,293	0	99,719
UHLSF - Don M Landek President	60 00			X				179,811	0	35,714
UHLSF - Michael R Vehov Treas (end 5/08)/See Sch	2 00			X				284,183	0	53,917
UHMG - Larry McElroy VP Finance UHMG	60 00			X				205,956	0	15,268
UHMG - Janet L Miller, Secretary	2 00			X				0	0	0
UHMG - Harlin G Adelman Assistant Sec (See Sche	2 00			X				340,433	0	59,871
UHHS - Cliff J Coker Pres of JV - (See Sched	2 00				X			436,871	0	112,371

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990 Part VII Section A line 1a

OMB No 1545 0047

2008

Open to Public Inspection

Name of the Organization: University Hospitals Health System, Inc Group Return

Employer Identification number: 90-0059117

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
UHHS - Sherri L Bishop SR VP IR & D	60 00				X			493,659	0	73,580
UHHS - Paul G Tait SR VP Strategic Planning	60 00				X			509,378	0	73,586
UHMG - Charles Lanzieri, Department Chair Radiolo	60 00				X			544 543	0	37 222
UHMG - Howard Nearman, M Department Chair Anesthe	60 00				X			359,732	0	33,918
UHHS - Nancy E Paton SR VP Marketing & Commun	60 00				X			280,304	0	65,013
UHHS - Mary Alice Annech SR VP Chief Information	60 00				X			189,428	0	20,891
UHCMC - Carl Lufter Director UH Pharmacy	60 00				X			173,439	0	21,920
UHHS - Cheryl Wahl Chief Compliance Officer	60 00				X			239,207	0	32,916
UHHS - Heidi Gartland VP Government Relations	60 00				X			213,846	0	28,511
UHMG - Bahman Guyuron, M Surgeon, Plastic Surgery	60 00					X		954,946	0	31 998
UHMG - Nicholas U Ahn, Orthopaedic Surgeon	60 00					X		947,030	0	31,998
UHMG - Hani Hennein, M D Surgeon, CT Peds Cardiac	60 00					X		811,714	0	34 510
UHMG - Reuben Gobezie, M Orthopaedic Surgeon	60 00					X		738,126	0	31,206
UHMG - Christopher G Fu Orthopaedic Surgeon	60 00					X		708,448	0	34,109

SCHEDULE L (Form 990 or 990 EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990 EZ
▶ To be completed by organizations that answered 'Yes' on Form 990 Part IV lines 25a 25b 26 27 28a 28b or 28c or Form 990 EZ Part V lines 38a or 40b

OMB No 1545 0047

2008

Open To Public Inspection

Name of the organization: University Hospitals Health System, Inc Group Return

Employer identification number: 90-0059117

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered Yes on Form 990 Part IV line 25a or 25b or Form 990 EZ Part V line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered Yes on Form 990 Part IV line 26 or Form 990 EZ Part V line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Bahman Guyuron, M		X	218,225	139,244		X	X		X	
Charles Lanzieri,		X	26,587	8,990		X	X		X	
Total			▶ $	148,234						

Part III Grants or Assistance Benefiting Interested Persons

To be completed by organizations that answered Yes on Form 990 Part IV line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered Yes on Form 990 Part IV lines 28a 28b or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization s revenues? Yes	No
Jonathon M Fanaroff, M D	Family Member of Mr	213,000	A family me		X
The Lodge at Geneva State	CMC - Director Ms	139,000	The Lodge a		X

See Schedule O for Schedule L Continuations

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes on Form 990 Part IV lines 29 or 30

▶ Attach to Form 990

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization: University Hospitals Health System, Inc Group Return

Employer identification number: 90-0059117

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990 Part VIII line 1g	(d) Method of determining revenues
1	Art Works of art	X	7	180,000	Appraised FMV/Donor Va
2	Art Historical treasures				
3	Art Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		322,000	FMV/Donor Valuations
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities Publicly traded	X	35	4,357,000	Proceeds from Sale
10	Securities Closely held stock				
11	Securities Partnership LLC or trust interests				
12	Securities Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate Residential				
16	Real estate Commercial				
17	Real estate Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283 Part IV Donee Acknowledgment	29	1	
30a	During the year did the organization receive by contribution any property reported in Part I lines 1 28 that it must hold for at least three years from the date of the initial contribution and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If Yes describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit process or sell noncash contributions?	32a	X	
b	If Yes describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked describe in Part II			

Part II **Supplemental Information** Complete this part to provide the information required by Part I lines 30b 32b and 33 Also complete this part for any additional information

Schedule M, Line 32b The organization pays third party vendors to solicit gifts Third parties are also used by the organization to sell any donated securites

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Ser ce

Supplemental Information to Form 990

▶ Attach to Form 990 To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization: University Hospitals Health System, Inc Group Return

Employer identification number: 90-0059117

Form 990, Part I, Line 1, Description of Organization Mission

The System serves a unique role in its community by providing diverse populations throughout the Northeast Ohio region with comprehensive health care - from primary care to highly specialized medical care for the most serious of health problems University Hospitals is known for providing superior, leading-edge health care across the full range of medical and surgical specialties for both adults and children In addition to delivering quality patient care the System serves as a key teaching facility for physicians, nurses and ancillary medical personnel The System's extensive clinical research programs are producing significant advances in the understanding of disease and improvement of care

Form 990, Part III, Line 1, Description of Organization Mission

to bring expertise and resources together and respond to the individual needs of every patient, regardless of their ability to pay That focus on the patient, combined with a remarkable level of achievement in medical research and education continues to propel University Hospitals to even greater successes

Form 990, Part III, Line 4a, Program Service Accomplishments

from Cleveland's Center for Health Affairs, health status indicators from the U S Centers for Disease Control and Prevention (CDC), demographic data from the U S Census Bureau, and public health data and statistics from agencies such as the Ohio Department of Health and the Cleveland Department of Public Health University Hospitals also

examined information from other state, county and city resources

In 2008, University Hospitals dedicated $210 million to community benefit programs in Northeast Ohio consisting of

-Education and training = $44 million

-Research = $58 million

-Charity care = $39 million

-Medicaid shortfall = $62 million

-Community health improvement services = $8 million

-Other community programs and support = $9 million

-Hospital Care Assurance Program (HCAP) receipts = ($10 million)

To measure and report community benefit, the System has followed the Catholic Health Association (CHA) guidelines Community benefit for 2008 totaled $210 million up from $168 million in 2007

It is important to note that in addition to charity care and insufficient funding from the Medicaid program, the System incurs significant losses related to self-pay patients who fail to make payment for services rendered or insured patients who fail to remit co-payments and deductibles as required under applicable health insurance arrangements The 2008 provision for bad debt of $33 million represents revenues for services provided that are deemed uncollectible

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545 0047
Department of the Treasury Internal Revenue Service	▶ Attach to Form 990 To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information	2008 Open to Public Inspection

Name of the organization	University Hospitals Health System, Inc Group Return	Employer identification number
		90-0059117

For more detailed information on the System's community benefit or to view the 2008 Community Benefit Report, please visit the System's website at www UHhospitals org

Form 990, Part VI, Section A, line 2 The following information regarding family and business relationships was obtained while reviewing conflict of interest questionnaire responses received from Directors, Officers, and Key Employees University Hospitals relies upon these questionnaire responses to determine these relationships

Mr Ralph Della Ratta (UHCMC Director) and Mr Michael Siegel (UHCMC Director) have a business relationship

Mr Craig Parker (UHHS/UHGMC Director) and Mr Willard Raymond (UHGMC Director) have a business relationship

Form 990, Part VI, Section A, line 6 University Hospitals Health System, Inc is the Sole Member of the organizations included in this return Its rights include electing the Board of Directors and approving significant decisions of the organizations Board

Form 990, Part VI, Section A, line 7a University Hospitals Health System, Inc (Sole Member) elects the Board of Directors including the designation of the Directors to be the Chairperson and Vice Chairperson of the Board

Form 990, Part VI, Section A, line 7b Certain decisions of the

organizations governing body is subject to approval by University Hospitals Health System, Inc (Sole Member) Some examples include approving matters relating to finances and financing, approving all matters relating to investments approving all legal matters, approving material assets sales or transfers approving strategic plan, approving officers, and approving and electing Directors to the Organizations Board

Form 990, Part VI, Section A, line 10 The Form 990 for University Hospitals Health System, Inc is approved for filing by its governing body The Audit and Compliance Committee has been delegated authority for review by the UH Board In addition, the Compensation Committee and Governance and Community Benefit Committee of the Board review relevant disclosures related to each Committee's specific area The Board receives a copy of the return in its final form before it is filed with the Internal Revenue Service Senior management reviews and approves the form while overseeing this process

Form 990, Part VI, Section B, Line 12c UHHS regularly and consistently monitors and enforces compliance with the Conflict of Interest Policy All disclosures are reviewed, any transactions with disqualified persons must be approved with a committee of the governing body (the Audit and Compliance Committe) and such individuals are required to provide updates on any changes to their annual disclosure

Form 990, Part VI, Section B, Line 15 Executive compensation is approved by the Compensation Committee of the Board (the "Committee") The

Committee has retained an independent compensation consultant who provides information to the Committee on changes and trends in executive compensation and objective third party information on competitive and comparable executive compensation and benefit level/programs The Consultant collects and provides to the Committee, appropriate market compensation and benefits information, appropriate market practices for comparable organizations' positions and best practices The Consultant also provides advice on developing and modifying UH's executive compensation philosophy

Form 990, Part VI, Section C, Line 19 The Financial Statements for University Hospitals Health System, Inc and its Subsidiaries are made publicly available through the use of DAC Bond (disclosure dissemination agent) and can be found on the internet at www dacbond com The organization's governing documents and conflict of interest policy may be made available upon request

Schedule L, Part II, Loans To and From Interested Persons

(a) Name of Person Bahman Guyuron, M D (5 Highest Paid)

(a) Purpose of Loan Tail Insurance (Subject to Forgiveness)

(a) Name of Person Charles Lanzieri, M D (Key Employee)

(a) Purpose of Loan Tail Insurance (Subject to Forgiveness)

Sch L, Part IV, Business Transactions Involving Interested Persons

(a) Name of Person Jonathon M Fanaroff, M D

(b) Relationship Between Interested Person and Organization

Family Member of Mr Avory Fanaroff, M D UHMG - Director

(d) Description of Transaction A family member of Dr Fanaroff is employed by UHMG

(a) Name of Person The Lodge at Geneva State Park

(b) Relationship Between Interested Person and Organization

CMC - Director Ms Lori McLaughlin is on Board of The Lodge at Geneva

(d) Description of Transaction The Lodge at Geneva State Park is used for meetings and sleep studies These transactions were at arms length

UH Entity Names

Names to be used throughout this return

The list below shows all the entities included in this Group Return along with any applicable dba name The dba names as well as the acronyms listed below, will be used throughout this return

University Hospitals of Cleveland (UHCMC) - 34-1567805

dba University Hospitals Case Medical Center

11100 Euclid Ave

Cleveland, OH 44106

UHHS Bedford Medical Center (BMC) - 34-1271115

dba University Hospitals Bedford Medical Center

44 Blaine Avenue

Bedford, OH 44146

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization: University Hospitals Health System, Inc
Group Return

Employer identification number: 90-0059117

UHHS Brown Memorial Hospital (CMC) - 34-0750341

dba University Hospitals Conneaut Medical Center

158 West Main Road

Conneaut, OH 44030

BMH Professional Corporation (BMHPC) - 34-1749966

158 West Main Road

Conneaut, OH 44030

UHHS Geauga Regional Hospital (GMC) - 34-0816492

dba University Hospitals Geauga Medical Center

13207 Ravenna Road

Chardon, OH 44024

UHHS Memorial Hospital of Geneva (UHGMC) - 34-0714461

dba University Hospitals Geneva Medical Center

870 West Main Street

Geneva, OH 44041

UHHS Heather Hill Inc (UHECC) - 34-0771884

dba University Hospitals Extended Care Campus

12340 Bass Lake Road

Chardon OH 44024

UHHS - Heather Hill Rehabilitation Hospital Inc (HHRH) - 34-1465745

12340 Bass Lake Road

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545 0047
Department of the Treasury Internal Revenue Service	▶ Attach to Form 990 To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information	2008 Open to Public Inspection

Name of the organization	Employer identification number
University Hospitals Health System, Inc Group Return	90-0059117

Chardon, OH 44024

Heather Hill Institute (HHI) - 34-1443837

12340 Bass Lake Road

Chardon, OH 44024

UHHS Richmond Heights Hospital Inc (RMC) - 34-1924226

dba University Hospital Richmond Medical Center

27100 Chardon Road

Richmond Hts, OH 44143

University Mednet (UMI) - 34-0750341

23001 Euclid Avenue

Cleveland OH 44117

ULWH (ULWH) - 31-1538521

35900 Euclid Avenue

Willoughby, OH 44094

Pathology Associates of University Hospitals (PAUH) - 34-1794737

11100 Euclid Avenue

Cleveland, OH 44106

University Hospitals Home Care Services, Inc (HCS) - 34-1527536

4901 Galaxy Parkway

Warrensville Hts OH 44128

SCHEDULE O
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Employer identification number: 90-0059117

University Hospitals Laboratory Services Foundation (UHLSF) -
34-1720429
11100 Euclid Avenue
Cleveland, OH 44106

University Hospitals Medical Group (UHMG) - 20-4881619
11100 Euclid Avenue
Cleveland, OH 44106

UH Foundation - 20-5999979
11100 Euclid Avenue
Cleveland, OH 44106

University NPI Inc - 34-1571623
11100 Euclid Avenue
Cleveland, OH 44106

UHHS Saint Michael Hospital Inc - 34-1924227
11100 Euclid Avenue
Cleveland, OH 44106

Memorial Hospital Health Foundation - 34-1810018
11100 Euclid Avenue
Cleveland, OH 44106

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Employer identification number: 90-0059117

Treasury Regulation Section 1 6033-2(d)(5)

Election to report certain Information on consolidated basis

Pursuant to Treasury Regulation Section 1 6033-2(d)(5), University Hospitals Health System, Inc ("Parent Organization") has elected to report information about contributions, gifts and grants, and compensation and other information about officers, directors, trustees key employees, certain highly compensated employees, and certain professional contractors on a consolidated basis for all the members of its Group Exemption, including the Parent Organization, on University Hospitals Health System, Inc Group Return

Form 990 Part I Line 6

Volunteer Information

The total number of volunteers is provided by each UH Medical Center's volunteer coordinator

Volunteers provide assistance in many different departments throughout the UH medical centers The roles of a volunteer fall into three categories patient contact, limited patient contact and no patient contact Roles in the patient contact category include those where the volunteer is working directly with a patient or the patient's family Examples of volunteer roles from this category include but are not limited to pastoral case volunteers and newborn nursery volunteers Volunteers who serve in roles where there is limited patient contact work in areas where they may be working more with hospital staff than our patients or visitors Examples of volunteer roles under the

limited patient contact include but are not limited to flower delivery volunteers and Atrium gift shop volunteers And finally, examples of volunteer roles from the no patient contact category include but are not limited to mailroom and clerical volunteers (working in offices throughout the UH medical centers)

Form 990 Part IV Line 10

Endowment Activity

All Endowments are held on the books of the Parent organization of the Group members Spending allocations are made to the proper UH entity by the Parent to comply with donor wishes

Form 990 Part V Line 2a

Common Pay Agent

University Hospitals Health System, Inc acts as a common pay agent for the various entities that comprise the System As a result the number of employees reported on Form W-3 will be different than what is shown in Part V Line 2a because this Group Return does not encompass all entities for which the Parent acts as a common pay agent

Form 990 Part VII Section A

Compensation Disclosed for Employees Showing only 2 Hours Work Per Week

The individuals listed below serving as Officers/Directors are also employees of other UH entities included in this Group Return The hours listed in this section reflect only the individual's time spent directly related to the activity of the board on which they serve

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization: University Hospitals Health System, Inc Group Return

Employer identification number: 90-0059117

UHGMC - Amitabh P Goel, M D

UHLSF - Matthew Love

UHLSF - Michael R Vehovec

UMI - Phyllis Hall

UMI - Michael L Nochomoviz, M D

UHMG - Harlin G Adelman

PAUH - James J Benedict

UHHS - Cliff J Coker

Form 990 Part XI Lines 2b & 2c

Organizations Audited Finanancial Statements

All members of this Group Return are included in the Audited Financial Statements of the Parent organization (University Hospitals Health System, Inc) The System's finanacial Statements have been audited on a consolidated basis by an independent accounting firm The System's Audit Committee is responsible for oversight of this audit

Form 990, Part I Lines 9 & 17, Prior Year Column

Reclass of Charity Care 2007 Expense to Offset Revenue

For purposes of this 2008 return, prior year 2007 Charity Care has been reclassed from Other Expenses and is now netted against 2007 Program Service Revenue This reclassification has been made for comparability purposes with the current year 2008 Charity Care and to provide consistency with the presentation of Charity Care in the 2007 Audited Financial Statements of the System

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Open to Public Inspection

Name of the organization	Employer identification number
University Hospitals Health System, Inc Group Return	90-0059117

Form 990, Schedule H Parts V/VI

Additional Facility Information

3 Outpatient Surgery Centers

21 Outpatient Health Centers

Form 990, Page 1 Section B Amended Return

Parts of Return Amended

The University Hospitals Health System Inc Group Form 990 is being amended to reflect a change in accounting treatment impacting the balance sheet Intercompany transactions that had previously only been eliminated in the consolidated audited financial statements are now reflected within the balance sheet of each affected entity and within the group return

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

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990 To be completed by organizations that answered "Yes' to Form 990 Part IV lines 33 34 35 36 or 37

▶ See separate instructions

OMB No 1545 0047
2008
Open to Public Inspection

Name of the organization: University Hospitals Health System, Inc
Group Return

Employer identification number: 90-0059117

Part I Identification of Disregarded Entities

(A) Name address and EIN 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
University Mednet Physicians LLC - 34-1599711 3605 Warrensville Center Rd Shaker Hts OH 44122	Inactive	Ohio	0	0	N/A

Part II Identification of Related Tax Exempt Organizations

(A) Name address and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Lake University Ireland Cancer Center - 31-1562964 9485 Mentor Ave Mentor OH 44060	Health Care	Ohio	501(c)(3)	170(b)(1)(A)(ii	N/A
Community Care Ambulance Network - 34-1766905 115 E 24th St Ashtabula OH 44004	Rural Ambulance Transportation	Ohio	501(c)(3)	170(b)(1)(A)(ii	N/A
Macdonald Physicians Inc - 34-1929496 11100 Euclid Ave Cleveland OH 44106	Inactive	Ohio	501(c)(3)	170(b)(1)(A)(vi	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name address and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related investment unrelated)	(F) Share of total income	(G) Share of end of year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V UBI amount in box 20 of Schedule K 1 (Form 1065)	(J) General or managing partner? Yes	(J) No
Zeeba Surgery Center LP 29017 Cedar Road Lyndhurst OH 44124	Surgery Center	OH	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name address and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp S corp or trust)	(F) Share of total income	(G) Share of end of year assets	(H) Percentage ownership
Western Reserve Assurance Co Ltd SPC - 98-0462740 P O Box 1051GT George Town Grand Cayman Cayman Islands	Liability Insurance	Cayman Islands	N/A	C CORP	N/A	N/A	N/A
University Hospitals Holdings Inc - 34-1768931 11100 Euclid Avenue Cleveland OH 44106	Holding Company	OH	N/A	C CORP	N/A	N/A	N/A
University Hospitals Management Services Org Inc - 34-1768929 11100 Euclid Avenue Cleveland OH 44106	Physician Admin Services	OH	N/A	C CORP	N/A	N/A	N/A
University Primary Care Practices Inc - 34-1768928 11100 Euclid Avenue Cleveland OH 44106	Physicians Group	OH	N/A	C CORP	N/A	N/A	N/A
University Hospitals Health System MCO Inc - 34-1843674 11100 Euclid Avenue Cleveland OH 44106	Workers Comp Managed Care Services	OH	N/A	C CORP	N/A	N/A	N/A

Part V **Transactions With Related Organizations**

Note Complete line 1 if any entity is listed in Parts II III or IV

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

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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) UH Bedford Medical Center/UH Case Medical Center	Q	141,126
(2) UH Bedford Medical Center/UH Case Medical Center	L	67,903
(3) UH Bedford Medical Center/UH Medical Group, Inc	L	55,350
(4) UH Bedford Medical Center/UH Medical Practices	L	205,052
(5) UH Bedford Medical Center/UH Health Care Enterprises	L	57,528
(6) UH Conneaut Medical Center/UH Laboratory Service Foundation	L	170,009

Part VI **Unrelated Organizations Taxable as a Partnership**

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

(A) Name address and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end of year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V UBI amount in box 20 of Schedule K 1 (Form 1065)	(H) General or managing partner? Yes	(H) No

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name address and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp S corp or trust)	(F) Share of total income	(G) Share of end of year assets	(H) Percentage ownership
UHHS Provider & Central Verification Organization Inc - 34-1908517 11100 Euclid Avenue Cleveland OH 44106	Medical Management	OH	N/A	C CORP	N/A	N/A	N/A
Cedar Brainard Surgery Center Inc - 20-4957632 11100 Euclid Avenue Cleveland OH 44106	Holding Company	OH	N/A	C CORP	N/A	N/A	N/A
University Hospitals Health Care Enterprises Inc - 34-1510005 11100 Euclid Avenue, Cleveland OH 44106	Medical Management	OH	N/A	C CORP	N/A	N/A	N/A
BMH Development Corporation Inc - 34-1346212 158 West Main Street Conneaut OH 44030	Land Development	OH	N/A	C CORP	N/A	N/A	N/A
Conneaut Health Enterprises Inc - 34-1503949 P O Box 648 Conneaut OH 44060	Inactive	OH	N/A	C CORP	N/A	N/A	N/A
Qualchoice Inc - 34-1656735 6000 Parkland Blvd Mayfield Hts OH 44124	Health Claims Management	OH	N/A	C CORP	N/A	N/A	N/A
Qualchoice Health Plan Inc - 34-1737469 6000 Parkland Blvd Mayfield Hts OH 44124	Insurance	OH	N/A	C CORP	N/A	N/A	N/A
University Hospitals Physician I Corp - 33-1024821 11100 Euclid Avenue Cleveland OH 44106	Inactive	OH	N/A	C CORP	N/A	N/A	N/A
University Hospitals Physician II Corp - 33-1024822 11100 Euclid Avenue Cleveland OH 44106	Inactive	OH	N/A	C CORP	N/A	N/A	N/A

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990) Part V line 2)

(A) Name of other organization	(B) Transaction type (a r)	(C) Amount involved
(7) UH Conneaut Medical Center/UH Geneva Medical Center	L	172,551
(8) UH Conneaut Medical Center/UH Medical Practices	L	62,701
(9) UH Geauga Medical Center/UH Medical Practices	Q	334,864
(10) UH Geauga Medical Center/UH Case Medical Center	L	97,135
(11) UH Geauga Medical Center/UH Laboratory Services Foundation	L	281,552
(12) UH Geauga Medical Center/UH Medical Group	L	529,704
(13) UH Geauga Medical Center/UH Medical Practices	L	1,611,303
(14) UH Geauga Medical Center/UH Health Care Enterprises	L	148,896
(15) UH Geneva Medical Center/UH Laboratory Services Foundation	L	239,054
(16) UH Geneva Medical Center/UH Medical Group	L	286,960
(17) UH Geneva Medical Center/UH Medical Group	A	12,337
(18) UH Geneva Medical Center/UH Medical Practices	A	8,876
(19) UH Geneva Medical Center/UH Health Care Enterprises	A	6,575
(20) UH Geneva Medical Center/UH Health Care Enterprises	L	190,632
(21) UH Home Care Services/UH Case Medical Center	K	362,317
(22) UH Extended Care Campus/UH Case Medical Center	Q	239,327
(23) UH Extended Care Campus/UH Laboratory Services Foundation	L	263,710
(24) UH Extended Care Campus/UH Geauga Medical Center	L	156,736

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990) Part V line 2)

(A) Name of other organization	(B) Transaction type (a r)	(C) Amount involved
(7) UH Extended Care Campus/UH Medical Practices	L	827,492
(8) UH Mednet/UH Management Services Organization	L	97,453
(9) Pathology Associates of UH/UH Medical Group	Q	89,283
(10) UH Richmond Medical Center/UH Case Medical Center	L	772,027
(11) UH Richmond Medical Center/UH Laboratory Services Foundation	L	366,127
(12) UH Richmond Medical Center/UH Medical Group	L	447,436
(13) UH Richmond Medical Center/UH Medical Practices	L	1,224,472
(14) UH Laboratory Services Foundation/UH Case Medical Center	Q	904,909
(15) UH Laboratory Services Foundation/UH Medical Group	L	184,148
(16) UH Laboratory Services Foundation/UH Management Services Organization	A	4,514
(17) UH Laboratory Services Foundation/UH Health Care Enterprises	A	3,265
(18) UH Case Medical Center/UH Medical Group	Q	1,878,115
(19) UH Case Medical Center/UH Medical Group	K	433,531
(20) UH Case Medical Center/UH Medical Practices	Q	106,486
(21) UH Case Medical Center/UH Management Services Organization	K	154,673
(22) UH Case Medical Center/UH Medical Practices	L	230,159
(23) UH Case Medical Center/UH Medical Practices	R	700,066
(24) UH Case Medical Center/UH Health Care Enterprises	Q	1,425,126

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990) Part V line 2)

(A) Name of other organization	(B) Transaction type (a r)	(C) Amount involved
(7) UH Case Medical Center/UH Health Care Enterprises	L	275,175
(8) UH Medical Group/UH Medical Practices	L	52,083
(9) UH Medical Group/UH Management Services Organization	L	57,868
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Part IV **Supplemental Information** Complete this part to provide the explanation required by Part II line 10 Part II line 17a or 17b or Part III line 12 Provide any other additional information (see instructions)

13207 Ravenna Road

Chardon, OH 44024

UHHS Memorial Hospital of Geneva (UHGMC) - 34-0714461

dba University Hospitals Geneva Medical Center

170(b)(1)(A)(iii)

870 West Main Street

Geneva, OH 44041

UHHS Heather Hill Inc (UHECC) - 34-0771884

dba University Hospitals Extended Care Campus

170(b)(1)(A)(iv)

12340 Bass Lake Road

Chardon, OH 44024

UHHS - Heather Hill Rehabilitation Hospital Inc (HHRH) - 34-1465745

170(b)(1)(A)(iii)

12340 Bass Lake Road

Chardon, OH 44024

Heather Hill Institute (HHI) - 34-1443837

170(b)(1)(A)(vi)

12340 Bass Lake Road

Chardon, OH 44024

UHHS Richmond Heights Hospital Inc (RMC) - 34-1924226

dba University Hospital Richmond Medical Center

170(b)(1)(A)(iii)

Part IV **Supplemental Information** Complete this part to provide the explanation required by Part II line 10 Part II line 17a or 17b or Part III line 12 Provide any other additional information (see instructions)

27100 Chardon Road

Richmond Hts OH 44143

University Mednet (UMI) - 34-0750341

170(b)(1)(A)(iii)

23001 Euclid Avenue

Cleveland, OH 44117

ULWH (ULWH) - 31-1538521

170(b)(1)(A)(iii)

35900 Euclid Avenue

Willoughby, OH 44094

Pathology Associates of University Hospitals (PAUH) - 34-1794737

509(a)(3)

11100 Euclid Avenue

Cleveland, OH 44106

University Hospitals Home Care Services, Inc (HCS) - 34-1527536

509(a)(3)

4901 Galaxy Parkway

Warrensville Hts OH 44128

University Hospitals Laboratory Services Foundation (UHLSF) - 34-1720429

509(a)(3)

11100 Euclid Avenue

Cleveland, OH 44106

Part IV Supplemental Information Complete this part to provide the explanation required by Part II line 10 Part II line 17a or 17b or Part III line 12 Provide any other additional information (see instructions)

University Hospitals Medical Group (UHMG) - 20-4881619

170(b)(1)(A)(iii)

11100 Euclid Avenue

Cleveland, OH 44106

UH Foundation - 20-5999979

170(b)(1)(A)(iv)

11100 Euclid Avenue

Cleveland, OH 44106

University NPI Inc - 34-1571623

509(a)(3)

11100 Euclid Avenue

Cleveland, OH 44106

UHHS Saint Michael Hospital Inc - 34-1924227

170(b)(1)(A)(iii)

11100 Euclid Avenue

Cleveland, OH 44106

Memorial Hospital Health Foundation - 34-1810018

509(a)(3)

11100 Euclid Avenue

Cleveland, OH 44106

Due to E-filing restrictions lines 11e through 11h were not able to be completed which is contrary to the Form 990 instructions To comply with Form 990 instructions the responses to these line items are shown below

Part IV **Supplemental Information** Complete this part to provide the explanation required by Part II line 10 Part II line 17a or 17b or Part III line 12 Provide any other additional information (see instructions)

11e - Box should be checked

11f - Box should be left blank

11g(i) - Should be marked "No"

11g(ii) - Should be marked "No"

11g(iii) - Should be marked "No"

11h - See supported organzation information below The supporting organizations have also been provided

Supporting organization - University Hospitals Laboratory Service Foundation

(i) Name of supported organization - University Hospitals of Cleveland

(ii) EIN - 34-1567805

(iii) Type of organization - 170(B)(1)(A)(III)

(iv) Is the organization in col (i) listed in your governing document - Yes

(v) Did you notify the organization in col (i) of your support - Yes

(vi) Is the organization in col (i) organized in the U S - Yes

(vii) Amount of support - 20,277,000

Supporting organization - Pathology Associates of University Hospitals

(i) Name of supported organization - University Hospitals of Cleveland

(ii) EIN - 34-1567805

(iii) Type of organization - 170(B)(1)(A)(III)

(iv) Is the organization in col (i) listed in your governing document - Yes

(v) Did you notify the organization in col (i) of your support - Yes

(vi) Is the organization in col (i) organized in the U S - Yes

Part IV Supplemental Information Complete this part to provide the explanation required by Part II line 10 Part II line 17a or 17b or Part III line 12 Provide any other additional information (see instructions)

(vii) Amount of support - 0

Supporting organization - University Hospitals Home Care Services, Inc

(i) Name of supported organization - University Hospitals of Cleveland

(ii) EIN - 34-1567805

(iii) Type of organization - 170(B)(1)(A)(III)

(iv) Is the organization in col (i) listed in your governing document - Yes

(v) Did you notify the organization in col (i) of your support - Yes

(vi) Is the organization in col (i) organized in the U S - Yes

(vii) Amount of support - 26,301,000

Supporting organization - University NPI Inc

(i) Name of supported organization - University Hospitals of Cleveland

(ii) EIN - 34-1567805

(iii) Type of organization - 170(B)(1)(A)(III)

(iv) Is the organization in col (i) listed in your governing document - Yes

(v) Did you notify the organization in col (i) of your support - Yes

(vi) Is the organization in col (i) organized in the U S - Yes

(vii) Amount of support - 0

Supporting organization - Memorial Hospital Health Foundation

(i) Name of supported organization - UHHS Memorial Hospital of Geneva

(ii) EIN - 34-0714461

(iii) Type of organization - 170(B)(1)(A)(III)

(iv) Is the organization in col (i) listed in your governing document - Yes

Part IV **Supplemental Information** Complete this part to provide the explanation required by Part II line 10 Part II line 17a or 17b or Part III line 12 Provide any other additional information (see instructions)

(v) Did you notify the organization in col (i) of your support - Yes

(vi) Is the organization in col (i) organized in the U S - Yes

(vii) Amount of support - 0

Supporting organization - BMH Professional Corporation

(i) Name of supported organization - UHHS Brown Memorial Hospital

(ii) EIN - 34-0714550

(iii) Type of organization - 170(B)(1)(A)(III)

(iv) Is the organization in col (i) listed in your governing document - Yes

(v) Did you notify the organization in col (i) of your support - Yes

(vi) Is the organization in col (i) organized in the U S - Yes

(vii) Amount of support - 0