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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
University Hospitals Health System Inc
Group Return

Doing Business As

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

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 $ 2,085,037,000

F Name and address of principal officer
Michael 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) ☐ 501(c) ( ) ◀ (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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	163
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	104
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	14,553
6	Total number of volunteers (estimate if necessary)	**6**	2,002
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	252,000
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	37,358,000	58,161,000
9	Program service revenue (Part VIII, line 2g)	1,817,776,000	1,968,532,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,502,000	119,000
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,677,000	57,329,000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,938,313,000	2,084,141,000
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,042,000	30,716,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	969,217,000	1,050,031,000
16a	Professional fundraising fees (Part IX, column (A), line 11e)	63,000	138,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶10,013,000		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	757,322,000	829,116,000
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,757,644,000	1,910,001,000
19	Revenue less expenses Subtract line 18 from line 12	180,669,000	174,140,000
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,012,862,000	1,508,339,000
21	Total liabilities (Part X, line 26)	265,632,000	236,017,000
22	Net assets or fund balances Subtract line 21 from line 20	747,230,000	1,272,322,000

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 — 2012-11-15 Date

▶ Michael Szubski CFO UHHS
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Robert Vuillemot	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P01283296
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP, 2100 One PPG Place, Pittsburgh, PA 15222			EIN ▶ 34-6566696 Phone no ▶ (412) 644-7800

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 1,783,214,000 including grants of $ 30,716,000) (Revenue $ 2,019,580,000)

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 2011, University Hospitals dedicated more than $267 million to community benefit programs in Northeast Ohio consisting of - Education and training = $48 5 million- Research = $46 1 million- Charity care = $47 1 million- Medicaid shortfall = $89 9 million- Community health improvement services = $10 6 million- Other community programs and support = $36 3 million- Hospital Care Assurance Program (HCAP) receipts = ($11 5 million)Defer to Schedule H for further detail on how the System measures and reports community benefit Community benefit for 2011 totaled $267 million up from $243 5 million in 2010 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 2011 provision for bad debt of $51 6 million represents revenues for services provided that are deemed uncollectible The UH health system provides work directly for about 19,100 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 $52 1 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 Seidman Cancer Center and emergency facilities at UH Case Medical Center and UH Ahuja Medical Center, all opened in 2011, provided expanded employment opportunities while extending UH's mission to more patients University Hospitals Ahuja Medical Center in Beachwood has provided 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 2011 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** ▶ $ 1,783,214,000

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* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 and IV*	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 and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	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**		No
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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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**

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	2,676		
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**	14,553		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a** Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 or securities account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds 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**	No
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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	163		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	104		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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 made 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 made 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 ▶

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3605 Warrensville Center Road
Shaker Hts, OH 44122
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Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								33,118,229	954,275	3,643,370

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 905

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MACQUARIE EQUIPMENT FINANCE LLC GPO DRAWER 67-865 Detroit, MI 48267	Leasing	3,206,765
NATIONAL MARROW DONOR PROGRAM NW 8428 PO BOX 1450 MINNEAPOLIS, MN 554858428	Donor Matching	2,173,557
SYNTHES PO BOX 8538 662 PHILADELPHIA, PA 191710662	Supplies	1,721,242
INO THERAPEUTICS LLC PO BOX 642509 Pittsburgh, PA 152642509	Pharmaceuticals	972,145
OMG LLC PO BOX 37389 LOUISVILLE, KY 402337389	Management	699,088

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 35

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	1,683,000			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	56,478,000			
	g	Noncash contributions included in lines 1a-1f $ 6,972,000					
	h	**Total.** Add lines 1a-1f		58,161,000			
Program Service Revenue			Business Code				
	2a	Patient Services less	900099	1,834,684,000	1,834,518,000	166,000	
	b	Sponsored Revenues	900099	41,405,000	41,405,000		
	c	UHMG Other Clinical Re	900099	27,253,000	27,253,000		
	d	UHMG Resident Teaching	900099	19,665,000	19,665,000		
	e	UHMG Medical Director	900099	13,467,000	13,467,000		
	f	All other program service revenue		32,058,000	32,058,000		
	g	**Total.** Add lines 2a–2f		1,968,532,000			
	3	Investment income (including dividends, interest and other similar amounts)		119,000		86,000	33,000
	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					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ 1,683,000 of contributions reported on line 1c) See Part IV, line 18	a 437,000				
	b	Less direct expenses	b 896,000				
	c	Net income or (loss) from fundraising events		-459,000			-459,000
	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	900099	51,128,000	51,128,000		
	b	Parking Services	900099	6,660,000			6,660,000
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		57,788,000			
	12	**Total revenue.** See Instructions		2,084,141,000	2,019,494,000	252,000	6,234,000

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	30,716,000	30,716,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,623,000		4,623,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,531,000	2,531,000		
7	Other salaries and wages	835,142,000	780,218,000	50,025,000	4,899,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	48,264,000	45,188,000	3,076,000	
9	Other employee benefits	110,553,000	102,242,000	7,044,000	1,267,000
10	Payroll taxes	48,918,000	45,803,000	3,115,000	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,037,000		1,037,000	
c	Accounting	476,000		476,000	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	138,000			138,000
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,295,000	1,361,000		934,000
13	Office expenses	317,448,000	316,026,000		1,422,000
14	Information technology	21,982,000	1,489,000	20,490,000	3,000
15	Royalties . .				
16	Occupancy	93,752,000	87,580,000	5,510,000	662,000
17	Travel	6,564,000	6,387,000		177,000
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,030,000	9,030,000		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,436,000	66,436,000		
23	Insurance	16,737,000	16,737,000		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Other purchased service	138,730,000	124,414,000	14,001,000	315,000
b	Income tax on Unrelated	29,000	29,000		
c	Bad debt expense	51,642,000	51,642,000		
d	Medical/clinical purcha	31,286,000	31,286,000		
e					
f	All other expenses	71,672,000	64,099,000	7,377,000	196,000
25	**Total functional expenses.** Add lines 1 through 24f	1,910,001,000	1,783,214,000	116,774,000	10,013,000
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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			1	
	2	Savings and temporary cash investments		12,399,000	2	8,457,000
	3	Pledges and grants receivable, net		68,614,000	3	77,594,000
	4	Accounts receivable, net		249,417,000	4	291,159,000
	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		416,000	7	423,000
	8	Inventories for sale or use		23,942,000	8	28,223,000
	9	Prepaid expenses and deferred charges		3,758,000	9	3,151,000
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,883,180,000			
	b	Less accumulated depreciation	10b 940,098,000	484,055,000	10c	943,082,000
	11	Investments—publicly traded securities		319,000	11	0
	12	Investments—other securities See Part IV, line 11		77,088,000	12	72,010,000
	13	Investments—program-related See Part IV, line 11		3,783,000	13	4,839,000
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		89,071,000	15	79,401,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,012,862,000	16	1,508,339,000
Liabilities	17	Accounts payable and accrued expenses		79,949,000	17	83,322,000
	18	Grants payable			18	
	19	Deferred revenue		26,762,000	19	14,601,000
	20	Tax-exempt bond liabilities		63,353,000	20	42,960,000
	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		140,000	23	0
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		95,428,000	25	95,134,000
	26	**Total liabilities.** Add lines 17 through 25		265,632,000	26	236,017,000
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		549,806,000	27	1,066,580,000
	28	Temporarily restricted net assets		181,331,000	28	189,763,000
	29	Permanently restricted net assets		16,093,000	29	15,979,000
		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		747,230,000	33	1,272,322,000
	34	Total liabilities and net assets/fund balances		1,012,862,000	34	1,508,339,000

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	2,084,141,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,910,001,000
3	Revenue less expenses Subtract line 2 from line 1	3	174,140,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	747,230,000
5	Other changes in net assets or fund balances (explain in Schedule O)	5	350,952,000
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,272,322,000

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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

2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Schedule A, Part IV, Supplemental Information Public charity classification of each Group Member is shown below University Hospitals Cleveland Medical Center (UHCMC) - 34-1567805 dba University Hospitals Case Medical Center 170(b)(1)(A)(iii) 11100 Euclid Ave Cleveland, OH 44106 University Hospitals Bedford Medical Center (BMC) - 34-1271115 170(b)(1)(A)(iii) 44 Blaine Avenue Bedford, OH 44146 University Hospitals Conneaut Medical Center (CMC) - 34-0714550 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 University Hospitals Geauga Medical Center (GMC) - 34-0816492 170(b)(1)(A)(iii) 13207 Ravenna Road Chardon, OH 44024 University Hospitals Geneva Medical Center (UHGMC) - 34-0714461 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 170(b)(1)(A)(vi) 12340 Bass Lake Road Chardon, OH 44024 UHHS - Heather Hill Rehabilitation Hospital Inc (UHECC) - 34-1465745 dba University Hospitals Extended Care Campus 170(b)(1)(A)(iii) 12340 Bass Lake Road Chardon, OH 44024 University Hospitals Richmond Medical Center (RMC) - 34-1924226 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, Inc (UHMG) - 20-4881619 170(b)(1)(A)(iii) 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 Cleveland Medical Center (ii) EIN - 34-1567805 (iii) Type of organization - 170(B)(1)(A)(III) (iv) Is the organization in col (i) listed in your governing document - Yes (v) Did you notify the organization in col (i) of your support - Yes (vi) Is the organization in col (i) organized in the U S - Yes (vii) Amount of support - $26,782,000 Supporting organization - University Hospitals Home Care Services, Inc (i) Name of supported organization - University Hospitals Cleveland Medical Center (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 - $29,959,000 Supporting organization - University NPI Inc (i) Name of supported organization - University Hospitals Cleveland Medical Center (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 - University Hospitals Geneva Medical Center (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 - University Hospitals Conneaut Medical Center (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, Special Condition Description:

Special Condition Description

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 Dir (thru 5/11)	2 00	X						0	0	0
UHCMC - William L Annable MD Director (thru 5/11)	2 00	X						0	0	0
UHCMC - Robert T Bennett Director	2 00	X						0	0	0
UHCMC - Paul H Carleton Vice Chair/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 Dir (thru 5/11)	2 00	X						0	0	0
UHCMC - Beth Curtiss 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 - Charles Hallberg 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 Dir (non voting)	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 - Gene C Lovett Director	2 00	X						0	0	0
UHCMC - Adrian Maldonado Director	2 00	X						0	0	0
UHCMC - John C Morley 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			
UHCMC - Patrick S Mullin Chair/Director	2 00	X						0	0	0
UHCMC - Ernest J Novak Director	2 00	X						0	0	0
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 - Alfred M Rankin Jr 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 Officio Dir	60 00	X		X				0	0	0
UHCMC - Warren Selman MD Director	2 00	X						677,453	0	24,821
UHCMC - Lawrence C Sherman Director (thru 5/11)	2 00	X						0	0	0
UHCMC - Michael Siegal Director	2 00	X						0	0	0
UHCMC - Gregory Skoda 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 - 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
AMC - Sheldon G Adelman Co-Chair(thru 5/11)/Vice Chair/Director	2 00	X						0	0	0
AMC - James Benedict Pres /Ex Off Dir (thru 12/11)	60 00	X		X				465,354	0	87,097

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMC - Julie Boland Sec & Treas /Director	2 00	X						0	0	0
AMC - Michael Drusinsky Director	2 00	X						0	0	0
AMC - Robert Glick Director	2 00	X						0	0	0
AMC - Richard Hanson Ex Off Dir	10 00	X						774,710	0	142,294
AMC - John Morikis Director	2 00	X						0	0	0
AMC - Thomas Murdough Co-Chair(thru 5/11)/Chair/Director	2 00	X						0	0	0
AMC - Enid Rosenberg Director	2 00	X						0	0	0
AMC - Reggie Rucker Director	2 00	X						0	0	0
AMC - Neil Sethi Director	2 00	X						0	0	0
AMC - Margaret Singerman Director	2 00	X						0	0	0
AMC - John Sinnenberg Director	2 00	X						0	0	0
AMC - Richard Stein MD Ex Officio Director	2 00	X						0	444,418	45,325
BMC - Samuel Ake Secretary/Director	2 00	X						0	0	0
BMC - Mary Jo Boehnlein Ex Officio Director	2 00	X						0	0	0
BMC - Mary Ann P Correnti Director	2 00	X						0	0	0
BMC - Theodore Dalheim Director (thru 7/11)	2 00	X						0	0	0
BMC - Laurie Delgado Pres /Ex Officio Director	30 00	X		X				214,900	0	43,529
BMC - Wendolyn Grant Director	2 00	X						0	0	0
BMC - Judy Grieg Ex Officio Director	2 00	X						0	0	0
BMC - Richard Hanson Ex Officio Director	10 00	X						0	0	0
BMC - George Hawwa MD Ex Officio Director	2 00	X						76,000	0	0
BMC - James Hukill Treasurer/Director	2 00	X						0	0	0
BMC - David E Jerome Director	2 00	X						0	0	0
BMC - James O Judd Director (thru 5/11)	2 00	X						0	0	0
BMC - Patrick Lally 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			
BMC - Rosemary Leeming MD Ex Officio Dir (thru 5/11)	2 00	X						0	0	0
BMC - Kathleen Malec Director	2 00	X						0	0	0
BMC - Brock Milstein Director	2 00	X						0	0	0
BMC - Timothy Morgan Director	2 00	X						0	0	0
BMC - Stamy Paul Director	2 00	X						0	0	0
BMC - Mark Plush Director	2 00	X						0	0	0
BMC - Philip Ridolfi Chair UHBMC/Director	2 00	X						0	0	0
BMC - Michael Romito Vice Chair (thru 6/11)/Dir (thru 6/11)	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	280,720	20,388
CMC - Robert David President/Ex Officio Dir	30 00	X		X				157,167	0	37,846
CMC - Charles Deck Director	2 00	X						0	0	0
CMC - Gerald Eighmy Director	2 00	X						0	0	0
CMC - Richard Hanson Ex Officio Dir (5/11)	10 00	X						0	0	0
CMC - George Kolman Director	2 00	X						0	0	0
CMC - Reverend Tim Kraus Chair/Director	2 00	X						0	0	0
CMC - Lori McLaughlin Director	2 00	X						0	0	0
CMC - Karen McNeil RN Ex Off Dir /Dir Pat Care Svcs	60 00	X						112,646	0	12,170
CMC - Joseph A Moroski Director	2 00	X						0	0	0
CMC - Mike Skufca DDS Director	2 00	X						0	0	0
CMC - James Supplee Director	2 00	X						0	0	0
GMC - Thomas Benda Director	2 00	X						0	0	0
GMC - John Fitts Sec (thru 5/11)/Treas /Dir	2 00	X						0	0	0
GMC - Robert A Forino Director	2 00	X						0	0	0
GMC - Davina Gosnell Phd 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			
GMC - Richard Hanson Ex Officio Dir (5/11)	10 00	X						0	0	0
GMC - B Page Hoiser Director	2 00	X						0	0	0
GMC - M Steven Jones President/Ex Off Dir	60 00	X		X				356,887	0	82,795
GMC - P James Kramer Jr Treas (thru 05/11)/Vice Chair/Director	2 00	X						0	0	0
GMC - Peggy Kuhar Ex Off Dir (thru 5/11)/Dir of Nursing	60 00	X						157,171	0	18,971
GMC - Edith Lerner PhD Director	2 00	X						0	0	0
GMC - Jack Male Director	2 00	X						0	0	0
GMC - Darrell McNair Secretary/Director	2 00	X						0	0	0
GMC - Pete C Miller Director	2 00	X						0	0	0
GMC - Denise Miller Director	2 00	X						0	0	0
GMC - David M Ondrey Director	2 00	X						0	0	0
GMC - James F Patterson Director	2 00	X						0	0	0
GMC - Gregory Robinson Chair/Director	2 00	X						0	0	0
GMC - George W Tim Taylor Vice Chair (thru 5/11)/Director	2 00	X						0	0	0
GMC - Natalina Andreani MD Ex Officio Director	2 00	X						12,000	22,000	0
UHGMC - James Crawford Director	2 00	X						0	0	0
UHGMC - Richard L Dana Jr Director	2 00	X						0	0	0
UHGMC - Robert David President/Ex Officio Dir	30 00	X		X				157,169	0	37,847
UHGMC - Morgan R Griffiths Jr Director	2 00	X						0	0	0
UHGMC - Richard Hanson Ex Officio Director	10 00	X						0	0	0
UHGMC - Syed Hussaini MD Ex Officio Director	2 00	X						0	0	0
UHGMC - Cathy Knorzer Ex Off Dir/Dir Nurs & Clin Svc	60 00	X						112,330	0	12,991
UHGMC - Jeffrey Lampson Director (thru 5/11)	2 00	X						0	0	0
UHGMC - Craig Parker Director	2 00	X						0	0	0
UHGMC - Gary L Pasqualone Director	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHGMC - Willard Raymond Chair/Director	2 00	X						0	0	0
UHGMC - Robert Taylor Director	2 00	X						0	0	0
UHECC - Achilles A Demetriou MD Ex Officio Dir (thru 5/11)	2 00	X						0	0	0
UHECC - Thomas Benda Chair(thru 5/11)/Dir (thru 5/11)	2 00	X						0	0	0
UHECC - Richard J Frenchie Sec & Treas (thru 5/11)/Dir (thru 5/11)	2 00	X		X				221,023	0	35,966
UHECC - Richard Hanson Chair/Ex Officio Director	10 00	X		X				0	0	0
UHECC - Rebecca Ivcic Sec & Treas /Director	2 00	X						0	0	0
UHECC - Susan V Juris Pres /Ex Officio Dir	60 00	X		X				369,787	0	39,572
UHECC - David Kosnosky MD Ex Officio Dir (thru 5/11)	60 00	X						0	207,137	49,053
UHECC - John Male Director (thru 5/11)	2 00	X						0	0	0
UHECC - Kathleen Malec Director (thru 5/11)	2 00	X						0	0	0
UHECC - James Patterson Director (thru 5/11)	2 00	X						0	0	0
UHECC - Joanne Rogers Dir Intake Ctr /Ex Off Dir (thru 5/11)	60 00	X						100,501	0	15,721
UHECC - Keith Tompkins Director (thru 5/11)	2 00	X						0	0	0
UHECC - William Wortzman Director (thru 5/11)	2 00	X						0	0	0
UHECC - William Young Director (thru 5/11)	2 00	X						0	0	0
HHINC - Thomas Benda Chair(thru 5/11)/Dir (thru 5/11)	2 00	X						0	0	0
HHINC - Achilles A Demetriou MD Ex Officio Dir (thru 5/11)	2 00	X						0	0	0
HHINC - Richard J Frenchie Sec & Treas (thru 5/11)/Dir (thru 5/11)	2 00	X		X				0	0	0
HHINC - Richard Hanson Chair/Ex Officio Director	2 00	X						0	0	0
HHINC - Rebecca Ivcic Sec & Treas /Director	2 00	X						0	0	0
HHINC - Susan V Juris Pres /Ex Officio Dir	2 00	X		X				0	0	0
HHINC - David Kosnosky MD Ex Officio Dir (thru 5/11)	2 00	X						0	0	0
HHINC - John Male Director (thru 5/11)	2 00	X						0	0	0
HHINC - Kathleen Malec Director (thru 5/11)	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 - James Patterson Director (thru 5/11)	2 00	X						0	0	0
HHINC - Joanne Rogers Dir Intake Ctr /Ex Off Dir (thru 5/11)	2 00	X						0	0	0
HHINC - Keith Tompkins Director (thru 5/11)	2 00	X						0	0	0
HHINC - William Wortzman Director (thru 5/11)	2 00	X						0	0	0
HHINC - William Young Director (thru 5/11)	2 00	X						0	0	0
RMC - Samuel Ake Secretary/Director	2 00	X						0	0	0
RMC - Mary Jo Boehnlein Director	2 00	X						0	0	0
RMC - Mary Ann P Correnti Director	2 00	X						0	0	0
RMC - Theodore Dalheim Director (thru 7/11)	2 00	X						0	0	0
RMC - Laurie Delgado President/Ex Officio Dir	60 00	X		X				214,900	0	43,529
RMC - Wendolyn Grant Director	2 00	X						0	0	0
RMC - Judy Grieg Ex Officio Director	2 00	X						0	0	0
RMC - Richard Hanson Ex Officio Director	10 00	X						0	0	0
RMC - George Hawwa MD Ex Officio Director	2 00	X						0	0	0
RMC - James Hukill Treasurer	2 00	X						0	0	0
RMC - David E Jerome Chair (thru 5/11)/Dir (thru 5/11)	2 00	X						0	0	0
RMC - James O Judd Director (thru 5/11)	2 00	X						0	0	0
RMC - Patrick Lally Director	2 00	X						0	0	0
RMC - Rosemary Leeming MD Ex Officio Director (thru 5/11)	60 00	X						229,846	0	24,365
RMC - Kathleen Malec Director	2 00	X						0	0	0
RMC - Brock Milstein Director	2 00	X						0	0	0
RMC - Timothy Morgan Director	2 00	X						0	0	0
RMC - Stamy Paul Director	2 00	X						0	0	0
RMC - Mark Plush Chair/Director	2 00	X						0	0	0
RMC - Philip Ridolfi Director	2 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RMC - Michael Romito Vice Chair (thru 6/11)/Dir (thru 6/11)	2 00	X						0	0	0
UMI - Phyllis Hall Secretary/Director	2 00	X		X				0	0	0
UMI - Michael Nochomovitz MD President/Director	2 00	X		X				0	0	0
UMI - Michael A Szubski Treasurer/Director	2 00	X		X				0	0	0
HCS - Achilles A Demetriou MD VP (11/11)/Director	2 00	X		X				0	0	0
HCS - Richard A Hanson VP (11/11)/Director	10 00	X		X				0	0	0
HCS - Keith Maitland President/Director	60 00	X		X				289,518	0	87,499
UHHS - Monte Ahuja Chair (thru 5/11)/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 - Katherine A Asbeck Director	2 00	X						0	0	0
UHHS - Andrew Banks Director	2 00	X						0	0	0
UHHS - Thomas W Benda Ex Officio Dir (thru 5/11)	2 00	X						0	0	0
UHHS - Joseph Carrabba Director (thru 5/11)	2 00	X						0	0	0
UHHS - Paul Clark 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/COO/Ex Off Dir	60 00	X		X				1,542,740	0	50,559
UHHS - Heather Ettinger Director	2 00	X						0	0	0
UHHS - Matthew P Figgie Director	2 00	X						0	0	0
UHHS - Brian Hall Director	2 00	X						0	0	0
UHHS - James Hambrick Vice Chair/Director	2 00	X						0	0	0
UHHS - Kenneth Hardy 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 - M Ann Harlan Director	2 00	X						0	0	0
UHHS - Ronald G Harrington Director	2 00	X						0	0	0
UHHS - James O Judd Ex Officio Director	2 00	X						0	0	0
UHHS - Catherine M Kilbane Director	2 00	X						0	0	0
UHHS - Timothy Kraus Ex Officio Director	2 00	X						0	0	0
UHHS - Joseph Lopez Director	2 00	X						0	0	0
UHHS - Ramon Lugo III Director	2 00	X						0	0	0
UHHS - Henry L Meyer III Director	2 00	X						0	0	0
UHHS - Patrick Mullin Ex Officio 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
UHHS - Vasu Pandrangi MD Ex Officio Director	2 00	X						0	0	0
UHHS - Sandy Pianalto Director	2 00	X						0	0	0
UHHS - Mark Plush Ex Officio Director	2 00	X						0	0	0
UHHS - Richard W Pogue Director	2 00	X						0	0	0
UHHS - Alfred M Rankin Jr Chair (5/11)/Director	2 00	X						0	0	0
UHHS - Willard Raymond Ex Officio Director	2 00	X						0	0	0
UHHS - Philip Ridolfi Ex Officio Director	2 00	X						0	0	0
UHHS - Gregory Robinson Ex Officio Director	2 00	X						0	0	0
UHHS - Fred C Rothstein MD Ex Officio Dir/Pres UHCMC	60 00	X						1,171,362	0	49,092
UHHS - Robert Salata MD Director	60 00	X						107,260	0	2,807
UHHS - Thomas A Selden 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

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 F Zenty III CEO UHHS/Ex Officio Dir	60 00	X		X				1,651,855	0	363,952
UHLSF - Ronald Dziedzicki BSN RN Secretary/Director	2 00	X		X				0	0	0
UHLSF - Mark E Loos Director (thru 3/11)	2 00	X						0	0	0
UHLSF - Sonia Salvino Treasurer/Director	2 00	X		X				0	0	0
UHLSF - Nancy Tinsley Director	2 00	X						232,377	0	56,537
UHMG - Eric Bieber MD Director	2 00	X						0	0	0
UHMG - Paul H Carleton Director	2 00	X						0	0	0
UHMG - Kevin Cooper MD Director (thru 5/11)	60 00	X						290,603	0	0
UHMG - Pamela B Davis MD Phd Director	2 00	X						0	0	0
UHMG - Achilles A Demetriou MD Director	2 00	X						0	0	0
UHMG - Michael Feuer Director	2 00	X						0	0	0
UHMG - Gordon Harnett Director	2 00	X						0	0	0
UHMG - Elliott A Kellman Director	2 00	X						0	0	0
UHMG - Michael Konstan MD Director	60 00	X						382,412	0	11,321
UHMG - Mark E Loos Director (thru 3/11)	2 00	X						0	0	0
UHMG - Randall Marcus MD Dept Chair Orthopaedics/Directo	60 00	X						683,898	0	19,145
UHMG - Howard Nearman MD Director	60 00	X						449,927	0	15,705
UHMG - Michael Nochomovitz MD President/Director	60 00	X		X				1,021,474	0	44,630
UHMG - William O 'Neill Jr Director	2 00	X						0	0	0
UHMG - Daniel Ornt Director (thru 12/11)	2 00	X						0	0	0
UHMG - Jeffrey Ponsky MD Dept Chair Surgery/Direct	60 00	X						737,007	0	15,332
UHMG - Robert Ronis MD Dept Chair Psychiatry/Director	60 00	X						260,557	0	5,626
UHMG - Fred C Rothstein MD Chair/Director	2 00	X						0	0	0
UHMG - Michael A Szubski Director	2 00	X						0	0	0
UHMG - Richard A Walsh MD Dept Chair Med /Dir	60 00	X						490,616	0	15,332

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 - Michael R Anderson Chief Med Officer	60 00			X				358,542	0	37,772
UHCMC - Eric Bieber MD Chief Med Ofc (thru 12/11)	60 00			X				674,149	0	109,786
UHCMC - Ronald E Dziedzicki BSN RN Chief Support Svcs Ofc	60 00			X				373,556	0	92,653
UHCMC - Michael J Farrell Pres RBC & MacDonald Hosp	60 00			X				638,767	0	121,659
UHCMC - Catherine S Koppelman RN Chief Nursing Officer	60 00			X				408,019	0	117,735
UHCMC - Nathan Levitan MD President Seidman Canc Ctr	60 00			X				788,529	0	45,958
UHCMC - Mark E Loos Chief Med Surg Svcs Ofc (thru 3/11)	60 00			X				411,163	0	33,228
UHCMC - Janet L Miller Esq Sec & Chief Legal Officer	2 00			X				0	0	0
UHCMC - Sonia Salvino Treasurer/VP Finance	60 00			X				280,171	0	62,773
HCS - Howard Lutz Secretary & Treasurer	60 00			X				85,745	0	14,410
HCS - Janet L Miller Esq Secretary (thru 11/11)	2 00			X				0	0	0
HCS - Rebecca Ivcic Treasurer (thru 11/11)	60 00			X				167,909	0	31,100
UHHS - William L Annable MD Chief Quality Officer	60 00			X				321,586	0	8,185
UHHS - Elliot A Kellman Chief Human Resources Ofc	60 00			X				705,293	0	40,333
UHHS - Janet L Miller Esq Secretary & Chief Legal Ofc	60 00			X				594,075	0	132,606
UHHS - Steven D Standley Chief Administrative Ofc	60 00			X				611,127	0	137,459
UHHS - Michael A Szubski Treasurer & CFO	60 00			X				837,756	0	171,925
UHLSF - Don M Landek President	60 00			X				187,476	0	41,093
UHMG - Harlin G Adelman Assistant Sec (See Sched)	2 00			X				402,815	0	95,235
UHMG - Phylliss Hall Treasurer	60 00			X				490,391	0	97,254
UHMG - Janet L Miller Esq Secretary	2 00			X				0	0	0
UHHS - Cliff J Coker Pres of JV	60 00				X			521,168	0	52,680
UHHS - Sherri L Bishop Chief Development Ofc	60 00				X			485,766	0	124,873
UHHS - Paul G Tait Chief Strategic Planning Off	60 00				X			502,564	0	123,284
UHHS - Donnie J Perkins VP of Inclusion & Diversity	60 00				X			239,871	0	323

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 - Carl Lufter Director UH Pharmacy	60 00				X			182,519	0	25,357
GMC - Jason E Glowczewski Director UH Pharmacy	60 00				X			152,270	0	19,390
UHHS - Nancy E Paton SVP Marketing & Commun	60 00				X			193,557	0	22,557
UHHS - Cheryl Wahl Chief Compliance Officer	60 00				X			290,237	0	52,605
UHMG - Reuben Gobezie MD Orthopaedic Surgeon	60 00					X		1,459,601	0	25,115
UHMG - Bahman Guyuron MD Surgeon, Plastic Surgery	60 00					X		1,226,904	0	15,331
UHMG - Nicholas U Ahn MD Orthopaedic Surgeon	60 00					X		1,122,727	0	17,170
UHMG - Mauricio S Arruda MD Orthopaedic Surgeon	60 00					X		999,894	0	7,350
UHMG - Jason D Eubanks MD Dermatopathology	60 00					X		963,622	0	11,510
UHLSF - Michael R Vehovec Fmr Officer	2 00						X	314,993	0	71,967
UHHS - Mary Alice Annecharico Fmr Key Employee	60 00						X	538,969	0	43,028
UHHS - Heidi Gartland Fmr Key Employee	60 00						X	284,102	0	55,149
UHMG - Pablo R Ros MD Fmr Key Employee	60 00						X	639,600	0	17,287
UHMG - Charles Lanzieri MD Fmr Key Employee	60 00						X	537,380	0	24,821
UHBMC - Sean McKibben Fmr Officer	60 00						X	295,630	0	19,903
UHMG - Ann Lyren MD Fmr Key Employee	60 00						X	108,336	0	10,689

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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

2011

Open to Public Inspection

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

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

If the organization answered "Yes," 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 35c (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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	3,910	6,426
b Total lobbying expenditures to influence a legislative body (direct lobbying)	175,267	272,176
c Total lobbying expenditures (add lines 1a and 1b)	179,177	278,602
d Other exempt purpose expenditures	1,140,831,823	2,134,562,398
e Total exempt purpose expenditures (add lines 1c and 1d)	1,141,011,000	2,134,841,000
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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	469,714	384,605	357,890	278,602	1,490,811
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	9,429	10,111	7,514	6,426	33,480

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
Explanation of Lobbying Activities	Part II-B, Line 1	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 $29,889 1e - No 1f - Yes $65,752 1g - Yes $25,073 1h - No 1i - No 1j - $120,714 2a - No

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 ▶ $ 139,000

(ii) Assets included in Form 990, Part X ▶ $ 1,079,000

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	26,031,000			26,031,000
b Buildings	1,203,466,000		480,149,000	723,317,000
c Leasehold improvements	17,691,000		5,362,000	12,329,000
d Equipment	605,823,000		436,681,000	169,142,000
e Other	30,169,000		17,906,000	12,263,000
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				943,082,000

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
(1) Research Institute option asset	36,439,000
(2) Other	5,296,000
(3) Medical Resident FICA Refund Receivable	37,666,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	79,401,000

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Interest payable	1,190,000
Due to third parties	11,819,000
Other current liabilities	18,894,000
Research Institute option liability	36,439,000
Other liabilities	26,792,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	95,134,000

2. Fin 48 (ASC 740) 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 (ASC740)

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
Description of Uncertain Tax Positions Under FIN 48	Part X	The System and most of its subsidiaries, including UHCMC, are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from federal income 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

2011

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
90-0059117

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

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

- **a** ☑ 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 services? ☑ **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 and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Pursuant Group Inc 5151 Belt Line Rd 900 Dallas, TX 75204	Professional Fundraiser		No	214,000	138,000	76,000
Total . . . . . ▶				214,000	138,000	76,000

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 Golf Outing (event type)	(c) Other Events 5 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,667,000	248,000	205,000	2,120,000
	2 Less Charitable contributions	1,336,000	201,000	146,000	1,683,000
	3 Gross income (line 1 minus line 2)	331,000	47,000	59,000	437,000
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	204,000		2,000	206,000
	7 Food and beverages	205,000	94,000	34,000	333,000
	8 Entertainment	7,000		3,000	10,000
	9 Other direct expenses	315,000		32,000	347,000
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(896,000)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-459,000

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 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

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? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2011

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	Did 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 had 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 during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other **250.000000000000 %**	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? 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 did 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	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	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	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 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 Worksheet 1)			47,111,205		47,111,205	2 540 %
b Medicaid (from Worksheet 3, column a)			401,497,874	323,083,661	78,414,213	4 220 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			448,609,079	323,083,661	125,525,418	6 760 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			10,560,823		10,560,823	0 570 %
f Health professions education (from Worksheet 5)			69,192,971	20,709,393	48,483,578	2 610 %
g Subsidized health services (from Worksheet 6)			23,409,049	17,949,820	5,459,229	0 290 %
h Research (from Worksheet 7)			46,108,806		46,108,806	2 480 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			30,877,946		30,877,946	1 660 %
j **Total** Other Benefits			180,149,595	38,659,213	141,490,382	7 610 %
k **Total.** Add lines 7d and 7j			628,758,674	361,742,874	267,015,800	14 370 %

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			12,626		12,626	0 %
10	**Total**			12,626		12,626	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense	2	51,642,000		
3	Enter the estimated amount of the organization's bad debt expense 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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	312,641,299
6	Enter Medicare allowable costs of care relating to payments on line 5	6	336,610,763
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-23,969,464
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	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 9

	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)
1	UH Case Medical Center 11100 Euclid Avenue Cleveland, OH 44106	X	X		X		X	X		IP Psych /IP Rehab /Skilled Nurs
2	UH Rainbow Babies & Children's Hospital 11100 Euclid Avenue Cleveland, OH 44106	X	X	X	X		X	X		
3	UH Geauga Medical Center 13207 Ravenna Road Chardon, OH 44024	X	X					X		IP Psychiatric Unit
4	UH Ahuja Medical Center 3999 Richmond Road Beachwood, OH 44122	X	X					X		
5	UH Richmond Medical Center 27100 Chardon Road Richmond Heights, OH 44143	X	X		X			X		
6	UH Bedford Medical Center 44 Blaine Avenue Bedford, OH 44146	X	X					X		
7	UH Geneva Medical Center 870 West Main Street Geneva, OH 44041	X				X		X		
8	UH Conneaut Medical Center 158 West Main Road Conneaut, OH 44030	X				X		X		
9	UH Extended Care Campus 12340 Bass Lake Road Chardon, OH 44024	X								LT Acute Unit/Skilled Nurs Unit

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

UH Case Medical Center

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250.000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

UH Rainbow Babies & Children's Hospitals

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

UH Geauga Medical Center

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: UH Ahuja Medical Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250.000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

UH Richmond Medical Center

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

UH Bedford Medical Center

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 6

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

UH Geneva Medical Center

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 7

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: UH Conneaut Medical Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 8

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

UH Extended Care Campus

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 9

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **26**

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

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		Part I, Line 3c The amount of financial assistance discount granted by UH in 2011 was based on the following guidelines Patients must be uninsured, provide financial information to qualify them for financial assistance, if applicable, agree to allow UH to apply for third-party coverage, and financial assistance discount were based on amounts generally billed 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 financial assistance 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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		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 Financial Assistance 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, Children's Hospitals Graduate Medical Education, 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

Identifier	ReturnReference	Explanation
		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 $23,409,049 The total amount of associated direct offsetting revenue is $17,949,820 The total amount of net community benefit expense included in line 7g is $5,459,229

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) Bad debt expense reported in Part IX, Line 25 but subtracted for purposes of calculating the percentages for this column = $51,833,000

Identifier	ReturnReference	Explanation
		Part II 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 hospital boards of directors, UH continues to meet community needs through economic development opportunities, local, regional and national disaster preparedness efforts, advocacy and coalition building, among others

Identifier	ReturnReference	Explanation
		Part III, Line 4 The hospitals financial statements are used to determine the bad debt expense as reported on line 2 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 $57,304,000 and $52,423,000 for the years ended December 31, 2011 and 2010, respectively End text to footnote

Identifier	ReturnReference	Explanation
		Part III, Line 8 Costs were derived using the Medicare Cost Report As a safety-net to the community, UH 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

Identifier	ReturnReference	Explanation
		Part III, Line 9b University Hospitals utilizes a single process to bill and collect for all patient payment portions of claims All self-pay account balances are treated the same way regardless of whether the patient is insured or uninsured

Identifier	ReturnReference	Explanation
UH Case Medical Center		Part V, Section B, Line 11h Another factor used in determining amounts charged to UH patients include residency criteria To qualify for Financial Assistance at a UH facility a patient must be a resident of Northeast Ohio (UH's service area comprises an eight county region) or be a patient in a UH hospital facility's primary and secondary service area seeking treatment at one of UH's wholly-owned and operated hospital facilities that provide patient care

Identifier	ReturnReference	Explanation
UH Rainbow Babies & Children's Hospitals		Part V, Section B, Line 11h Another factor used in determining amounts charged to UH patients include residency criteria To qualify for Financial Assistance at a UH facility a patient must be a resident of Northeast Ohio (UH's service area comprises an eight county region) or be a patient in a UH hospital facility's primary and secondary service area seeking treatment at one of UH's wholly-owned and operated hospital facilities that provide patient care

Identifier	ReturnReference	Explanation
UH Geauga Medical Center		Part V, Section B, Line 11h Another factor used in determining amounts charged to UH patients include residency criteria To qualify for Financial Assistance at a UH facility a patient must be a resident of Northeast Ohio (UH's service area comprises an eight county region) or be a patient in a UH hospital facility's primary and secondary service area seeking treatment at one of UH's wholly-owned and operated hospital facilities that provide patient care

Identifier	ReturnReference	Explanation
UH Ahuja Medical Center		Part V, Section B, Line 11h Another factor used in determining amounts charged to UH patients include residency criteria To qualify for Financial Assistance at a UH facility a patient must be a resident of Northeast Ohio (UH's service area comprises an eight county region) or be a patient in a UH hospital facility's primary and secondary service area seeking treatment at one of UH's wholly-owned and operated hospital facilities that provide patient care

Identifier	ReturnReference	Explanation
UH Richmond Medical Center		Part V, Section B, Line 11h Another factor used in determining amounts charged to UH patients include residency criteria To qualify for Financial Assistance at a UH facility a patient must be a resident of Northeast Ohio (UH's service area comprises an eight county region) or be a patient in a UH hospital facility's primary and secondary service area seeking treatment at one of UH's wholly-owned and operated hospital facilities that provide patient care

Identifier	ReturnReference	Explanation
UH Bedford Medical Center		Part V, Section B, Line 11h Another factor used in determining amounts charged to UH patients include residency criteria To qualify for Financial Assistance at a UH facility a patient must be a resident of Northeast Ohio (UH's service area comprises an eight county region) or be a patient in a UH hospital facility's primary and secondary service area seeking treatment at one of UH's wholly-owned and operated hospital facilities that provide patient care

Identifier	ReturnReference	Explanation
UH Geneva Medical Center		Part V, Section B, Line 11h Another factor used in determining amounts charged to UH patients include residency criteria To qualify for Financial Assistance at a UH facility a patient must be a resident of Northeast Ohio (UH's service area comprises an eight county region) or be a patient in a UH hospital facility's primary and secondary service area seeking treatment at one of UH's wholly-owned and operated hospital facilities that provide patient care

Identifier	ReturnReference	Explanation
UH Conneaut Medical Center		Part V, Section B, Line 11h Another factor used in determining amounts charged to UH patients include residency criteria To qualify for Financial Assistance at a UH facility a patient must be a resident of Northeast Ohio (UH's service area comprises an eight county region) or be a patient in a UH hospital facility's primary and secondary service area seeking treatment at one of UH's wholly-owned and operated hospital facilities that provide patient care

Identifier	ReturnReference	Explanation
UH Extended Care Campus		Part V, Section B, Line 11h Another factor used in determining amounts charged to UH patients include residency criteria To qualify for Financial Assistance at a UH facility a patient must be a resident of Northeast Ohio (UH's service area comprises an eight county region) or be a patient in a UH hospital facility's primary and secondary service area seeking treatment at one of UH's wholly-owned and operated hospital facilities that provide patient care

Identifier	ReturnReference	Explanation
UH Case Medical Center		Part V, Section B, Line 13g UH provides a summary of its Financial Assistance Policy rather than the entire detailed policy The summary makes it easier for our patients to read and understand This summary is publicized through the UH website, on all patient statements and bills, in areas of hospital registration and financial counseling, in patient access or financial assistance offices, through financial counselors, and through other methods as required by state or federal law The summarized Financial Assistance Policy posted on the website was not based on the notice of proposed rulemaking (NPRM) that was issued by the IRS on June 22, 2012, because that NPRM was not yet available

Identifier	ReturnReference	Explanation
UH Rainbow Babies & Children's Hospitals		Part V, Section B, Line 13g UH provides a summary of its Financial Assistance Policy rather than the entire detailed policy The summary makes it easier for our patients to read and understand This summary is publicized through the UH website, on all patient statements and bills, in areas of hospital registration and financial counseling, in patient access or financial assistance offices, through financial counselors, and through other methods as required by state or federal law The summarized Financial Assistance Policy posted on the website was not based on the notice of proposed rulemaking (NPRM) that was issued by the IRS on June 22, 2012, because that NPRM was not yet available

Identifier	ReturnReference	Explanation
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Identifier	ReturnReference	Explanation
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Identifier	ReturnReference	Explanation
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Identifier	ReturnReference	Explanation
UH Extended Care Campus		Part V, Section B, Line 13g UH provides a summary of its Financial Assistance Policy rather than the entire detailed policy The summary makes it easier for our patients to read and understand This summary is publicized through the UH website, on all patient statements and bills, in areas of hospital registration and financial counseling, in patient access or financial assistance offices, through financial counselors, and through other methods as required by state or federal law The summarized Financial Assistance Policy posted on the website was not based on the notice of proposed rulemaking (NPRM) that was issued by the IRS on June 22, 2012, because that NPRM was not yet available

Identifier	ReturnReference	Explanation
		Part VI, Line 2 In calendar year 2008, UH assessed community health care needs by reviewing 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

Identifier	ReturnReference	Explanation
		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 Financial Assistance Program ("Assistance Program") in a variety of ways Signage for the state of Ohio Health Care Assurance Program (HCAP) and the UH Patient Financial Assistance program 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 Patient Financial 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 from one of our financial counselors

Identifier	ReturnReference	Explanation
		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 60 percent of its patients enrolled in the state of Ohio 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 UH continually invests 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

Identifier	ReturnReference	Explanation
		Part VI, Line 5 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

Identifier	ReturnReference	Explanation
		Part VI, Line 6 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 an essential 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

Additional Data

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

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **26** Name and address	Type of Facility (Describe)
UH Chagrin Highlands Health Center 3909 Orange Place Orange Village, OH 44122	Outpatient Health Center
UH Chagrin Highlands Health Center 3909 Orange Place Orange Village, OH 44122	Outpatient Health Center
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Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **26** Name and address	Type of Facility (Describe)
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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

2011

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 listed in the line 1 table . . . ▶ 34

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

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
ADULT CONGENITAL HEART ASSN6757 GREENE ST Ste 300 PHILADELPHIA, PA 19119	04-3447959	501(c)3	5,000				General Support
Ace Mentor Program of America Inc400 MAIN ST STE 400 STAMFORD, CT 06901	51-0465877	501(c)3	8,000				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
Achievement Centers for Children 11001 BUCKEYE RD Cleveland, OH 441043886	34-0714766	501(c)3	9,000				General Support
AIDS Taskforce of Greater Cleveland 2728 EUCLID AVE STE 400 Cleveland, OH 44115	34-1433612	501(c)3	5,000				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
Alzheimers Association23215 Commerce Park Dr Ste 300 Beachwood,OH 44122	34-1311175	501(c)3	9,000				General Support
AMER DIABETES ASSNPO BOX 631762 BALTIMORE,MD 212631762	13-1623888	501(c)3	5,000				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
American Heart AssociationPO Box 1590 Hagerstown, MD 217401590	13-5613797	501(c)3	8,000				General Support
Autism Speaks Inc 4700 Rockside Rd Ste 408 Independence, OH 44131	20-2329938	501(c)3	8,000				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
Case Western Reserve10900 Euclid Ave Cleveland,OH 44106	34-1018992	501(c)3	29,840,000				General Support
Celebrate Westlake6224 Sandpiper Lane North Olmsted,OH 44070	34-1703289	501(c)3	10,000				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
Center For Families & Children4500 Euclid Ave Cleveland, OH 44103	23-7084455	501(c)3	5,000				General Support
Cleveland Central Catholic6550 Baxter Ave Cleveland, OH 44105	34-1013635	501(c)3	8,000				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
Cleveland Foodbank15500 South Waterloo Rd Cleveland, OH 44110	34-1292848	501(c)3	10,000				General Support
Cleveland Hearing & Speech Center 11635 Euclid Ave Cleveland, OH 44106	34-0714648	501(c)3	6,000				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
Cystic Fibrosis Foundation5001 Mayfield Rd Ste 111 Lydhurst,OH 44124	13-1930701	501(c)3	12,000				General Support
Epilepsy Foundation of NE Ohio2800 Euclid Ave Ste 450 Cleveland,OH 44115	23-7198807	501(c)3	8,000				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
FLYING HORSE FARMS3 EASTON OVAL STE 330 COLUMBUS,OH 43219	20-3498125	501(c)3	5,000				General Support
Free Clinic of Greater Cleveland 12201 Euclid Ave Cleveland,OH 44106	23-7078501	501(c)3	75,000				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
HATTIE LARLHAM FOUND9772 DIAGONAL RD MANTUA,OH 442559128	34-1897312	501(c)3	5,000				General Support
Huntington's Disease Society505 EIGHTH AVE STE 902 NEW YORK,NY 10018	13-3349872	501(c)3	5,000				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
JOHN CARROLL UNIV20700 N PARK BLVD UNIVERSITY HTS, OH 44118	34-0714681	501(c)3	10,000				General Support
Lakewood Community Service Center14230 MADISON AVE Lakewood, OH 44107	34-1446497	501(c)3	5,000				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
Leukemia & Lymphoma Society 902 WESTPOINT PKWY Ste 300 Cleveland,OH 44145	13-5644916	501(c)3	5,000				General Support
LifeBancPO BOX 931031 CLEVELAND,OH 44193	34-1525159	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
M C CHATMAN CENTER FOR3582 LUDGATE RD Shaker Hts, OH 44120	55-0834175	501(c)3	5,000				General Support
Medwish IntlPO Box 181484 Cleveland, OH 44118	34-1903712	501(c)3	10,000				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
MILESTONES ORGANIZATION 23880 COMMERCE PARK STE 2 Beachwood, OH 44122	20-0721205	501(c)3	6,000				General Support
Northeast Ohio EqualityPO Box 91697 Cleveland, OH 44101	34-2064724	501(c)3	5,000				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
Playhouse Square Foundation10501 Euclid Ave No 200 Cleveland, OH 44115	23-7304942	501(c)3	15,000				General Support
Project Love23611 Chagrin Blvd Ste 380 Beachwood, OH 44122	31-1795459	501(c)3	5,000				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 House10415 Euclid Ave Cleveland, OH 44111	34-1269123	501(c)3	324,000				General Support
Southwest General Health Foundation 18697 Bagley Rd Middleburg Hts, OH 441303497	34-1465135	501(c)3	10,000				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
Susan G Komen Race for the Cure 10819 Magnolia Dr Cleveland, OH 44106	34-1793460	501(c)3	15,000				General Support
Veggie U12304 SR13 Milan, OH 44846	04-3712962		5,000				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
VOICES FOR OHIOS CHILDREN 3634 EUCLID AVE STE 101 Cleveland, OH 44115	34-1490500	501(c)3	8,000				General Support
Cuyahoga Community College 700 Carnegie Ave Cleveland, OH 44115	34-0896630		14,000				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

2011

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**		
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**		
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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, Lines 4a-b	The following persons received severance payments as required by contract in 2011 - Mark Loos $154,107 - Nancy E Paton $194,941 Part I, Line 4b The following persons participated in, or received payment from a nonqualified retirement plan (457(f) or SERP) in 2011 - Harlin G Adelman (No payments received in 2011) - William L Annable ($39,000-SERP) - Mary Alice Annecharico ($50,526-SERP) - James J Benedict (No payments received in 2011) - Eric Bieber, M D (No payments received in 2011) - Sherri L Bishop (No payments received in 2011) - Cliff J Coker (No payments received in 2011) - Robert G David (No payments received in 2011) - Laurie S Delgado (No payments received in 2011) - Achilles A Demetriou, M D ($276,668-SERP) - Ronald E Dziedzicki (No payments received in 2011) - Michael J Farrell ($21,311-457(f)) - Richard J Frenchie (No payments received in 2011) - Heidi Gartland (No payments received in 2011) - Phyllis Hall (No payments received in 2011) - Richard Hanson (No payments received in 2011) - Steven M Jones (No payments received in 2011) - Susan V Juris (No payments received in 2011) - Elliot A Kellman ($112,896-SERP) - Catherine S Koppelman (No payments recieved in 2011) - Don Landek (No payments received in 2011) - Nathan Levitan, M D ($131,960-SERP) - Mark Loos ($95,748-SERP) - Keith Maitland (No payments received in 2011) - Sean McKibben ($83,809-SERP) - Janet L Miller (No payments received in 2011) - Michael L Nochomovitz, M D (No payments received in 2011) - Donnie J Perkins - ($17,063-SERP) - Nancy Paton (No payments received in 2011) - Fred C Rothstein, M D ($195,430-SERP) - Sonia Salvino (No payments received in 2011) - Steven D Standley (No payments received in 2011) - Michael A Szubski (No payments received in 2011) - Paul G Tait (No payments received in 2011) - Nancy Tinsley (No payments received in 2011) - Michael R Vehovec (No payments received in 2011) - Cheryl Wahl (No payments received in 2011) - Thomas F Zenty III (No payments received in 2011)
	Part I, Line 7	Certain employees disclosed in Part VII receive bonuses, 457f payments, and SERP 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				
UHCMC - Warren Selman MD	(I)	565,477	35,550	76,426	7,350	29,578	714,381	0
	(II)	0	0	0	0	0	0	0
AMC - James Benedict	(I)	320,222	143,843	1,289	70,354	23,956	559,664	0
	(II)	0	0	0	0	0	0	0
AMC - Richard Hanson	(I)	525,864	230,250	18,596	124,823	26,605	926,138	0
	(II)	0	0	0	0	0	0	0
AMC - Richard Stein MD	(I)	0	0	0	0	0	0	0
	(II)	440,308	0	4,110	27,854	28,894	501,166	0
BMC - Laurie Delgado	(I)	158,022	56,102	776	39,538	8,438	262,876	0
	(II)	0	0	0	0	0	0	0
CMC - Benjamin Bryant MD	(I)	0	0	0	0	0	0	0
	(II)	279,730	0	990	20,388	9,620	310,728	0
CMC - Robert David	(I)	114,948	41,600	619	29,111	12,639	198,917	0
	(II)	0	0	0	0	0	0	0
GMC - M Steven Jones	(I)	254,016	99,846	3,025	74,813	13,168	444,868	0
	(II)	0	0	0	0	0	0	0
GMC - Peggy Kuhar	(I)	143,177	12,518	1,476	15,000	6,959	179,130	0
	(II)	0	0	0	0	0	0	0
UHGMC - Robert David	(I)	114,949	41,601	619	29,111	12,639	198,919	0
	(II)	0	0	0	0	0	0	0
UHECC - Richard J Frenchie	(I)	162,217	51,225	7,581	27,985	12,461	261,469	0
	(II)	0	0	0	0	0	0	0
UHECC - Susan V Juris	(I)	247,593	119,851	2,343	35,601	10,386	415,774	0
	(II)	0	0	0	0	0	0	0
UHECC - David Kosnosky MD	(I)	0	0	0	0	0	0	0
	(II)	193,887	11,780	1,470	37,258	20,465	264,860	0
RMC - Laurie Delgado	(I)	158,021	56,103	776	39,539	8,437	262,876	0
	(II)	0	0	0	0	0	0	0
RMC - Rosemary Leeming MD	(I)	208,738	0	21,108	6,600	31,202	267,648	0
	(II)	0	0	0	0	0	0	0
HCS - Keith Maitland	(I)	206,149	81,424	1,945	69,735	24,894	384,147	0
	(II)	0	0	0	0	0	0	0
UHHS - Achilles A Demetriou MD	(I)	830,133	424,509	288,098	42,577	14,715	1,600,032	0
	(II)	0	0	0	0	0	0	0
UHHS - Fred C Rothstein MD	(I)	635,320	330,564	205,478	40,737	22,922	1,235,021	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				
UHHS - Thomas F Zenty III	(I)	1,052,920	561,555	37,380	359,792	12,472	2,024,119	0
	(II)	0	0	0	0	0	0	0
UHLSF - Nancy Tinsley	(I)	188,900	42,435	1,042	39,796	30,089	302,262	0
	(II)	0	0	0	0	0	0	0
UHMG - Kevin Cooper MD	(I)	200,813	35,550	54,240	0	2,264	292,867	0
	(II)	0	0	0	0	0	0	0
UHMG - Michael Konstan MD	(I)	291,024	35,550	55,838	7,350	7,812	397,574	0
	(II)	0	0	0	0	0	0	0
UHMG - Randall Marcus MD	(I)	565,545	35,550	82,803	7,350	22,440	713,688	0
	(II)	0	0	0	0	0	0	0
UHMG - Howard Nearman MD	(I)	343,489	35,550	70,888	7,350	20,891	478,168	0
	(II)	0	0	0	0	0	0	0
UHMG - Michael Nochomovitz MD	(I)	603,233	276,300	141,941	40,853	11,742	1,074,069	0
	(II)	0	0	0	0	0	0	0
UHMG - Jeffrey Ponsky MD	(I)	602,060	35,550	99,397	7,350	14,111	758,468	0
	(II)	0	0	0	0	0	0	0
UHMG - Robert Ronis MD	(I)	187,060	35,550	37,947	5,626	2,357	268,540	0
	(II)	0	0	0	0	0	0	0
UHMG - Richard A Walsh MD	(I)	375,485	35,550	79,581	7,350	14,060	512,026	0
	(II)	0	0	0	0	0	0	0
UHCMC - Michael R Anderson	(I)	280,863	76,496	1,183	20,301	25,691	404,534	0
	(II)	0	0	0	0	0	0	0
UHCMC - Eric Bieber MD	(I)	473,078	193,410	7,661	92,021	33,964	800,134	0
	(II)	0	0	0	0	0	0	0
UHCMC - Ronald E Dziedzicki BSN RN	(I)	269,299	102,394	1,863	81,068	19,737	474,361	0
	(II)	0	0	0	0	0	0	0
UHCMC - Michael J Farrell	(I)	445,709	167,202	25,856	113,677	15,813	768,257	0
	(II)	0	0	0	0	0	0	0
UHCMC - Catherine S Koppelman RN	(I)	296,751	106,821	4,447	100,264	26,197	534,480	0
	(II)	0	0	0	0	0	0	0
UHCMC - Nathan Levitan MD	(I)	455,368	196,434	136,727	37,603	19,172	845,304	0
	(II)	0	0	0	0	0	0	0
UHCMC - Mark E Loos	(I)	60,786	99,654	250,723	15,757	23,912	450,832	0
	(II)	0	0	0	0	0	0	0
UHCMC - Sonia Salvino	(I)	218,277	60,933	961	50,695	20,894	351,760	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)	130,644	32,153	5,112	22,744	16,040	206,693	0
	(II)	0	0	0	0	0	0	0
UHHS - William L Annable MD	(I)	273,002	0	48,584	203	13,552	335,341	0
	(II)	0	0	0	0	0	0	0
UHHS - Elliot A Kellman	(I)	410,032	175,945	119,316	31,978	19,263	756,534	0
	(II)	0	0	0	0	0	0	0
UHHS - Janet L Miller Esq	(I)	409,950	180,122	4,003	128,640	10,721	733,436	0
	(II)	0	0	0	0	0	0	0
UHHS - Steven D Standley	(I)	426,311	180,677	4,139	129,477	13,923	754,527	0
	(II)	0	0	0	0	0	0	0
UHHS - Michael A Szubski	(I)	585,430	249,190	3,136	156,995	25,543	1,020,294	0
	(II)	0	0	0	0	0	0	0
UHLSF - Don M Landek	(I)	162,224	13,138	12,114	33,111	13,074	233,661	0
	(II)	0	0	0	0	0	0	0
UHMG - Harlin G Adelman	(I)	279,717	121,678	1,420	77,764	25,863	506,442	0
	(II)	0	0	0	0	0	0	0
UHMG - Phylliss Hall	(I)	298,895	183,319	8,177	85,459	21,347	597,197	0
	(II)	0	0	0	0	0	0	0
UHHS - Cliff J Coker	(I)	365,434	90,103	65,631	35,209	24,541	580,918	0
	(II)	0	0	0	0	0	0	0
UHHS - Sherri L Bishop	(I)	330,065	153,961	1,740	107,401	29,778	622,945	0
	(II)	0	0	0	0	0	0	0
UHHS - Paul G Tait	(I)	351,656	149,076	1,832	105,812	24,848	633,224	0
	(II)	0	0	0	0	0	0	0
UHHS - Donnie J Perkins	(I)	169,807	20,000	50,064	0	4,635	244,506	0
	(II)	0	0	0	0	0	0	0
UHCMC - Carl Lufter	(I)	162,472	13,006	7,041	17,375	13,221	213,115	0
	(II)	0	0	0	0	0	0	0
GMC - Jason E Glowczewski	(I)	140,759	7,986	3,525	7,769	20,626	180,665	0
	(II)	0	0	0	0	0	0	0
UHHS - Nancy E Paton	(I)	0	0	193,557	16,290	8,623	218,470	0
	(II)	0	0	0	0	0	0	0
UHHS - Cheryl Wahl	(I)	215,735	73,998	504	48,357	13,335	351,929	0
	(II)	0	0	0	0	0	0	0
UHMG - Reuben Gobezie MD	(I)	1,311,543	0	148,058	7,350	27,569	1,494,520	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 - Bahman Guyuron MD	(I)	989,527	35,550	201,827	7,350	22,686	1,256,940	0
	(II)	0	0	0	0	0	0	0
UHMG - Nicholas U Ahn MD	(I)	999,454	0	123,273	7,350	17,043	1,147,120	0
	(II)	0	0	0	0	0	0	0
UHMG - Mauricio S Arruda MD	(I)	911,444	0	88,450	7,350	5,058	1,012,302	0
	(II)	0	0	0	0	0	0	0
UHMG - Jason D Eubanks MD	(I)	865,259	0	98,363	7,350	9,878	980,850	0
	(II)	0	0	0	0	0	0	0
UHLSF - Michael R Vehovec	(I)	220,896	93,012	1,085	71,967	2,603	389,563	0
	(II)	0	0	0	0	0	0	0
UHHS - Mary Alice Annecharico	(I)	337,684	141,101	60,184	39,222	8,964	587,155	0
	(II)	0	0	0	0	0	0	0
UHHS - Heidi Gartland	(I)	212,293	70,889	920	50,984	10,250	345,336	0
	(II)	0	0	0	0	0	0	0
UHMG - Pablo R Ros MD	(I)	522,515	35,550	81,535	7,350	21,416	668,366	0
	(II)	0	0	0	0	0	0	0
UHMG - Charles Lanzieri MD	(I)	469,899	0	67,481	7,350	28,185	572,915	0
	(II)	0	0	0	0	0	0	0
UHBMC - Sean McKibben	(I)	124,378	64,991	106,261	10,280	15,731	321,641	0
	(II)	0	0	0	0	0	0	0
UHMG - Ann Lyren MD	(I)	81,670	19,167	7,499	1,997	11,151	121,484	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

2011

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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) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

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	No
See Additional Data Table					

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Residence Inn	UHCMC Dir Richard Horvitz owns many Residence Inns in the local area	184,000	Residence Inn rents rooms to UHCMC for sleep studies or other activities These transactions were all at arms length		No
Diane Anderson	Family Member of Michael Anderson, M D UHCMC CMO	12,000	A family member of Dr Anderson is employed by UHCMC		No
First Energy	UHCMC Dir Ernest J Novak is a Director of First Energy	138,000	First Energy subsidiary The Illuminating Co provided energy services to UHCMC in 2011 These transactions were all at arms length		No
First Energy	UHCMC Dir Lorna Wisham is employed at First Energy	138,000	First Energy subsidiary The Illuminating Co provided energy services to UHCMC in 2011 These transactions were all at arms length		No
Lee Ponsky	Family Member of Jeffrey Ponsky, M D UHMG - Director	503,000	A family member of Dr Ponsky is employed by UHMG		No
Todd Ponsky	Family Member of Jeffrey Ponsky, M D UHMG - Director	478,000	A family member of Dr Ponsky is employed by UHMG		No
Diana Ponsky	Family Member of Jeffrey Ponsky, M D UHMG - Director	179,000	A family member of Dr Ponsky 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

2011

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 or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art	X	52	159,000	Appraised FMV
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	284	4,958,000	Median Value At Transfer
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	X	1	1,750,000	Appraised FMV
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 ▶ (Transport)	X	2	16,000	Appraised FMV
26	Other ▶ (Miscellaneous)	X	264	108,000	Appraisal, Receipt, or Valued at $1
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
Method for Determining Number of Contributors	Part I, Column (b)	The numbers reported in Part I, Column (b) represent the number of items contributed
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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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2011

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
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Identifier	Return Reference	Explanation
Volunteer Information	Form 990 Part I Line 6	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 care 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
Endowment Activity	Form 990 Part IV Line 10	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
Common Pay Agent	Form 990 Part V Line 2a	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 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 James Supplee (CMC Director) and Mr Charles Deck (CMC Director) have a business relationship 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 (UHGMC Director) and Mr Willard Raymond (UHGMC Director) have a business relationship Mr Fred C Rothstein, M D (UHCMC Director) and Mr Michael Feuer (UHCMC 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 each organization's 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 each organization's governing body are 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 Group Return is approved for filing by University Hospitals Health System Inc 's (Parent Organization) governing body The Audit and Compliance Committee has been delegated authority to review and approve Form 990 by the UH Board The Compensation Committee reviews relevant disclosures related to compensation sections of the return The Governance and Community Benefit Committee reviews and approves the Community Benefit sections of the return The Board receives a copy of the return in its final form to review before it is filed with the Internal Revenue Service Certain members of Senior management review the form while overseeing this process

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	UH has adopted three Conflict of Interest ("COI") policies the first relates to UH and all its subsidiaries and applies to all directors, officers, other disqualified persons, pursuant to the intermediate sanctions regulations, the second applies to UH management (supervisors and above) and the third applies to physicians 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 Education regarding conflicts of interest is included in the annual compliance training that includes all Directors, employees and physicians

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
Compensation disclosed for Employees showing only 2 hours work per week	Form 990 Part VII Section A	The individuals listed below serving as current 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 UHMG - Harlin G Adelman UHECC - Richard Frenchie UHLSF - Nancy Tinsley

Identifier	Return Reference	Explanation
Compensation disclosed for Richard Hanson	Form 990 Part VII Section A	Mr Richard Hanson is University Hospitals President of Community Hospitals & Ambulatory Networks In this role he oversees all of the community hospitals He also serves on all of the community hospitals boards Mr Hanson serves on multiple boards, however, his total compensation is being reported only on one board If an allocation of compensation were made to each entity a disclosure would not be necessary

Identifier	Return Reference	Explanation
Hours Disclosed For Fredrick C Rothstein, M D - UHCMC Pres /Ex Off Dir	Form 990 Part VII Section A	Dr Rothstein is the President of University Hospitals Cleveland Medical Center (UHCMC) of which he is listed as an Officer and a Director Dr Rothstein also is a Executive Vice President of University Hospitals Health System, Inc (UHHS) and serves on its Board as Director Dr Rothstein is paid by UHHS and as such his compensation is disclosed on this Board To avoid any confusion his hours per week is listed at 60 for both UHCMC and UHHS

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net change in temporarily restricted net assets 8,437,000 Net change in permanently restricted net assets -114,000 Equity Transfer 385,402,000 Less restricted monies included on Form 990 Page 1, Line 8 -43,749,000 Gain/Loss from sale of discontinued operations 42,000 Other Changes 934,000 Total to Form 990, Part XI, Line 5 350,952,000

Identifier	Return Reference	Explanation
	UH Entity DBA Names/Acronyms	The list below shows all the entities included in this Group Return along with any applicable dba names and/or acronyms that will be used throughout this return For purposes of this Group Return University Hospitals is at times notes as "UH" University Hospitals Cleveland Medical Center (UHCMC) - 34-1567805 dba University Hospitals Case Medical Center 11100 Euclid Ave Cleveland, OH 44106 University Hospitals Ahuja Medical Center, Inc (AMC) - 26-4827222 11100 Euclid Avenue Cleveland, OH 44106 University Hospitals Bedford Medical Center (BMC) - 34-1271115 44 Blaine Avenue Bedford, OH 44146 University Hospitals Conneaut Medical Center (CMC) - 34-0714550 158 West Main Road Conneaut, OH 44030 BMH Professional Corporation (BMHPC) - 34-1749966 158 West Main Road Conneaut, OH 44030 University Hospitals Geauga Medical Center (GMC) - 34-0816492 13207 Ravenna Road Chardon, OH 44024 University Hospitals Geneva Medical Center (UHGMC) - 34-0714461 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 University Hospitals Richmond Medical Center (RMC) - 34-1924226 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 University NPI Inc - 34-1571623 11100 Euclid Avenue Cleveland, OH 44106 Memorial Hospital Health Foundation - 34-1810018 11100 Euclid Avenue Cleveland, OH 44106

Identifier	Return Reference	Explanation
Election to report certain Information on consolidated basis	Treasury Regulation Section 1 6033-2 (d)(5)	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 the University Hospitals Health System, Inc 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

2011

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
(1) University Mednet Physicians LLC 3605 Warrensville Center Rd Shaker Hts, OH 44122 34-1599711	Inactive	OH			N/A
(2) University Hospitals Faculty Services Ltd 11100 Euclid Ave Cleveland, OH 44106 34-1872525	Inactive	OH			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	(g) Section 512(b)(13) controlled organization	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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	(k) Percentage ownership
(1) Zeeba Surgery Center LP 29017 Cedar Road Lyndhurst, OH 44124 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, 35A, 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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h	Yes	
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related 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	(d) Method of determining 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

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, OH 44106 34-1768931	Holding Company	OH	N/A	C			
University Hospitals Physician Services Inc 11100 Euclid Avenue Cleveland, OH 44106 34-1768929	Physician Admin Services	OH	N/A	C			
University Primary Care Practices Inc 11100 Euclid Avenue Cleveland, OH 44106 34-1768928	Physicians Group	OH	N/A	C			
University Hospitals Health System MCO Inc 11100 Euclid Avenue Cleveland, OH 44106 34-1843674	Workers Comp Managed Care Services	OH	N/A	C			
UHHS Provider & Central Verification Organization Inc 11100 Euclid Avenue Cleveland, OH 44106 34-1908517	Medical Management	OH	N/A	C			
Cedar Brainard Surgery Center Inc 11100 Euclid Avenue Cleveland, OH 44106 20-4957632	Holding Company	OH	N/A	C			
University Hospitals Health Care Enterprises Inc 11100 Euclid Avenue Cleveland, OH 44106 34-1510005	Medical Management	OH	N/A	C			
BMH Development Corporation Inc 158 West Main Street Conneaut, OH 44030 34-1346212	Land Development	OH	N/A	C			
Conneaut Health Enterprises Inc PO Box 648 Conneaut, OH 44060 34-1503949	Inactive	OH	N/A	C			
University Hospitals Accountable Care Organization Inc 3605 Warrensville Center Rd Shaker Heights, OH 44122 27-3970270	Health Care Model That Coordinates Patient Care	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 ($)	(d) Method of determining amount involved
(1)	UH Ahuja Medical CenterUniversity Hospitals Health System	O	215,154	General Ledger
(2)	University Hospitals Health SystemUH Ahuja Medical Center	R	1,250,210	General Ledger
(3)	University Hospitals Health SystemUH Ahuja Medical Center	L	7,015,932	General Ledger
(4)	University Hospitals Health SystemUH Ahuja Medical Center	P	4,837,170	General Ledger
(5)	University Hospitals Health SystemUH Ahuja Medical Center	C	270,569,296	General Ledger
(6)	UH Cleveland Medical CenterUH Ahuja Medical Center	R	203,000	General Ledger
(7)	UH Cleveland Medical CenterUH Ahuja Medical Center	P	246,444	General Ledger
(8)	UH Medical GroupUH Ahuja Medical Center	L	197,681	General Ledger
(9)	UH Conneaut Medical CenterUH Ahuja Medical Center	L	55,276	General Ledger
(10)	UH Health Care EnterprisesUH Ahuja Medical Center	P	117,938	General Ledger
(11)	UH Bedford Medical CenterUniversity Hospitals Health System	Q	258,202	General Ledger
(12)	UH Bedford Medical CenterUniversity Hospitals Health System	P	1,161,622	General Ledger
(13)	UH Bedford Medical CenterUH Cleveland Medical Center	Q	99,837	General Ledger
(14)	UH Bedford Medical CenterUH Cleveland Medical Center	O	70,000	General Ledger
(15)	UH Bedford Medical CenterUH Cleveland Medical Center	K	177,427	General Ledger
(16)	UH Bedford Medical CenterUH Medical Group	P	243,244	General Ledger
(17)	UH Bedford Medical CenterUH Medical Practices	P	97,551	General Ledger
(18)	University Hospitals Health SystemUH Bedford Medical Center	R	15,033,077	General Ledger
(19)	University Hospitals Health SystemUH Bedford Medical Center	O	26,502,006	General Ledger
(20)	University Hospitals Health SystemUH Bedford Medical Center	L	3,226,627	General Ledger

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	University Hospitals Health SystemUH Bedford Medical Center	C	1,436,444	General Ledger
(22)	UH Cleveland Medical CenterUH Bedford Medical Center	O	1,040,728	General Ledger
(23)	UH Laboratory Services FoundationUH Bedford Medical Center	O	272,327	General Ledger
(24)	UH Medical GroupUH Bedford Medical Center	O	320,047	General Ledger
(25)	UH Medical PracticesUH Bedford Medical Center	L	307,607	General Ledger
(26)	UH Home Care ServicesUH Bedford Medical Center	L	52,468	General Ledger
(27)	UH Conneaut Medical CenterUH Health System	Q	105,278	General Ledger
(28)	UH Conneaut Medical CenterUH Health System	P	219,631	General Ledger
(29)	UH Conneaut Medical CenterUH Geneva Medical Center	O	149,611	General Ledger
(30)	UH Conneaut Medical CenterUH Medical Practices	Q	99,762	General Ledger
(31)	UH Health SystemUH Conneaut Medical Center	R	8,822,443	General Ledger
(32)	UH Health SystemUH Conneaut Medical Center	P	13,356,357	General Ledger
(33)	UH Health SystemUH Conneaut Medical Center	L	2,321,233	General Ledger
(34)	UH Cleveland Medical CenterUH Conneaut Medical Center	P	167,297	General Ledger
(35)	UH Laboratory Services FoundationUH Conneaut Medical Center	L	107,587	General Ledger
(36)	UH Medical GroupUH Conneaut Medical Center	L	174,470	General Ledger
(37)	UH Geneva Medical CenterUH Conneaut Medical Center	L	62,163	General Ledger
(38)	UH Medical PracticesUH Conneaut Medical Center	L	301,322	General Ledger
(39)	UH Extended Care CampusUH Health System	P	572,543	General Ledger
(40)	UH Extended Care CampusUH Case Medical Center	Q	59,908	General Ledger

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(41)	UH Extended Care CampusUH Medical Practices	K	57,790	General Ledger
(42)	UH Extended Care CampusUH Geauga Medical Center	H	462,326	General Ledger
(43)	UH Health SystemUH Extended Care Campus	R	4,894,997	General Ledger
(44)	UH Health SystemUH Extended Care Campus	P	6,900,358	General Ledger
(45)	UH Health SystemUH Extended Care Campus	C	7,867,640	General Ledger
(46)	UH Case Medical CenterUH Extended Care Campus	R	78,990	General Ledger
(47)	UH Medical PracticesUH Extended Care Campus	L	128,051	General Ledger
(48)	UH Geauga Medical CenterUH Health System	Q	892,395	General Ledger
(49)	UH Geauga Medical CenterUH Health System	P	1,809,959	General Ledger
(50)	UH Geauga Medical CenterUH Case Medical Center	Q	406,924	General Ledger
(51)	UH Geauga Medical CenterUH Case Medical Center	P	57,694	General Ledger
(52)	UH Geauga Medical CenterUH Medical Practices	P	72,926	General Ledger
(53)	UH Health SystemUH Geauga Medical Center	R	35,229,861	General Ledger
(54)	UH Health SystemUH Geauga Medical Center	L	5,148,650	General Ledger
(55)	UH Health SystemUH Geauga Medical Center	P	49,996,928	General Ledger
(56)	UH Case Medical CenterUH Geauga Medical Center	P	1,431,713	General Ledger
(57)	UH Case Medical CenterUH Geauga Medical Center	L	252,013	General Ledger
(58)	UH Laboratory Services FoundationUH Geauga Medical Center	L	707,979	General Ledger
(59)	UH Medical GroupUH Geauga Medical Center	L	1,019,381	General Ledger
(60)	UH Richmond Medical CenterUH Geauga Medical Center	P	99,242	General Ledger

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(61)	UH Medical PracticesUH Geauga Medical Center	L	1,687,459	General Ledger
(62)	UH Geneva Medical CenterUH Health System	Q	623,096	General Ledger
(63)	UH Geneva Medical CenterUH Health System	O	475,176	General Ledger
(64)	UH Geneva Medical CenterUH Case Medical Center	Q	226,465	General Ledger
(65)	UH Geneva Medical CenterUH Case Medical Center	O	89,312	General Ledger
(66)	UH Geneva Medical CenterUH Medical Practice	Q	143,196	General Ledger
(67)	UH Health SystemUH Geneva Medical Center	R	12,507,572	General Ledger
(68)	UH Health SystemUH Geneva Medical Center	P	17,226,019	General Ledger
(69)	UH Health SystemUH Geneva Medical Center	L	2,954,737	General Ledger
(70)	UH Case Medical CenterUH Geneva Medical Center	R	89,747	General Ledger
(71)	UH Case Medical CenterUH Geneva Medical Center	P	361,471	General Ledger
(72)	UH Laboratory Services FoundationUH Geneva Medical Center	L	175,712	General Ledger
(73)	UH Medical GroupUH Geneva Medical Center	L	372,834	General Ledger
(74)	UH Richmond Medical CenterUH Geneva Medical Center	P	308,561	General Ledger
(75)	UH Home Care ServicesUH Health System	O	377,852	General Ledger
(76)	UH Home Care ServicesUH Case Medical Center	O	763,836	General Ledger
(77)	UH Home Care ServicesUH Case Medical Center	K	675,390	General Ledger
(78)	UH Health SystemUH Home Care Services	R	11,503,837	General Ledger
(79)	UH Health SystemUH Home Care Services	P	16,873,222	General Ledger
(80)	UH Health SystemUH Home Care Services	L	1,601,298	General Ledger

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(81)	UH Richmond Medical CenterUH Health System	Q	273,706	General Ledger
(82)	UH Richmond Medical CenterUH Health System	O	1,060,208	General Ledger
(83)	UH Richmond Medical CenterUH Case Medical Center	O	2,950,532	General Ledger
(84)	UH Richmond Medical CenterUH Case Medical Center	Q	87,584	General Ledger
(85)	UH Richmond Medical CenterUH Case Medical Center	K	838,517	General Ledger
(86)	UH Richmond Medical CenterUH Medical Practices	K	213,390	General Ledger
(87)	UH Richmond Medical CenterUH Medical Practices	K	96,247	General Ledger
(88)	UH Health SystemUH Richmond Medical Center	R	17,913,591	General Ledger
(89)	UH Health SystemUH Richmond Medical Center	L	3,664,052	General Ledger
(90)	UH Health SystemUH Richmond Medical Center	P	31,032,682	General Ledger
(91)	UH Health SystemUH Richmond Medical Center	C	729,312	General Ledger
(92)	UH Case Medical CenterUH Richmond Medical Center	P	1,402,339	General Ledger
(93)	UH Laboratory Services FoundationUH Richmond Medical Center	L	291,193	General Ledger
(94)	UH Medical GroupUH Richmond Medical Center	L	828,574	General Ledger
(95)	UH Medical PracticesUH Richmond Medical Center	L	1,969,033	General Ledger
(96)	UH Laboratory Services FoundationUH Health System	P	107,043	General Ledger
(97)	UH Laboratory Services FoundationUH Case Medical Center	Q	158,893	General Ledger
(98)	UH Laboratory Services FoundationUH Case Medical Center	O	1,796,662	General Ledger
(99)	UH Health SystemUH Laboratory Service Foundation	R	8,192,303	General Ledger
(100)	UH Health SystemUH Laboratory Service Foundation	L	1,216,829	General Ledger

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(101)	UH Health SystemUH Laboratory Service Foundation	P	4,858,581	General Ledger
(102)	UH Cleveland Medical CenterUH Laboratory Service Foundation	R	542,315	General Ledger
(103)	UH Cleveland Medical CenterUH Laboratory Service Foundation	L	481,919	General Ledger
(104)	UH Cleveland Medical CenterUH Laboratory Service Foundation	P	10,263,912	General Ledger
(105)	UH Medical GroupUH Laboratory Service Foundation	P	220,841	General Ledger
(106)	UH Medical GroupUH Health System	Q	306,852	General Ledger
(107)	UH Medical GroupUH Health System	O	1,826,275	General Ledger
(108)	UH Medical GroupUH Cleveland Medical Center	Q	9,022,855	General Ledger
(109)	UH Medical GroupUH Cleveland Medical Center	O	66,323,900	General Ledger
(110)	UH Medical GroupUH Cleveland Medical Center	K	2,361,822	General Ledger
(111)	UH Health SystemUH Medical Group	R	5,072,898	General Ledger
(112)	UH Health SystemUH Medical Group	P	1,381,173	General Ledger
(113)	UH Health SystemUH Medical Group	L	10,371,544	General Ledger
(114)	UH Health SystemUH Medical Group	C	55,803,813	General Ledger
(115)	UH Cleveland Medical CenterUH Medical Group	P	160,652	General Ledger
(116)	UH Cleveland Medical CenterUH Medical Group	L	343,320	General Ledger
(117)	UH Case Medical CenterUH Health System	Q	5,326,354	General Ledger
(118)	UH Case Medical CenterUH Health System	O	74,114,672	General Ledger
(119)	UH Case Medical CenterUH Medical Practice	Q	145,636	General Ledger
(120)	UH Case Medical CenterUH Medical Practice	O	73,685	General Ledger

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(121)	UH Case Medical CenterUH Physician Practices	O	5,979,787	General Ledger
(122)	UH Case Medical CenterUH Physician Practices	H	202,139	General Ledger
(123)	UH Case Medical CenterUH Physician Practices	K	10,323,135	General Ledger
(124)	UH Health SystemUH Case Medical Center	R	403,658,765	General Ledger
(125)	UH Health SystemUH Case Medical Center	L	91,560,974	General Ledger
(126)	UH Health SystemUH Case Medical Center	H	222,027,176	General Ledger
(127)	UH Health SystemUH Case Medical Center	P	596,669,336	General Ledger
(128)	UH Health SystemUH Case Medical Center	L	15,278,572	General Ledger
(129)	UH Health SystemUH Case Medical Center	C	76,854,329	General Ledger
(130)	UH Medical PracticesUH Case Medical Center	R	2,709,193	General Ledger
(131)	UH Medical PracticesUH Case Medical Center	P	1,354,035	General Ledger
(132)	UH Physician ServicesUH Case Medical Center	L	261,499	General Ledger
(133)	UH Physician ServicesUH Case Medical Center	P	315,034	General Ledger

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TY 2011 Affiliate Listing

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

TY 2011 Affiliate Listing

Name	Address	EIN	Name control
University Hospitals Cleveland Medical Center - dba UH Case Medical Center	11100 Euclid Avenue Cleveland, OH 44106	34-1567805	UNIV
University Hospitals Bedford Medical Center	44 Blaine Avenue Bedford, OH 44146	34-1271115	UNIV
University Hospitals Conneaut Medical Center	158 West Main Road Conneaut, OH 44030	34-0714550	UNIV
BMH Professional Corporation	158 West Main Road Conneaut, OH 44030	34-1749966	UNIV
University Hospitals Geauga Medical Center	13207 Ravenna Road Chardon, OH 44024	34-0816492	UNIV
University Hospitals Geneva Medical Center	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 - dba UH Extended Care Camp	12340 Bass Lake Road Chardon, OH 44024	34-1465745	UNIV
University Hospitals Richmond Medical Center	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 Inc	11100 Euclid Avenue Cleveland, OH 44106	20-4881619	UNIV
University NPI Inc	11100 Euclid Avenue Cleveland, OH 44106	34-1571623	UNIV
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 2011 Affiliated Group Schedule

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

Affiliated Group Business Name:	University Hospitals Cleveland Medical Center
Address. Either US or Foreign Type:	11100 Euclid Ave Cleveland, OH 44106
EIN:	34-1567805
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	3,910
Total Direct Lobbying:	175,267
Total Lobbying Expenditures:	179,177
Other Exempt Purpose Expenditures:	1,140,831,823
Total Exempt Purpose Expenditures:	1,141,011,000
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:	144
Total Direct Lobbying:	5,705
Total Lobbying Expenditures:	5,849
Other Exempt Purpose Expenditures:	49,708,152
Total Exempt Purpose Expenditures:	49,714,001
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:	90
Total Direct Lobbying:	3,537
Total Lobbying Expenditures:	3,627
Other Exempt Purpose Expenditures:	25,567,373
Total Exempt Purpose Expenditures:	25,571,000
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:	344
Total Direct Lobbying:	13,603
Total Lobbying Expenditures:	13,947
Other Exempt Purpose Expenditures:	100,661,053
Total Exempt Purpose Expenditures:	100,675,000
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:	125
Total Direct Lobbying:	4,944
Total Lobbying Expenditures:	5,069
Other Exempt Purpose Expenditures:	34,627,931
Total Exempt Purpose Expenditures:	34,633,000
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:	31
Total Direct Lobbying:	1,213
Total Lobbying Expenditures:	1,244
Other Exempt Purpose Expenditures:	8,595,756
Total Exempt Purpose Expenditures:	8,597,000
Lobbying Nontaxable Amount:	579,850
Grassroots Nontaxable Amount:	144,963
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:	184
Total Direct Lobbying:	7,248
Total Lobbying Expenditures:	7,432
Other Exempt Purpose Expenditures:	58,418,568
Total Exempt Purpose Expenditures:	58,426,000
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:	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 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:	97
Total Direct Lobbying:	3,841
Total Lobbying Expenditures:	3,938
Other Exempt Purpose Expenditures:	29,955,062
Total Exempt Purpose Expenditures:	29,959,000
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:	88
Total Direct Lobbying:	3,478
Total Lobbying Expenditures:	3,566
Other Exempt Purpose Expenditures:	26,778,434
Total Exempt Purpose Expenditures:	26,782,000
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:	971
Total Direct Lobbying:	38,334
Total Lobbying Expenditures:	39,305
Other Exempt Purpose Expenditures:	348,492,696
Total Exempt Purpose Expenditures:	348,532,001
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 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:	216
Total Direct Lobbying:	6,084
Total Lobbying Expenditures:	6,300
Other Exempt Purpose Expenditures:	224,833,700
Total Exempt Purpose Expenditures:	224,840,000
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 Ahuja Medical Center
Address. Either US or Foreign Type:	11100 Euclid Ave Cleveland, OH 44106
EIN:	26-4827222
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	226
Total Direct Lobbying:	8,922
Total Lobbying Expenditures:	9,148
Other Exempt Purpose Expenditures:	86,085,852
Total Exempt Purpose Expenditures:	86,095,000
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

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Financial Statements
and Supplementary Information

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Table of Contents

KPMG LLP
One Cleveland Center
Suite 2600
1375 East Ninth Street
Cleveland, OH 44114-1796

Independent Auditors' Report

The Board of Directors
University Hospitals Health System, Inc.:

We have audited the accompanying consolidated balance sheets of University Hospitals Health System, Inc. and subsidiaries (the System) as of December 31, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the System's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the System as of December 31, 2011 and 2010, and the results of its operations and changes in net assets, and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

KPMG LLP

February 28, 2012

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Balance Sheets

December 31, 2011 and 2010

(In thousands of dollars)

Assets		2011	2010
Current assets:			
Cash and cash equivalents	$	117,609	131,468
Patient accounts receivable, less allowance for doubtful accounts of $32,706 in 2011 and $31,344 in 2010		277,967	230,729
Other receivables		35,291	39,079
Assets held for disposal		6,804	13,275
Other current assets		72,460	96,164
Total current assets		510,131	510,715
Investments		785,263	818,275
Property, plant, and equipment, net		1,289,264	1,234,096
Other assets:			
Investments in affiliates		87,206	83,864
Beneficial interest in Foundation		70,949	75,459
Perpetual trusts		157,937	165,866
Other		166,168	157,075
Total other assets		482,260	482,264
Total assets	$	3,066,918	3,045,350

See accompanying notes to consolidated financial statements.

Liabilities and Net Assets		2011	2010
Current liabilities:			
Current installments of long-term debt	$	14,300	14,572
Short-term borrowings		15,000	40,000
Accounts payable and accrued expenses		254,882	262,437
Liabilities related to assets held for disposal		—	541
Other current liabilities		63,055	102,514
Estimated amounts due to third-party payors		12,315	16,431
Total current liabilities		359,552	436,495
Long-term debt, less current installments		907,361	916,776
Revolving credit borrowing		105,000	—
Other liabilities		395,017	385,827
Total liabilities		1,766,930	1,739,098
Net assets:			
Unrestricted		816,194	832,792
Temporarily restricted		194,156	185,627
Permanently restricted		289,638	287,833
Total net assets		1,299,988	1,306,252
Commitments and contingencies			
Total liabilities and net assets	$	3,066,918	3,045,350

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Statements of Operations and Changes in Net Assets

Years ended December 31, 2011 and 2010

(In thousands of dollars)

	2011	2010
Unrestricted revenues:		
Net patient service revenue	$ 2,027,722	1,840,627
Other revenue	156,654	157,993
Total unrestricted revenues	2,184,376	1,998,620
Expenses:		
Salaries, wages, and employee benefits	1,243,081	1,126,205
Purchased services	136,027	129,686
Patient care supplies	294,091	263,942
Other supplies	39,616	32,853
Insurance	24,189	19,178
Other expenses	196,873	173,998
Depreciation and amortization	101,382	91,803
Interest	44,991	17,932
Provision for bad debts	57,304	52,423
Special charges	1,112	2,799
	2,138,666	1,910,819
Net operating income	45,710	87,801
Nonoperating revenues (expenses):		
Investment income	39,358	43,442
Other-than-temporary decline in investments	(15,245)	(7,664)
Change in fair value of derivative instruments	(25,949)	(22,833)
Loss on extinguishment of debt	—	(994)
Excess of revenues over expenses	$ 43,874	99,752

(Continued)

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Statements of Operations and Changes in Net Assets

Years ended December 31, 2011 and 2010

(In thousands of dollars)

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Net assets at December 31, 2009	$ 788,058	179,193	277,878	1,245,129
Excess of revenues over expenses	99,752	—	—	99,752
Investment income	—	3,831	600	4,431
Other support and revenue	—	26,953	1,133	28,086
Change in beneficial interest in Foundation and perpetual trusts	—	6,426	8,667	15,093
Net assets released from restrictions used for operations	—	(29,929)	—	(29,929)
Change in net unrealized gains and (losses) on other-than-trading securities	7,711	(35)	(445)	7,231
Change in joint venture unrestricted net assets	233	—	—	233
Pension liability adjustment	(41,248)	—	—	(41,248)
Net assets released from restrictions for acquisition of property and equipment	812	(812)	—	—
Discontinued operations	(22,526)	—	—	(22,526)
Increase in net assets	44,734	6,434	9,955	61,123
Net assets at December 31, 2010	832,792	185,627	287,833	1,306,252
Excess of revenues over expenses	43,874	—	—	43,874
Investment income	—	3,986	99	4,085
Other support and revenue	—	44,445	10,026	54,471
Change in beneficial interest in Foundation and perpetual trusts	—	(4,212)	(8,227)	(12,439)
Net assets released from restrictions used for operations	—	(34,181)	—	(34,181)
Change in net unrealized gains and (losses) on other-than-trading securities	(18,358)	(98)	(93)	(18,549)
Change in joint venture unrestricted net assets	253	—	—	253
Pension liability adjustment	(39,733)	—	—	(39,733)
Net assets released from restrictions for acquisition of property and equipment	1,411	(1,411)	—	—
Discontinued operations	(4,045)	—	—	(4,045)
Increase (decrease) in net assets	(16,598)	8,529	1,805	(6,264)
Net assets at December 31, 2011	$ 816,194	194,156	289,638	1,299,988

See accompanying notes to consolidated financial statements

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Statements of Cash Flows

Years ended December 31, 2011 and 2010

(In thousands of dollars)

	2011	2010
Operating activities		
(Decrease) increase in net assets	$ (6,264)	61,123
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities		
Depreciation and amortization	101,382	91,803
Provision for bad debts	57,304	52,423
Loss on extinguishment of debt, net of cash paid	—	994
Other than temporary decline in investments	15,245	7,664
Change in beneficial interest in Foundation and perpetual trusts	12,439	(15,093)
Change in net unrealized (gains) and losses on other-than-trading securities	18,549	(7,231)
Pension liability adjustment	39,733	41,248
Net change attributable to investments in joint ventures	(8,449)	(12,800)
Restricted revenue and investment income received	(27,066)	(8,734)
Net change in patient accounts receivable	(110,186)	(49,402)
Net change in other current assets	27,492	(19,946)
Net change in other current liabilities	(45,414)	1,435
Net change in operating assets and liabilities	(43,837)	(10,985)
Net activity attributable to discontinued operations	9,975	24,233
Net cash provided by operating activities	40,903	156,732
Investing activities		
Acquisition of property, plant, and equipment	(148,961)	(312,923)
Increase in construction payables	(7,483)	(10,009)
Distributions from joint ventures, net	5,000	403
Proceeds from sales of investments	324,964	517,834
Purchases of investments	(325,746)	(400,832)
Net cash used in investing activities	(152,226)	(205,527)
Financing activities		
Proceeds from restricted revenue and investment income	27,066	8,734
Repayment of long-term debt	(29,602)	(180,043)
Proceeds from issuance of long-term debt	20,000	165,922
Bond issuance costs	—	(1,482)
(Repayment) proceeds from revolving credit borrowing	105,000	(40,000)
(Repayment) proceeds from short-term borrowings	(25,000)	30,000
Net cash provided (used) by financing activities	97,464	(16,869)
Decrease in cash and cash equivalents	(13,859)	(65,664)
Cash and cash equivalents at beginning of year	131,468	197,132
Cash and cash equivalents at end of period	$ 117,609	131,468

See accompanying notes to consolidated financial statements

(1) Organization and Principles of Consolidation

University Hospitals Health System, Inc. (the System) is the parent of various corporations involved in the delivery of healthcare services, including a network of physicians, outpatient centers, hospitals, wellness, occupational health, skilled nursing, elder health, rehabilitation, and home care services that operate in the Northeast Ohio region. University Hospitals Cleveland Medical Center d/b/a University Hospitals Case Medical Center (UHCMC) is the System's major subsidiary. The System provides certain management and planning services to its subsidiaries. In addition, the System has investments in multiple healthcare systems (see note 13), which are being accounted for under the equity method.

The consolidated financial statements include the accounts of the System and its subsidiaries. All significant intercompany transactions have been eliminated in the consolidated financial statements.

(2) Summary of Significant Accounting Policies

(a) Cash and Cash Equivalents

For purposes of the consolidated statements of cash flows, the System considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents. The carrying amount of cash and cash equivalents approximates fair value.

(b) Concentrations of Credit Risk

Financial instruments that potentially subject the System to concentrations of credit risk consist principally of cash, cash equivalents, and patient accounts receivable.

The System invests its cash equivalents in highly rated financial instruments including time deposits, U.S. Treasury bonds and notes, government-backed mortgage securities, and corporate notes.

The System's concentration of credit risk relating to patient accounts receivable is limited by the diversity and number of the System's patients and payors. Patient accounts receivable consist of amounts due from governmental programs, commercial insurance companies, other group insurance companies, and private pay patients. Combined revenues from the Medicare and Medicaid programs accounted for approximately 43% and 45% of the System's net patient service revenue for the years ended December 31, 2011 and 2010, respectively. Excluding governmental programs, no one payor source represents more than 15% of the System's patient accounts receivable. The System maintains an allowance for doubtful accounts based on the expected collectibility of patient accounts receivable considering historical collection experience and other economic factors.

The System minimizes credit risk related to derivative financial instruments by requiring high credit standards for its counterparties and periodic settlements. The counterparties to these contractual arrangements are financial institutions that carry investment-grade credit ratings with which the System also has other financial relationships. The System is exposed to credit loss in the event of nonperformance by these counterparties. To mitigate credit exposure, the swap agreements contain certain collateral provisions applicable to both the System and the counterparties.

(c) Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value on the consolidated balance sheets and are classified as other-than-trading securities.

The System has alternative investments that include private equity, real estate, hedge funds, and distressed debt. Certain investments in alternative investments, where the System's ownership percentage is greater than 3%, are accounted for using the equity method of accounting. Income from these investments is recorded within the consolidated statements of operations as investment income. The cost method is used for certain alternatives when the System owns less than 3% of the investment. The System has elected the fair value option on several alternative investments (see note 5). Unrealized gains and losses from these investments are recorded within the consolidated statement of changes in net assets and realized gains and losses are recorded within the consolidated statements of operations as investment income.

Investment income on unrestricted investments, including realized gains and losses, is reported as investment income in nonoperating revenue on the consolidated statements of operations. Unrealized gains and losses on unrestricted investments recorded at fair value are reported within the consolidated statements of changes in net assets. Investment income on temporarily and permanently restricted investments, including realized and unrealized gains and losses, is recorded according to the donor's intentions and as restricted investment income within the consolidated statements of changes in net assets.

Other-than-temporary declines result from decreases in the fair market values of debt, equity, and alternative investments below the cost basis in these securities. The System recorded other-than-temporary declines in unrestricted investments totaling $15,245 and $7,664 in 2011 and 2010, respectively. Other-than-temporary declines are recorded in the consolidated statements of operations and result in a new cost basis for unrestricted investments. In 2011, other-than-temporary losses for temporarily and permanently restricted net assets amounted to $25 and $16, respectively. In 2010, other-than-temporary losses for temporarily and permanently restricted net assets amounted to $29 and $86, respectively. Other-than-temporary losses for temporarily and permanently restricted net assets are recorded within restricted investment income in the consolidated statements of changes in net assets.

(d) Securities Lending

The System discontinued securities lending in 2011. Prior to 2011, the System engaged in securities lending whereby certain securities in its portfolio were loaned to other parties, generally for a short period of time. The System received collateral equal to 102% of the market value of securities borrowed. The System recorded the fair value of the collateral received as both an other current asset and an other current liability since the System was obligated to return the collateral upon the return of the borrowed securities. Other current assets and liabilities include $29,112 of collateral investments at December 31, 2010.

(e) Costs of Borrowing

Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets. Capitalized interest totaled $2,970 and $20,852 for the years ended December 31, 2011 and 2010, respectively.

Deferred financing costs are capitalized when incurred, and then amortized during the period in which the debt is outstanding. Deferred financing costs included in other assets totaled $8,709 and $8,730 at December 31, 2011 and 2010, respectively.

(f) Property and Equipment and Other Long-Lived Assets

Additions and improvements to property and equipment are capitalized at cost. Expenditures for maintenance and repairs are charged to expense as incurred.

Depreciation on plant and equipment is computed on the straight-line basis over the estimated useful lives of the respective assets. Buildings and improvements are depreciated over estimated useful lives ranging generally from 5 to 40 years. Leasehold improvements are depreciated over the lesser of the life of the asset or the term of the lease. Estimated useful lives of equipment vary generally from 3 to 20 years.

Long-lived assets, such as property, plant, and equipment, and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future undiscounted cash flows expected to be generated by the asset. When such assets are considered to be impaired, the impairment loss recognized is measured by the amount by which the carrying value of the asset exceeds the fair value of the asset. Fair value estimates are derived from independent appraisals, established market values of comparable assets, or internal calculations of estimated future discounted cash flows.

(g) Conditional Asset Retirement Obligations

The System has determined that a conditional asset retirement obligation exists with regard to future asbestos removal. The System may have additional asset retirement obligations that are not known and, accordingly, are not recorded as no estimate can be made at this time. In 2011 and 2010, the System expended $28 and $632, respectively, relating to asset retirement obligations, and the accreted interest cost was immaterial. No additional amounts were added to asset retirement obligations in 2011 or 2010. Consequently, conditional asset retirement obligations totaled $1,994 and $2,022 at December 31, 2011 and 2010, respectively.

(h) Gifts, Private Grants, Bequests, and Pledges

Donors contribute cash, marketable securities, and other assets. Unrestricted contributions are included in the consolidated statements of operations and changes in net assets as unrestricted gifts and are recorded net of fundraising costs in other revenue. Contributions that are received with restrictions that limit the use of the donated asset are reported as either temporarily or permanently restricted in the consolidated statements of net assets as other support and revenue. These donations are recorded at fair value at the time of the contribution.

Gifts, private grants, and bequests that have been received from various corporations, foundations, and individuals for the years ended December 31, 2011 and 2010 are as follows:

		2011	2010
Unrestricted	$	1,043	2,035
Temporarily restricted		44,445	26,953
Permanently restricted		10,026	1,133
	$	55,514	30,121

Pledges are recorded at fair value as receivables in the year made and reported as either temporarily or permanently restricted in the consolidated statements of net assets as other support and revenue. Conditional donor promises to give and indications of intentions to give are not recognized until the condition is satisfied. Pledges due in less than one year are classified as other current assets. Pledges due in more than one year are classified as other long-term assets on the consolidated balance sheets.

Outstanding pledges receivable from various corporations, foundations, and individuals are recorded at their net present value using the London Interbank Offered Rate (LIBOR) as the discount rate. The balances at December 31, 2011 and 2010 are as follows:

		2011	2010
Pledges due:			
In less than one year	$	25,248	23,052
In one year to five years		56,249	52,704
In more than five years		12,932	12,027
		94,429	87,783
Discount		(3,140)	(4,117)
Allowance for doubtful pledges		(1,871)	(1,755)
	$	89,418	81,911

(Continued)

The System has conditional donor promises to give of $56,554 and $45,790 at December 31, 2011 and 2010, respectively, which are not recognized as assets on the consolidated balance sheets.

The System has entered into an affiliation agreement with Case Western Reserve University School of Medicine with the primary goal of supporting innovative, high-quality programs in medical education, biomedical research, and clinical care. In order to meet this goal, the parties will collaborate on many clinical and academic programs and jointly recruit and fund clinical chairs and faculty. In 2008, the System established a unified faculty practice plan by employing faculty physicians and purchasing certain tangible assets.

In connection with the affiliation agreement with Case Western Reserve University School of Medicine, the System has estimated conditional commitments of $110,809 at December 31, 2011 that are not recorded as liabilities as these commitments are contingent upon future performance for the years 2012 through 2015.

(i) Government Grants

Amounts received from government agencies are reported in the consolidated statements of operations as other revenue. Grants received totaled $16,420 and $10,700 for the years ended December 31, 2011 and 2010, respectively.

(j) Charity Care and Provision for Bad Debts

Throughout the admission, billing, and collection processes, certain patients are identified by the System as qualifying for charity care. The System provides care to these patients without charge or at amounts less than its established rates. Charity care includes those patients required to be identified in connection with the System's participation in the State of Ohio's Care Assurance Program. Under this Program, patients who are Ohio residents without any or adequate health insurance coverage and who are at or below 100% of the federally defined poverty level are eligible to receive Medicaid covered services free of charge. The charges forgone for charity care provided by the System are not reported as net patient service revenue or as patient accounts receivable. The System accepts all patients covered by Medicare and Medicaid and treats patients requiring emergency care regardless of their ability to pay.

The uncompensated cost of charity care is estimated by applying an overall cost to charge ratio to the charges associated with patients who qualify for charity care. Uncompensated costs of charity care totaled $47,111 and $35,042 for the years ended December 31, 2011 and 2010, respectively.

In addition, the System provides services to other medically indigent patients under various state Medicaid programs. Such programs pay providers amounts that are less than the established charges for the services provided to the recipients. The uncompensated costs associated with these state programs is estimated as the total direct and indirect costs in excess of the payments received for the services provided. Services provided to Medicaid recipients (including Medicaid recipients who are participants in a Medicaid managed care plan) represented approximately 22% and 21% of the System's patient activity for 2011 and 2010, respectively.

The System also provides other uncompensated care and community benefits. In furtherance of its exempt purpose to benefit the community, the System operates an inner city medical clinic to serve the health care needs of the community; operates emergency rooms open to the public 24 hours per day, 7 days per week; maintains research facilities for the study of disease and injuries; provides facilities for teaching and training various medical personnel; facilitates the advancement of medical and surgical education; provides community screenings for the detection of various diseases such as breast and colorectal cancer; sponsors cancer support groups; provides various community health education classes, speeches, television appearances, and articles published in newspapers and magazines; and undertakes other types of community benefit activities.

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 $57,304 and $52,423 for the years ended December 31, 2011 and 2010, respectively.

(k) Excess of Revenues Over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses. Changes in unrestricted net assets, which, consistent with industry practice, are excluded from excess of revenues over expenses, include unrealized gains and losses on other-than-trading securities, certain changes in joint venture net assets, assets acquired using funds restricted by the donor for the purpose of acquiring such assets, adjustments for pension accounting (see note 12), and activity from discontinued operations (see note 14).

(l) Derivative Financial Instruments

Derivative financial instruments are utilized by the System to manage: (i) interest rate risk; (ii) the fixed and floating interest rate mix of the System's total debt portfolio; and (iii) related overall cost of borrowing. The interest rate swap agreements involve the periodic exchange of payments without the exchange of the notional amount upon which the payments are based. The System does not use financial instruments for trading purposes. The related amount of payables to counterparties under swap agreements is included in other liabilities and the related amount of receivables from counterparties under swap agreements is included in other assets on the consolidated balance sheets (see note 9).

Derivative financial instruments are recorded on the consolidated balance sheets at their respective fair value. Gains and losses on derivative financial instruments are recorded in the change in fair value of derivative instruments within the consolidated statements of operations. The net amount paid or received under the swap agreements is recorded as interest expense in the consolidated statements of operations.

(m) Income Taxes

The System and most of its subsidiaries, including UHCMC, are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from federal income taxes pursuant to Section 501(a) of the Code. The System also has certain subsidiaries that are taxable for federal income tax purposes (see note 19).

(n) Costs Expected to Be Incurred in Connection with a Loss Contingency

Liabilities for asserted claims and assessments are recorded when an unfavorable outcome of a matter is deemed to be both probable and the loss contingency is reasonably estimable.

(o) Use of Estimates

The preparation of consolidated financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(p) Recently Issued Accounting Guidance

In July 2011, The FASB issued guidance relating to the presentation and disclosure of patient service revenue, provision for bad debts, and the allowance for doubtful accounts for certain health care entities. The guidance requires changes to the presentation of the consolidated statements of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue. Enhanced disclosures concerning policies for recognizing revenue and assessing bad debts are also required. Additional disclosures will be needed for patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The System is currently assessing the impact of this guidance on its consolidated financial statements.

In May 2011, the FASB issued changes to correspond existing guidance regarding fair value measurement and disclosure between GAAP and International Financial Reporting Standards (IFRS). The new standards provide guidance on how fair value should be applied where it is already required or permitted and does not extend the use of fair value. Most of the changes are clarifications of existing guidance to align with IFRS. The changes will be effective for annual periods beginning after December 15, 2011. The System expects that the adoption of this guidance will not have an impact on its consolidated financial statements.

(q) Reclassifications

Certain amounts included in the 2010 consolidated financial statements have been reclassified to conform to the 2011 presentation.

(3) Net Patient Service Revenue

The System and certain of its subsidiary corporations have agreements with third-party payors (e.g., Medicare, Medicaid, and commercial insurance carriers) that provide for payments and reimbursement at amounts different from the System's established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. Adjustments as a result of final settlements for the Medicare, Medicaid, and Champus/Tricare program resulted in net patient service revenue increasing by approximately $7,831 and $8,678 for the years ended December 31, 2011 and 2010, respectively.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The System believes that it is in compliance, in all material respects, with all applicable laws and regulations.

Due to a renegotiation of a contract with a third-party payor in 2008, the System recognized as revenue $14,360 of deferred net patient service revenue for the years ended December 31, 2011 and 2010, respectively. These amounts are recorded in net patient service revenue within the consolidated statements of operations.

(4) Net Assets

Temporarily restricted net assets are used to differentiate resources, the use of which is restricted by donors or grantors to a specific time period or purpose, from resources on which no restrictions have been placed or that arise from the general operations of the System. Temporarily restricted gifts, which include unrestricted pledges, are recorded as an addition to temporarily restricted net assets in the period received. Temporarily restricted net assets are available for the following purposes at December 31, 2011 and 2010:

	2011	2010
Capital expenditures	$ 46,018	34,920
Education	8,572	16,276
Research	35,197	36,714
Patient care	52,148	41,284
Beneficial interest in Foundation	52,221	56,433
	$ 194,156	185,627

Permanently restricted net assets consist of amounts held in perpetuity as designated by donors, including the System's portion of beneficial interests in several perpetual trusts. Investment income on temporarily and permanently restricted investments, including realized gains and losses, is recorded according to the donor intentions. Changes in unrealized gains and losses on temporarily and permanently restricted investments are recognized directly in net assets.

Net assets are released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors. Net assets released from restrictions used for operations totaled $34,181 and $29,929 during 2011 and 2010, respectively. Net assets released from restrictions are recorded in other revenue in the consolidated statements of operations and changes in net assets. In addition, $1,411 and $812 in net assets were released for the acquisition of property and equipment in 2011 and 2010, respectively.

The System's endowment consists of 342 individual funds established for a variety of purposes. Endowments include both donor-restricted funds and funds designated by the Board of Directors (the Board) to function as endowments. Net assets associated with endowment funds, including funds designated by the Board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The System's permanently restricted endowment funds are donor restricted, which totaled $101,149 and $89,646 at December 31, 2011 and 2010, respectively. Board designated funds are unrestricted and totaled $17,654 at December 31, 2011 and 2010, and are included within unrestricted and board designated investments.

The System's investment policy establishes a limited number of investment pools with a specific purpose of aggregating various System funds' investments according to their risk tolerance. Asset allocation is reviewed quarterly with respect to: i) System tolerance for risk based on its financial condition and need for cash from investments to support operations; ii) expected asset class return, risk, and correlation characteristics; iii) changes in accounting guidance or tax law; and iv) changes in bond covenants or other restrictions. Management of the System is responsible to ensure the proper allocation of funds according to the specific needs, timing of cash flows, and risk tolerance of each fund.

The System's spending practices are intended to comply with the donor's wishes and meet all applicable laws and regulations including the Uniform Prudent Management of Institutional Funds Act. Spending must be for a purpose that is consistent with the documented intent of the donor. The System generally appropriates an amount not to exceed 5% of the endowment fund's fair market value for annual spending subject to spending guidelines and restrictions per the System's policy. The fair market value of the endowment fund is determined quarterly and averaged over a period of a rolling thirty-six months.

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Endowment net assets, at January 1, 2010	$ 17,654	—	85,983	103,637
Investment return:				
Investment income	—	1,525	23	1,548
Net appreciation	—	—	132	132
Total investment return	17,654	1,525	86,138	105,317
Contributions	—	—	3,508	3,508
Appropriation of endowment assets for expenditure	—	(1,525)	—	(1,525)
Endowment net assets, at December 31, 2010	17,654	—	89,646	107,300
Investment return:				
Investment income	—	1,213	3	1,216
Net appreciation	—	—	3	3
Total investment return	17,654	1,213	89,652	108,519
Contributions	—	—	11,497	11,497
Appropriation of endowment assets for expenditure	—	(1,213)	—	(1,213)
Endowment net assets, at December 31, 2011	$ 17,654	—	101,149	118,803

(Continued)

(5) Fair Value Measurements

The FASB establishes a hierarchy for ranking the quality and reliability of the information used to determine fair values. Assets and liabilities carried at fair value are to be disclosed according to the following three levels:

Level 1 – Unadjusted quoted prices for identical assets or liabilities in active markets. Level 1 yields the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities. A quoted price in an active market provides the most reliable evidence of fair value and shall be used to measure fair value whenever available.

Level 2 – Observable inputs other than quoted prices in Level 1. Inputs such as quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar liabilities that are not active, or other inputs that are observable or can be corroborated by observable market data.

Level 3 – Unobservable inputs that are significant to the valuation of assets or liabilities and are supported by little or no market data. This includes discounted cash flow methodologies, pricing models, and similar techniques that use significant unobservable inputs.

The inputs used to fair value Level 1 instruments are unadjusted quoted prices derived from stock exchanges, and the Chicago Board of Trade. Level 1 instruments primarily consist of equities, exchange traded funds, and certain government securities.

Investments in Level 2 are primarily comprised of corporate bonds, international bonds, asset-backed securities, and U.S. agency bonds. Level 2 inputs primarily consist of quotes from independent pricing vendors based on recent trading activity, and other relevant information including matrix pricing, market corroborated pricing, yield curves, and other indices that are used when Level 1 inputs are not available.

Items classified as Level 3 in the fair value hierarchy include certain alternative investments, beneficial interests, perpetual trusts, as well as the initial recognition of pledges.

	Level 1	Level 2	Level 3	Total
December 31, 2011				
Assets				
Cash and cash equivalents	$ 117,609	—	—	117,609
Cash and cash equivalents – pooled with investments				
Cash equivalents	16,226	67,019	—	83,245
Short term bond instruments	—	22,217	—	22,217
Total cash and cash equivalents	16,226	89,236	—	105,462
Fixed income securities				
Corporate bonds	—	93,936	—	93,936
Fixed income mutual funds	4,278	141,329	—	145,607
Government securities	71,095	63,376	—	134,471
Total fixed income securities	75,373	298,641	—	374,014
Equities, mutual and exchange traded funds				
U S equities	72,888	—	—	72,888
International equities	14,985	—	—	14,985
Mutual and exchange traded funds	40,457	10,098	—	50,555
Other	27	—	—	27
Total equities, mutual and exchange traded funds	128,357	10,098	—	138,455
Alternative investments				
Hedge funds	—	—	69,742	69,742
Real estate	—	—	1,718	1,718
Total alternative investments	—	—	71,460	71,460
Deferred compensation assets	14,342	—	—	14,342
RBC Foundation	—	—	70,949	70,949
Pledges	—	—	91,289	91,289
Perpetual trusts	—	—	157,937	157,937
Derivative financial instruments	—	467	—	467
Total assets	$ 351,907	398,442	391,635	1,141,984

(Continued)

	Level 1	Level 2	Level 3	Total
December 31, 2011				
Liabilities				
Deferred compensation liabilities	14,342	—	—	14,342
Derivative financial instruments	—	62,635	—	62,635
Total liabilities	$ 14,342	62,635	—	76,977

	Level 1	Level 2	Level 3	Total
December 31, 2010				
Assets				
Cash and cash equivalents	$ 131,468	—	—	131,468
Cash and cash equivalents – pooled with investments				
Cash equivalents	3,917	61,604	—	65,521
Short term bond instruments	—	64,731	—	64,731
Total cash and cash equivalents	3,917	126,335	—	130,252
Fixed income securities				
Corporate bonds	—	103,899	—	103,899
Fixed income mutual funds	3,881	179,590	—	183,471
Government securities	69,719	66,596	—	136,315
Total fixed income securities	73,600	350,085	—	423,685
Equities, mutual and exchange traded funds				
Equities	90,972	—	—	90,972
Mutual and exchange traded funds	52,012	10,381	—	62,393
Other	27	94	—	121
Total equities, mutual and exchange traded funds	143,011	10,475	—	153,486
Alternative investments	—	—	15,000	15,000
Securities lending				
Equities	7,915	—	—	7,915
Corporate bonds	—	5,588	—	5,588
Government securities	13,221	2,388	—	15,609
Total securities lending	21,136	7,976	—	29,112
Deferred compensation assets	12,222	—	—	12,222
RBC Foundation	—	—	75,459	75,459
Pledges	—	—	83,666	83,666
Perpetual trusts	—	—	165,866	165,866
Total assets	$ 385,354	494,871	339,991	1,220,216

(Continued)

	Level 1	Level 2	Level 3	Total
December 31, 2010				
Liabilities				
Securities lending				
Equities	$ 7,915	—	—	7,915
Corporate bonds	—	5,588	—	5,588
Government securities	13,221	2,388	—	15,609
Total securities lending	21,136	7,976	—	29,112
Deferred compensation liabilities	12,222	—	—	12,222
Derivative financial instruments	—	36,219	—	36,219
Total liabilities	$ 33,358	44,195	—	77,553

The System recorded the fair value of the collateral received for securities lending as both an other current asset and an other current liability. The System discontinued securities lending in 2011. The loaned securities were primarily comprised of Level 1 equity and governmental instruments and Level 2 corporate and U.S. agency bond instruments. Deferred compensation assets and liabilities are comprised of Level 1 mutual funds.

The System has various interest rate swaps as of December 31, 2011 consisting of a total return swap, fixed payor swaps, and fixed spread basis swaps. Market values for the System's interest rate swaps are provided on a monthly basis by the System's independent financial advisor and counterparties. Monthly valuations are derived by pricing models, which use market inputs such as LIBOR, Securities Industry and Financial Markets Association (SIFMA) Swap Index, and bond coupon rates provided by various inter-broker sources. The resulting combination of market data feeds, specific structuring characteristics such as the amortization of notional amounts, effective dates, payment frequencies, day counts, credit risk, and indices, are factored into the pricing model to determine the fair market value of the System's interest rate swaps.

The System elected the fair value option on several of its alternative investments made during 2011 and 2010. The fair value option election was made in order to take advantage of fair market value increases expected to occur over the life of the investment. The System holds several alternative investments that are recorded under the cost or equity methods of accounting. The System will continue to record previously entered into alternative investments under the cost or equity methods as appropriate. The System uses net asset value to approximate fair value for alternative investments. Refer to note 6 for further discussion concerning the valuation of alternative investments.

Rainbow Babies & Children's Foundation (RBC Foundation) operates for the exclusive benefit of UHCMC, and variance power was not explicitly given to RBC Foundation by the donors. Therefore, the System is required to record its beneficial interest in the net assets of RBC Foundation. The investment in RBC's Foundation is categorized as a Level 3 item. The primary input utilized in calculating the RBC

(Continued)

Foundation's fair value is its net assets, which represents fair market valuation of certain equity, debt, and other instruments held by RBC Foundation. The System records 100% of the RBC Foundation's net assets to approximate fair market value.

The System utilizes the Income Approach to initially recognize pledges. This approach uses valuation techniques to convert future amounts to a single present amount. The System uses a discounted cash flow model to fair value promises to give. LIBOR is used as the discount rate within the System's discounted cash flow model. The System also considers past collection experience and creditworthiness of the donor in estimating the future cash flows of promises to give. LIBOR is considered the key input in the model and the System has determined that LIBOR is the best measure of the rate of return appropriate for the expected term of the promises to give.

Permanently restricted net assets consist of amounts held in perpetuity as designated by donors, including the System's portion of beneficial interests in several perpetual trusts held and administered by others in which the System is an income beneficiary. Perpetual trusts are measured at fair market value by the external trustee, which approximates the present value of expected future cash flows. Perpetual trusts utilize significant unobservable inputs determined by the external trustees in estimating fair market value.

	Fair value measurements using significant unobservable inputs (Level 3)					
				Alternative Investments		
	RBC Foundation	Pledges	Perpetual Trusts	Hedge funds	Real Estate	Total
Balance at January 1, 2010	$ 69,396	89,980	156,836	—	—	316,212
Additions	—	23,500	—	15,000	—	38,500
Total change included in Temporarily restricted net assets	6,426	—	—	—	—	6,426
Permanently restricted net assets	(363)	—	9,030	—	—	8,667
Payments	—	(31,539)	—	—	—	(31,539)
Write-offs	—	(302)	—	—	—	(302)
Change in discount	—	2,027	—	—	—	2,027
Balance at December 31, 2010	75,459	83,666	165,866	15,000	—	339,991
Additions	—	44,914	—	56,529	1,869	103,312
Total gains or losses included in						
Realized (losses)	—	—	—	(2,133)	(67)	(2,200)
Unrealized gains	—	—	—	346	203	549
Total change included in Temporarily restricted net assets	(4,212)	—	—	—	—	(4,212)
Permanently restricted net assets	(298)	—	(7,929)	—	—	(8,227)
Dispositions	—	—	—	—	(287)	(287)
Payments	—	(37,130)	—	—	—	(37,130)
Write-offs	—	(1,138)	—	—	—	(1,138)
Change in discount	—	977	—	—	—	977
Balance at December 31, 2011	$ 70,949	91,289	157,937	69,742	1,718	391,635

(Continued)

(6) Investments

The fair value and the cost of investments at December 31, 2011 and 2010 are as follows:

	2011		2010	
	Fair value	Cost	Fair value	Cost
Cash and cash equivalents – pooled with investments	$ 105,462	105,468	130,252	130,240
Fixed income securities	374,014	360,352	423,685	412,313
Equities, mutual and exchange traded funds	138,455	120,502	153,486	114,163
Alternative investments*	71,460	70,911	15,000	15,000
Total investments at fair value	689,391	657,233	722,423	671,716
Alternative investments **	95,872		95,852	
Total investments	$ 785,263		818,275	

* Fair value option elected on several alternative investments, see note 5.
** See note 2(c) for the accounting treatment of these alternative investments.

The System holds certain investments in fixed income securities including domestic and international corporate bonds; U.S. Treasuries, government, and agency bonds; non-U.S. sovereign debt; and emerging market debt. The System holds common and preferred stock including investments in small cap, mid cap, and large cap companies as well as in non-U.S. equities in developed and emerging markets.

The System holds certain alternative investments including private equity, real estate, hedge funds, and distressed debt. These investments are made through various Fund-of-Funds Limited Partnership structures, whereby the System is invested in a Limited Partnership, which in turn utilizes its expertise to invest in underlying Limited Partnership Funds and make certain other investments. These investments are not readily marketable and are valued utilizing the most current information provided by the general partner, subject to assessments that the value is representative of fair value.

The General Partner of each Fund-of-Funds Limited Partnership determines the fair market valuation of its underlying Limited Partnership investments. This valuation is based primarily on the quarterly internal and annual audited consolidated financial statements of the underlying Limited Partnership Funds, which report net asset value based on i) the nature and terms of each underlying investment, ii) market inputs, and iii) certain other relevant information. The System performs various measures to validate that the reported net asset value approximates the fair market value. The determination of fair market values for the alternative investments requires the General Partners and System management to make estimates and assumptions about certain inputs and other factors that are inherently uncertain. These estimates are subjective and require judgment regarding significant matters such as the amount and timing of future cash flows and the selection of discount rates that appropriately reflect market and credit risks.

Assets categorized as alternative investments may be subject to liquidity restrictions such as gates. These gates prevent short-term liquidation of assets. Hedge funds may be redeemed at quarter-end requiring advanced notice ranging from 45-65 days prior written notice subject to certain limitations that may be imposed by the General Partner of the fund without notice. Private equity and private real estate funds generally have contractual terms of 10 years or greater from the time the commitment to the fund is made. While distributions of capital during this term typically occur, many of these funds have provisions that allow the General Partner to extend the final term and suspend distributions. Distressed debt funds are typically 1-5 years or 6-10 year term structures, and although some of the funds offer liquidity, the fund documents allow the General Partner to suspend redemptions if they deem necessary. Resulting from these contractual limitations on liquidity, these alternative assets are generally considered illiquid. Contractual liquidity terms of alternative investments at December 31, 2011 are as follows:

		Carrying amount	Unfunded commitments
Less than 1 year, no contractual restrictions have been imposed	$	14,382	—
Subject to existing gates or restrictions		19,123	—
Limited partnership fund expiring in 1–5 years		105,174	2,182
Limited partnership fund expiring in 6–10 years		28,533	9,815
Limited partnership fund expiring in 11-12 years		120	4,880
Total alternative investments	$	167,332	16,877

Resulting from the lack of liquidity, the System has allocated its alternative investments primarily to temporarily and permanently restricted investments. The fair value of alternative investments totaled approximately $179,415 and $122,861 compared to a carrying value of $167,332 and $110,852 as of December 31, 2011 and 2010, respectively.

The components and related restrictions of investments shown above are as follows:

		2011	2010
Unrestricted and board designated	$	580,730	588,376
Held by bond trustee		25,582	68,064
Swap collateral		14,240	12,172
Temporarily restricted		63,562	60,017
Permanently restricted		101,149	89,646
Total investments	$	785,263	818,275

(Continued)

Investment income is comprised of the following for the years ended December 31, 2011 and 2010:

	2011	2010
Interest and dividend income:		
Unrestricted	$ 17,681	15,838
Temporarily restricted	2,349	2,390
Permanently restricted	—	27
	20,030	18,255
Net realized gains on sales of securities:		
Unrestricted	22,584	26,227
Temporarily restricted	1,637	1,441
Permanently restricted	99	573
	24,320	28,241
Equity (losses) earnings from alternative investments	(907)	1,377
	$ 43,443	47,873

(7) Property, Plant, and Equipment

Property, plant, and equipment, at cost, at December 31, 2011 and 2010, are summarized below:

	2011	2010
Land and land improvements	$ 101,349	92,144
Buildings and fixed equipment	1,447,611	942,002
Movable equipment and furnishings	885,592	769,333
Construction in progress	20,595	496,628
	2,455,147	2,300,107
Less accumulated depreciation	1,165,883	1,066,011
Net property, plant, and equipment	$ 1,289,264	1,234,096

In 2005, the Board of Directors of the System approved Vision 2010 – a new strategic plan (the Strategic Plan). The Strategic Plan sets forth plans for capital expenditures of more than $1.2 billion over the five-year period 2006 through 2010, and includes significant capital investments to the UHCMC campus, new facilities and expansion of services at several System hospitals, additional suburban ambulatory centers, and technological enhancements, including System-wide electronic medical records. University Hospitals Ahuja Medical Center, Inc. and Siedman Cancer Center were placed into service during 2011. As of December 31, 2011, the remaining commitment on construction contracts is $26,690.

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In connection with the sale of a building in 2003, the System retained a repurchase option for one-half ownership interest in the property at net book value. Consequently, the System recorded a corresponding long-term asset and long-term liability of $36,439 and $38,619 at December 31, 2011 and 2010, respectively.

(8) Short-Term Borrowings and Long-Term Debt

Effective October 4, 2011, the System renewed a $130,000 revolving credit facility (the Facility) in a syndicated transaction. The Facility bears interest at various rates for short-term periods. The Facility's final maturity is October 3, 2015. Borrowings under the Facility totaled $105,000 and the remaining available credit line was $25,000 at December 31, 2011. The $105,000 borrowing is classified as a long-term liability within the consolidated balance sheet as of December 31, 2011. The average interest rate for the year ended December 31, 2011 was 0.69%. Borrowings under the Facility totaled $40,000 at December 31, 2010 and were classified as a current liability within the consolidated balance sheet. The average interest rate for the year ended December 31, 2010 was 0.70%.

Effective June 8, 2010, the System entered into a revolving credit commitment with PNC Bank for $100,000 in a syndicated transaction. The revolving credit commitment bears interest at various rates for short-term periods. The revolving credit commitment's final maturity is July 8, 2013. There were no borrowings outstanding at December 31, 2011 involving this credit line. The average interest rate for borrowings under this credit line was 1.41% for the year ended December 31, 2011.

On February 23, 2004, the System entered into an uncommitted line of credit "money market program" for $75,000. The line bears interest for short-term periods based on LIBOR and has no stated expiration. Borrowings under the uncommitted line of credit totaled $15,000 and $0 at December 31, 2011 and 2010, respectively. The borrowings are classified as a current liability within the consolidated balance sheets as of December 31, 2011. The remaining available credit line was $60,000 at December 31, 2011. The average interest rate for the year ended December 31, 2011 was 2.00%.

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A summary of long-term debt at December 31, 2011 and 2010, is as follows:

Series	Type	Average interest rate% for the year ended December 31, 2011	Final maturity	Amount outstanding December 31 2011	2010
2010A	Fixed	4.49%	2027	$ 87,520	92,755
2010B	Variable	0.99	2035	71,125	71,125
2009A	Fixed	6.58	2039	173,500	175,000
2009B	Fixed	5.68	2039	60,040	60,040
2009C	Fixed	4.29	2039	41,400	41,400
2008B	Variable	0.25	2035	47,700	47,700
2008D	Variable	0.16	2035	50,000	50,000
2008E	Variable	0.25	2035	25,000	25,000
2007A	Fixed	4.85	2046	289,460	289,460
2001	Variable	0.92	2033	10,000	10,000
1998A	Variable	0.26	2023	—	8,565
1998B	Variable	0.26	2023	—	6,925
1996A	Fixed	5.63	2016	18,720	22,225
1996B	Fixed	5.50	2019	28,005	30,520
Note payable	Fixed	2.00	2036	20,000	—
Other long-term debt				2,188	3,544
				924,658	934,259
Add:					
Unamortized premium				1,989	2,391
Less:					
Unamortized discount				4,986	5,302
Current installments				14,300	14,572
				907,361	916,776

Effective April 15, 2011, the System entered into a note payable agreement with a regional center designated by the U.S. Citizenship and Immigration Services EB-5 Program for $50,000. The note payable bears a 2.00% interest rate. On September 23, 2011, the System increased the borrowing capacity on the note by an additional $10,000. The increased commitment bears a 1.50% interest rate. Borrowings under this agreement were $20,000 at December 31, 2011. The note payable's principal payments begin in 2017 and its final maturity is December 2036.

On March 31, 2011, the System repaid the Series 1998A and B bonds totaling $15,490 relating to discontinued operation activities. Refer to note 14 for further details relating to discontinued operations.

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The System issued the Series 2010B bonds in a variable rate mode on December 27, 2010. The issuance totaled $71,125 and was used to refund the Series 2008C bonds. The System incurred a loss on extinguishment of $470 as a result of the bond issuance. The Series 2010B bonds are privately placed with an initial term that expires January 15, 2014.

The System issued the Series 2010A bonds in a fixed rate mode on February 12, 2010. The net proceeds of $92,755 from the Series 2010A bonds, together with the 1985 debt service reserve fund, were used to refund the Series 1985 bonds, Series 2008A bonds, and portions of the Series 2008B bonds. The System incurred a loss on extinguishment of $524 as a result of the bond issuance.

A total of $33,578 of bonds could become due in 2012. This amount represents: i) variable rate bonds totaling $23,578, which are backed by bank letters of credit, could become due in 2012 based on the repayment schedule of the bank letters of credit upon the failure to remarket these bonds and ii) $10,000 of variable rate bonds for which the System provides self-liquidity and which is not backed by a letter of credit. The total that could become due in 2012 is offset by the remaining available borrowing capacity of $100,000 on the revolving credit commitment with PNC Bank, which is not due until July 8, 2013 and the remaining borrowing capacity of $25,000 on the Facility, which is not due until October 3, 2015.

The System is party to a Master Trust Indenture, amended and restated as of June 15, 1989 (the Indenture), pursuant to which the 2010A and B bonds were issued. The Series 1996A and B, 2001, 2007A, the 2008B, D and E and the 2009A, B and C Bonds (collectively, the Revenue Bonds) are secured by the Indenture. The Revenue Bonds are general obligations of the Obligated Group. The Obligated Group consists of the System, UHCMC, University Hospitals Geauga Medical Center and University Hospitals Ahuja Medical Center, Inc. Effective October 1, 2011, University Hospitals Bedford Medical Center was removed from and University Hospitals Ahuja Medical Center, Inc. was added to the Obligated Group. The consolidated financial statements for December 31, 2011 and 2010 are presented under the new Obligated Group structure.

In connection with the issuance of the Series 2010A and B, 2009A, B and C, 2008B, D and E and 2007A tax-exempt bonds by the Ohio Higher Educational Facility Commission (the Commission) for the benefit of the System, the System has leased to the Commission, and the Commission has subleased to the System the certain bond-financed assets. The System does not receive rental payments under its lease to the Commission and is required only to make rental payments to the Commission at the times and in the amounts sufficient to pay principal and interest on the outstanding tax-exempt bonds under its lease from the Commission. The lease agreements expire upon repayment of all indebtedness secured by the leases.

In connection with the issuance of the Series 1996A and B and 2001 tax-exempt bonds by Cuyahoga County (the County) for the benefit of the System, the System has leased to the County, and the County has subleased to the System, certain health care facilities of the System. The System does not receive rental payments under its lease to the County and is required only to make rental payments to the County at the times and in the amounts sufficient to pay principal and interest on the outstanding tax-exempt bonds under its lease from the County. The lease agreements expire upon repayment of all indebtedness secured by the leases.

During the term of the various agreements and leases, the System is required to make specified deposits with trustees to fund principal and interest payments due. The System is subject to certain restrictive covenants, including provisions relating to certain debt ratios, days cash on hand, and other matters. The System was in compliance with these debt covenants at December 31, 2011.

Combined current aggregate scheduled maturities of long-term debt for the five years subsequent to December 31, 2011, excluding bonds that could come due in 2011, are as follows: 2012 – $14,300; 2013 – $15,198; 2014 – $15,350; 2015 – $15,205; 2016 – $14,795, and 2017 and thereafter – $849,810. In addition, the $105,000 borrowing on the Facility at December 31, 2011 is required to be repaid by October 3, 2015.

The average interest rate included in the table above is the weighted average interest cost for the year ended December 31, 2011 for the 1996A and B, 1998A and B, 2001, 2007A, 2008B, D, and E, and 2010A and B Bonds. The carrying value of the variable rate debt approximates their fair value. The fair value of the fixed rate debt totaled $705,062 compared to a carrying value of $698,645 as of December 31, 2011. The fair value of fixed rate debt was determined using observable inputs other than quoted market prices, which are considered Level 2 inputs (see note 5).

Cash paid for operating interest totaled $36,018 and $14,476 in 2011 and 2010, respectively.

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(9) Interest Rate Swap Agreements

The System utilizes interest rate swaps to manage the overall cost of debt and risk profile related to its long-term debt. The swaps utilized include i) fixed-payer swaps, whereby the System receives a floating rate and pays a fixed rate designed to either hedge against rising interest rates or achieve a lower overall cost of debt relative to traditional fixed-rate structures, ii) a fixed-receiver swap whereby the System receives a fixed rate and pays a floating rate designed to reduce the cost of debt and iii) basis swaps whereby the System receives a floating rate based on a taxable index (LIBOR) and pays a floating rate based on a tax-exempt index (SIFMA) designed to reduce interest costs associated with its traditional fixed rate debt. A summary of the System's interest rate swap agreements is as follows:

Swap type	Maturity date	For the year ended December 31, 2011		Notional value at December 31	
		System pays	System receives	2011	2010
Fixed-Payor	2034	3.49%/3.46%	67% of 1 month LIBOR	$ 75,000	75,000
Basis	2028	SIFMA Index	67% of 1 month LIBOR + 0.47%	25,000	25,000
Basis	2028	SIFMA Index	67% of 1 month LIBOR + 0.53%	25,000	25,000
Basis	2027	SIFMA Index	61.7% of 1 month LIBOR +0.67%	25,000	25,000
Basis	2027	SIFMA Index	61.7% of 1 month LIBOR +0.62%	25,000	25,000
Fixed-Payor	2034	3.42%/3.36%	67% of 1 month LIBOR	75,000	75,000
Swaption*	2046	SIFMA Index	4.77%	—	50,000
Fixed-Receiver	2016	SIFMA Index	Fixed coupon rate on 1996 A&B tendered bonds – 0.75%	34,170	40,540
Basis	2027	SIFMA Index	62.3% of 1 month LIBOR + 0.79%	42,500	42,500
Basis	2027	SIFMA Index	67% of 1 month LIBOR + 1.00%	50,000	57,500
Fixed-Payor	2026	3.57%/3.69%	65% of 1 month LIBOR + 0.12%	100,000	100,000
Fixed-Payor	2022	4.71%	SIFMA Index	30,940	32,950
Basis	2032	SIFMA Index	67% of 3 month LIBOR + 1.00%	50,000	—
				$ 557,610	573,490

* Terminated swap in 2011

SIFMA is an index of high-grade, tax-exempt variable rate demand obligations. SIFMA ranged from 0.07% to 0.29% (average rate of 0.18%) for the year ended December 31, 2011 and 0.15% to 0.34% (average rate of 0.27%) for the year ended December 31, 2010.

In 2011, the System entered into a basis swap whereby the System pays the SIFMA Index and receives 67% of 3 month LIBOR plus 100 basis points through December 31, 2013. The System will pay the SIFMA Index and receive 85.3% of 3 month LIBOR on this basis swap beginning January 1, 2014 and thereafter. This transaction is expected to produce interest savings over its term.

The net fair value of interest rate swap agreements totaled $(62,168) as of December 31, 2011. The net fair value for swap agreements in 2011 consisted of $467 recorded in other assets and $(62,635) recorded in other liabilities within the consolidated balance sheets. The fair value of interest rate swap agreements totaled $(36,219) as of December 31, 2010, which was recorded in other liabilities within the consolidated balance sheets.

Changes in fair value of derivative instruments in the consolidated statements of operations totaled $(25,949) and $(22,833) for the years ended December 31, 2011 and 2010, respectively. The net amount paid or received under the swap agreements is recorded as interest expense in the consolidated statements of operations. Cash paid totaled $9,669 and $9,933 for the years ended December 31, 2011 and 2010, respectively. Cash received totaled $3,199 and $12,924 for the years ended December 31, 2011 and 2010, respectively.

The System posted collateral due to the decrease in swap valuations of $14,240 and $12,172 as of December 31, 2011 and 2010, respectively. The collateral is comprised of U.S. Treasury and government securities, is limited as to use, and is recorded as an investment within the consolidated balance sheets.

(10) Operating Leases

The System leases various facilities and equipment under operating lease agreements. Lease expense in 2011 and 2010 totaled $22,190 and $17,891, respectively. Minimum operating lease payments over the next five years and thereafter are as follows:

2012	$	22,527
2013		17,881
2014		14,324
2015		8,403
2016		6,267
2017 and thereafter		20,093
	$	89,495

(11) Insurance

Prior to July 1, 2002, the System provided coverage for professional and general liability and workers' compensation claims through a combination of self-insured retentions and commercial and excess insurance policies. Western Reserve Assurance Company, Ltd. (Western Reserve), a wholly owned subsidiary of the System, commenced operations on July 1, 2002 providing professional and general liability insurance coverage on a claims-made basis for substantially all of the System. Effective July 1, 2004, Western Reserve was restructured from a single parent company to a segregated portfolio company (SPC), Western Reserve Assurance Company, Ltd., SPC (Western Reserve SPC). A SPC is an insurance company that operates as a single legal entity, which allows for assets and liabilities to be segregated between different protected portfolios of the company. The individual segregated portfolios do not, by law, have access or rights to the assets of any of the other segregated portfolios within the SPC. At December 31, 2011, the Western Reserve SPC consists of two individual segregated portfolios, which are the University Hospitals Health System Segregated Portfolio and the Cuyahoga Segregated Portfolio. Each segregated portfolio provides coverage for its respective entity's insurance programs and is consolidated into each respective entity's consolidated financial statements. Western Reserve SPC has reinsurance agreements with unrelated commercial carriers in place relative to a portion of the risks.

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Various claimants have asserted professional and general liability and workers' compensation claims against the System. These claims are in various stages of processing or are in litigation. In addition, there are known incidents, and there also may be unknown incidents, which may result in the assertion of additional claims. The System has accrued the actuarial estimate of both asserted and unasserted losses primarily based on actuarially determined amounts. The System's reserves for professional, general, and workers' compensation liabilities (including incurred but not reported claims) approximated $117,552 and $122,410 at December 31, 2011 and 2010, respectively. The current portion of the reserves is recorded in other current liabilities and the remaining portion is recorded in other long-term liabilities. The retention limits per occurrence for the various policies written by Western Reserve SPC range from $500 to $10,000.

(12) Pension Plans

The System maintains noncontributory defined benefit pension plans (the plans) for the benefit of eligible employees. The benefits are based upon years of service and the employees' compensation, as defined by the respective plans. It is the System's policy to contribute annually to the defined benefit plans amounts that are actuarially determined to provide the plans with sufficient assets to meet future benefit payment requirements.

The System recognizes the funded status (difference between the fair value of plan assets and the projected benefit obligation) of defined benefit pension plans on its consolidated balance sheets. Gains or losses and prior service costs or credits that arise during the period but are not recognized as components of net periodic benefit costs are recognized as a component of unrestricted net assets. The System uses December 31, 2011 as the measurement date for plan assets and benefit obligations.

The amounts recognized in changes in unrestricted net assets at December 31, 2011 and 2010 consisted of the following:

		2011	2010
Amount recognized in unrestricted net assets at end of year:			
Unrecognized actuarial loss	$	279,305	239,155
Unrecognized prior service costs		223	640
Net amount recognized	$	279,528	239,795

(Continued)

The accumulated benefit obligation for the Plan was $513,933 and $448,516 as of December 31, 2011 and 2010, respectively. The following represents selected information about the plans for 2011 and 2010 as of December 31, 2011 and 2010:

		2011	2010
Change in benefit obligation:			
Projected benefit obligation (PBO) at beginning of year	$	464,545	398,739
Service cost		30,779	23,338
Interest cost		24,484	22,529
Actuarial loss		31,624	36,120
Benefits paid		(18,266)	(16,181)
Projected benefit obligation at end of year		533,166	464,545
Change in plan assets:			
Fair value of assets at beginning of year		311,152	274,099
Actual return on assets		1,047	12,386
Employer contribution		100,401	40,848
Benefits paid		(18,266)	(16,181)
Fair value of assets at end of year		394,334	311,152
Funded status (PBO in excess of plan assets)		(138,832)	(153,393)
Unrecognized actuarial loss		279,305	239,155
Unrecognized prior service costs		223	640
Net amount recognized	$	140,696	86,402

		2011	2010
The components of periodic pension costs included the following:			
Service cost	$	30,779	23,338
Interest cost		24,484	22,529
Expected return on plan assets		(26,675)	(28,635)
Amortization of prior service costs		417	510
Recognized net actuarial loss		17,103	10,611
Net periodic pension cost	$	46,108	28,353

(Continued)

The amounts in unrestricted net assets expected to be recognized as components of net periodic pension costs in 2012 are as follows:

Amortization of prior service costs	$	197
Recognized actuarial losses		18,648
Total	$	18,845

The weighted average assumptions used to determine benefit obligations and net benefit cost for the years ended December 31, 2011 and 2010 were as follows:

	2011	2010
Weighted average assumptions:		
Discount rate	5.05%	5.49%
Expected return on plan assets	6.75	6.75
Rate of compensation increase (*)	3.00 / 3.75	3.00 / 3.75

(*) 3.00% for 2011–2015 and 3.75% thereafter

The fair value of pension assets of $394,334 at December 31, 2011 is invested in various asset classes as follows:

	2011	2010
Asset class:		
Equities, mutual and exchange traded funds	24%	25%
Fixed income	13	6
Alternative investments	29	18
Cash and cash equivalents	34	51

The Investment Committee of the Board of Directors has responsibility for establishing and monitoring compliance with the investment policy governing the investment of pension assets. The investment policy is utilized as the basis for determining the long-term return assumption for the assets. Historical data, combined with future expected returns of each asset class, are the primary components utilized in developing this assumption. Additional information, such as specific manager performance and risk characteristics, is also included in the assessment of the long-term rate of return assumption.

The System expects to contribute $96,000 to the Plan in 2012. The estimated benefit payments, which reflect expected future service, as appropriate, are expected to be paid by the System as follows: 2012 – $24,127; 2013 – $26,855; 2014 – $30,000; 2015 – $32,738; 2016 – $36,006; and 2017 to 2021 – $227,163.

(Continued)

The FASB requires that the fair value hierarchy disclosures be applied to assets held within the Plan. Refer to note 5 for level definitions.

	Level 1	Level 2	Level 3	Total
December 31, 2011:				
Assets:				
Cash and cash equivalents	$ 201	134,008	—	134,209
Fixed income securities:				
Corporate bonds	—	48,381	—	48,381
Government securities	487	687	—	1,174
Total fixed income securities	487	49,068	—	49,555
Equities, mutual and exchange traded funds:				
U.S. equities	10,771	—	—	10,771
International equities	6,054			6,054
Mutual and exchange traded funds	71,479	6,404	—	— 77,883
Total equities, mutual and exchange traded funds	88,304	6,404	—	94,708
Alternative investments:				
Hedge funds	—	—	89,078	89,078
Real estate	—	—	7,473	7,473
Distressed debt	—	—	19,311	19,311
Total alternative investments	—	—	115,862	115,862
Total assets	$ 88,992	189,480	115,862	394,334

(Continued)

	Level 1	Level 2	Level 3	Total
December 31, 2010:				
Assets:				
Cash and cash equivalents	$ 851	158,514	—	159,365
Fixed income securities:				
Corporate bonds	—	16,083	—	16,083
Government securities	873	459	—	1,332
Total fixed income securities	873	16,542	—	17,415
Equities, mutual and exchange traded funds:				
Equities	67,022	—	—	67,022
Mutual and exchange traded funds	4,686	6,587	—	11,273
Total equities, mutual and exchange traded funds	71,708	6,587	—	78,295
Securities lending	894	—	—	894
Alternative investments:				
Hedge funds	—	—	32,954	32,954
Real estate	—	—	6,015	6,015
Distressed debt	—	—	17,108	17,108
Total alternative investments	—	—	56,077	56,077
Total assets	$ 74,326	181,643	56,077	312,046
Liabilities:				
Securities lending	$ 894	—	—	894
Total liabilities	$ 894	—	—	894

The System discontinued its securities lending practices within the Plan during 2011. Securities lending prior to 2011 was solely comprised of equity securities. The Plan held certain investments in cash and cash equivalents consisting of short-term money market instruments including commercial paper, asset backed securities, treasury bonds and bills, and short-term corporate bonds. The Plan also holds certain alternative investments including hedge funds, real estate, and distressed debt. Refer to note 6 for asset valuation and liquidity restriction information. Liquidity information is included in the below chart.

(Continued)

The table below classifies the market value at December 31, 2011 of the alternative investment portion of the plan assets into categories based on the stated contractual liquidity terms of the underlying investments:

	Fair market value	Unfunded commitments
Less than 1 year, no contractual restrictions have been imposed	$ 6,488	—
Subject to existing gates or restrictions	15,294	—
Limited partnership fund expiring in 1–5 years	80,180	—
Limited partnership fund expiring in 6–10 years	13,393	4,873
Limited partnership fund expiring in 11-12 years	507	13,064
Total alternative investments	$ 115,862	17,937

	Fair value measurements using significant unobservable inputs (Level 3)
	Alternative investments
Balance at January 1, 2010	$ 39,109
Unrealized losses	(435)
Realized losses	(267)
Disbursements and transfers out	(14,842)
Contributions and cash receipts	32,512
Balance at December 31, 2010	$ 56,077

	Fair value measurements of alternative investments using significant unobservable inputs (Level 3)			
	Hedge funds	Real estate	Distressed Debt	Total
Balance at January 1, 2011	$ 32,954	6,015	17,108	56,077
Unrealized gains (losses)	(3,088)	124	(1,162)	(4,126)
Realized gains	377	59	1,122	1,558
Disbursements and transfers out	(2,517)	(421)	(18,367)	(21,305)
Contributions and cash receipts	61,352	1,696	20,610	83,658
Balance at December 31, 2011	$ 89,078	7,473	19,311	115,862

The System sponsors various defined contribution plans. The System contributed $15,691 and $24,799 to the defined contribution plans for the years ended December 31, 2011 and 2010, respectively.

(Continued)

The System also has nonqualified deferred compensation plans for certain employees. The System contributed and expensed $3,542 and $3,234 to the deferred compensation plans for the year ended December 31, 2011 and 2010, respectively.

(13) Investments in Joint Ventures

Investments in joint ventures are accounted for using the equity method of accounting. On December 31, 2009, the System entered into an agreement with The Sisters of Charity of St. Augustine Health System, Inc. (SCHS) changing the current structure of UHHS/CSAHS-Cuyahoga, Inc. (Cuyahoga).

Cuyahoga represented a joint-venture that previously included 50% interest in St. Vincent Charity Hospital, Canton Mercy Medical Center and St. John Medical Center (SJMC). The System is no longer in a joint-venture agreement involving St. Vincent Charity Hospital and Canton Mercy Medical Center as of December 31, 2009. The System's investment balance in SJMC consists of the investment in SJMC and the assets used to wind down the operations of the previous Cuyahoga joint-venture. The System pledged $15,000 over 3 years to support St. Vincent Charity Hospital, of which $10,000 has been paid through December 31, 2011.

The System and SCHS each has a 50% membership in SJMC. The System entered into a management agreement with SCHS for the System to manage the operations of SJMC for a minimum of 5 years. The System committed $50,000 in capital contributions to SJMC.

During 1997, the System entered into an agreement with Southwest Community Health System and certain of its affiliated entities, including Southwest General Health Center (Southwest). The agreement also provides that 50% of the voting members of Southwest's board of trustees shall be selected for appointment by the System and that the System is entitled to 50% of the annual net income as defined in the agreement. The agreement has been amended and restated as of January 1, 2011 and is effective for 10 years. The System retained its voting and income rights of 50% within the new agreement.

Details of the System's investments in these joint ventures are as follows:

	SJMC 50%	Southwest 50%	Total
Investment at December 31, 2009	$ 22,358	35,913	58,271
Excess of revenues over expenses	5,979	9,637	15,616
Other unrestricted net asset activity	245	—	245
Contributions (distributions)	5,000	(5,403)	(403)
Cash received and other considerations	(4,125)	—	(4,125)
Investment at December 31, 2010	29,457	40,147	69,604
Excess of revenues over expenses	3,318	8,958	12,276
Other unrestricted net asset activity	253	—	253
(Distributions)	(5,000)	(4,819)	(9,819)
Cash received and other considerations	(475)	—	(475)
Investment at December 31, 2011	$ 27,553	44,286	71,839

The summary below illustrates the condensed combined financial data for SJMC, Cuyahoga and Southwest as of December 31, 2011 and 2010.

	2011	2010
Total assets	$ 507,026	409,241
Total net assets	208,720	216,977
Total net revenues	466,293	464,377
Total excess of revenues over expenses	24,882	28,032

The System records its pro-rata portion of operating results as other revenue in the accompanying consolidated statements of operations and records its pro-rata portion of changes in unrestricted net assets in the accompanying consolidated statements of changes in net assets.

(14) Discontinued Operations

The System evaluates its service lines periodically for strategic fit within its operations. The System sold the Heather Hill Rehabilitation Hospital, Inc. d/b/a University Hospitals Extended Care Campus (ECC) in April 2011. Substantially all of ECC's assets had been classified as held-for-sale as of December 31, 2010. The System recognized a $20,200 impairment charge during 2010 as a result of classifying the assets as held-for-sale, which requires held-for-sale assets to be recorded at fair value. The fair value of the ECC assets held for sale was based on quoted market prices. The quoted prices used are considered Level 2 inputs as defined in note 5.

The proceeds of the Series 1998A and 1998B Bonds were primarily used for the acquisition of ECC assets held for sale and for the refinancing of various debt obligations of ECC. The System repaid the outstanding $15,490 in Series 1998A and B bonds in March 2011.

The results from operations and impairment charge are reported as a discontinued operation within the statements of changes in net assets for all periods presented. Operating results for the discontinued operation, including all charges incurred during the periods presented are as follows:

		2011	2010
Total revenues	$	4,509	27,529
Total expenses		(8,554)	(29,855)
Impairment charge		—	(20,200)
Discontinued operation	$	(4,045)	(22,526)

The following ECC assets and liabilities had been segregated and included as assets and liabilities held-for-sale in the consolidated financial statements at December 31, 2010:

		2010
Property, plant, and equipment	$	8,284
Other assets held for sale		216
Assets held for sale	$	8,500
Total other liabilities related to assets held for sale	$	541

Assets held for disposal within the consolidated balance sheets at December 31, 2010 also includes $4,775 of other assets held for sale. Assets held for disposal at December 31, 2011 totaled $6,804.

(15) Care Assurance

Various subsidiaries of the System participate in the State of Ohio's Care Assurance Program, which was established in 1988 to assist Ohio hospitals that had a disproportionate amount of uncompensated care. Under the program, Ohio hospitals, including the System's hospitals, are assessed an amount which forms a pool of funds to be matched with federal Medicaid funds for payments to hospitals. Total net revenues to the System under the Care Assurance Program totaled $11,531 and $14,417 in 2011 and 2010, respectively. Portions of the Care Assurance Program funds received are attributed to charity care, which totaled approximately $4,840 and $5,721 in 2011 and 2010, respectively. The System records the net proceeds in net patient service revenue.

(16) Litigation and Contingencies

The System is involved in litigation arising in the ordinary course of business. Claims have been asserted against the System and are currently in various stages of litigation. It is the opinion of management that estimated costs accrued are adequate to provide for potential losses resulting from pending or threatened litigation. In August 2006, the System entered into a five-year Corporate Integrity Agreement that is monitored by the Office of the Inspector General; that agreement expired in August 2011.

(Continued)

(17) Special Charges

The System incurred $1,112 and $2,799 in special charges during 2011 and 2010, respectively. The special charges related primarily to severance, impairment, and restructuring costs.

(18) Purchase Commitments

The System has commitments to purchase goods and services with the following minimum contractual obligations as follows: 2012 – $13,468; 2013 – $9,471; 2014 – $7,683; 2015 – $5,792; 2016 – $3,291; and 2017 and thereafter – $2,350. Purchases under these contracts totaled $167,693 and $124,508 in 2011 and 2010, respectively, and met the provisions of the agreement. In 2001, the System entered into a thirty-year agreement with a utilities company, a related party, which provides utilities to certain buildings at UHCMC. The amounts purchased were $15,721 and $14,181 in 2011 and 2010, respectively.

(19) Income Taxes

The System has certain taxable subsidiaries that have incurred net losses for federal income tax purposes. Cumulative losses available totaled approximately $244,151 and $213,951 at December 31, 2011 and 2010, respectively. The losses are available to offset future taxable income and expire in varying amounts through the year 2031. The potential tax benefit of the net loss carryforward has not been recorded in the consolidated financial statements at December 31, 2011 and 2010 due to the uncertainty of realizing those benefits in the future.

(20) Functional Expenses

The System provides health care services, medical education, and performs medical research. Expenses related to these functions were as follows:

		2011	2010
Health care services	$	1,749,802	1,606,362
Medical education		100,465	98,835
Medical research		66,050	62,011
General and administrative		221,237	140,812
Special charges		1,112	2,799
Total expenses	$	2,138,666	1,910,819

(21) Related Parties

Certain members of the System's Board of Directors serve as management of companies that provide services to the System, including certain banking, investment management, and supplier relationships. Also, certain members of the System's Board of Directors are physicians who serve as medical directors or provide other services in the System. The System's management believes that transactions with related parties are entered into only upon terms comparable to those that would be available from unaffiliated third parties.

(Continued)

(22) Subsequent Events

Management evaluated all activity of the System through February 28, 2012. There have been no events subsequent to the date of these consolidated financial statements that would require additional disclosure.

SUPPLEMENTARY INFORMATION

KPMG LLP
One Cleveland Center
Suite 2600
1375 East Ninth Street
Cleveland, OH 44114-1796

Independent Auditors' Report on Supplementary Information

The Board of Directors
University Hospitals Health System, Inc.:

We have audited and reported separately herein on the consolidated financial statements of University Hospitals Health System, Inc. and subsidiaries (System) as of and for the years ended December 31, 2011 and 2010.

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements of the System taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the obligated and nonobligated groups. The consolidating information is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and, in our opinion, such information is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

KPMG LLP

February 28, 2012

Schedule 1

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Supplementary Information – Balance Sheet

December 31, 2011

(In thousands of dollars)

Assets		Obligated Group	Nonobligated Group	Eliminations	Consolidated
Current assets					
Cash and cash equivalents	$	114.823	2.786	—	117.609
Patient accounts receivable, net		215.224	62.743	—	277.967
Other receivables		39.021	19.657	(23.387)	35.291
Assets held for disposal		6.804	—	—	6.804
Other current assets		60.696	11.764	—	72.460
Total current assets		436.568	96.950	(23.387)	510.131
Investments		743.335	41.928	—	785.263
Property, plant, and equipment, net		1.241.076	48.188	—	1.289.264
Other assets					
Investments in affiliates		159.222	2.301	(74.317)	87.206
Beneficial interest in Foundation		70.949	—	—	70.949
Perpetual trusts		156.898	1.039	—	157.937
Other		161.714	15.563	(11.109)	166.168
Total other assets		548.783	18.903	(85.426)	482.260
Total assets	$	2.969.762	205.969	(108.813)	3.066.918
Liabilities and Net Assets					
Current liabilities					
Current installments of long-term debt	$	14.300	—	—	14.300
Short-term borrowings		15.000	—	—	15.000
Accounts payable and accrued expenses		224.684	30.198	—	254.882
Liabilities related to assets held for disposal		—	—	—	—
Other current liabilities		53.094	33.348	(23.387)	63.055
Estimated amounts due to third-party payors		9.872	2.443	—	12.315
Total current liabilities		316.950	65.989	(23.387)	359.552
Long-term debt, less current installments		907.361	—	—	907.361
Revolving credit borrowing		105.000	—	—	105.000
Other liabilities		345.405	60.721	(11.109)	395.017
Total liabilities		1.674.716	126.710	(34.496)	1.766.930
Net assets					
Unrestricted		816.195	74.316	(74.317)	816.194
Temporarily restricted		193.909	247	—	194.156
Permanently restricted		284.942	4.696	—	289.638
Total net assets		1.295.046	79.259	(74.317)	1.299.988
Total liabilities and net assets	$	2.969.762	205.969	(108.813)	3.066.918

See accompanying notes to supplementary information and independent auditors' report on supplementary information

Schedule 2

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Supplementary Information – Schedule of Operations

Year ended December 31, 2011

(In thousands of dollars)

	Obligated Group	Nonobligated Group	Eliminations	Consolidated
Unrestricted revenues				
Net patient service revenue	$ 1,412,415	615,307	—	2,027,722
Other revenue	141,748	121,374	(106,468)	156,654
Total unrestricted revenues	1,554,163	736,681	(106,468)	2,184,376
Expenses				
Salaries, wages, and employee benefits	680,259	569,541	(6,719)	1,243,081
Purchased services	158,640	55,186	(77,799)	136,027
Patient care supplies	245,987	48,104	—	294,091
Other supplies	31,742	7,874	—	39,616
Insurance	6,804	25,122	(7,737)	24,189
Other expenses	151,203	59,463	(13,793)	196,873
Depreciation and amortization	86,858	14,524	—	101,382
Interest	44,994	417	(420)	44,991
Provision for bad debts	32,502	24,802	—	57,304
Special charges	1,112	—	—	1,112
	1,440,101	805,033	(106,468)	2,138,666
Net operating income (loss)	114,062	(68,352)	—	45,710
Nonoperating revenues (expenses)				
Investment income	39,322	36	—	39,358
Other-than-temporary decline in investments	(14,910)	(335)	—	(15,245)
Change in fair value of derivative instruments	(25,949)	—	—	(25,949)
Loss on extinguishment of debt	—	—	—	—
Excess (deficiency) of revenues over expenses	$ 112,525	(68,651)	—	43,874

See accompanying notes to supplementary information and independent auditors' report on supplementary information

Schedule 3

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Supplementary Information – Balance Sheet

December 31, 2010

(In thousands of dollars)

Assets		Obligated Group	Nonobligated Group	Eliminations	Consolidated
Current assets					
Cash and cash equivalents	$	128,013	3,455	—	131,468
Patient accounts receivable, net		167,254	63,475	—	230,729
Other receivables		41,942	20,530	(23,393)	39,079
Assets held for disposal		4,300	8,975	—	13,275
Other current assets		83,674	12,490	—	96,164
Total current assets		425,183	108,925	(23,393)	510,715
Investments		764,549	53,726	—	818,275
Property, plant, and equipment, net		1,179,294	54,802	—	1,234,096
Other assets					
Investments in affiliates		152,658	2,008	(70,802)	83,864
Beneficial interest in Foundation		75,459	—	—	75,459
Perpetual trusts		164,716	1,150	—	165,866
Other		152,710	4,365	—	157,075
Total other assets		545,543	7,523	(70,802)	482,264
Total assets	$	2,914,569	224,976	(94,195)	3,045,350
Liabilities and Net Assets					
Current liabilities					
Current installments of long-term debt	$	13,672	900	—	14,572
Short-term borrowings		40,000	—	—	40,000
Accounts payable and accrued expenses		220,785	41,652	—	262,437
Liabilities related to assets held for disposal		541	—	—	541
Other current liabilities		96,413	29,494	(23,393)	102,514
Estimated amounts due to third-party payors		14,007	2,424	—	16,431
Total current liabilities		385,418	74,470	(23,393)	436,495
Long-term debt, less current installments		902,046	14,730	—	916,776
Revolving credit borrowing		—	—	—	—
Other liabilities		325,943	59,884	—	385,827
Total liabilities		1,613,407	149,084	(23,393)	1,739,098
Net assets					
Unrestricted		832,792	70,802	(70,802)	832,792
Temporarily restricted		185,344	283	—	185,627
Permanently restricted		283,026	4,807	—	287,833
Total net assets		1,301,162	75,892	(70,802)	1,306,252
Total liabilities and net assets	$	2,914,569	224,976	(94,195)	3,045,350

See accompanying notes to supplementary information and independent auditors' report on supplementary information

Schedule 4

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Supplementary Information – Schedule of Operations

Year ended December 31, 2010

(In thousands of dollars)

	Obligated Group	Nonobligated Group	Eliminations	Consolidated
Unrestricted revenues				
Net patient service revenue	$ 1,248,386	593,461	(1,220)	1,840,627
Other revenue	143,266	118,054	(103,327)	157,993
Total unrestricted revenues	1,391,652	711,515	(104,547)	1,998,620
Expenses				
Salaries, wages, and employee benefits	593,976	537,273	(5,044)	1,126,205
Purchased services	156,998	52,120	(79,432)	129,686
Patient care supplies	217,403	46,539	—	263,942
Other supplies	24,006	8,847	—	32,853
Insurance	1,492	22,332	(4,646)	19,178
Other expenses	129,484	59,567	(15,053)	173,998
Depreciation and amortization	75,881	15,922	—	91,803
Interest	17,934	370	(372)	17,932
Provision for bad debts	27,678	24,745	—	52,423
Special charges	2,454	345	—	2,799
	1,247,306	768,060	(104,547)	1,910,819
Net operating income (loss)	144,346	(56,545)	—	87,801
Nonoperating revenues (expenses)				
Investment income	43,404	38	—	43,442
Other-than-temporary decline in investments	(7,284)	(380)	—	(7,664)
Change in fair value of derivative instruments	(22,833)	—	—	(22,833)
Loss on extinguishment of debt	(994)	—	—	(994)
Excess (deficiency) of revenues over expenses	$ 156,639	(56,887)	—	99,752

See accompanying notes to supplementary information and independent auditors' report on supplementary information

(1) Basis of Presentation

In the accompanying supplementary information, the obligated group includes the unrestricted net asset accounts of:

- University Hospitals Health System, Inc. (System)
- University Hospitals Cleveland Medical Center d/b/a University Hospitals Case Medical Center (UHCMC)
- University Hospitals Geauga Medical Center
- University Hospitals Ahuja Medical Center, Inc.

Certain affiliated or controlled entities of the System required to be consolidated with the System in accordance with accounting principles generally accepted in the United States of America are presented in the supplementary information as nonobligated group totals. Entities included in the nonobligated group include:

- University Hospitals Health Care Enterprises, Inc.
- University Hospitals Bedford Medical Center
- University Hospitals Conneaut Medical Center
- University Hospitals Geneva Medical Center
- University Hospitals Richmond Medical Center
- University Hospitals Health System MCO, Inc. d/b/a University Hospitals CompCare
- University Hospitals Medical Group, Inc.
- University Hospitals Holdings, Inc.
- Western Reserve Assurance Company Ltd., SPC
- University Hospitals Health System – Heather Hill Rehabilitation Hospital, Inc. d/b/a University Hospitals Extended Care Campus (Discontinued operation)

All significant intercompany transactions and balances have been eliminated in consolidation.

(2) Debt Guarantees

The System provided an unconditional guarantee for the performance of University Hospitals Extended Care Campus under a reimbursement agreement supporting the letter-of-credit for University Hospitals Extended Care Campus Series 1998A and 1998B Bonds in the amount of $15,490 at December 31, 2010. The System repaid the 1998A and 1998B bonds on March 31, 2011.

(3) Reclassifications

Certain amounts included in the 2010 supplementary information have been reclassified to conform to the 2011 presentation. Effective October 1, 2011, University Hospitals Bedford Medical Center was removed from and University Hospitals Ahuja Medical Center, Inc. was added to the obligated group. The 2010 supplementary information has been modified to reflect this change for comparative purposes.