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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

2012

Open to Public Inspection

1203

A For the 2012 calendar year, or tax year beginning April 01 , 2012, and ending March 31 , 20 13

B Check if applicable:	C Name of organization UNIVERSITY HEALTH NETWORK	D Employer identification number
☐ Address change	Doing Business As	98-6000971 90-6000971
☐ Name change	Number and street (or P.O. box if mail is not delivered to street address) / Room/suite	E Telephone number
☑ Initial return	190 Elizabeth Street, 2nd Floor Finance	416-340-6867
☐ Terminated	City, town or post office, state, and ZIP code	G Gross receipts $ $1,921,584,382
☐ Amended return		
☐ Application pending	F Name and address of principal officer: Darlene Dasent, Deputy CFO 190 Elizabeth Street, 2nd Floor	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)

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

J Website: ▶ www.uhn.ca — H(c) Group exemption number ▶

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ — L Year of formation: 1997 — M State of legal domicile: ON

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Made up of the Toronto General Hospital, the Toronto Western Hospital, the Princess Margaret Hospital, and Toronto Rehabilitation Institute, University Health Network (UHN) is a teaching hospital for the University of Toronto. UHN is among the ranks of the world's leading providers of exemplary patient care and innovative research and teaching.

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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	14,711
	6 Total number of volunteers (estimate if necessary)	6	2,095
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	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)	$190,914,554	$191,295,313
	9 Program service revenue (Part VIII, line 2g)	$1,266,581,733	$1,340,234,440
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	$7,903,832	$9,422,875
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	$379,455,307	$380,631,754
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	$1,844,855,426	$1,921,584,382
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	$1,116,881,877	$1,160,450,785
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	$698,143,608	$733,076,700
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	$1,815,025,485	$1,893,527,484
	19 Revenue less expenses. Subtract line 18 from line 12	$29,829,941	$28,056,898

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	$1,887,317,913	$1,960,984,252
	21 Total liabilities (Part X, line 26)	$1,517,542,323	$1,569,738,189
	22 Net assets or fund balances. Subtract line 21 from line 20	$369,775,591	$391,246,063

Part II Signature Block

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

Sign Here

Signature of officer — Date: Sept 30, 2013

Type or print name and title: Darlene Dasent, Deputy Chief Financial Officer

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2012)

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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:

Made up of the Toronto General Hospital, the Toronto Western Hospital, the Princess Margaret Hospital, and Toronto Rehabilitation Institute, University Health Network (UHN) is a teaching hospital for the University of Toronto. UHN is among the ranks of the world's leading providers of exemplary patient care and innovative research and teaching.

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

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

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

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

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

4a (Code:) (Expenses $ including grants of $) (Revenue $)

UHN's primary focus is in the following programs:
Advanced Medicine and Surgery, Community and Population Health, Heart and Circulation, Musculoskeletal Health and Arthritis, Krembil Neuroscience, Oncology and Blood Disorders, and Transplantation.

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** ▶ $1,788,456,865

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	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		✓
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		✓
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		✓
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		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
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		✓
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, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✓	
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		✓
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	✓	
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		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		✓
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV.*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		✓
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 (see instructions)*	17		✓
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		✓
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		
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	✓	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	✓	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		✓
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		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✓	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		✓
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		✓
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		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
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		✓
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		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		✓
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		✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	✓	

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	0		
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			
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	14,711		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	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			✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
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			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
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 as charitable contributions?	6a			✓
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			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
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			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
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			✓
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?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
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 line 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 . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent . .	1b	17		
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			✓
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			✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✓
6	Did the organization have members or stockholders?	6			✓
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			✓
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			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
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			✓

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		✓
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		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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	✓	
b	Other officers or key employees of the organization	15b	✓	
	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		✓
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ Not Applicable

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Darlene Dasent, Deputy CFO, 190 Elizabeth Street, Toronto, ON M5G 2C4, Canada 416-340-4800 ext 6867

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. 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) List of current officers, directors and trustees - See attached list of Board of Trustees	N/A	✓		✓				N/A		N/A
(2) List of current key employees - See attached schedule for detail listing	35 hrs				✓			$6,300,097		$190,067
(3) List of five current highest compensated employees - See attached detail listing	35 hrs					✓		$2,090,844		$1,794
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Sub-total** ▶								$8,390,841		$191,861
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								$8,390,941		$191,861

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 ▶ 582

		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*		✓
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*	✓	
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*		✓

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
CGI Info. System and Mgmt. Co. Inc. P.O. Box 12535, Montreal, QC H3C6R1	IT services	$11,105,866
Accentus Inc,2430 Don Reid Drive, Suite 202,Ottawa, Ontario, Canada	IT services	$1,789,432
Borden Ladner Gervais LLP, Toronto, ON M5H 3Y4	Legal	$1,459,740
Telus Health Solutions,5090 Explorer Drive, Suite 1000,ON L4W 4X6	IT services	$1,329,509
Compucom Canada Co. 1830 Matheson Blvd, Unit 1, Mississauga, ON L4W 0B3	IT services	$1,322,963

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 ▶ 61

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	$51,779,169			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	$139,516,144			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a–1f			$191,295,313		
Program Service Revenue			Business Code				
	2a	Hospital Programs re: MOH		$1,042,380,706	$1,042,380,706		
	b	Specially Funded Programs		$109,866,628	$109,866,628		
	c	Patient Services		$187,987,106	$187,987,106		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		$1,340,234,440			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		$9,422,875			$9,422,875
	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)		$3,734,264			$3,734,264
			(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)					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Amort. of Def. Cap. Contribution		$57,103,521			$57,103,521
	b	Retail Pharmacy		$76,449,408			$76,449,408
	c	Other Grants/Donations for RSCH		$52,645,793			$52,645,793
	d	All other revenue		$190,698,767			$190,698,767
	e	**Total.** Add lines 11a–11d		$376,897,490			
	12	**Total revenue.** See instructions.		$1,921,584,382	$1,340,234,440		$390,054,629

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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				
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	$6,490,164	0	$6,490,164	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . .				
7	Other salaries and wages	$986,934,468	$942,919,357	$44,015,111	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	$61,193,484	$58,275,419	$2,918,065	
9	Other employee benefits	$42,856,479	$40,068,224	$2,788,254	
10	Payroll taxes	$62,976,190	$60,882,155	$2,094,035	
11	Fees for services (non-employees):				
a	Management	$4,412,951	$3,618,562	$794,389	
b	Legal	$820,020	$523,323	$296,697	
c	Accounting	$600,564	$125,614	$474,950	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	$17,832,054	$17,832,054	0	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	$99,447,036	$99,318,568	$128,468	
23	Insurance	$8,058,851	$216,057	$7,842,794	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Medical & Surgical	$210,423,236	$210,277,577	$145,659	
b	Plant & Equipment	$86,916,160	$82,378,286	$4,537,874	
c	Specially Funded program	$83,697,295	$83,697,295	0	
d	Supplies	$220,868,533	$188,324,373	$32,544,160	
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	$1,893,527,484	$1,788,456,865	$105,070,619	
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	$198,485,236	1	$207,588,583
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	$191,313,976	4	$166,753,937
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	$7,862,205	7	$1,697,835
	8	Inventories for sale or use	$13,810,039	8	$14,996,063
	9	Prepaid expenses and deferred charges	$6,750,000	9	$8,785,433
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a $2,375,348,425			
	b	Less: accumulated depreciation — 10b $1,134,731,299	$1,178,877,953	10c	$1,240,617,126
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	$290,218,504	13	$320,545,276
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	$1,887,317,913	16	$1,960,984,252
Liabilities	17	Accounts payable and accrued expenses	$531,221,457	17	$523,057,087
	18	Grants payable		18	
	19	Deferred revenue	$773,299,213	19	$826,210,630
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	$213,021,654	23	$220,470,472
	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		25	
	26	**Total liabilities.** Add lines 17 through 25	$1,517,542,323	26	$1,569,738,189
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	$369,775,591	33	$391,246,063
	34	Total liabilities and net assets/fund balances		34	

Part XI Reconciliation 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	$1,921,584,382
2	Total expenses (must equal Part IX, column (A), line 25)	2	$1,893,527,484
3	Revenue less expenses. Subtract line 2 from line 1	3	$28,056,898
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	$369,775,591
5	Net unrealized gains (losses) on investments	5	$2,942,214
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-$9,213,145
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-$315,494
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	$391,246,063

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
UNIVERSITY HEALTH NETWORK	98-6000971

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 described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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 33⅓% 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 33⅓% 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–Non-functionally integrated

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

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

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

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

h Provide the following information about the 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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33⅓% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

UNIVERSITY HEALTH NETWORK

Employer identification number

98-6000971

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

		Held at the End of the Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

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

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

		Yes	No
(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 XIII 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	$15,162,402			$15,162,402
b Buildings	$1,394,711,614		$513,453,740	$881,257,874
c Leasehold improvements				
d Equipment	$773,715,551		$621,277,559	$152,437,992
e Other	$191,758,858			$191,758,858
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				$1,240,617,126

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must 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
(1) Long Term Investments	$320,545,276	end of year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must 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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶		

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

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

1	Total revenue, gains, and other support per audited financial statements			1	$1,924,057,000
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 XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	$1,924,057,000
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 XIII.)	4b	-$2,472,618		
c	Add lines 4a and 4b			4c	-$2,472,618
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	$1,921,584,382

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

1	Total expenses and losses per audited financial statements			1	$1,895,964,000
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 XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	$1,895,964,000
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 XIII.)	4b	$-2,436,516		
c	Add lines 4a and 4b			4c	$-2,436,516
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	$1,893,527,484

Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Other: CAD/USD Foreign Currency Conversion @ 1 USD=1.00128676CAD

Part XI Line 4B FX conversion adjustment: $1,924,057,000 CAD *(1/1.00128676)=-$2,472,618

Part XII Line 4B FX conversion adjustment: $1,895,964,000 CAD *(1/1.00128676)=-$2,436,516

Part XIII Supplemental Information *(continued)*

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

2012

Open to Public Inspection

Name of the organization	Employer identification number
UNIVERSITY HEALTH NETWORK	98 6000971

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a		✓
b	If "Yes," was it a written policy?		
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%		
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%		
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a	Did the organization prepare a community benefit report during the tax year?		✓
b	If "Yes," did the organization make it available to the public?		

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)						
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits						
k **Total.** Add lines 7d and 7j						

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
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						
10	**Total**						

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

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7		
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		
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		

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
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—see instructions)

How many hospital facilities did the organization operate during the tax year? 4

Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 Princess Margaret Hospital 610 University Avenue, Toronto, Ontario Canada, M5G 2M9	✓			✓		✓		✓	A publicly funded government cancer hospital.	A
2 Toronto General Hospital 200 Elizabeth Street, Toronto, Ontario Canada, M5G 2C4	✓	✓		✓	✓	✓	✓		A publicly funded government hospital.	B
3 Toronto Western Hospital 399 Bathurst Street, Toronto, Ontario Canada, M5T 2S8	✓	✓		✓	✓	✓	✓		A publicly funded government hospital	B
4 Toronto Rehabilitation Institute 550 University Avenue, Toronto, Ontario Canada, M5G 2A2	✓			✓	✓	✓			A publicly funded rehabilitation hospital.	C
5										
6										
7										
8										
9										
10										
11										
12										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group Princess Margaret Hospital

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) #1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.		
	If "Yes," indicate what the CHNA report 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 the community health 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 CHNA: 20__ __		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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		
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5	Did the hospital facility make its CHNA report widely available to the public?		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
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 CHNA, indicate how (check all that apply to date):		
a ☐	Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☐	Execution of the implementation strategy		
c ☐	Participation in the development of a community-wide plan		
d ☐	Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs.		
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $		

Part V Facility Information *(continued)*

		Yes	No
Financial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?		
	If "Yes," indicate the FPG family income limit for eligibility for free care: _ _ _%		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing *discounted* care?		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _%		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?		
	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)		
13	Explained the method for applying for financial assistance?		
14	Included measures to publicize the policy within the community served by the hospital facility?		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	☐ The policy was posted on the hospital facility's website		
b	☐ The policy was attached to 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 on admission to the hospital facility		
f	☐ The policy was available on request		
g	☐ Other (describe in Part VI)		
Billing and Collections			
15	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?		
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
a	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ Other similar actions (describe in Part VI)		
17	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?		
	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)		

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a ☐ Notified individuals of the financial assistance policy on admission
- b ☐ Notified individuals of the financial assistance policy prior to discharge
- c ☐ Notified individuals 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)

Policy Relating to Emergency Medical Care

		Yes	No
19	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? 19		

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)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)

21	During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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? 21		
	If "Yes," explain in Part VI.		
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? 22		
	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 or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group Toronto General Hospital & Toronto Western Hospital facility group B

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) #2&#3

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.		
	If "Yes," indicate what the CHNA report 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 the community health 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 CHNA: 20__ __		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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		
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5	Did the hospital facility make its CHNA report widely available to the public?		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
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 CHNA, indicate how (check all that apply to date):		
a ☐	Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☐	Execution of the implementation strategy		
c ☐	Participation in the development of a community-wide plan		
d ☐	Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs.		
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $		

Part V Facility Information *(continued)*

			Yes	No
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9		
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10		
	If "Yes," indicate the FPG family income limit for eligibility for free care: _ _ _%			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing *discounted* care?	11		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _%			
	If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12		
	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)			
13	Explained the method for applying for financial assistance?	13		
14	Included measures to publicize the policy within the community served by the hospital facility?	14		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☐ The policy was posted on the hospital facility's website			
b	☐ The policy was attached to 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 on admission to the hospital facility			
f	☐ The policy was available on request			
g	☐ Other (describe in Part VI)			
Billing and Collections				
15	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?	15		
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other similar actions (describe in Part VI)			
17	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?	17		
	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)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a ☐ Notified individuals of the financial assistance policy on admission
- b ☐ Notified individuals of the financial assistance policy prior to discharge
- c ☐ Notified individuals 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)

Policy Relating to Emergency Medical Care

		Yes	No
19	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? 19		
	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)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	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 its 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)		
21	During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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? 21		
	If "Yes," explain in Part VI.		
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? 22		
	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 or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group Toronto Rehabilitation Institute

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) #4

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.		
	If "Yes," indicate what the CHNA report 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 the community health 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 CHNA: 20__ __		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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		
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5	Did the hospital facility make its CHNA report widely available to the public?		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
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 CHNA, indicate how (check all that apply to date):		
a ☐	Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☐	Execution of the implementation strategy		
c ☐	Participation in the development of a community-wide plan		
d ☐	Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs.		
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $		

Part V Facility Information *(continued)*

			Yes	No
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9		
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10		
	If "Yes," indicate the FPG family income limit for eligibility for free care: _ _ _%			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing *discounted* care?	11		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _%			
	If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12		
	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)			
13	Explained the method for applying for financial assistance?	13		
14	Included measures to publicize the policy within the community served by the hospital facility?	14		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☐ The policy was posted on the hospital facility's website			
b	☐ The policy was attached to 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 on admission to the hospital facility			
f	☐ The policy was available on request			
g	☐ Other (describe in Part VI)			
Billing and Collections				
15	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?	15		
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other similar actions (describe in Part VI)			
17	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?	17		
	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)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a ☐ Notified individuals of the financial assistance policy on admission
- b ☐ Notified individuals of the financial assistance policy prior to discharge
- c ☐ Notified individuals 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)

Policy Relating to Emergency Medical Care

		Yes	No
19	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? 19		

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)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)

21	During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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? 21		

If "Yes," explain in Part VI.

22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? 22		

If "Yes," explain in Part VI.

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of Facility (describe)
1	
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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Q1: The University Health Network (UHN) is comprised of four hospitals, Princess Margaret Hospital, Toronto General Hospital, Toronto Western and Toronto Rehabilitation Institute. UHN is related to: The Arthritis Research Foundation, The PMH Foundation, The TG &WH Foundation and Toronto Rehab Foundation.

Q2: Toronto is a very multicultural city and as a result the UHN has many programs and initiatives that are directed towards the varying different segments of Toronto's society. Toronto General and Western Hospitals provide 24 hour Emergency Room access.

Q3: At the UHN denial of treatment is not an option. Ideally, all patients would have Ontario Health Insurance Plan cards. This is not always the case and as a result, patient care sometimes is not reimbursed. The UHN is mainly funded by the Government of Ontario. As a government funded hospital, the UHN has a duty to provide services to all patients that require treatment . Whether or not the treatment occurs within the UHN depends on the diagnosis.

Q4: Toronto and its surrounding area is very large and very diverse. The unique needs of different sectors of the population along with the growing population provide a challenging set of circumstances.

Q5: The UHN employs a wide range of family doctors that service the local community and Toronto at large. The UHN, while striving to provide the best patient care also intends to keep a balanced budget.The UHN is working to meet the needs of Toronto's aging population by running specific programs that meet the needs of of this growing percentage of the population.

The UHN works alongside National Eating Disorder of Canada helping people with eating disorders.

Q6: As the largest group of hospitals the UHN also has a large Research component attached to it. Whether provincially or privately funded UHN's research focus on all aspects of the human condition. The UHN is a leader in the green hospital movement.

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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

UNIVERSITY HEALTH NETWORK

Employer identification number

98-6000971

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☑ 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		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		✓
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations 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		✓
b	Any related organization? 5b		✓
	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		✓
b	Any related organization? 6b		✓
	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		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 This is a Canadian Company	(i)							
	(ii)							
No form W-2 and/or 1099- Misc is 2 available	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

University Health Network

Employer identification number

98-6000971

PART VI Governance, Management, and Disclosure

Section B: Policies

Question 11b: Describe the process used by the organization to review Form 990?

Both the Finance Manager and Senior Finance Director review Form 990 in detail before submission.

Question 12C: Does the organization regularly and consistently monitor and enforce compliance with the conflict of interest policy?

At the University Health Network (UHN) employees, medical staff and independent contractors who are authorized to make decisions on UHN's behalf, must disclose any perceived or actual conflict of interest. Discipline, including termination, may result if any of the above were found to be in breach of this condition. To ensure compliance, the UHN has set up a "whistle-blower" line in which a person, who could remain anonymous, would let management know of a possible breach of this policy. Also, material contracts must go through a formal bidding process and must abide by the procurement policy.

Using privileged or personal information for personal gain is a critical concern for the UHN and therefore only employees who require access to such information will be able to retrieve it, and their access will be logged.

UHN also monitors leases and purchases from vendors to make sure that the policies put into place to prevent transactions occurring that are not in the best interests of UHN.

Conflict of Interest Procedure:

If the facts warrant a review of a potential conflict of interest, or staff comes forward to management with concerns, then UHN will undertake a review to determine whether a conflict of interest exists.

If it is indeed determined that a conflict of interest exists then UHN will take steps to determine whether this is resolvable and what the outcome should be.

Management undertake periodic reviews of where possible conflicts of interest may arise, and what areas are, or may be, cause for concern. These concerns will be relayed to staff. All staff will be aware of potential conflicts of interest in their specific roles.

Question 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) CEO, Executive Director, or top management official

(b) Other officers or key employees of the organization

A: Yes to both questions. The Committee of Board of Trustees reviews and approves CEO compensation annually. The Governance

Name of the organization	Employer identification number
University Health Network	98-6000971

and Nominating Committee reviews and approves Senior Management. Compensation surveys are also completed.

Senior Leadership Team performance management and compensation information is posted on the UHN website including the CEO's employment contract.

Section C: Disclosure

Question 19: Describe whether the organization made its governing documents, conflict of interest policy and financial statements available during the tax year?

The Board of Director meeting agenda and minutes as well as the Financial Statements and conflict of interest policy are posted on the UHN website.

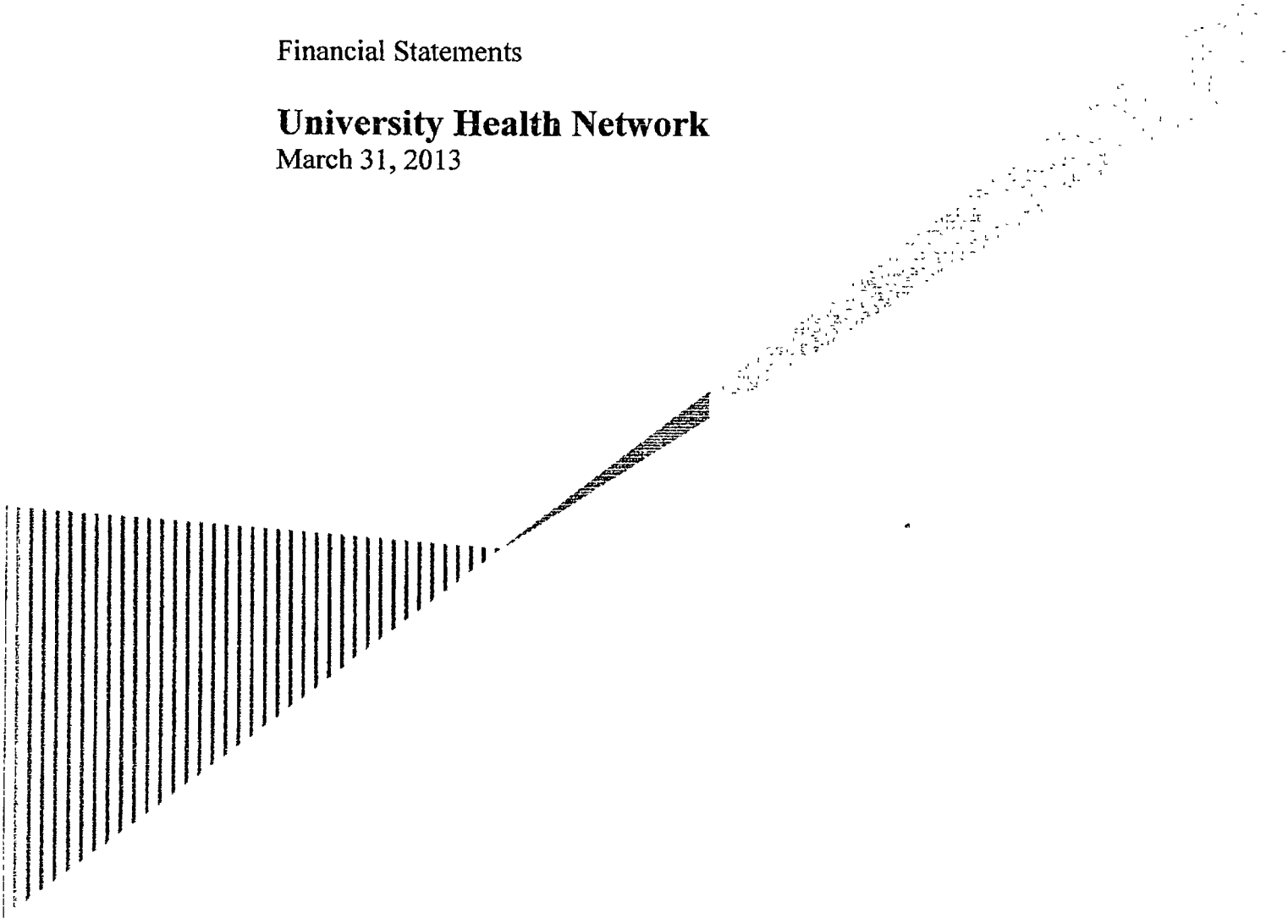
PART XI Reconciliation of Net Assets

Line 5- other changes in net assets : FX difference.

Financial Statements

University Health Network

March 31, 2013



Ernst & Young

Quality In Everything We Do

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
University Health Network

We have audited the accompanying financial statements of **University Health Network**, which comprise the balance sheets as at March 31, 2013, March 31, 2012 and April 1, 2011, the statements of operations, changes in net assets and cash flows for the years ended March 31, 2013 and 2012, and the statement of remeasurement gains and losses for the year ended March 31, 2013, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of **University Health Network** as at March 31, 2013, March 31, 2012 and April 1, 2011 and the results of its operations and its cash flows for the years ended March 31, 2013 and 2012 in accordance with Canadian public sector accounting standards.

Ernst & Young LLP

Chartered Accountants
Licensed Public Accountants

Toronto, Canada,
June 19, 2013.

University Health Network

STATEMENTS OF FINANCIAL POSITION

[in thousands of dollars]

As at	March 31, 2013 $	March 31, 2012 $	April 1, 2011 $
ASSETS			
Current			
Cash and cash equivalents *[note 6[b]]*	**210,910**	201,661	190,903
Accounts receivable *[note 3]*	**169,422**	194,375	172,199
Inventory	**15,236**	14,031	13,408
Prepaid expenses	**8,926**	6,858	7,881
Total current assets	**404,494**	416,925	384,391
Loans receivable *[note 4]*	**1,725**	7,988	1,939
Capital assets, net *[note 5]*	**1,260,467**	1,197,740	1,177,297
Long-term investments			
Held for contingency funds *[note 6[a]]*	**52,611**	52,611	52,611
Other *[note 6[b]]*	**273,063**	242,251	197,377
	1,992,360	1,917,515	1,813,615
LIABILITIES AND NET ASSETS			
Current			
Accounts payable and accrued liabilities *[notes 9[d]]*	**400,293**	414,501	371,836
Current portion of long-term liabilities *[notes 7 and 9]*	**17,144**	15,836	14,956
Total current liabilities	**417,437**	430,337	386,792
Due to MaRS Development Trust *[note 7]*	**84,199**	85,989	87,664
Deferred research contributions *[note 8]*	**207,558**	179,928	157,780
Long-term debt *[note 9]*	**208,644**	202,270	216,430
Employee future benefit liabilities *[note 10[b]]*	**45,144**	43,553	41,026
Deferred capital contributions *[note 11]*	**631,872**	605,744	586,552
Total liabilities	**1,594,854**	1,547,821	1,476,244
Commitments and contingencies *[note 15]*			
Net assets			
From operations			
Internally restricted *[note 12]*	**65,505**	57,669	27,852
Unrestricted	**329,055**	312,025	309,519
	394,560	369,694	337,371
Accumulated remeasurement gains	**2,946**	—	—
Total net assets	**397,506**	369,694	337,371
	1,992,360	1,917,515	1,813,615

See accompanying notes

University Health Network

STATEMENTS OF OPERATIONS

[in thousands of dollars]

Years ended March 31

	2013 $	2012 $
REVENUE		
Ontario Ministry of Health and Long-Term Care/ Toronto Central Local Health Integration Network		
Hospital programs	**1,043,722**	1,012,090
Specifically funded programs	**110,008**	81,919
Other patient services	**188,229**	178,786
Grants and donations for research and other purposes *[notes 8 and 14]*	**244,255**	246,081
Ancillary services and other *[note 6[c]and [d]]*	**280,666**	254,502
Amortization of deferred capital contributions *[note 11]*	**57,177**	58,679
	1,924,057	1,832,057
EXPENSES		
Compensation *[note 10]*	**1,135,688**	1,089,658
Medical, surgical supplies and drugs	**210,694**	201,758
Specifically funded programs	**110,061**	82,175
Plant operations and equipment maintenance	**87,028**	85,846
Depreciation *[note 5]*	**99,575**	100,046
Interest on long-term liabilities *[notes 7, 9[a]and [b]]*	**17,855**	18,750
Supplies and other *[notes 4[b] and 9[d]]*	**235,063**	224,058
	1,895,964	1,802,291
Excess of revenue over expenses for the year	**28,093**	29,766

See accompanying notes

University Health Network

STATEMENTS OF CHANGES IN NET ASSETS

[in thousands of dollars]

Years ended March 31

	2013			2012
	Internally restricted $	Unrestricted $	Total $	Total $
Balance, beginning of year	**57,669**	**312,025**	**369,694**	337,371
Adjustment related to unrealized gain on investments *[note 18]*	—	**(3,227)**	**(3,227)**	—
Balance, as restated, beginning of year	**57,669**	**308,798**	**366,467**	337,371
Excess of revenue over expenses for the year	—	**28,093**	**28,093**	29,766
Net change in unrealized gain on available for sale investments *[note 18]*	—	—	—	2,557
Interfund transfers *[note 12]*	**7,836**	**(7,836)**	—	—
Balance, end of year	**65,505**	**329,055**	**394,560**	369,694

See accompanying notes

University Health Network

STATEMENT OF REMEASUREMENT GAINS AND LOSSES

[in thousands of dollars]

Year ended March 31

	2013 $
Accumulated remeasurement gains, beginning of year	—
Adjustment *[note 18]*	3,227
Accumulated remeasurement gains, beginning of year, restated	3,227
Unrealized gains (losses) attributable to:	
Interest rate swap contract	(658)
Portfolio investments	377
Accumulated remeasurement gains, end of year	2,946

See accompanying notes

University Health Network

STATEMENTS OF CASH FLOWS

[in thousands of dollars]

Years ended March 31

	2013 $	2012 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	**28,093**	29,766
Add (deduct) items not involving cash		
Depreciation	**99,575**	100,046
Amortization of deferred capital contributions	**(57,177)**	(58,679)
Write-off of loans receivable	**9,109**	10
	79,600	71,143
Net change in non-cash working capital balances related to operations *[note 13]*	**(11,173)**	25,711
Net increase in deferred research contributions	**27,630**	22,148
Net increase in employee future benefit liabilities	**1,591**	2,527
Cash provided by operating activities	**97,648**	121,529
INVESTING ACTIVITIES		
Advances on loan receivable	**(2,098)**	(6,932)
Repayment of loans receivable	**125**	425
Increase in other long-term investments, net	**(30,435)**	(42,243)
Cash used in investing activities	**(32,408)**	(48,750)
FINANCING ACTIVITIES		
Contributions received for capital purposes	**94,528**	105,789
Decrease in due to MaRS Development Trust	**(1,676)**	(1,568)
Advances on long-term debt	**21,729**	—
Repayment of long-term debt	**(14,161)**	(13,415)
Cash provided by financing activities	**100,420**	90,806
CAPITAL ACTIVITIES		
Purchase of capital assets	**(156,411)**	(152,827)
Cash used in capital activities	**(156,411)**	(152,827)
Net increase in cash and cash equivalents during the year	**9,249**	10,758
Cash and cash equivalents, beginning of year	**201,661**	190,903
Cash and cash equivalents, end of year	**210,910**	201,661

See accompanying notes

NOTES TO FINANCIAL STATEMENTS

[all amounts in thousands of dollars, except where noted]

March 31, 2013

1. DESCRIPTION OF THE ORGANIZATION

University Health Network ["UHN"] is a corporation without share capital incorporated under the University Health Network Act, 2002, devoted to patient care, education and research. UHN operates on four hospital sites. These sites are separately identified as Princess Margaret Cancer Centre, Toronto General Hospital, Toronto Western Hospital and Toronto Rehabilitation Institute ["Toronto Rehab"].

As a charitable organization under the Income Tax Act (Canada), UHN is exempt from income taxes.

These financial statements do not include the financial activities of the following non-controlled not-for-profit entities in which UHN has an economic interest *[note 14]*:

- Toronto General and Western Hospital Foundation [the "TG/WH Foundation"]
- Princess Margaret Cancer Foundation [the "PMC Foundation"]
- Arthritis Research Foundation [the "AR Foundation"]
- Toronto Rehabilitation Institute Foundation [the "TRI Foundation"]
- The Toronto Hospital Research Corporation
- de Souza Institute Foundation

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with the Public Sector Accounting Handbook which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. UHN has chosen to use the standards for government not-for-profit organizations that include Section PS 4200 to PS 4270. The financial statements have been prepared based on the significant accounting policies summarized below:

Cash and cash equivalents

Cash and cash equivalents include cash on deposit and short-term investments that have a term to maturity of approximately three months or less from the date of purchase unless they are held for investment rather than liquidity purposes, in which case they are classified as long-term investments.

Revenue recognition

UHN follows the deferral method of accounting for contributions. Contributions are recognized in the accounts when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are deferred when initially recorded in the accounts and recognized as revenue in the period in which the related expenses are incurred.

Revenue from ancillary services and other patient services are recognized when the goods have been sold or when the services have been rendered.

Investment income (loss) recorded in the statement of operations consists of interest, dividends, and realized gains and losses, net of related fees. Unrealized gains and losses are recorded in the statement of remeasurement gains and losses.

Employee benefit plans

UHN accrues its obligations under employee benefit plans and the related costs. UHN has adopted the following policies:

Multi-employer plan

Defined contribution accounting is applied for the Healthcare of Ontario Pension Plan ["HOOPP"], a multi-employer pension plan, whereby contributions are expensed on an accrual basis, as UHN has insufficient information to apply defined benefit plan accounting.

Other defined benefit plans

The cost of non-pension post-retirement benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of retirement ages of employees and expected health care costs. The discount rate used to determine the accrued benefit obligation is determined by reference to UHN's cost of borrowing. Actuarial gains and losses are amortized over the average remaining service period of active employees. Past service costs are expensed when incurred.

Inventory

Inventory is recorded at the lower of weighted average cost and current replacement value.

Financial instruments

Financial instruments are classified in one of the following categories [i] fair value or [ii] cost or amortized cost. UHN determines the classification of its financial instruments at initial recognition.

Financial instruments measured at fair value are classified according to a fair value hierarchy that reflects the importance of the data used to perform each valuation. The fair value hierarchy is made up of the following levels:

Level 1 – valuation based on quoted prices (unadjusted) in active markets for identical assets or liabilities;
Level 2 – valuation techniques based on inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly;
Level 3 – valuation techniques using inputs for the asset or liability that are not based on observable market data (unobservable inputs).

Investments reported at fair value consist of equity instruments that are quoted in an active market as well as investments in pooled funds, derivative contracts and any other investments where the investments are managed on a fair value basis and the fair value option is elected. Transaction costs are recognized in the statement of operations in the period during which they are incurred. Investments at fair value are remeasured at their fair value at the end of each reporting period. Any revaluation gains and losses are recognized in the statement of remeasurement gains and losses and are cumulatively reclassified to the statement of operations upon disposal or settlement.

Investments in securities not designated to be measured at fair value are initially recorded at fair value plus transaction costs and are subsequently measured at amortized cost using the effective interest rate method, less any provision for impairment.

All investment transactions are recorded on a trade date basis.

A write down is recognized in the statement of operations for a portfolio investment in either category when there has been a loss in the value of the investment considered as an 'other than temporary' loss. Subsequent changes to the remeasurement of portfolio investments in the fair value category are reported in the statement of remeasurement gains and losses. If the loss in value of a portfolio investment subsequently reverses, the write down to the statement of operations is not reversed until the investment is sold.

Investments in for-profit entities that are subsidiaries or joint ventures, or where there is significant influence, are accounted for by the equity method.

Long-term debt is initially recorded at fair value and subsequently measured at amortized cost using the effective interest rate method.

Other financial instruments, including accounts receivable and accounts payable, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Capital assets

Purchased capital assets are recorded at cost. Donated capital assets are recorded at fair market value at the date of contribution. Capital assets are depreciated on a straight-line basis at annual rates based on the estimated useful lives of the assets as follows:

Buildings and improvements	5 years to 50 years
Equipment and furniture	2 years to 20 years

Assets leased on terms that transfer substantially all of the benefits and risks of ownership to UHN are accounted for as capital leases, as though the asset had been purchased and a liability incurred. All other leases are accounted for as operating leases.

Construction in progress comprises construction, development costs and interest capitalized during the construction period. No depreciation is recorded until construction is substantially complete and the assets are ready for productive use.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards 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 financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

The amount of revenue recognized from the Ontario Ministry of Health and Long-Term Care [the "MOHLTC"] and Toronto Central Local Health Integration Network [the "TC-LHIN"] requires a number of estimates. UHN has entered into a number of accountability agreements with the TC-LHIN that set out the rights and obligations of the two parties in respect of funding provided to UHN by the TC-LHIN for fiscal year 2013.

These accountability agreements set out certain performance standards and obligations that establish acceptable results for UHN's performance in a number of areas, such as profitability, liquidity and operating volumes.

[all amounts in thousands of dollars, except where noted]

If UHN does not meet its performance standards or obligations, the MOHLTC and TC-LHIN have the right to adjust funding received by UHN. The MOHLTC and TC-LHIN are not required to communicate certain funding adjustments until after the submission of year-end data. Since this data is not submitted until after the completion of the financial statements, the amount of MOHLTC and TC-LHIN funding received during the year may be increased or decreased subsequent to year end. The amount of revenue recognized in these financial statements represents management's best estimate of amounts that have been earned during the year.

3. ACCOUNTS RECEIVABLE

Accounts receivable consist of the following:

	March 31, 2013 $	March 31, 2012 $	April 1, 2011 $
Ontario Ministry of Health and Long-Term Care/ Toronto Central Local Health Integration Network	**21,777**	33,764	16,436
Patient receivables	**17,329**	15,646	14,409
Other receivables	**29,482**	30,752	21,891
Toronto General and Western Hospital Foundation *[note 14[a]]*	**18,457**	9,640	3,818
Princess Margaret Cancer Foundation *[note 14[b]]*	**25,432**	27,068	19,962
Arthritis Research Foundation *[note 14[c]]*	**887**	1,524	1,513
Toronto Rehabilitation Institute Foundation *[note 14[d]]*	**3,726**	6,365	8,646
Research-related receivables	**52,012**	57,200	52,027
Short-term receivable	**320**	11,543	33,147
Current portion of loans receivable *[note 4]*	**—**	873	350
	169,422	194,375	172,199

There are no significant amounts that are past due or impaired.

[all amounts in thousands of dollars, except where noted]

4. LOANS RECEIVABLE

Loans receivable consist of the following:

	March 31, 2013 $	March 31, 2012 $	April 1, 2011 $
3.93% term loan *[note 4[a]]*	750	750	750
Advance at bank prime minus 0.40% *[note 4[b]]*	—	6,932	—
7.25% term loan	—	—	350
Other loans receivable	1,725	1,850	1,850
	2,475	9,532	2,950
Less current portion included in accounts receivable *[note 3]*	—	873	350
Less provision for doubtful accounts *[note 4[a]]*	750	671	661
	1,725	7,988	1,939

[a] On January 31, 2009, UHN advanced a five-year term loan of $750 to Yi-En Medical System Research and Development (Shanghai) Co. Ltd. ["Shanghai Research and Development"], a related party with interest due on a quarterly basis commencing March 31, 2009. The principal may be repaid at any time during the loan period and the remaining balance outstanding is repayable in full on December 31, 2013. The term loan is fully provided for *[note 6[d]]*.

[b] On March 5, 2012, UHN entered into an agreement with Plexxus, a shared service organization, to advance $6,932 in respect of a refundable membership fee, with principal and interest payments commencing in fiscal 2013 and ending in fiscal 2016. An additional amount of $2,098 was advanced during the year ended March 31, 2013. Pursuant to a change in the Plexxus fee model, a resolution among the member hospitals was passed which had the effect of rendering the membership fee non-refundable. As a result, the total advance of $9,030 was written off and recorded as supplies and other expenses in the statement of operations *[note 15[d]]*.

[all amounts in thousands of dollars, except where noted]

5. CAPITAL ASSETS

Capital assets consist of the following:

	March 31, 2013		
	Cost $	Accumulated depreciation $	Net book value $
Land	15,405	—	15,405
Buildings and improvements	1,417,027	521,669	895,358
Equipment and furniture	786,095	631,218	154,877
Construction in progress	194,827	—	194,827
	2,413,354	1,152,887	1,260,467

	March 31, 2012		
	Cost $	Accumulated depreciation $	Net book value $
Land	15,405	—	15,405
Buildings and improvements	1,351,567	459,574	891,993
Equipment and furniture	765,607	596,335	169,272
Construction in progress	121,070	—	121,070
	2,253,649	1,055,909	1,197,740

	April 1, 2011		
	Cost $	Accumulated depreciation $	Net book value $
Land	15,405	—	15,405
Buildings and improvements	1,297,089	418,124	878,965
Equipment and furniture	756,006	552,405	203,601
Construction in progress	79,326	—	79,326
	2,147,826	970,529	1,177,297

[all amounts in thousands of dollars, except where noted]

Buildings and improvements include $88,329 [2012 - $88,329; 2011 - $88,329] of costs and $22,578 [2012 - $19,633; 2011 - $16,684] of accumulated depreciation related to assets under capital lease obligations *[note 7]*

During the year, UHN wrote off buildings and improvements with a cost of nil [2012 - $1,919] and accumulated depreciation of nil [2012 - $1,161] and equipment and furniture with a cost of $281 [2012 - $13,552] and accumulated depreciation of $281 [2012 - $11,694].

6. LONG-TERM INVESTMENTS

[a] Long-term investments held for contingency funds are recorded at amortized cost and consist of the following:

	Fair value hierarchy	March 31, 2013 $	March 31, 2012 $	April 1, 2011 $
Cash and cash equivalents	1	**2,826**	663	—
Short-term securities	2	**1,311**	2,466	2,701
Term deposits	2	**3,048**	—	—
Government bonds	2	**27,243**	34,568	37,199
Corporate bonds	2	**18,183**	14,914	12,711
		52,611	52,611	52,611

Long-term investments held for contingency funds are based on agreements with the MOHLTC and bondholders.

One fund, with a restricted balance of $25,000, is held to ensure patient services are not reduced due to financial pressures resulting from UHN's commitments to bondholders *[note 9[a]]*. The fund will be terminated on maturity of the 5.64% Secured Bonds or earlier with the mutual agreement of the MOHLTC and UHN.

In connection with the bond agreement *[note 9[a]]*, UHN is also required to hold the equivalent of one semi-annual bond payment of $12,528 in a segregated account known as the Debt Service Reserve Account until the debt is fully paid.

[all amounts in thousands of dollars, except where noted]

Another segregated fund of $15,083 has been established since 2004 to ensure patient services are not reduced due to financial pressures resulting from UHN's commitments to the MaRS Development Trust [the "MaRS Trust"] *[note 7]*. The fund will be terminated on the expiry of the 30-year term of the lease or earlier with the mutual agreement of the MOHLTC and UHN.

[b] Other long-term investments consist of the following:

	Fair value hierarchy	March 31, 2013 $	March 31, 2012 $	April 1, 2011 $
Cash and cash equivalents	1	**141,065**	116,833	40,392
Short-term securities	2	**—**	5,647	86,616
Term deposits	2	**70,245**	58,863	—
Government bonds	2	**31,455**	32,047	49,188
Corporate bonds	2	**27,457**	26,661	21,181
Other *[notes 6[d] and [e]]*	1	**2,841**	2,200	—
		273,063	242,251	197,377

All investments are recorded at amortized cost except for the other investments, which are recorded at fair value.

Cash and cash equivalents are included in other long-term investments to the extent required for deferred research contributions *[note 8]*, internally restricted net assets *[note 12]* and certain long-term liabilities.

[c] During the year, UHN earned interest income of $9,435 [2012 - $7,849] which is included in ancillary services and other revenue in the statement of operations.

[d] **Yi-En Medical System Research and Development (Shanghai) Co. Ltd.**

Shanghai Research and Development, a wholly owned for-profit subsidiary of UHN, was incorporated on April 14, 2006 to undertake medical research and development to discover new technologies and therapies to treat major human diseases. UHN invested U.S. $2,000 through advances totaling U.S. $1,400. that were expensed, and a loan receivable for CDN $750 *[note 4[a]]*. During the year, UHN recorded Shanghai Research and Development's net income of $188 [2012 – net income of $7] as ancillary services and other revenue.

[all amounts in thousands of dollars, except where noted]

The following amounts represent UHN's 100% share of the assets, liabilities, deficit, revenue and expenses of Shanghai Research and Development as at and for the year ended March 31:

	March 31, 2013 $	March 31, 2012 $	April 1, 2011 $
Assets	116	172	306
Liabilities	167	93	217
Long-term loan *[note 4[a]]*	750	750	750
Deficit	(801)	(671)	(661)
Revenue	402	358	216
Expenses	532	368	444

The deficit is recognized in the accounts as a provision for doubtful accounts of $750 [March 31, 2011 - $671; April 1, 2011 - $661] on the $750 term loan *[note 4[a]]* and a negative investment of $51 [March 31, 2012 and April 1, 2011 – nil] in other long-term investments.

[e] Other investments

UHN has interests in a variety of early-stage research entities. The fair value of shares of those entities traded on an exchange of $2,892 [March 31, 2012 - $2,200; April 1, 2011 – nil] is recorded in the accounts. The shares of other entities in which UHN has an interest have no current market value and therefore no value has been recorded in the accounts.

[all amounts in thousands of dollars, except where noted]

7. DUE TO MaRS DEVELOPMENT TRUST

In 2003, UHN entered into a 30-year agreement with the MaRS Trust to lease a 400,000 square foot building, the Toronto Medical Research Tower [the "TMRT"]. UHN is committed to an annual payment of $7,541, which commenced on August 1, 2005, at an implicit interest rate of 6.7%. UHN recognized an obligation of $100,000, consisting of a long-term capital lease obligation of $88,329 representing the cost of the building to the MaRS Trust *[note 5]*, and a further long-term obligation of $11,671 representing cash received from the MaRS Trust related to financing proceeds in excess of the cost of the building and leasehold inducements. The obligation has been reduced by payments made since August 1, 2005, when payments commenced. During 2013, interest paid was $5,866 [2012 - $5,973] and interest expense recorded in the statements of operations was $5,847 [2012 - $5,955].

The future minimum annual payments related to the amount due to the MaRS Trust consist of the following:

	$
2014	1,790
2015	1,913
2016	2,044
2017	2,183
2018	2,333
Thereafter	75,726
Due to MaRS Development Trust	85,989
Less current portion	1,790
	84,199

[all amounts in thousands of dollars, except where noted]

8. DEFERRED RESEARCH CONTRIBUTIONS

Deferred research contributions represent unspent externally restricted grants and donations for research. The changes in the deferred research contributions balance are as follows:

	2013 $	2012 $
Deferred research contributions, beginning of year	**179,928**	157,780
Externally restricted contributions *[note 14]*	**271,885**	263,790
Amounts recognized as revenue	**(244,255)**	(241,642)
Deferred research contributions, end of year	**207,558**	179,928

9. LONG-TERM DEBT

Long-term debt consists of the following:

	March 31, 2013 $	March 31, 2012 $	April 1, 2011 $
5.64% Secured Bonds, Series 1 *[note 9[a]]*	**189,404**	203,173	216,197
Equity loan *[note 9[b]]*	**1,065**	1,099	1,132
Other loan *[note 9[b]]*	**11,800**	12,158	12,489
Drawing on credit facility *[note 16]*	**21,729**	—	—
	223,998	216,430	229,818
Less current portion	**15,354**	14,160	13,388
	208,644	202,270	216,430

[a] On December 8, 1998, UHN issued $281,000 of 5.64% Secured Bonds, Series 1 at a price of $999.27 with a maturity date of December 8, 2022. The proceeds of the issue were used to fund UHN's redevelopment plan known as Project 2003. A first fixed charge on and assignment of substantially all cash receipts, book debts and monies of UHN and a floating charge on substantially all other property and assets of UHN, other than certain excluded assets such as funds held for research grants and donations included in deferred research contributions *[note 8]*, are pledged as collateral for the Secured Bonds. Blended semi-annual payments of principal and interest of $12,528 commenced June 8, 2005 *[note 6[a]]*. During the year, interest paid was $11,274 [2012 - $12,020] and interest expense recorded in the statements of operations was $11,042 [2012 - $11,801].

[all amounts in thousands of dollars, except where noted]

[b] Two loans were obtained to fund the construction of the long-term care facility operated by UHN: an equity loan of $1,300 with a maturity date of 2029, bearing interest at 6.9% and blended monthly payments of principal and interest of $9; and a $14,200 loan with two agreements being amortized over periods ending in 2024 and 2034, bearing interest at a rate of 7.4% and blended monthly payments of principal and interest of $104 to 2024 and $64 to 2034. For the $1,300 loan, UHN has pledged certain assets as security. For the $14,200 loan, the following have been pledged as security: a debenture on a leasehold interest on the land related to the facility, an assignment of funds payable by the MOHLTC for funding for construction and operation of the facility, an assignment of any insurance proceeds related to the facility, and all related buildings and equipment. During the year, interest paid was $966 [2012 - $994] and interest expense recorded in the statements of operations was $966 [2012 - $994].

[c] The future minimum annual payments related to the long-term debt consist of the following:

	$
2014	15,354
2015	16,236
2016	17,169
2017	18,156
2018	19,200
Thereafter	137,883
	223,998

[d] On June 29, 2011, in order to manage the exposure to changes in interest rates on the demand bank indebtedness, UHN entered into a 30-year interest rate swap contract with a notional amount of $22,000, an effective date of June 1, 2012 and a fixed interest rate of 4.36%. The fair value of the interest rate swap is a loss of $5,048 [2012 - $4,390] and is recorded in accounts payable and accrued liabilities in the statements of financial position. The change in the fair value of the interest rate swap is a loss of $659 recorded in the statement of remeasurement gains and losses [2012 – $4,390 recorded in supplies and other expenses in the statements of operations].

[all amounts in thousands of dollars, except where noted]

10. EMPLOYEE BENEFIT PLANS

UHN has a number of defined benefit plans and participates in a defined contribution plan providing pension, other retirement and post-employment benefits to most of its employees.

[a] Multi-employer plan

Substantially all of the employees of UHN are members of HOOPP which is a multi-employer, defined benefit, final average earnings, contributory pension plan. HOOPP is accounted for as a defined contribution plan. UHN's contributions to HOOPP during the year amounted to $64,645 [2012 - $62,194]. These amounts are included in compensation expense in the statements of operations. The most recent valuation for financial reporting purposes completed by HOOPP as at December 31, 2012 disclosed net assets available for benefits of $47,414 million with pension obligations of $39,919 million, resulting in a surplus of $7,495 million.

[b] Other defined benefit plans

UHN offers various non-pension post-employment and post-retirement benefit plans to its employees that provide life insurance, medical and dental benefits. These plans are accounted for as defined benefit plans and are not funded by UHN.

Information about UHN's other defined benefit plans is as follows:

	March 31, 2013 $	March 31, 2012 $	April 1, 2011 $
Accrued benefit obligations	**48,307**	48,276	41,026
Unamortized actuarial loss	**(3,163)**	(4,723)	—
Employee future benefit liabilities	**45,144**	43,553	41,026

[all amounts in thousands of dollars, except where noted]

The net expense for these plans for the years ended March 31 is calculated as follows:

	2013 $	2012 $
Current service cost	1,767	1,488
Interest cost	1,961	2,181
Prior service cost	—	1,359
Amortization of actuarial losses	630	—
	4,358	5,028

The significant actuarial assumptions adopted in measuring UHN's accrued benefit obligations are as follows:

	March 31, 2013 %	March 31, 2012 %	April 1, 2011 %
Discount rate	3.92	4.12	5.24

The significant actuarial assumptions adopted in measuring UHN's expenses for the year ended March 31 are as follows:

	2013 %	2012 %
Discount rate	4.12	5.24

Health care costs were assumed to increase by 7.0% in 2012, declining by 0.2% per year to 3.0% to 2032. Dental costs were assumed to increase by 4.0% per year.

The accrued benefit obligations of the other defined benefit plans are measured as at March 31, 2013.

[all amounts in thousands of dollars, except where noted]

Other information about UHN's defined benefit plans is as follows:

	2013 $	2012 $
Employer's contributions	2,767	2,490
Employees' contributions	—	—
Benefits paid	2,767	2,490

11. DEFERRED CAPITAL CONTRIBUTIONS

Deferred capital contributions represent the unamortized amount of contributions received for the purchase of capital assets. The changes in the deferred capital contributions balance as at March 31 are as follows:

	2013 $	2012 $
Deferred capital contributions, beginning of year	605,744	586,552
Contributions for capital purposes *[note 14]*	83,305	77,871
Amortization of deferred capital contributions	(57,177)	(58,679)
Deferred capital contributions, end of year	631,872	605,744

12. INTERNALLY RESTRICTED NET ASSETS

Internally restricted net assets represent amounts set aside for future capital and other special projects.

In fiscal 2013, the Board of Trustees approved a net transfer of $7,836 [2012 - $29,817] from unrestricted to internally restricted net assets. An amount of $47,700 [2012 - $37,415] was transferred from unrestricted to internally restricted net assets for future capital and other special projects. In the year in which expenses are incurred with respect to these future projects, an amount is transferred from internally restricted to unrestricted net assets. In fiscal 2013, $39,864 [2012 - $7,598], representing amounts previously restricted by the Board of Trustees, was transferred from internally restricted to unrestricted net assets.

[all amounts in thousands of dollars, except where noted]

13. STATEMENT OF CASH FLOWS

[a] The net change in non-cash working capital balances related to operations consists of the following:

	2013 $	2012 $
Sources (uses) of cash		
Accounts receivable	12,857	(46,923)
Prepaid expenses	(2,068)	1,023
Inventory	(1,205)	(623)
Accounts payable and accrued liabilities	(20,757)	72,234
	(11,173)	25,711

[b] Other information related to cash flows is as follows:

	2013 $	2012 $
Capital asset purchases funded by accounts payable, accrued liabilities or other long-term liabilities	5,891	(31,364)
Contributions receivable related to capital asset purchases	(11,223)	(26,944)

14. RELATED PARTY TRANSACTIONS

[a] The TG/WH Foundation is an independent corporation without share capital, which has its own Board of Directors. It provides donations to UHN for capital, research and academic purposes. The TG/WH Foundation's accounts are not included in these financial statements. As at March 31, 2013, it had net assets of $341,759 [March 31, 2012 - $311,398; April 1, 2011 - $297,411]. For the year ended March 31, 2013, grants of $52,894 [2012 - $49,639] were recorded by UHN as grants and donations for research and other purposes, deferred contributions or deferred capital contributions. As at March 31, 2013, UHN had receivables from the TG/WH Foundation of $18,457 [March 31, 2012 - $9,640; April 1, 2011 - $3,818] recorded in accounts receivable *[note 3]*.

[b] The PMC Foundation is an independent corporation without share capital, which has its own Board of Directors. It provides donations to UHN for capital and operating purposes in connection with cancer research, education and treatment. The PMC Foundation's accounts are not included in these financial statements. As at March 31, 2013, it had net assets of $395,966 [March 31, 2012 - $348,420; April 1, 2011 - $323,675]. For the year ended March 31, 2013, grants of $64,779 [2012 - $63,484] were recorded by UHN as grants and donations for research and other purposes, deferred contributions or deferred capital contributions. As at March 31, 2013, UHN had receivables from the PMC Foundation of $25,432 [March 31, 2012 - $27,068; April 1, 2011 - $19,962] recorded in accounts receivable *[note 3]*

[c] The AR Foundation is an independent corporation without share capital, which has its own Board of Directors. It provides donations to UHN for capital and research purposes in connection with arthritis and autoimmunity. Its accounts are not included in these financial statements. As at March 31, 2013, it had net assets of $23,143 [March 31, 2012 - $21,253; April 1, 2011 - $21,352]. For the year ended March 31, 2013, grants of $2,092 [2012 - $2,192] were recorded by UHN as grants and donations for research and other purposes, deferred contributions or deferred capital contributions. As at March 31, 2013, UHN had receivables from the AR Foundation of $887 [March 31, 2012 - $1,524; April 1, 2011 - $1,513] recorded in accounts receivable *[note 3]*.

[d] The TRI Foundation is an independent corporation without share capital, which has its own Board of Directors. It provides donations to UHN for capital, research and academic purposes. The TRI Foundation's accounts are not included in these financial statements. As at March 31, 2013, it had net assets of $18,118 [March 31, 2012 - $26,159; April 1, 2011 - $33,026]. For the year ended March 31, 2013, grants of $10,189 [2012 - $9,150] were recorded by UHN as grants and donations for research and other purposes, deferred contributions or deferred capital contributions. As at March 31, 2013, UHN had receivables from the TRI Foundation of $3,726 [March 31, 2012 - $6,365; April 1, 2011 - $8,646] recorded in accounts receivable *[note 3]*.

[e] The Toronto Hospital Research Corporation and the de Souza Institute Foundation are inactive.

15. COMMITMENTS AND CONTINGENCIES

[a] UHN is subject to various claims and potential claims in connection with operations. Where the potential liability is able to be estimated, management believes that the ultimate disposition of the matters will not materially exceed the amounts recorded in the accounts. In other cases, the ultimate outcome of the claims cannot be determined at this time. Any

[all amounts in thousands of dollars, except where noted]

additional losses related to claims will be recorded in the year during which the liability is able to be estimated or adjustments to the amount recorded are determined to be required.

[b] UHN participates in the Healthcare Insurance Reciprocal of Canada ["HIROC"]. HIROC is a pooling of the public liability insurance risks of its hospital members. All members of the HIROC pool pay annual premiums, which are actuarially determined. All members are subject to assessment for losses, if any, experienced by the pool for the years in which they were members. No assessments have been made for the year ended March 31, 2013.

[c] As at March 31, 2013, UHN's Board of Trustees had approved expenditures for construction and renovation of which $80,319 [2012 - $139,902] had not been recorded in the accounts. Contracts have been entered into with respect to costs of $36,580.

[d] Effective March 31, 2006, UHN entered into an agreement with Plexxus, whose primary responsibility is to provide materials management services to its members on a cost-recovery basis and certain information technology services. The objective is to provide these services at a lower cost as compared to the members' costs prior to entering into the agreement. Based on the agreement, Plexxus has the right to charge membership fees to its members. A process is established in the agreement for Plexxus to obtain the approval of the members to charge additional fees. If any member fails to pay their membership fees to Plexxus throughout the period covered by the agreement, UHN and the other members are responsible for lending an amount to Plexxus, based on a sharing formula, to cover these deficiencies. As at March 31, 2013, no member was in default.

[e] The future minimum annual payments under operating leases consist of the following:

	$
2014	7,512
2015	7,002
2016	6,484
2017	6,086
2018	4,833
Thereafter	15,452

In addition to minimum rentals, leases for office space generally require the payment of various operating costs.

16. CREDIT FACILITIES

UHN has the following credit facilities:

[a] a demand, revolving operating facility of $70,000 by way of a combination of prime rate loans, bankers' acceptances and letters of credit to a maximum aggregate amount of $5,000;

[b] a demand, non-revolving amortizing credit facility of $60,000 by way of any combination of prime rate loans and bankers acceptances; and

[c] a treasury risk management facility to hedge foreign exchange and interest rate risk through a combination of forward rate agreements or interest rate swaps to a maximum notional risk of $15,000 with a maximum term of 31 years.

For facilities [a] and [b], interest is payable at prime rate minus 0.55% [March 31, 2013 - 2.45%] or bankers' acceptance rate plus 0.35% [March 31, 2013 - 1.52%]. The facilities are collateralized by all present and future acquired research equipment, together with all enhancements to a maximum value of $153,000.

As at March 31, 2013, there were drawings on the second facility listed above of $21,729 which are classified as long-term as UHN has received confirmation from the lender that the lender will not require repayment in the next fiscal year *[note 9]*. There were no drawings on any facilities as at March 31, 2012 and 2011.

17. FINANCIAL INSTRUMENTS

UHN is exposed to various financial risks through its transactions in financial instruments.

Credit risk

UHN is exposed to credit risk in connection with its accounts receivable and its short-term and fixed income investments because of the risk that one party to the financial instrument may cause a financial loss for the other party by failing to discharge an obligation.

UHN manages and controls credit risk with respect to accounts receivable by only dealing with recognized, creditworthy third parties. In addition, receivable balances are monitored on an ongoing basis.

With respect to credit risk arising from investment activities, UHN manages this risk by developing an investment policy that establishes criteria for the selection of investments that include benchmarks for the creditworthiness of entities.

Liquidity risk

UHN is exposed to the risk that it will encounter difficulty in meeting obligations associated with its financial liabilities. UHN derives a significant portion of its operating revenue from the Ontario government and other funders with no firm commitment of funding in future years. To manage liquidity risk, the Hospital keeps sufficient resources readily available to meet its obligations. In addition, UHN has available lines of credit that are used when sufficient cash flow is not available from operations to cover operating and capital expenditures.

Accounts payable mature within 6 months. The maturities of other financial liabilities are provided in notes to the financial statements related to these liabilities.

Interest rate risk

UHN is exposed to interest rate risk with respect to its investments in fixed income investments because the fair value will fluctuate due to changes in market interest rates. In addition, UHN is exposed to interest rate risk with respect to advances on its demand credit facilities because cash flows will fluctuate because the interest rate is linked to the bank's prime rate, which change from time to time. UHN has entered into an interest rate swap contract to fix the rate of interest on its operating line of credit *[note 9[d]]*.

UHN's investments in term deposits have an average term to maturity of one year and ten months and an average yield of 2.10% and in bonds have an average term to maturity of three years and two months and an average yield of 2.56%. A 1% change in the interest rates, with all other variables held constant, would have a $1,736 impact on excess of revenues over expenses for the year.

A change in the interest rate on UHN's long-term debt would have no impact on the financial statements since the debt is measured at amortized cost and has a fixed rate of interest. A change in the interest rate on the advance on the demand credit facility has no impact on excess of revenue over expenses for the year since UHN has entered into an interest rate swap contract to manage this risk.

Other price risk

UHN is exposed to other price risk through changes in market prices [other than changes arising from interest rate or currency risks] in connection with its investments in equity securities. UHN has limited risk since excess funds are not invested in equity securities.

A 10% change in the market prices of these investments, with all other variables held constant, would have a $284 impact on accumulated remeasurement losses.

18. FIRST-TIME ADOPTION OF ACCOUNTING STANDARDS FOR GOVERNMENT NOT-FOR-PROFIT ORGANIZATIONS

These financial statements are the first financial statements that UHN has prepared in accordance with the Public Sector Handbook, which constitutes generally accepted accounting principles for government not-for-profit organizations in Canada ["GAAP"]. UHN has chosen to use the standards for government not-for-profit organizations that include Section PS 4200 to PS 4270. In preparing its opening statement of financial position as at April 1, 2011 [the "Transition Date"], UHN has applied PS 2125; *First-time Adoption by Government Organizations.*

The accounting policies that UHN has used in the preparation of its opening statement of financial position have resulted in certain adjustments to balances which were presented in the statements of financial position prepared in accordance with Part V of the CICA Handbook - Accounting ["Previous GAAP"]. These adjustments were recorded directly to UHN's net assets at the Transition Date using the transitional provisions set out in PS 2125 and are described below.

Exemption elected upon transition

CICA PS 2125 provides a number of elective exemptions related to standards in PSA Handbook. UHN has elected to use the transition exemption with respect to the recognition of cumulative actuarial losses at the Transition Date. UHN has not elected to use any other exemptions.

Reconciliations

The following table provides a reconciliation of net assets as at April 1, 2011 and the excess of revenue over expenses for the year ended March 31, 2012 as presented under previous GAAP with those computed under GAAP.

NOTES TO FINANCIAL STATEMENTS

[all amounts in thousands of dollars, except where noted]

March 31, 2013

	Excess of revenue over expenses for the year ended March 31, 2012 $	Net assets at April 1, 2011 $
Excess of revenue over expenses and net assets – Previous GAAP	29,623	343,512
Change in discount rate	120	297
Recognition of unamortized transitional obligation	305	(552)
Recognition of unamortized past service gain	(390)	952
Recognition of current past service costs	(517)	—
Election to recognize cumulative actuarial losses	625	(6,838)
Excess of revenue over expenses and net assets - GAAP	**29,766**	337,371

Change in discount rate

Under Previous GAAP, the discount rate was based on long-term corporate bond rates. Under GAAP, the discount rate is based on the UHN's cost of borrowing, which results in a lower accrued benefit obligation.

Recognition of transitional obligation

Under Previous GAAP, a $552 transitional obligation related to employee future benefits had not been recognized in the financial statements. Transitional obligations were required to be written off when PS 3250 was initially adopted, therefore, this amount must be recognized in opening net assets at the Transition Date.

Recognition of past service gain

Under Previous GAAP, a $951 past service gain related to employee future benefits had not been recognized in the financial statements Past service gains must be recognized in the statement of operations under PS 3250 therefore, this amount must be recognized in opening net assets at the Transition Date.

Recognition of current past service costs

Under Previous GAAP, past service costs were deferred and amortized over the average remaining service period of employees. GAAP requires that past service costs incurred during the year be expensed.

Election to recognize cumulative actuarial losses

Using an elective exemption available at the Transition Date, UHN has recognized actuarial losses related to employee future benefits in opening net assets at the Transition Date.

Adoption of accounting standards related to financial instruments

The Public Sector Accounting Board ["PSAB"] approved the following new public sector accounting standards:

PS 1201 – Financial statement presentation [replacing PS 1200, Financial statement presentation]
PS 2601 – Foreign currency translation [replacing PS 2600, Foreign currency translation]
PS 3041 – Portfolio investments [replacing PS 3040 Portfolio Investments]
PS 3450 – Financial instruments

Adoption of all of these standards must take place in the same fiscal period. In accordance with the requirements of these standards, prospective application of the recognition, derecognition and measurement policies are presented beginning April 1, 2012. Accordingly, financial statements of prior periods, including comparative information, have not been restated and no comparative information is presented for the first time presentation of the statement of remeasurement gains and losses.

Prior to April 1, 2012, portfolio investments were recorded at fair value with changes in unrealized gains and losses for certain investments being recorded in the statement of changes in net assets and other components of investment income recorded as ancillary services and other revenue in the statement of operations. The cumulative change in unrealized gains recognized in the statement of changes in net assets of $3,277 has been recorded as an adjustment to net assets and accumulated remeasurement gains as at April 1, 2012.

Form **8868**

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☑
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return See instructions.	**University Health Network**	**98-6000971**
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	190 Elizabeth Street, 2nd Floor Finance	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Toronto, Ontario M5G 2C4	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **Dalrene Dasent, Deputy Chief Financial Officer**

Telephone No. ▶ **416-340-6867** FAX No. ▶ **416-340-3186**

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☑
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **November 15**, 20 **13**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or

▶ ☑ tax year beginning **April 1**, 20 **12**, and ending **March 31**, 20 **13**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☐
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . ☐☐

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ _____
Telephone No. ▶ _____ FAX No. ▶ _____
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____, 20 _____.
5 For calendar year _____, or other tax year beginning _____, 20 _____, and ending _____, 20 ____.
6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
7 State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Tina Deeya Title ▶ Senior Finance Director Date ▶ Sept 10/13