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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☑ 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)
11100 Euclid Avenue - Attn Treasury Dep

Room/suite

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

D Employer identification number
90-0059117

E Telephone number
(216)767-8007

G Gross receipts $ 1,850,108,000

F Name and address of principal officer
Michael A Szubski
3605 Warrensville Center Road
Shaker Heights, OH 44122

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

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

H(c) Group exemption number ▶ 3829

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

J Website: ▶ www UHhospitals org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation | **M** State of legal domicile

Part I Summary

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 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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	144
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	93
5	Total number of employees (Part V, line 2a)	**5**	14,424
6	Total number of volunteers (estimate if necessary)	**6**	1,696
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	351,000
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	65,000

Activities & Governance

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	33,429,000	25,343,000
9	Program service revenue (Part VIII, line 2g)	1,607,042,000	1,761,259,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,887,000	9,093,000
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,284,000	53,563,000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,677,642,000	1,849,258,000
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	838,000	28,037,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	855,924,000	915,616,000
16a	Professional fundraising fees (Part IX, column (A), line 11e)	52,000	165,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,256,000		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	717,125,000	726,850,000
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,573,939,000	1,670,668,000
19	Revenue less expenses Subtract line 18 from line 12	103,703,000	178,590,000
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,080,448,000	1,142,008,000
21	Total liabilities (Part X, line 26)	363,872,000	273,583,000
22	Net assets or fund balances Subtract line 21 from line 20	716,576,000	868,425,000

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: 2012-05-22

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

Paid Preparer's Use Only

Preparer's signature ▶ LARRY E ROBERTS CPA	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 111 Monument Circle Suite 2380 Indianapolis, IN 46204			EIN ▶ Phone no ▶ (317) 681-7000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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 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

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

4a (Code) (Expenses $ 1,543,656,000 including grants of $ 28,037,000) (Revenue $ 1,807,444,000)

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 In 2009, University Hospitals dedicated $233 8 million to community benefit programs in Northeast Ohio consisting of - Education and training = $41 7 million- Research = $43 7 million- Charity care = $40 million- Medicaid shortfall = $80 5 million- Community health improvement services = $2 8 million- Other community programs and support = $34 7 million- Hospital Care Assurance Program (HCAP) receipts = ($9 6 million)Defer to Schedule H for further detail on how the System measures and reports community benefit Community benefit for 2009 totaled $233 8 million up from $210 3 million in 2008 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 2009 provision for bad debt of $43 1 million represents revenues for services provided that are deemed uncollectible The UH health system provides work directly for about 21,000 employees and physicians As the seventh largest employer in Ohio, UH supports the economy as well as state and local governments UH employees pay more than $45 million annually in state and local income taxes At the same time, UH provides many more Community benefits directly and indirectly through new or expanded business opportunities and through important capital investments in our facilities As part of our Vision 2010 strategic plan, UH has committed - and continues to commit - millions of dollars to facilities and operations within the city of Cleveland and throughout our region, providing thousands of new construction and hospital-based jobs New facilities and services at UH Case Medical Center, our world-renowned academic medical center in Cleveland, provide Cleveland residents and people from throughout the region and the world with the finest in primary and specialty health care The facilities allow us to conduct vital medical research and offer advanced training for students and health professionals Vision 2010's Quentin & Elisabeth Alexander Neonatal Intensive Care Unit at University Hospitals Rainbow Babies & Children's Hospital serves our most vulnerable children UH's new Cancer Hospital and emergency facilities at UH Case Medical Center and UH Ahuja Medical Center, all opening in 2011, will provide expanded employment opportunities while extending UH's mission to more patients University Hospitals Ahuja Medical Center in Beachwood will provide hundreds of new jobs New state-of-the-art outpatient health centers in the region have spurred economic growth while giving people access to the care they need close to home and expanding our community benefit programs University Hospitals is proud to contribute to the health of our citizens and to be a positive economic force in our region For more detailed information on the System's community benefit or to view the 2009 Community Benefit Report, please visit the System's website at www UHhospitals org

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** ▶ $ 1,543,656,000

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
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 similar funds or 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	2,664		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	14,424		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**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					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	144		
b	Enter the number of voting members that are independent	1b	93		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 Form 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 See Additional Data Table

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

Michael A Szubski CFO UHHS
3605 Warrensville Center Road
Shaker Hts, OH 44122
(216) 767-8007

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 Report compensation for the calendar year ending with or within the organization's tax year 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 all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former 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			
See add'l data										

1b Total . . . . . ▶	30,776,011	1,066,748	2,918,227

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 817

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Medquist Ltd PO Box 10832 Newark, NJ 07193	Transcription/Document management	2,566,274
Locum Medical Grp LLC 13792 Collections Ctr Dr Chicago, IL 60693	Physician Staffing	2,440,815
MC Sign LLC 8959 Tyler Blvd Mentor, OH 44060	Signs	1,274,262
KCH Design Ltd 15837 Norway Ave Cleveland, OH 44111	Architecure	1,176,118
J2A Systems LLC 246 Federal Rd Unit C-34 Brookfield, CT 06804	IT Consulting	1,163,895
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 76		

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 1,354,000				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 23,989,000				
	g	Noncash contributions included in lines 1a-1f $ 1,771,000				
	h	**Total.** Add lines 1a-1f . . . . . ▶	25,343,000			
Program Service Revenue		Business Code				
	2a	Patient Services less	900,099	1,645,025,000	1,644,742,000	283,000
	b	Sponsored Revenues	900,099	27,805,000	27,805,000	
	c	UHMG Other Clinical Re	900,099	23,208,000	23,208,000	
	d	UHMG Resident Teaching	900,099	18,832,000	18,832,000	
	e	UHMG Medical Director	900,099	17,783,000	17,783,000	
	f	All other program service revenue		28,606,000	28,606,000	
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,761,259,000		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		5,051,000		68,000	4,983,000
	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 4,042,000				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss) 4,042,000				
	d	Net gain or (loss) . . . . . ▶	4,042,000			4,042,000
Other Revenue	8a	Gross income from fundraising events (not including $ 1,354,000 of contributions reported on line 1c) See Part IV, line 18 . . . a 455,000				
	b	Less direct expenses . . . b 850,000				
	c	Net income or (loss) from fundraising events . . ▶	-395,000			-395,000
	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 900,099	46,468,000	46,468,000		
	b	Parking Services 900,099	6,483,000			6,483,000
	c	Dietary Services 900,099	1,007,000			1,007,000
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	53,958,000			
	12	**Total revenue.** See Instructions . . . ▶	1,849,258,000	1,807,444,000	351,000	16,120,000

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	28,037,000	28,037,000		
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	6,586,000		6,586,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	229,000	229,000		
7	Other salaries and wages	729,453,000	693,063,000	31,869,000	4,521,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	40,468,000	38,486,000	1,982,000	
9	Other employee benefits	92,377,000	86,519,000	4,526,000	1,332,000
10	Payroll taxes	46,503,000	44,225,000	2,278,000	
11	Fees for services (non-employees)				
a	Management				
b	Legal	786,000		786,000	
c	Accounting	210,000		210,000	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	165,000			165,000
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,609,000	1,609,000		
13	Office expenses	273,940,000	273,103,000		837,000
14	Information technology	17,529,000	1,046,000	16,483,000	
15	Royalties . .				
16	Occupancy	74,148,000	74,052,000		96,000
17	Travel	7,353,000	7,353,000		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,312,000	6,312,000		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	62,843,000	62,843,000		
23	Insurance	11,624,000	11,624,000		
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	149,750,000	118,464,000	31,006,000	280,000
b	Bad debt expense	38,257,000	38,257,000		
c	Medical/clinical purcha	34,176,000	34,176,000		
d	Corporate allocated dep	18,912,000		18,887,000	25,000
e	Other	17,740,000	12,597,000	5,143,000	
f	All other expenses	11,661,000	11,661,000		
25	**Total functional expenses.** Add lines 1 through 24f	1,670,668,000	1,543,656,000	119,756,000	7,256,000
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		19,282,000	1	20,053,000
	2	Savings and temporary cash investments		27,440,000	2	27,010,000
	3	Pledges and grants receivable, net		74,131,000	3	72,384,000
	4	Accounts receivable, net		220,723,000	4	232,878,000
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		450,000	7	444,000
	8	Inventories for sale or use		19,680,000	8	23,483,000
	9	Prepaid expenses and deferred charges		4,496,000	9	4,499,000
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,354,390,000			
	b	Less accumulated depreciation	10b 846,788,000	487,003,000	10c	507,602,000
	11	Investments—publicly traded securities		107,727,000	11	123,561,000
	12	Investments—other securities See Part IV, line 11		68,544,000	12	81,215,000
	13	Investments—program-related See Part IV, line 11		3,197,000	13	3,791,000
	14	Intangible assets		656,000	14	322,000
	15	Other assets See Part IV, line 11		47,119,000	15	44,766,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,080,448,000	16	1,142,008,000
Liabilities	17	Accounts payable and accrued expenses		105,414,000	17	85,515,000
	18	Grants payable			18	
	19	Deferred revenue		47,611,000	19	37,013,000
	20	Tax-exempt bond liabilities		116,251,000	20	68,826,000
	21	Escrow or custodial 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		184,000	23	154,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		94,412,000	25	82,075,000
	26	**Total liabilities.** Add lines 17 through 25		363,872,000	26	273,583,000
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		534,742,000	27	678,269,000
	28	Temporarily restricted net assets		165,431,000	28	173,890,000
	29	Permanently restricted net assets		16,403,000	29	16,266,000
		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		716,576,000	33	868,425,000
	34	Total liabilities and net assets/fund balances		1,080,448,000	34	1,142,008,000

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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 (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 Part III)

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

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 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 supported organization(s)

(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 IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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—2008.** 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 IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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.** 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

Explanation

Schedule A, Part IV, Supplemental Information 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) - 34-0714550 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) 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 University Hospitals Ahuja Medical Center - 26-4827222 170(b)(1)(A)(iii) 3999 Richmond Road Beachwood, OH 44122 UHHS Heather Hill Inc (HHI)- 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 (UHECC) - 34-1465745 170(b)(1)(A)(iii) 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) 27100 Chardon Road Richmond Hts, OH 44143 University Mednet (UMI) - 34-0750341 170(b)(1)(A)(iii) 23001 Euclid Avenue Cleveland, OH 44117 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 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 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 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 - $20,748,000 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 - $27,262,000 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 (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

Additional Data

Software ID:
Software Version:
EIN: 90-0059117
Name: University Hospitals Health System Inc Group Return

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

(A) Name and Title	(B) Average hours per week	(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 Annable MD Director	2 00	X						0	0	0
UHCMC - Robert T Bennett 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 MD Ex Officio Director	2 00	X						0	0	0
UHCMC - Pamela B Davis MD PhD Ex Officio Director	2 00	X						0	0	0
UHCMC - Ralph Della Ratta Director	2 00	X						0	0	0
UHCMC - Achilles A Demetriou MD Ex Officio Director	2 00	X						0	0	0
UHCMC - Michael Feuer Director	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 Horvitz Director	2 00	X						0	0	0
UHCMC - Christopher Hyland Director	2 00	X						0	0	0
UHCMC - Beth Kaufman Ex-Officio Director	2 00	X						0	0	0
UHCMC - Jerry Kelsheimer Director	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 McHenry Director	2 00	X						0	0	0
UHCMC - John C Morley Director	2 00	X						0	0	0
UHCMC - Patrick S Mullin Chair (05/09)	2 00	X						0	0	0
UHCMC - Ernest J Novak Director/Chair (end 05/09)	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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'Neill Jr Director	2 00	X						0	0	0
UHCMC - Lydia B Oppmann Director	2 00	X						0	0	0
UHCMC - Kim Meisel Pesses Ex Officio Director	2 00	X						0	0	0
UHCMC - Ann P Ranney Director	2 00	X						0	0	0
UHCMC - Julie Adler Raskind Director	2 00	X						0	0	0
UHCMC - Kenneth C Ricci Director	2 00	X						0	0	0
UHCMC - Robert Risman Director	2 00	X						0	0	0
UHCMC - Barbara S Robinson Director	2 00	X						0	0	0
UHCMC - Fred C Rothstein MD President/Ex Off Dir	2 00	X		X				0	0	0
UHCMC - Lawrence C Sherman 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 - Eddie Taylor Director	2 00	X						0	0	0
UHCMC - Kelly Tompkins 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 - Dr May Wykle Ex Officio Director	2 00	X						0	0	0
UHCMC - Christine Wynd Ex Officio Director	2 00	X						0	0	0
UHCMC - Thomas F Zenty III Ex Officio Director	2 00	X						0	0	0
BMC - Samuel Ake Secretary/Director	2 00	X		X				0	0	0
BMC - Dr Elizabeth Berrey Ex Officio Director	2 00	X						0	0	0
BMC - Mary Jo Boehnlein Ex Officio Director	2 00	X						0	0	0
BMC - Wendolyn Grant Director	2 00	X						0	0	0
BMC - George Hawwa MD Ex Officio Director	2 00	X						62,100	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BMC - Marwan Hilal MD Ex Officio Director	2 00	X						83,092	0	0
BMC - James Hukill Treasurer/Director	2 00	X		X				0	0	0
BMC - James O Judd Director	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				308,561	0	61,524
BMC - Brock Milstein Director	2 00	X						0	0	0
BMC - Timothy Morgan Director	2 00	X						0	0	0
BMC - Philip Ridolfi Chair/Director	2 00	X						0	0	0
BMC - Michael Romito Vice Chair/Director	2 00	X						0	0	0
BMC - Michael A Szubski Ex Officio Dir	2 00	X						0	0	0
CMC - Terry Atkinson Director	2 00	X						0	0	0
CMC - Benjamin Bryant MD Ex Officio Director	2 00	X						0	288,414	8,451
CMC - Robert David Ex Officio Director	30 00	X		X				135,508	0	26,062
CMC - Charles Deck Director	2 00	X						0	0	0
CMC - Gerald Eighmy Chair/Director	2 00	X						0	0	0
CMC - Gary Huston DO Ex Officio Director	2 00	X						79,992	0	0
CMC - George Kolman Director	2 00	X						0	0	0
CMC - Tim Kraus Vice Chair/Director	2 00	X						0	0	0
CMC - Douglas Lewis Director	2 00	X						0	0	0
CMC - Lori McLaughlin Director	2 00	X						0	0	0
CMC - Karen McNeil Dir Pat Care Svcs/Ex Off Dir	60 00	X						98,967	0	3,300
CMC - Joseph A Moroski Director	2 00	X						0	0	0
CMC - Mike Skufca MD Director	2 00	X						0	0	0
CMC - James Supplee Director	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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 - JoAnne Surbella RN Sr Dir Ops/Ex Off Dir	60 00	X						133,199	0	16,481
CMC - Michael A Szubski Ex Officio Dir	2 00	X						0	0	0
GMC - Linda Barnes Grimm Director	2 00	X						0	0	0
GMC - John Fitts Director	2 00	X						0	0	0
GMC - Robert A Forino Director	2 00	X						0	0	0
GMC - Richard Frenchie Ex Officio Director	60 00	X						502,409	0	21,220
GMC - P James Kamer Jr Director	2 00	X						0	0	0
GMC - Peggy Kuhar Dir of Nursing/Ex Off Dir	60 00	X						150,510	0	12,703
GMC - Edith Lerner PhD Director	2 00	X						0	0	0
GMC - David M Ondrey Chair/Director	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 - Michael A Szubski Ex Officio Dir	2 00	X						0	0	0
GMC - George W Tim Taylor Vice Chair/Director	2 00	X						0	0	0
GMC - Natalina Andreani MD Ex Officio Director	2 00	X						15,000	25,920	0
UHGMC - James Crawford Director	2 00	X						0	0	0
UHGMC - Robert David President/Ex Officio Dir	30 00	X		X				135,511	0	26,063
UHGMC - Dr Amitabh P Goel Ex Officio Dir (See sched O)	2 00	X						0	366,754	12,544
UHGMC - Syed Hussaini MD Ex Officio Dir	2 00	X						0	0	0
UHGMC - Cathy Knorzer Dir Nurs & Clin Svc/Ex Off	60 00	X						121,967	0	13,976
UHGMC - Jeffrey Lampson Director	2 00	X						0	0	0
UHGMC - Craig Parker Chair/Director	2 00	X						0	0	0
UHGMC - Gary L Pasqualone Director	2 00	X						0	0	0
UHGMC - Willard Raymond Director	2 00	X						0	0	0
UHGMC - Roger Sisson Director	2 00	X						0	0	0

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(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 - Michael A Szubski Ex Officio Dir	2 00	X						0	0	0
UHGMC - Robert Taylor Director	2 00	X						0	0	0
UHECC - Thomas Benda Chair/Director	2 00	X						0	0	0
UHECC - Richard J Frenchie Sec & Treas /Director	2 00	X		X				0	0	0
UHECC - Donald Goddard MD CMO/Director	2 00	X						0	192,050	11,480
UHECC - Susan V Juris President/Ex Off Dir	60 00	X		X				356,294	0	75,991
UHECC - David Kosnosky MD Ex Officio Director	60 00	X						0	193,610	38,534
UHECC - John Male Director	2 00	X						0	0	0
UHECC - Kathleen Malec Director	2 00	X						0	0	0
UHECC - James Patterson Director	2 00	X						0	0	0
UHECC - Robert Reitman Director	2 00	X						0	0	0
UHECC - Joanne Rogers Dir Intake Center/Ex Officio Direc	60 00	X						96,366	0	14,867
UHECC - Linton Sharpnack RN Dir of Nurs /Ex Off Dir	60 00	X						115,171	0	24,298
UHECC - William Wortzman Director	2 00	X						0	0	0
UHECC - William Young Director	2 00	X						0	0	0
UHECC - Achilles A Demetriou MD Ex-Officio Director	2 00	X						0	0	0
HHINC - Thomas Benda Chair/Director	2 00	X						0	0	0
HHINC - Richard J Frenchie Sec & Treas /Director	2 00	X		X				0	0	0
HHINC - Donald Goddard MD Director	2 00	X						0	0	0
HHINC - Susan V Juris President/Ex Off Dir	2 00	X		X				0	0	0
HHINC - David Kosnosky MD Ex Officio Director	2 00	X						0	0	0
HHINC - John Male Director	2 00	X						0	0	0
HHINC - Kathleen Malec Director	2 00	X						0	0	0
HHINC - James Patterson Director	2 00	X						0	0	0
HHINC - Robert Reitman Director	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
HHINC - Joanne Rogers Dir Intake Center/Ex Officio Direc	2 00	X						0	0	0
HHINC - Linton Sharpnack RN Dir of Nurs /Ex Off Dir	2 00	X						0	0	0
HHINC - William Wortzman Director	2 00	X						0	0	0
HHINC - William Young Director	2 00	X						0	0	0
HHINC - Achilles A Demetriou MD Ex Officio Director	2 00	X						0	0	0
RMC - Theodore Dalheim Director	2 00	X						0	0	0
RMC - Laurie Delgado President/Ex Officio Dir	60 00	X		X				407,064	0	78,354
RMC - Judy Grieg Ex Officio Dir	2 00	X						0	0	0
RMC - David E Jerome Chair/Director	2 00	X						0	0	0
RMC - Rosemary Leeming MD Ex Officio Director	60 00	X						204,632	0	19,079
RMC - Janet Meister Reg Comp Off /Ex Off Dir	60 00	X						112,658	0	19,600
RMC - Mark Plush Director	2 00	X						0	0	0
RMC - Mark Stovsky MD Ex Officio Dir	2 00	X						407,304	0	20,107
RMC - Michael A Szubski Ex Officio Dir	2 00	X						0	0	0
UMI - Phyllis Hall Secretary/See Sched O	2 00	X		X				426,568	0	81,352
UMI - Michael Nochomovitz MD President/See Sched O	2 00	X		X				806,515	0	36,510
UMI - Michael Szubski Treasurer	2 00	X		X				0	0	0
HCS - Achilles A Demetriou MD Director	2 00	X						0	0	0
HCS - Keith Maitland President/Director	60 00	X		X				265,299	0	72,693
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 Adelman 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 - Andrew Banks Director	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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 - Thomas W Benda Ex Officio Director	2 00	X						0	0	0
UHHS - April Boise Director	2 00	X						0	0	0
UHHS - John Breen Director	2 00	X						0	0	0
UHHS - Joseph Carrabba Director	2 00	X						0	0	0
UHHS - Christopher M Connor Director	2 00	X						0	0	0
UHHS - Margot J Copeland Director	2 00	X						0	0	0
UHHS - David A Daberko Director	2 00	X						0	0	0
UHHS - Achilles A Demetriou MD President/Ex Officio Dir	60 00	X		X				1,616,265	0	51,432
UHHS - Paul Dolan Director	2 00	X						0	0	0
UHHS - Gerald B Eighmy Ex Officio Director	2 00	X						0	0	0
UHHS - Heather Ettinger Director	2 00	X						0	0	0
UHHS - Avory Fanaroff MD 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 Harrington Director	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 - William E Karnatz Sr Director	2 00	X						0	0	0
UHHS - Joseph Lopez Director	2 00	X						0	0	0
UHHS - Henry L Meyer III Director	2 00	X						0	0	0
UHHS - Thomas G Murdough Jr Director	2 00	X						0	0	0
UHHS - Ernest Novak Director	2 00	X						0	0	0
UHHS - David Ondrey Ex Officio Director	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHHS - Vasu Pandrangi MD 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
UHHS - Richard W Pogue Director	2 00	X						0	0	0
UHHS - Alfred M Rankin Jr Director	2 00	X						0	0	0
UHHS - Philip Ridolfi Ex Officio Dir	2 00	X						0	0	0
UHHS - Gregory Robinson Ex Officio Director	2 00	X						0	0	0
UHHS - Fred C Rothstein MD Exec VP UH/Ex Officio Dir	60 00	X		X				1,178,027	0	45,704
UHHS - Robert Salata MD Director	60 00	X						103,285	0	1,063
UHHS - Thomas A Selden Ex Officio Director	2 00	X						0	0	0
UHHS - George Taylor Ex Officio Director	2 00	X						0	0	0
UHHS - Jerry Sue Thornton PhD 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 III CEO UHHS/Ex Officio Dir	60 00	X		X				1,557,487	0	34,332
UHLSF - Ronald Dziedzicki BSN RN Secretary/Director	2 00	X		X				0	0	0
UHLSF - Catherine E Keating MD Director	2 00	X						0	0	0
UHLSF - Sonia Salvino Director	2 00	X						0	0	0
UHLSF - James J Benedict Director	2 00	X						0	0	0
UHMG - Fred C Rothstein MD Chair/Director	2 00	X						0	0	0
UHMG - Brian Berman MD Co-Chair Peds/Director	60 00	X						349,697	0	12,757
UHMG - Paul H Carlton Director	2 00	X						0	0	0
UHMG - Kevin Cooper MD Director	60 00	X						228,300	0	0
UHMG - Pamela B Davis MD Director	2 00	X						0	0	0
UHMG - Avory Fanaroff MD Director	60 00	X						183,763	0	6,792

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHMG - Michael J Farrell Director	2 00	X						0	0	0
UHMG - Gordon Harnett Director	2 00	X						0	0	0
UHMG - Catherine E Keating MD President/Director	60 00	X		X				615,160	0	117,449
UHMG - Elliott A Kellman Director	2 00	X						0	0	0
UHMG - Jonathan Lass MD Dept Chair Ophth /Dir	60 00	X						222,284	0	0
UHMG - Nathan Levitan MD Director	2 00	X						0	0	0
UHMG - Edward Michelson MD Director	60 00	X						372,237	0	19,657
UHMG - Patrick Mullin Director	2 00	X						0	0	0
UHMG - Daniel Ornt Director	2 00	X						0	0	0
UHMG - Jeffrey Ponsky MD Dept Chair Surgery/Director	60 00	X						583,313	0	15,983
UHMG - Randall Marcus MD Chair Orthopaedics/Director	60 00	X						578,459	0	19,830
UHMG - Michael A Szubski Director	2 00	X						0	0	0
UHMG - Richard A Walsh MD Dept Chair Med /Dir	60 00	X						341,489	0	11,441
UHMG - Mark E Loos Director	2 00	X						0	0	0
UHMG - James J Benedict Director	2 00	X						456,320	0	85,054
UHCMC - Michael R Anderson MD VP Chief Med Officer	60 00			X				308,962	0	19,657
UHCMC - Ronald E Dziedzicki BSN R SVP/Gen Mgr Oper	60 00			X				377,843	0	87,956
UHCMC - Michael J Farrell Pres RBC/MacDonald Hosp	60 00			X				611,714	0	114,922
UHCMC - Catherine S Koppelman SVP Chief Nursing Off	60 00			X				415,571	0	99,921
UHCMC - Nathan A Levitan MD SVP Syst Cancer Svcs	60 00			X				766,942	0	40,363
UHCMC - Mark Loos SVP Med Surg	60 00			X				367,792	0	52,852
UHCMC - Janet L Miller Esq Sec & SVP, General Counsel	2 00			X				0	0	0
UHCMC - Sonia Salvino VP Finance/Director	60 00			X				191,075	0	24,921
HCS - Rebecca Ivcic Treasurer/Director	60 00			X				142,215	0	29,034
UHHS - Elliot A Kellman Sr VP Chief HR Officer	60 00			X				556,582	0	134,300

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

(A) Name and Title	(B) Average hours per week	(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 - Janet L Miller Esq Sec /SVP General Counsel	60 00			X				568,166	0	121,920
UHHS - Steven D Standley SVP System Services	60 00			X				501,527	0	110,699
UHHS - Michael A Szubski Treas /SVP CFO	60 00			X				772,825	0	134,117
UHLSF - Don M Landek President	60 00			X				186,085	0	41,397
UHMG - Janet L Miller Esq Secretary	2 00			X				0	0	0
UHMG - Harlin G Adelman Assistant Sec (See Sched	2 00			X				414,828	0	76,568
UHHS - Cliff J Coker Pres of JV - (See Sched	2 00				X			414,281	0	75,725
UHHS - Sherri L Bishop SVP IR & D	60 00				X			525,302	0	109,131
UHHS - Paul G Tait SVP Strategic Planning	60 00				X			460,278	0	104,269
UHMG - Howard Nearman MD Department Chair Anesthesi	60 00				X			350,118	0	16,113
UHHS - Nancy E Paton SVP Marketing & Communic	60 00				X			356,969	0	78,573
UHHS - Mary Alice Annecharico SVP Chief Information Of	60 00				X			356,457	0	4,249
UHCMC - Carl Lufter Director UH Pharmacy	60 00				X			181,095	0	25,424
UHHS - Cheryl Wahl Chief Compliance Officer	60 00				X			276,601	0	18,948
UHHS - Heidi Gartland VP Government Relations	60 00				X			245,101	0	29,700
UHMG - Ann Lyren MD Dept Co-Chair Pediatrics	60 00				X			252,913	0	19,657
UHMG - Michael W Konstan MD Dept Co-Chair Pediatrics	60 00				X			182,079	0	0
UHMG - Pablo R Ros MD Dept Chair Radiology	60 00				X			292,117	0	2,157
UHMG - Bahman Guyuron MD Surgeon, Plastic Surgery	60 00					X		1,049,724	0	15,983
UHMG - Nicholas U Ahn MD Orthopaedic Surgeon	60 00					X		1,157,786	0	16,113
UHMG - Ross M Ungerleider MD Surgeon	60 00					X		866,947	0	14,763
UHMG - Reuben Gobezie MD Orthopaedic Surgeon	60 00					X		889,045	0	18,358
UHMG - Matthew Kraay Orthopaedic Surgeon	60 00					X		799,988	0	19,830
RMC - William P Lawrence Fmr Pres /Ex Off	2 00						X	80,684	0	0
UHCMC - John Nash Fmr SVP Ireland Cancer Ctr	2 00						X	193,958	0	31,416

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

(A) Name and Title	(B) Average hours per week	(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			
UHLSF - Michael R Vehovec Fmr Treas /See Sched	2 00						X	322,352	0	55,890
UHMG - Charles Lanzieri MD Fmr KE Dept Chair Radiology	60 00						X	556,325	0	19,830
UHMG - Hani Hennein MD Fmr HCE Surgeon, CT Peds Cardiac	60 00						X	631,038	0	17,531
UHMG - Christopher G Furey MD Fmr HCE Orthopaedic Surgeon	60 00						X	741,953	0	19,257

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Patient Services less	900,099	1,645,025,000	1,644,742,000	283,000	
Sponsored Revenues	900,099	27,805,000	27,805,000		
UHMG Other Clinical Re	900,099	23,208,000	23,208,000		
UHMG Resident Teaching	900,099	18,832,000	18,832,000		
UHMG Medical Director	900,099	17,783,000	17,783,000		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Other purchased service	149,750,000	118,464,000	31,006,000	280,000
Bad debt expense	38,257,000	38,257,000		
Medical/clinical purcha	34,176,000	34,176,000		
Corporate allocated dep	18,912,000		18,887,000	25,000
Other	17,740,000	12,597,000	5,143,000	

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

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

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☑ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	6,390	10,111
b Total lobbying expenditures to influence a legislative body (direct lobbying)	246,365	374,494
c Total lobbying expenditures (add lines 1a and 1b)	252,755	384,605
d Other exempt purpose expenditures	1,022,513,245	1,867,271,395
e Total exempt purpose expenditures (add lines 1c and 1d)	1,022,766,000	1,867,656,000
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000

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

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	0

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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	401,106	447,418	469,714	384,605	1,702,843
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	3,792	1,838	9,429	10,111	25,170

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

		(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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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 (see instructions)	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.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 for any other purpose conferring 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 importantly land area
☐ Protection of natural habitat
☐ Preservation of a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 ▶ $ 121,000

(ii) Assets included in Form 990, Part X ▶ $ 181,629

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 Escrow and Custodial Arrangements. Complete if the 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 the 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) Accumulated depreciation	(d) Book value
1a Land		44,450,000		44,450,000
b Buildings		736,241,000	440,405,000	295,836,000
c Leasehold improvements		16,339,000	3,140,000	13,199,000
d Equipment		507,408,000	384,338,000	123,070,000
e Other		49,952,000	18,905,000	31,047,000
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				507,602,000

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		
Closely-held equity interests		
Other Investments Deposited with Trustee Bond Indenture	9,000	F
Investments	10,715,000	F
Beneficial interest in foundation	70,491,000	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	81,215,000	

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. *(Column (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.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Interest payable	1,451,000
Due to third parties	17,321,000
Other current liabilities	16,280,000
Research Institute option liability	40,567,000
Other liabilities	6,456,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	82,075,000

2. Fin 48 Footnote 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	Other losses	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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part III, Line 4		The UH art collection includes nearly 2,000 original works of art, many donated over the years Artwork includes paintings, photos, sculptures and the like The UH art collection has been established to encourage reflection, and to delight, uplift and comfort our patients, visitors and employees
Part X	Description of Uncertain Tax Positions Under FIN 48	The System and most of its subsidiaries, including UHCMC, are not-for-profit corporations as described in 501(c)(3) of the Internal Revenue Code (Code) and are exempt from federal income tax pursuant to Section 501(a) of the Code The System also has certain subsidiaries that are taxable for federal income tax purposes (see note 19)

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

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. Form 990-EZ filers are not required to complete this part.

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

- **a** ☑ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a 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 activities? ☑ **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	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		No	279,000	165,000	114,000
Total . . . . . ▶				279,000	165,000	114,000

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 5 Star Dinner (event type)	(b) Event #2 Miracles Happen Gala Dinner (event type)	(c) Other Events 5 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,217,000	167,000	425,000	1,809,000
	2 Less Charitable contributions	950,000	113,000	291,000	1,354,000
	3 Gross income (line 1 minus line 2)	267,000	54,000	134,000	455,000
Direct Expenses	4 Cash prizes	0	0	0	
	5 Non-cash prizes	0	0	0	
	6 Rent/facility costs	0	0	0	
	7 Food and beverages	65,000	17,000	62,000	144,000
	8 Entertainment	4,000	2,000	0	6,000
	9 Other direct expenses	611,000	17,000	72,000	700,000
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				850,000
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-395,000

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, column d, and line 7 ▶				

			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	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **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 ▶ $		

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

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

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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	Yes	
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	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 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)			39,979,509		39,979,509	2 450 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			324,117,770	253,258,821	70,858,949	4 340 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			364,097,279	253,258,821	110,838,458	6 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			7,072,395		7,072,395	0 430 %
f Health professions education (from Worksheet 5)			61,181,174	19,487,645	41,693,529	2 550 %
g Subsidized health services (from Worksheet 6)			6,085,561	3,264,247	2,821,314	0 170 %
h Research (from Worksheet 7)			43,677,660		43,677,660	2 680 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			27,685,956		27,685,956	1 700 %
j **Total** Other Benefits			145,702,746	22,751,892	122,950,854	7 530 %
k **Total.** Add lines 7d and 7j			509,800,025	276,010,713	233,789,312	14 320 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other			7,544		7,544	0 %
10	**Total**			7,544		7,544	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	14,968,000		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	313,830,982		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	319,665,195		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-5,834,213		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a			No
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b			

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

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)
See Additional Data Table									

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 In calendar year 2008, UH assessed community health care needs by conducting a comprehensive health needs assessment that reviewed demographics, household income, ambulatory care sensitive discharges, health status and access indicators, federally designated areas and facilities, and local data sources for the respective communities served by each of the hospitals in the UH system The needs assessments have been used to guide UH community benefit program development and to inform strategic planning

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

See additional data

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

See additional data

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 Although difficult to measure and not reported numerically, UH benefits the community through important community building activities that ultimately promote improved health and well-being for the surrounding population Guided by our community health needs assessments and community boards, UH continues to meet community needs through economic development opportunities, local, regional and national disaster preparedness efforts, advocacy and coalition building, among others

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

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

See additional data

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:
Software Version:
EIN: 90-0059117
Name: University Hospitals Health System Inc
Group Return

Form 990 Schedule H, Part V - Facility Information

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)
UH Case Medical Center 11100 Euclid Avenue Cleveland, OH 44106	X	X		X		X	X		IP Psych /IP Rehab /Skilled Nurs
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 Unit
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		
UH Bainbridge Health Center 8185 East Washington Street Bainbridge, OH 44023									Outpatient Health Center
UH Mentor Health Center 9000 Mentor Avenue Mentor, OH 44060		X							Outpatient Health & Surgery Center
UH Westlake Health Center 960 Clague Road Westlake, OH 44145		X							Outpatient Health & Surgery Center
UH Chagrin Highlands Health Center 3909 Orange Place Orange Village, OH 44122									Outpatient Health Center
UH Chesterland Health Center 8055 Mayfield Road Chesterland, OH 44026									Outpatient Health Center
UH Concord Health Center 7500 Auburn Road Concord Twp, OH 44077									Outpatient Health Center
UH Euclid Health Center 18599 Lakeshore Blvd Euclid, OH 44119									Outpatient Health Center
UH Hudson Health Center 5778 Darrow Rd Hudson, OH 44236									Outpatient Health Center
UH Landerbrook Health Center 5850 Landerbrook Drive Mayfield Heights, OH 44124									Outpatient Health Center
UH Madison Health Center 701 North Lake Street Madison, OH 44057									Outpatient Health Center
UH Mantua Health Center 10803 Main Street Mantua, OH 44255									Outpatient Health Center
UH Mayfield Village Health Center 730 Som Center Road Mayfield Heights, OH 44143									Outpatient Health Center

Form 990 Schedule H, Part V - Facility Information

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)
UH Medina Health Center 4001 Carrick Drive Medina, OH 44256									Outpatient Health Center
UH Otis Moss Jr Health Center 8819 Quincy Avenue Cleveland, OH 44106									Outpatient Health Center
UH Rock Creek Health Center 3330 South Main Street Rock Creek, OH 44084									Outpatient Health Center
UH Sharon Health Center 5133 Ridge Road Wadsworth, OH 44281									Outpatient Health Center
UH Twinsburg Health Center 8819 Commons Blvd Twinsburg, OH 44087									Outpatient Health Center
UH Suburban Health Center 1611 South Green Road South Euclid, OH 44121									Outpatient Health Center
UH Willoughby Health Center 4212 Chillicothe Road Willoughby, OH 44094									Outpatient Health Center
UH Geneva Outpatient Facility 2131 Lake Ave Ashtabula, OH 44004									Outpatient Hospital Facility
UH Case Medical Center Outpatient Fac 3609/3619 Park East Drive Beachwood, OH 44122									Outpatient Hospital Facility
UH Case Medical Center Outpatient Fac 3628 Park East Drive Beachwood, OH 44122									Outpatient Hospital Facility
UH Bedford Outpatient Facility 88 Center Street Bedford, OH 44146									Outpatient Hospital Facility
UH Lab Service Foundation Outpatient Fa 22750 Rockside Road Bedford, OH 44146									Outpatient Hospital Facility
UH Geauga Outpatient Facility 13221 Ravenna Road Chardon, OH 44024									Outpatient Hospital Facility
UH Case Medical Center Outpatient Fac 12628 Chilicothe Road Chesterland, OH 44026									Outpatient Hospital Facility
UH Case Medical Center Outpatient Fac 10524 Euclid Ave Cleveland, OH 44106									Outpatient Hospital Facility
UH Geneva Outpatient Facility 810 West Main Street Geneva, OH 44041									Outpatient Hospital Facility
UH Geneva Outpatient Facility 890 West Main Street Geneva, OH 44041									Outpatient Hospital Facility
UH Geneva Outpatient Facility 4888 North Broadway GenevaontheLake, OH 44041									Outpatient Hospital Facility
UH Case Medical Center Outpatient Fac 5885 Landerbrook Drive Mayfield Heights, OH 44124									Outpatient Hospital Facility
UH Geneva Outpatient Facility 470 Bacon Road Painesville, OH 44077									Outpatient Hospital Facility

Form 990 Schedule H, Part V - Facility Information

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)
UH Richmond Outpatient Facility 27155 Chardon Road Richmond Heights, OH 44143									Outpatient Hospital Facility
UH Case Medical Center Outpatient Fac 2054 South Green Road South Euclid, OH 44121									Outpatient Hospital Facility
UH Case Medical Center Outpatient Fac 4480 Richmond Road Warrensville Hts, OH 44128									Outpatient Hospital Facility
UH Case Medical Center Outpatient Fac 950 Clague Road Westlake, OH 44145									Outpatient Hospital Facility
UH Case Medical Center Outpatient Fac 34881 Euclid Ave Willoughby, OH 44094									Outpatient Hospital Facility
UH Richmond Outpatient Facility 6103 Landerhaven Drive Mayfield Heights, OH 44124									Outpatient Hospital Facility
UH Geneva Outpatient Facility 701 North Lake Street Madison, OH 44057									Outpatient Hospital Facility

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c The amount of charity care discount granted by UH in 2009 was based on the following guidelines Patients must be uninsured, provide financial information to qualify them for financial assistance, and if applicable agree to allow UH to apply for third-party coverage If it is determined that any patient, including an uninsured charity patient, is unable to pay any account balances owed, the patient shall be determined to be medically indigent Medically indigent patient balances shall be fully discounted and designated as charity care UH participates in Ohio's Hospital Care Assurance Program (HCAP) Through HCAP, UH provides basic, medically necessary hospital-level services free of charge to Ohio residents whose income is below the poverty level (below 100 percent of the FPG) Patients who meet that income criterion must fill out and sign an application for HCAP

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6a The Parent organization, University Hospitals (34-0714775), prepares an Annual Community Benefit Report that encompasses all of University Hospitals Health System including the subordinate organizations completing Schedule H

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 Amounts calculated and reported in this table were derived from the most accurate, available sources A cost-to-charge ratio was used to determine Charity Care cost using hospital financial statements Medicaid shortfall for group subordinates was calculated, 1) based on the tax year's Medicaid cost report adjusted to reflect full costs to direct offsetting revenue from the Medicaid cost report, or 2) based on a cost-to-charge ratio and Medicaid revenues derived using financial statements Included in this Medicaid shortfall is the Ohio State Children's Health Insurance Program (SCHIP) shortfall Community health improvement and community benefit operations costs have been reported based on actual direct costs using actual or average employee compensation rates and adding indirect costs which are calculated by a cost accounting system as a percentage of total cost The Medicare Cost Report, adjusted to reflect full costs, was used to determine gross community benefit expense amounts for Health Professions Education, direct offsetting revenues are included from Medicare, CHGME, and Medicaid for direct medical education Research amounts were also based on the Medicare Cost Report, adjusted to reflect full costs, using costs assigned to Research cost centers, less industry-sponsored research direct and indirect costs The expense of restricted cash contributions is reported based on the actual value of the contribution before indirect cost, restricted in-kind contributions are reported at fair market value In calculating gross and net community benefit expenses, care was taken to avoid double-counting community benefit expenses

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7g Line 7g includes the costs and direct offsetting revenue associated with certain physician clinics that qualify to be reported as a subsidized health service The total amount of gross community benefit expense included in line 7g for these clinics is $3,248,000 The total amount of associated direct offsetting revenue is $2,111,000 The total amount of net community benefit expense included in line 7g is $1,137,000

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f Bad debt expense reported in Part IX, Line 25 but subtracted for purposes of calculating the percentages for this column = $38,257,000

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 Costing methodology used to derive Bad Debt is cost-to-charge ratio using hospital financial statements In calculating the cost of bad debt expense, care is taken to avoid double counting of the direct and indirect costs for items accounted for elsewhere in Parts I, II, or III on Schedule H Text to Audited Financial Statement Footnote - Provision for Bad Debt, In addition to charity care and insufficient funding from the Medicaid program, there are 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 provision for bad debts represents revenues for services provided that are deemed to be uncollectible Provision for bad debts totaled $43,136,000 and $35,923,000 for the years ended December 31, 2009 and 2008, respectively End text to footnote

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 Costs were derived using the Medicare Cost Report As a safety-net to the community, these hospitals provide services to many low-income Medicare recipients The Medicare losses sustained at these hospitals are a result of Medicare reimbursing at less than operating costs IRS Rev Rul 69-545 established the community benefit standard for hospitals which indicates that if a hospital serves patients covered by governmental health benefits (including Medicare), then this indicates the hospital operates to promote the health of the community In turn, treating Medicare patients should be considered a community benefit

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b In 2009, UH collections procedures assured that all patients with a self-pay balance were handled under a standard method UH is in the process of adopting a new collections policy that will be approved by its governing board during 2010

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part VI, Line 8 UH publishes its Annual Community Benefit Report and makes it available to the public via its website University Hospitals does not file its community benefit report in any state

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 UH informs and educates patients and persons who may be billed for patient care about options for resolution of their balances, including assistance under government programs and under the UH Charity Assistance Program ("Assistance Program") in a variety of ways Signage for the state of Ohio Health Care Assurance Program (HCAP) can be found in locations where patients register for care, patient access areas, and various points of entry such as our emergency departments Supplemental brochures that reflect the UH Assistance Program and the HCAP program are also available Information about the Assistance Program can also be found on the UH website in addition to being provided on the backs of patient statements, including a toll free phone number to call for assistance by one of our financial counselors

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 The UH service area spans Northeast Ohio, and our clinical, education, research, and outreach programs benefit communities that extend well beyond this region The main campus facility, UH Case Medical Center, is located in the city of Cleveland and provides high-quality health care in an urban setting for a diverse population that includes many low-income residents UH Rainbow Babies & Children's Hospital (Rainbow) serves as a safety-net for Cleveland's children, with more than 50 percent of its patients enrolled in the state Medicaid program Based on the 2008 needs assessment, the UH Primary Service Area (PSA) included about 3 million persons, and its Secondary Service Area (SSA) included a population of approximately 1 2 million persons for a total service area population of approximately 4 2 million The PSA encompasses an eight-county region including Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage and Summit (referred to as the "eight-county region") The SSA encompasses seven counties including Ashland, Erie, Huron, Mahoning, Stark, Trumbull, and Wayne Seventy percent of the UH service area population is located in the PSA, while the remaining 30 percent is located in the SSA With approximately 1 3 million residents, Cuyahoga County accounts for 31 percent of the population comprising UH service area counties Since the 2008 needs assessment, UH has made significant investments in access to care for low income and vulnerable populations Four UH health clinics are designated as Health Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration (HRSA) These clinics include the Douglas Moore Health Clinic, Women's Health Center, Rainbow Ambulatory Practice, and Family Medicine Clinic, all located on the UH Case Medical Center campus HRSA also designates Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) based on specific criteria Twenty-five areas within the UH service area including Cuyahoga, Lorain, and Summit Counties qualify as MUAs, while one population in Kent, Portage County is a designated MUP Cuyahoga County alone accounts for 20 MUAs located in 13 zip codes, representing 12 towns The UH System's two critical access hospitals in Ashtabula County sit in Appalachia, as designated by the Appalachian Regional Commission The 2008 needs assessment indicated that accross across Northern Ohio, 25 percent of households are estimated to have incomes less than $25,000, 53 percent less than $50,000

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 Governed by a Board of Directors comprised primarily of persons residing in the UH Primary Service Area, UH continues to reinvest in itself and the community through enhanced clinical services, educational programs, research, and capital improvements that meet the health care needs of communities and patients it serves UH provides an outstanding balance of high-quality clinical care within its walls, and community health outreach to local populations As indicated in the above response to Part VI, Line 4, UH has made significant investments in access to care for low income and vulnerable populations Four UH health clinics are designated as Health Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration (HRSA) These clinics include the Douglas Moore Health Clinic, Women's Health Center, Rainbow Ambulatory Practice, and Family Medicine Clinic, all located on the UH Case Medical Center campus HRSA also designates Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) based on specific criteria Twenty-five areas within the UH service area including Cuyahoga, Lorain, and Summit Counties qualify as MUAs, while one population in Kent, Portage County is a designated MUP Cuyahoga County alone accounts for 20 MUAs located in 13 zip codes, representing 12 towns The UH System's two critical access hospitals in Ashtabula County sit in Appalachia, as designated by the Appalachian Regional Commission UH is committed to training the next generation of physicians, nurses, specialists and other allied health care providers annually Many of these students and trainees complete their education and take their knowledge and expertise to other parts of the state or country, thereby benefiting other communities UH works to increase health and medical knowledge through government and non-profit funded research The shared knowledge derived from these efforts improves the health and well-being of people throughout the nation and the world when they lead to new standards of care, new medical devices, or breakthroughs in tackling diseases

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 University Hospitals (parent organization) together with its affiliates and subsidiaries is an integrated, health care delivery system The System includes an academic medical center, six wholly-owned community hospitals, two of which are critical access facilities, ambulatory health care centers and physician practice offices throughout the region The System also provides skilled nursing, elder health, rehabilitation and home care services UH serves a unique role in the 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 It provides the same quality and compassionate service to all, no matter their income, ability to pay or socioeconomic status UH cares for the well-insured and the uninsured, men, women and children from every community in the region, from urban centers, small towns, rural areas and suburbs

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

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" to 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 . . . ▶ ☐

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 16

3 Enter total number of other organizations . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Donations made by members of the Group Return to charitable organizations are made in furtherance of the recipients organizations exempt purposes and are considered unrestricted with regard to use of funds

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 90-0059117
Name: University Hospitals Health System Inc
Group Return

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Case Western Reserve 10900 Euclid Ave Cleveland,OH 44106	34-1018992	501(c)3	27,650,000				General Support
Western Reserve Area Agency925 Euclid Ave Ste 600 Cleveland,OH 44115	34-1620774	501(c)3	8,000				General Support
Research Means Hope Org PO Box 5979 Bethesda,MD 20824	26-3853667	501(c)3	10,000				General Support
Crohns & Coltis Fondation of America23775 Commerce PK RD 210 Beachwood,OH 44122	13-6193105	501(c)3	10,000				General Support
Epilepsy Foundation of NE Ohio2800 Euclid Ave Ste 450 Cleveland,OH 44115	23-7198807	501(c)3	15,000				General Support
Free Clinic of Greater Cleveland12201 Euclid Ave Cleveland,OH 44106	23-7078501	501(c)3	30,000				General SupportGeneral Support
Kidney Foundation of America1370 W 6th St 201 Cleveland,OH 44113	34-0827748	501(c)3	5,000				General Support
Playhouse Square Foundation10501 Euclid Ave No 200 Cleveland,OH 44115	23-7304942	501(c)3	31,000				General Support
Victory GallupPO Box 551 Bath,OH 44210	34-1787436	501(c)3	10,000				General Support
Audubon School3055 Martin Luther King JR Dr Cleveland,OH 44104		501(c)3	25,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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	32,000				General Support
Cystic Fibrosis Foundation 5001 Mayfield Rd Ste 111 Lydhurst,OH 44124	13-1930701	501(c)3	11,000				General Support
Northern Ohio Hemophilia Foundation4807 Rockside Rd Ste 380 Cleveland,OH 44131	34-1013501	501(c)3	5,000				General Support
Northern Ohio Menopause SocietyPO Box 94527 Cleveland,OH 44101	34-1604749	501(c)3	10,000				General Support
Daily Dose of Reading2226 Warrensville Center Rd University Hts,OH 44118	34-1935776	501(c)3	5,000				General Support
Greater Cleveland Council of Figure Skaters3871 Woodside Dr North Olmsted,OH 44070	34-1262430		5,000				General Support
Susan G Komen Race for the Cure10819 Magnolia Dr Cleveland,OH 44106	34-1793460	501(c)3	50,000				General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 appropiate 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 idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**	Yes	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**	Yes	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)** Retirement and other 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 reportable compensation				
See Additional Data Table							

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	UH Policy does not permit health or social club dues to be provided to any employee either by paying directly or through employee expense reimbursement In 2009, dues were paid in error by UH on behalf of two officers/directors These dues have since been reimbursed to UH by each of these individuals
	Part I, Lines 4a-b	The following persons received severance payments as required by their contract in 2009 - Hani Hennein, M D $616,225 - John Nash $192,064 Part I, Line 4b The following persons participated in, or received payment from a nonqualified retirment plan (457f) in 2009 - Harlin G Adelman (No payments received in 2009) - Mary Alice Annecharico (38,040) - James J Benedict ($17,871) - Sherri L Bishop ($47,855) - Cliff J Coker ($49,151) - Robert G David (No payments received in 2009) - Laurie S Delgado ($4,475) - Achilles A Demetriou, M D ($374,257) - Ronald E Dziedzicki (No payments received in 2009) - Michael J Farrell (No payments received in 2009) - Richard J Frenchie ($63,765) - Phyllis Hall ($2,796) - Susan V Juris ($12,238) - Catherine Keating, M D ($34,182) - Elliot A Kellman (No payments received in 2009) - Catherine S Koppelman (No payments recieved in 2009) - Don Landek (No payments received in 2009) - Nathan Levitan, M D (151,063) - Mark Loos (No payments received in 2009) - Keith Maitland (No payments received in 2009) - Sean McKibben ($12,260) - Janet L Miller (No payments received in 2009) - Michael L Nochomovitz, M D ($122,416) - Nancy Paton (No payments received in 2009) - Fred C Rothstein, M D ($197,020) - Steven D Standley ($19,620) - Michael A Szubski ($45,847) - Paul G Tait ($14,111) - Michael R Vehovec ($20,979) - Thomas F Zenty III (No payments received in 2009)
	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 employee compensation disclosed in Part VII meet the requirements of the initial contract exception

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 90-0059117
Name: University Hospitals Health System Inc
Group Return

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

(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)	212,309	60,060	36,192	48,594	22,786	379,941	12,260
	(II)	0	0	0	0	0	0	0
CMC - Benjamin Bryant MD	(I)	0	0	0	0	0	0	0
	(II)	265,424	0	22,990	0	17,917	306,331	0
CMC - Robert David	(I)	95,283	22,448	17,777	19,684	8,977	164,169	0
	(II)	0	0	0	0	0	0	0
GMC - Richard Frenchie	(I)	261,108	113,645	127,656	12,137	13,586	528,132	63,765
	(II)	0	0	0	0	0	0	0
GMC - Peggy Kuhar	(I)	122,402	13,766	14,342	8,454	6,752	165,716	0
	(II)	0	0	0	0	0	0	0
UHGMC - Robert David	(I)	95,284	22,449	17,778	19,685	8,978	164,174	0
	(II)	0	0	0	0	0	0	0
UHGMC - Dr Amitabh P Goel	(I)	0	0	0	0	0	0	0
	(II)	230,368	119,661	16,725	12,544	2,412	381,710	0
UHECC - Donald Goddard MD	(I)	0	0	0	0	0	0	0
	(II)	183,905	0	8,145	11,480	10,222	213,752	0
UHECC - Susan V Juris	(I)	208,134	92,483	55,677	71,742	11,659	439,695	12,238
	(II)	0	0	0	0	0	0	0
UHECC - David Kosnosky MD	(I)	0	0	0	0	0	0	0
	(II)	187,465	0	6,145	25,892	22,484	241,986	0
RMC - Laurie Delgado	(I)	279,588	101,467	26,009	69,271	16,652	492,987	4,475
	(II)	0	0	0	0	0	0	0
RMC - Rosemary Leeming MD	(I)	167,136	0	37,496	6,150	24,073	234,855	0
	(II)	0	0	0	0	0	0	0
RMC - Mark Stovsky MD	(I)	363,064	0	44,240	7,350	35,915	450,569	0
	(II)	0	0	0	0	0	0	0
UMI - Phyllis Hall	(I)	239,209	83,185	104,174	68,422	22,989	517,979	2,796
	(II)	0	0	0	0	0	0	0
UMI - Michael Nochomovitz MD	(I)	422,158	219,440	164,917	36,510	6,995	850,020	122,416
	(II)	0	0	0	0	0	0	0
HCS - Keith Maitland	(I)	171,658	68,619	25,022	59,936	17,639	342,874	0
	(II)	0	0	0	0	0	0	0
UHHS - Achilles A Demetriou MD	(I)	775,318	438,750	402,197	42,349	15,066	1,673,680	374,257
	(II)	0	0	0	0	0	0	0
UHHS - Fred C Rothstein MD	(I)	603,390	353,340	221,297	36,491	20,472	1,234,990	197,020
	(II)	0	0	0	0	0	0	0

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

(A) Name		(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				
UHHS - Thomas F Zenty III	(I)	899,818	600,000	57,669	30,018	12,326	1,599,831	0
	(II)	0	0	0	0	0	0	0
UHMG - Brian Berman MD	(I)	319,602	4,000	26,095	0	24,440	374,137	0
	(II)	0	0	0	0	0	0	0
UHMG - Kevin Cooper MD	(I)	207,808	0	20,492	0	2,357	230,657	0
	(II)	0	0	0	0	0	0	0
UHMG - Avory Fanaroff MD	(I)	139,099	0	44,664	4,666	8,480	196,909	0
	(II)	0	0	0	0	0	0	0
UHMG - Catherine E Keating MD	(I)	381,560	159,548	74,052	117,449	3,374	735,983	34,182
	(II)	0	0	0	0	0	0	0
UHMG - Jonathan Lass MD	(I)	194,130	0	28,154	0	2,872	225,156	0
	(II)	0	0	0	0	0	0	0
UHMG - Edward Michelson MD	(I)	327,175	0	45,062	6,900	22,147	401,284	0
	(II)	0	0	0	0	0	0	0
UHMG - Jeffrey Ponsky MD	(I)	507,893	0	75,420	6,900	14,648	604,861	0
	(II)	0	0	0	0	0	0	0
UHMG - Randall Marcus MD	(I)	496,600	0	81,859	6,900	23,604	608,963	0
	(II)	0	0	0	0	0	0	0
UHMG - Richard A Walsh MD	(I)	294,382	0	47,107	6,900	8,756	357,145	0
	(II)	0	0	0	0	0	0	0
UHMG - James J Benedict	(I)	306,089	113,951	36,280	72,297	18,984	547,601	17,871
	(II)	0	0	0	0	0	0	0
UHCMC - Michael R Anderson MD	(I)	254,914	36,655	17,393	6,900	19,185	335,047	0
	(II)	0	0	0	0	0	0	0
UHCMC - Ronald E Dziedzicki BSN RN	(I)	225,805	112,200	39,838	75,199	20,066	473,108	0
	(II)	0	0	0	0	0	0	0
UHCMC - Michael J Farrell	(I)	396,667	173,400	41,647	102,165	22,306	736,185	0
	(II)	0	0	0	0	0	0	0
UHCMC - Catherine S Koppelman	(I)	266,378	125,664	23,529	87,164	19,790	522,525	0
	(II)	0	0	0	0	0	0	0
UHCMC - Nathan A Levitan MD	(I)	408,123	166,160	192,659	32,481	17,129	816,552	151,063
	(II)	0	0	0	0	0	0	0
UHCMC - Mark Loos	(I)	239,669	85,000	43,123	40,095	19,498	427,385	0
	(II)	0	0	0	0	0	0	0
UHCMC - Sonia Salvino	(I)	151,804	13,711	25,560	11,992	19,608	222,675	0
	(II)	0	0	0	0	0	0	0

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

(A) Name		(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				
HCS - Rebecca Ivcic	(I)	108,571	13,107	20,537	19,821	17,662	179,698	0
	(II)	0	0	0	0	0	0	0
UHHS - Elliot A Kellman	(I)	329,743	179,400	47,439	125,217	16,238	698,037	0
	(II)	0	0	0	0	0	0	0
UHHS - Janet L Miller Esq	(I)	340,365	185,640	42,161	117,804	10,274	696,244	0
	(II)	0	0	0	0	0	0	0
UHHS - Steven D Standley	(I)	337,642	141,050	22,835	97,942	18,849	618,318	0
	(II)	0	0	0	0	0	0	0
UHHS - Michael A Szubski	(I)	505,764	205,400	61,661	133,535	6,503	912,863	45,847
	(II)	0	0	0	0	0	0	0
UHLSF - Don M Landek	(I)	139,715	17,672	28,698	28,640	17,907	232,632	0
	(II)	0	0	0	0	0	0	0
UHMG - Harlin G Adelman	(I)	263,298	121,176	30,354	63,811	19,431	498,070	0
	(II)	0	0	0	0	0	0	0
UHHS - Cliff J Coker	(I)	329,941	0	84,340	62,968	18,275	495,524	49,151
	(II)	0	0	0	0	0	0	0
UHHS - Sherri L Bishop	(I)	280,798	156,500	88,004	96,374	22,148	643,824	47,855
	(II)	0	0	0	0	0	0	0
UHHS - Paul G Tait	(I)	290,625	131,950	37,703	91,512	18,440	570,230	14,111
	(II)	0	0	0	0	0	0	0
UHMG - Howard Nearman MD	(I)	298,589	0	51,529	6,900	21,138	378,156	0
	(II)	0	0	0	0	0	0	0
UHHS - Nancy E Paton	(I)	232,250	107,380	17,339	69,360	15,549	441,878	0
	(II)	0	0	0	0	0	0	0
UHHS - Mary Alice Annecharico	(I)	287,810	0	68,647	9,938	38,040	404,435	38,040
	(II)	0	0	0	0	0	0	0
UHCMC - Carl Lufter	(I)	155,077	17,278	8,740	16,210	14,801	212,106	0
	(II)	0	0	0	0	0	0	0
UHHS - Cheryl Wahl	(I)	193,641	56,669	26,291	14,315	13,987	304,903	0
	(II)	0	0	0	0	0	0	0
UHHS - Heidi Gartland	(I)	181,235	38,352	25,514	16,943	23,585	285,629	0
	(II)	0	0	0	0	0	0	0
UHMG - Ann Lyren MD	(I)	232,390	0	20,523	6,900	19,291	279,104	0
	(II)	0	0	0	0	0	0	0
UHMG - Michael W Konstan MD	(I)	154,573	0	27,506	0	3,743	185,822	0
	(II)	0	0	0	0	0	0	0

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

(A) Name		(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				
UHMG - Pablo R Ros MD	(I)	241,868	27,032	23,217	0	6,497	298,614	0
	(II)	0	0	0	0	0	0	0
UHMG - Bahman Guyuron MD	(I)	918,054	0	131,670	6,900	21,872	1,078,496	0
	(II)	0	0	0	0	0	0	0
UHMG - Nicholas U Ahn MD	(I)	1,040,404	0	117,382	6,900	17,365	1,182,051	0
	(II)	0	0	0	0	0	0	0
UHMG - Ross M Ungerleider MD	(I)	754,614	0	112,333	1,833	25,188	893,968	0
	(II)	0	0	0	0	0	0	0
UHMG - Reuben Gobezie MD	(I)	811,404	0	77,641	5,601	26,151	920,797	0
	(II)	0	0	0	0	0	0	0
UHMG - Matthew Kraay	(I)	701,065	0	98,923	6,900	24,814	831,702	0
	(II)	0	0	0	0	0	0	0
RMC - William P Lawrence	(I)	0	4,920	75,764	0	0	80,684	0
	(II)	0	0	0	0	0	0	0
UHCMC - John Nash	(I)	160,189	0	33,769	22,911	12,332	229,201	0
	(II)	0	0	0	0	0	0	0
UHLSF - Michael R Vehovec	(I)	196,419	68,000	57,933	55,890	2,776	381,018	0
	(II)	0	0	0	0	0	0	0
UHMG - Charles Lanzieri MD	(I)	492,857	0	63,468	6,900	25,076	588,301	0
	(II)	0	0	0	0	0	0	0
UHMG - Hani Hennein MD	(I)	572,135	0	58,903	6,900	19,565	657,503	0
	(II)	0	0	0	0	0	0	0
UHMG - Christopher G Furey MD	(I)	675,169	0	66,784	6,500	19,221	767,674	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

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).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? 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.

Complete if the organization 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	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Bahman Guyuron MD 5 Highest Pai Tail Insurance Subject to Forgiveness (Fully Reserved On Books)		X	218,225	87,290		No	Yes		Yes	
Total . . . . . ▶ $				87,290						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
Residence Inn	UHCMC Dir Mr Richard Horvitz owns many Residence Inns in the local area	126,561	Residence Inn rents rooms to UHCMC for sleep studies or other activities These transactions are all at arms length		No
Diane Anderson	Family Member of Mr Michael Anderson, M D UHCMC CMO	13,387	A family member of Dr Anderson is employed by UHCMC		No
Jonathon M Fanaroff MD	Family Member of Mr Avory Fanaroff, M D UHMG - Director	216,322	A family member of Dr Fanaroff is employed by UHMG		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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	5	121,000	Appraised FMV
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		30,000	Donors FMV
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	53	1,620,000	Median val on trans da
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
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.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	The organization utilizes third party vendors to solicit gifts In addition, a third party is engaged by the organization to sell any donated securites

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
90-0059117

Identifier	Return Reference	Explanation
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 Richard Horvitz (UHCMC Director) and Mr Ralph Della Ratta (UHCMC Director) have a business relationship Mr Thomas Adler (UHCMC Director) and Mr Lawrence Sherman (UHCMC Director) have a business relationship Mr John Morley (UHCMC Director) and Mr William O'Neill Jr (UHCMC Director) have a business relationship Mr Craig Parker (UHHS/UHGMC Director) and Mr Willard Raymond (UHGMC Director) have a business relationship

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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) Examples include approving matters relating to finances and financing, matters relating to investments, legal matters, material assets sales or transfers, strategic plan, officers, and Directors to the Organizations Board

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		UH has adopted two Conflict of Interest ("COI") policies The COI policies relate to UH and all its subsidiaries and applies to all directors, officers, other disqualified persons, pursuant to the intermediate sanctions regulations, and UH management (supervisors and above) UH regularly and consistently monitors and enforces compliance with the COI policies All individuals to which the COI policies apply are required to complete an annual disclosure and provide information regarding any interests that may be potential conflicts pursuant to the COI policies Individuals covered by the policies are required to provide any changes to or new disclosures should they occur All disclosures and subsequent updates to disclosures are reviewed by the UH Compliance and Ethics Department Board-level conflicts are reviewed and approved by the Audit and Compliance Committee of the UH Board If a conflict exists with a Director, certain restrictions may be imposed, such as excusing the Director from voting with regard to a proposed transaction

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
UH Entity DBA Names Along with acronyms used throughout this return	Dba names/acronyms	The list below shows all the entities included in this Group Return along with any applicable dba names and acronyms that 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 UHHS Brown Memorial Hospital (CMC) - 34-0714550 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 (HHI) - 34-0771884 12340 Bass Lake Road Chardon, OH 44024 UHHS - Heather Hill Rehabilitation Hospital Inc (UHECC) - 34-1465745 dba University Hospitals Extended Care Campus 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 University Hospitals Home Care Services, Inc (HCS) - 34-1527536 4901 Galaxy Parkway Warrensville Hts, OH 44128 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 Memorial Hospital Health Foundation - 34-1810018 11100 Euclid Avenue Cleveland, OH 44106 University Hospitals Ahuja Medical Center, Inc - 26-4827222 11100 Euclid Avenue Cleveland, OH 44106

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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)

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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 UMI - Phyllis Hall UMI - Michael L Nochomoviz, M D UHMG - Harlin G Adelman UHMG - James J Benedict UHHS - Cliff Coker

Identifier	Return Reference	Explanation
Form 990 Schedule C Part IIB	Software Does Not Allow Part II-B to be completed if Part II-A is completed	Part II-B Disclosure 1a - No 1b - Yes 1c - No 1d - Yes $92,524 1e - No 1f - Yes $318,320 1g - Yes $45,693 1h - No 1i - No 1j - $456,537 2a - No

Identifier	Return Reference	Explanation
Form 990 Schedule L Part II	Loan Balance Fully Reserved	The loan balance disclosed on Schedule L has been fully reserved on the books of the organization As a result, no amount will appear on Form 990 Part X Line 5

Identifier	Return Reference	Explanation
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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 3605 Warrensville Center Rd Shaker Hts, OH 44122 34-1599711	Inactive	OH	0	0	N/A
University Hospitals Faculty Services Ltd 11100 Euclid Ave Cleveland, OH 44106 34-1872525	Inactive	OH	0	0	University Hospitals Case Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Macdonald Physicians Inc 11100 Euclid Ave Cleveland, OH 44106 34-1929496	Inactive	OH	501(c)(3)	170(b)(1)(A)(iii)	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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, OH44124 32-0039956	Surgery Center	OH	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 90-0059117
Name: University Hospitals Health System Inc
Group Return

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Western Reserve Assurance Co Ltd SPC PO Box 1051GT George Town Grand Cayman, Cayman Islands CJ 98-0462740	Liability Insurance	CJ	N/A	C			
University Hospitals Holdings Inc 11100 Euclid Avenue Cleveland, OH44106 34-1768931	Holding Company	OH	N/A	C			
University Hospitals Management Services Org Inc 11100 Euclid Avenue Cleveland, OH44106 34-1768929	Physician Admin Services	OH	N/A	C			
University Primary Care Practices Inc 11100 Euclid Avenue Cleveland, OH44106 34-1768928	Physicians Group	OH	N/A	C			
University Hospitals Health System MCO Inc 11100 Euclid Avenue Cleveland, OH44106 34-1843674	Workers Comp Managed Care Services	OH	N/A	C			
UHHS Provider & Central Verification Organization Inc 11100 Euclid Avenue Cleveland, OH44106 34-1908517	Medical Management	OH	N/A	C			
Cedar Brainard Surgery Center Inc 11100 Euclid Avenue Cleveland, OH44106 20-4957632	Holding Company	OH	N/A	C			
University Hospitals Health Care Enterprises Inc 11100 Euclid Avenue Cleveland, OH44106 34-1510005	Medical Management	OH	N/A	C			
BMH Development Corporation Inc 158 West Main Street Conneaut, OH44030 34-1346212	Land Development	OH	N/A	C			
Conneaut Health Enterprises Inc PO Box 648 Conneaut, OH44060 34-1503949	Inactive	OH	N/A	C			
Qualchoice Inc 6000 Parkland Blvd Mayfield Hts, OH44124 34-1656735	Health Claims Management	OH	N/A	C			
Qualchoice Health Plan Inc 6000 Parkland Blvd Mayfield Hts, OH44124 34-1737469	Insurance	OH	N/A	C			
University Hospitals Physician I Corp 11100 Euclid Avenue Cleveland, OH44106 33-1024821	Inactive	OH	N/A	C			
University Hospitals Physician II Corp 11100 Euclid Avenue Cleveland, OH44106 33-1024822	Inactive	OH	N/A	C			

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	University Hospitals Health SystemUH Ahuja Medical Center	R	141,307
(2)	University Hospitals Health SystemUH Ahuja Medical Center	L	149,181
(3)	University Hospitals Health SystemUH Bedford Medical Center	R	16,204,919
(4)	University Hospitals Health SystemUH Bedford Medical Center	N	27,255,901
(5)	University Hospitals Health SystemUH Bedford Medical Center	P	2,249,674
(6)	University Hospitals Health SystemUH Bedford Medical Center	L	2,812,164
(7)	UH Case Medical CenterUH Bedford Medical Center	P	762,601
(8)	UH Laboratory Services FoundationUH Bedford Medical Center	L	352,430
(9)	UH Medical GroupUH Bedford Medical Center	L	73,572
(10)	UH Medical PracticesUH Bedford Medical Center	L	213,708
(11)	UH Bedford Medical CenterUniversity Hospitals Health System	Q	396,622
(12)	UH Bedford Medical CenterUniversity Hospitals Health System	N	928,065
(13)	UH Bedford Medical CenterUniversity Hospitals Health System	P	1,143,596
(14)	UH Bedford Medical CenterUH Case Medical Center	Q	80,901
(15)	UH Bedford Medical CenterUH Case Medical Center	P	75,624
(16)	UH Bedford Medical CenterUH Medical Group	P	131,111
(17)	UH Conneaut Medical CenterUH Health System	Q	74,302
(18)	UH Conneaut Medical CenterUH Health System	N	436,509
(19)	UH Health SystemUH Conneaut Medical Center	R	9,661,198
(20)	UH Health SystemUH Conneaut Medical Center	L	2,021,928
(21)	UH Health SystemUH Conneaut Medical Center	N	12,597,510
(22)	UH Health SystemUH Conneaut Medical Center	R	65,557
(23)	UH Health SystemUH Conneaut Medical Center	P	703,616
(24)	UH Case Medical CenterUH Conneaut Medical Center	L	119,456
(25)	UH Case Medical CenterUH Conneaut Medical Center	R	96,000
(26)	UH Case Medical CenterUH Conneaut Medical Center	P	81,461
(27)	UH Laboratory Services FoundationUH Conneaut Medical Center	L	85,567
(28)	UH Medical GroupUH Conneaut Medical Center	L	126,882
(29)	UH Geneva Medical CenterUH Conneaut Medical Center	L	174,011
(30)	UH Medical PracticesUH Conneaut Medical Center	L	238,038

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(31)	UH Extended Care CampusUH Health System	N	610,389
(2)	UH Extended Care CampusUH Health System	O	594,412
(3)	UH Extended Care CampusUH Case Medical Center	Q	199,392
(4)	UH Extended Care CampusUH Case Medical Center	O	194,255
(5)	UH Extended Care CampusUH Case Medical Center	Q	128,408
(6)	UH Health SystemUH Extended Care Campus	R	12,505,778
(7)	UH Health SystemUH Extended Care Campus	L	1,168,884
(8)	UH Health SystemUH Extended Care Campus	N	18,128,690
(9)	UH Health SystemUH Extended Care Campus	P	636,678
(10)	UH Case Medical CenterUH Extended Care Campus	L	118,850
(11)	UH Case Medical CenterUH Extended Care Campus	P	73,609
(12)	UH Laboratory Services FoundationUH Extended Care Campus	L	227,828
(13)	UH Laboratory Services FoundationUH Extended Care Campus	P	114,332
(14)	UH Medical GroupUH Extended Care Campus	L	136,746
(15)	UH Geauga Medical CenterUH Extended Care Campus	L	144,626
(16)	UH Medical PracticesUH Extended Care Campus	L	877,784
(17)	UH Geauga Medical CenterUH Health System	Q	403,973
(18)	UH Geauga Medical CenterUH Health System	N	1,584,777
(19)	UH Geauga Medical CenterUH Health System	O	1,586,300
(20)	UH Geauga Medical CenterUH Case Medical Center	Q	225,739
(21)	UH Geauga Medical CenterUH Case Medical Center	K	101,238
(22)	UH Geauga Medical CenterUH Extended Care Campus	K	146,353
(23)	UH Geauga Medical CenterUH Medical Practices	Q	296,886
(24)	UH Health SystemUH Geauga Medical Center	R	32,776,634
(25)	UH Health SystemUH Geauga Medical Center	L	4,475,124
(26)	UH Health SystemUH Geauga Medical Center	N	41,897,867
(27)	UH Health SystemUH Geauga Medical Center	P	2,141,702
(28)	UH Health SystemUH Geauga Medical Center	R	72,204
(29)	UH Case Medical CenterUH Geauga Medical Center	P	799,240
(30)	UH Case Medical CenterUH Geauga Medical Center	L	143,229

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(61)	UH Case Medical CenterUH Geauga Medical Center	R	100,655
(2)	UH Laboratory Services FoundationUH Geauga Medical Center	L	404,862
(3)	UH Medical GroupUH Geauga Medical Center	L	537,145
(4)	UH Richmond Medical CenterUH Geauga Medical Center	L	87,976
(5)	UH Medical PracticesUH Geauga Medical Center	L	1,678,389
(6)	UH Health Care EnterprisesUH Geauga Medical Center	P	186,120
(7)	UH Geneva Medical CenterUH Health System	Q	164,277
(8)	UH Geneva Medical CenterUH Health System	N	692,015
(9)	UH Geneva Medical CenterUH Health System	O	95,007
(10)	UH Geneva Medical CenterUH Case Medical Center	Q	100,085
(11)	UH Geneva Medical CenterUH Case Medical Center	O	51,947
(12)	UH Geneva Medical CenterUH Case Medical Center	Q	96,012
(13)	UH Geneva Medical CenterUH Medical Practice	Q	68,949
(14)	UH Health SystemUH Geneva Medical Center	R	11,525,950
(15)	UH Health SystemUH Geneva Medical Center	N	16,268,083
(16)	UH Health SystemUH Geneva Medical Center	L	2,586,768
(17)	UH Health SystemUH Geneva Medical Center	R	73,641
(18)	UH Health SystemUH Geneva Medical Center	P	921,591
(19)	UH Case Medical CenterUH Geneva Medical Center	R	285,234
(20)	UH Case Medical CenterUH Geneva Medical Center	L	118,850
(21)	UH Case Medical CenterUH Geneva Medical Center	P	277,680
(22)	UH Laboratory Services FoundationUH Geneva Medical Center	L	198,005
(23)	UH Medical GroupUH Geneva Medical Center	L	157,500
(24)	UH Medical PracticesUH Geneva Medical Center	L	413,047
(25)	UH Health Care EnterprisesUH Geneva Medical Center	P	131,976
(26)	UH Home Care ServicesUH Health System	N	489,010
(27)	UH Home Care ServicesUH Health System	O	64,627
(28)	UH Home Care ServicesUH Case Medical Center	Q	319,197
(29)	UH Home Care ServicesUH Case Medical Center	O	111,638
(30)	UH Home Care ServicesUH Case Medical Center	K	258,409

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(91)	UH Health SystemUH Home Care Services	R	10,174,269
(2)	UH Health SystemUH Home Care Services	N	15,450,537
(3)	UH Health SystemUH Home Care Services	P	444,109
(4)	UH Health SystemUH Home Care Services	L	1,428,852
(5)	University MednetUH Case Medical Center	O	216,518
(6)	University MednetUH Case Medical Center	Q	524,134
(7)	UH Health SystemUniversity Mednet	R	311,225
(8)	UH Health SystemUniversity Mednet	N	293,070
(9)	UH Richmond Medical CenterUH Health System	Q	314,217
(10)	UH Richmond Medical CenterUH Health System	N	919,801
(11)	UH Richmond Medical CenterUH Health System	O	1,203,817
(12)	UH Richmond Medical CenterUH Case Medical Center	O	2,524,436
(13)	UH Richmond Medical CenterUH Case Medical Center	Q	12,069,035
(14)	UH Richmond Medical CenterUH Medical Practices	O	51,167
(15)	UH Health SystemUH Richmond Medical Center	R	18,858,820
(16)	UH Health SystemUH Richmond Medical Center	L	3,252,180
(17)	UH Health SystemUH Richmond Medical Center	N	27,747,577
(18)	UH Health SystemUH Richmond Medical Center	P	1,707,327
(19)	UH Case Medical CenterUH Richmond Medical Center	L	1,125,668
(20)	UH Case Medical CenterUH Richmond Medical Center	P	709,802
(21)	UH Laboratory Services FoundationUH Richmond Medical Center	L	326,878
(22)	UH Medical GroupUH Richmond Medical Center	L	1,024,045
(23)	UH Medical PracticesUH Richmond Medical Center	L	1,439,441
(24)	UH Laboratory Services FoundationUH Case Medical Center	Q	1,162,124
(25)	UH Laboratory Services FoundationUH Case Medical Center	K	1,301,856
(26)	UH Laboratory Services FoundationUH Case Medical Center	O	462,716
(27)	UH Health SystemUH Laboratory Service Foundation	R	7,863,525
(28)	UH Health SystemUH Laboratory Service Foundation	L	1,102,944
(29)	UH Health SystemUH Laboratory Service Foundation	N	2,680,629
(30)	UH Health SystemUH Laboratory Service Foundation	P	61,842

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(121)	UH Case Medical CenterUH Laboratory Service Foundation	R	1,457,845
(2)	UH Case Medical CenterUH Laboratory Service Foundation	N	1,361,858
(3)	UH Case Medical CenterUH Laboratory Service Foundation	L	6,164,818
(4)	UH Case Medical CenterUH Laboratory Service Foundation	P	1,121,983
(5)	UH Case Medical CenterUH Health System	N	206,700,000
(6)	UH Case Medical CenterUH Health System	O	82,425,000
(7)	UH Health SystemUH Case Medical Center	R	9,438,000
(8)	UH Health SystemUH Case Medical Center	N	15,338,000
(9)	UH Health SystemUH Case Medical Center	H	1,785,000
(10)	UH Health SystemUH Case Medical Center	P	65,391,000

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TY 2009 Affiliate Listing

Name: University Hospitals Health System Inc
Group Return
EIN: 90-0059117

Name	Address	EIN	Name control
University Hospitals of Cleveland - dba University Hospitals Case Medical C	11100 Euclid Avenue Cleveland, OH 44106	34-1567805	UNIV
UHHS Bedford Medical Center - dba University Hospitals Bedford Medical Cent	44 Blaine Avenue Bedford, OH 44146	34-1271115	UNIV
UHHS Brown Memorial Hospitals - dba University Hospitals Conneaut Medical C	158 West Main Road Conneaut, OH 44030	34-0714550	UNIV
BMH Professional Corporation	158 West Main Road Conneaut, OH 44030	34-1749966	UNIV
UHHS Geauga Regional Hospital	13207 Ravenna Road Chardon, OH 44024	34-0816492	UNIV
UHHS Memorial Hospital of Geneva	870 West Main Street Geneva, OH 44041	34-0714461	UNIV
UHHS Heather Hill Inc	12340 Bass Lake Road Chardon, OH 44024	34-0771884	UNIV
UHHS - Heather Hill Rehabilitation Hospital Inc	12340 Bass Lake Road Chardon, OH 44024	34-1465745	UNIV
UHHS Richmond Heights Hospital Inc	27100 Chardon Road Richmond Hts, OH 44143	34-1924226	UNIV
University Mednet	23001 Euclid Avenue Cleveland, OH 44117	34-0750341	UNIV
University Hospitals Home Care Services Inc	4901 Galaxy Parkway Warrensville Hts, OH 44128	34-1527536	UNIV
University Hospitals Laboratory Services Foundation	11100 Euclid Avenue Cleveland, OH 44106	34-1720429	UNIV
University Hospitals Medical Group	11100 Euclid Avenue Cleveland, OH 44106	20-4881619	UNIV
UH Foundation	11100 Euclid Avenue Cleveland, OH 44106	20-5999979	UNIV
University NPI Inc	11100 Euclid Avenue Cleveland, OH 44106	34-1571623	UNIV

Name	Address	EIN	Name control
Memorial Hospital Health Foundation	11100 Euclid Avenue Cleveland, OH 44106	34-1810018	UNIV
University Hospitals Ahuja Medical Center Inc	11100 Euclid Avenue Cleveland, OH 44106	26-4827222	UNIV

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TY 2009 Affiliated Group Schedule

Name: University Hospitals Health System Inc
Group Return
EIN: 90-0059117

Affiliated Group Business Name:	University Hospitals Case Medical Center
Address. Either US or Foreign Type:	11100 Euclid Ave Cleveland, OH 44106
EIN:	34-1567805
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	6,392
Total Direct Lobbying:	246,435
Total Lobbying Expenditures:	252,827
Other Exempt Purpose Expenditures:	1,001,765,173
Total Exempt Purpose Expenditures:	1,002,018,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	University Hospitals Bedford Medical Center
Address. Either US or Foreign Type:	44 Blaine Ave Bedford, OH 44146
EIN:	34-1271115
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	281
Total Direct Lobbying:	9,716
Total Lobbying Expenditures:	9,997
Other Exempt Purpose Expenditures:	51,639,003
Total Exempt Purpose Expenditures:	51,649,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	University Hospitals Conneaut Medical Center
Address. Either US or Foreign Type:	158 West Main Rd Conneaut, OH 44030
EIN:	34-0750341
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	136
Total Direct Lobbying:	4,705
Total Lobbying Expenditures:	4,841
Other Exempt Purpose Expenditures:	25,546,159
Total Exempt Purpose Expenditures:	25,551,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	BMH Professional Corp
Address. Either US or Foreign Type:	158 West Main Rd Conneaut, OH 44030
EIN:	34-1749966
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	University Hospitals Geauga Medical Center
Address. Either US or Foreign Type:	13207 Ravenna Rd Chardon, OH 44024
EIN:	34-0816492
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	494
Total Direct Lobbying:	17,063
Total Lobbying Expenditures:	17,557
Other Exempt Purpose Expenditures:	84,912,443
Total Exempt Purpose Expenditures:	84,930,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	University Hospitals Geneva Medical Center
Address. Either US or Foreign Type:	870 West Main St Geneva, OH 44041
EIN:	34-0714461
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	198
Total Direct Lobbying:	6,823
Total Lobbying Expenditures:	7,021
Other Exempt Purpose Expenditures:	33,055,979
Total Exempt Purpose Expenditures:	33,063,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	University Hospitals Extended Care Campus
Address. Either US or Foreign Type:	12340 Bass Lake Road Chardon, OH 44024
EIN:	34-1465745
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	142
Total Direct Lobbying:	4,906
Total Lobbying Expenditures:	5,048
Other Exempt Purpose Expenditures:	33,298,952
Total Exempt Purpose Expenditures:	33,304,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	UHHS - Heather Hill Inc
Address. Either US or Foreign Type:	12340 Bass Lake Road Chardon, OH 44024
EIN:	34-0771884
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:		University Hospitals Richmond Medical Center
Address. Either US or Foreign Type:		27100 Chardon Road Richmond Hts, OH 44024
EIN:		34-1924226
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	316	
Total Direct Lobbying:	10,926	
Total Lobbying Expenditures:	11,242	
Other Exempt Purpose Expenditures:	56,835,758	
Total Exempt Purpose Expenditures:	56,847,000	
Lobbying Nontaxable Amount:	1,000,000	
Grassroots Nontaxable Amount:	250,000	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

Affiliated Group Business Name:		University Mednet
Address. Either US or Foreign Type:		23001 Euclid Ave Cleveland, OH 44117
EIN:		34-0750341
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	3	
Total Direct Lobbying:	115	
Total Lobbying Expenditures:	118	
Other Exempt Purpose Expenditures:	772,882	
Total Exempt Purpose Expenditures:	773,000	
Lobbying Nontaxable Amount:	140,950	
Grassroots Nontaxable Amount:	35,238	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

Affiliated Group Business Name:	University Hospitals Home Care Services Inc
Address. Either US or Foreign Type:	4901 Galaxy Parkway Warrensville Hts, OH 44128
EIN:	34-1527536
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	142
Total Direct Lobbying:	4,919
Total Lobbying Expenditures:	5,061
Other Exempt Purpose Expenditures:	27,256,939
Total Exempt Purpose Expenditures:	27,262,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	University Hospitals Laboratory Services Foundation
Address. Either US or Foreign Type:	11100 Euclid Ave Cleveland, OH 44106
EIN:	34-1720429
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	127
Total Direct Lobbying:	4,396
Total Lobbying Expenditures:	4,523
Other Exempt Purpose Expenditures:	20,743,477
Total Exempt Purpose Expenditures:	20,748,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	University Hospitals Medical Group Inc
Address. Either US or Foreign Type:	11100 Euclid Ave Cleveland, OH 44106
EIN:	20-4881619
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	1,564
Total Direct Lobbying:	54,016
Total Lobbying Expenditures:	55,580
Other Exempt Purpose Expenditures:	333,796,420
Total Exempt Purpose Expenditures:	333,852,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	UH Foundation
Address. Either US or Foreign Type:	11100 Euclid Ave Cleveland, OH 44106
EIN:	20-5999979
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	University NPI Inc
Address. Either US or Foreign Type:	11100 Euclid Ave Cleveland, OH 44106
EIN:	34-1571623
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Memorial Hospital Health Foundation
Address. Either US or Foreign Type:	11100 Euclid Ave Cleveland, OH 44106
EIN:	34-1810018
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	University Hospitals Health System Inc
Address. Either US or Foreign Type:	11100 Euclid Ave Cleveland, OH 44106
EIN:	34-0714775
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	314
Total Direct Lobbying:	10,481
Total Lobbying Expenditures:	10,795
Other Exempt Purpose Expenditures:	196,977,205
Total Exempt Purpose Expenditures:	196,988,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0