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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
University Hospitals Health System Inc
Group Return

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
Cleveland, OH 44106

D Employer identification number
90-0059117

E Telephone number
(216)844-1000

G Gross receipts $ 2,327,281,400

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

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

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

H(c) Group exemption number ▶ 3829

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

J Website: ▶ www UHhospitals org

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities
University Hospitals (the System) is guided by its mission "To Heal To Teach To Discover"

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	168
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	93
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	16,207
6	Total number of volunteers (estimate if necessary)	**6**	2,185
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	697,000
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	384,927

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	89,840,000	53,111,000
9	Program service revenue (Part VIII, line 2g)	2,015,029,000	2,106,303,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,000	71,265,000
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,151,000	95,729,000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,176,060,000	2,326,408,000
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,771,000	34,294,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	997,592,000	1,151,268,000
16a	Professional fundraising fees (Part IX, column (A), line 11e)	306,000	33,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶11,510,000		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	907,762,000	896,375,000
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,937,431,000	2,081,970,000
19	Revenue less expenses Subtract line 18 from line 12	238,629,000	244,438,000

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,533,691,000	3,338,270,000
21	Total liabilities (Part X, line 26)	214,268,000	1,702,200,000
22	Net assets or fund balances Subtract line 21 from line 20	1,319,423,000	1,636,070,000

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2014-11-14

MICHAEL SZUBSKI CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ROBERT VUILLEMOT				P01283296

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 2100 ONE PPG PLACE
PITTSBURGH, PA 15222 — Phone no

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

UNIVERSITY HOSPITALS' MISSION IS TO HEAL TO TEACH TO DISCOVER IN PURSUIT OF THIS MISSION, UNIVERSITY HOSPITALS REMAINS AT THE FOREFRONT OF HEALTH CARE DELIVERY, PHYSICIAN EDUCATION, AND MEDICAL RESEARCH NATIONWIDE YET WHAT MAKES UNIVERSITY HOSPITALS UNIQUE IS ITS ABILITY TO BRING EXPERTISE AND RESOURCES TOGETHER AND RESPOND TO THE INDIVIDUAL NEEDS OF EVERY PATIENT, REGARDLESS OF THEIR ABILITY TO PAY THAT FOCUS ON THE PATIENT, COMBINED WITH A REMARKABLE LEVEL OF ACHIEVEMENT IN MEDICAL RESEARCH AND EDUCATION CONTINUES TO PROPEL UNIVERSITY HOSPITALS TO EVEN GREATER SUCCESSES

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 2,052,570,000 including grants of $ 34,294,000) (Revenue $ 2,185,076,000)

Commitment to the community remains at the core of the System's mission To Heal To Teach To Discover In 2013, University Hospitals dedicated more than $240 million to community benefit programs in Northeast Ohio consisting of - Education and training = $53 million - Research = $27 million - Charity care = $59 million - Medicaid shortfall = $68 million - Community health improvement services = $6 million - Other community programs and support = $38 million - Hospital Care Assurance Program (HCAP) receipts = ($11 million) Refer to Schedule H for further detail on how the System measures and reports community benefit Community benefit for 2013 totaled $240 million In addition to charity care and insufficient funding from the Medicaid program, the System incurs significant losses related to self-pay patients who fail to make payment for services rendered or insured patients who fail to remit co-payments and deductibles as required under applicable health insurance arrangements The 2013 provision for bad debt of $60 million represents revenues for services provided that are deemed uncollectible The UH health system provides work directly for about 19,400 employees and physicians As the seventh largest employer in Ohio, UH supports the economy as well as state and local governments UH employees pay more than $56 million annually in state and local income taxes At the same time, UH provides many more Community benefits directly and indirectly through new or expanded business opportunities and through important capital investments in our facilities UH has committed - and continues to commit - millions of dollars to facilities and operations within the city of Cleveland and throughout our region, providing construction and hospital-based jobs State-of-the-art facilities and services at UH Case Medical Center, our world-renowned academic medical center in Cleveland, provide Cleveland residents and people from throughout the region and the world with the finest in primary and specialty health care The facilities allow us to conduct vital medical research and offer advanced training for students and health professionals The Quentin & Elisabeth Alexander Neonatal Intensive Care Unit at UH Rainbow Babies & Children's Hospital serves our most vulnerable children The System's Seidman Cancer Center and emergency facilities at UH Case Medical Center and UH Ahuja Medical Center, continue to provide expanded employment opportunities while extending UH's mission to more patients New state-of-the-art outpatient health centers in the region have spurred economic growth while giving people access to the care they need close to home and expanding our community benefit programs The System is proud to contribute to the health of our citizens and to be a positive economic force in our region For more detailed information on the System's community benefit or to view the 2013 Community Benefit Report, please visit the System's website at www UHhospitals org

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 2,052,570,000

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,539		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16,207		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	168		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	93		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2** Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**	No
6	Did the organization have members or stockholders?			**6** Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a** Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b** Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

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

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request ☐ 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

▶ MICHAEL SZUBSKI 3605 WARRENSVILLE CENTER RD
Shaker Heights, OH 44122 (216) 844-1000

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

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

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

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

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

☐ Check this box if neither the organization nor any related 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			

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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								36,180,783	3,054,629	4,574,034

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,220

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MICROSOFT LICENSING GP, PO BOX 842467 DALLAS TX 752842467	SOFTWARE	7,526,589
MACQUARIE EQUIPMENT FINANCE LLC, GPO DRAWER 67-865 DETROIT MI 48267	LEASING	7,091,105
ACCENTURE LLP, PO BBOX 70629 CHICAGO IL 606730629	CONSULTING	5,409,214
CUMBERLAND CONSULTING GROUP LLC, 720 COOL SPRINGS BLVD STE 550 FRANKLIN TN 37067	Consulting	4,601,879
MCPC IMAGING AND PRINTING LLC, PO BOX 697 SANDUSKY OH 44870	INFO TECHNOLOGY SVCS	4,049,185

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 ▶ 97

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 1,355,800				
	d	Related organizations . . .	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 51,755,200				
	g	Noncash contributions included in lines 1a-1f $	3,896,266				
	h	**Total.** Add lines 1a-1f . . . . . ▶		53,111,000			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE LESS BAD DEBTS	900099	1,956,662,000	1,956,244,000	418,000	
	b	UHMG SPONSORED REVENUE	900099	46,228,000	46,228,000		
	c	UHMG RESIDENT TEACHING REVENUE	900099	18,629,000	18,629,000		
	d	UHMG OTHER CLINICAL REVENUE	900099	16,084,000	16,084,000		
	e	MEDICAL DIRECTOR REVENUE	900099	14,182,000	14,182,000		
	f	All other program service revenue		54,518,000	54,239,000	279,000	
	g	**Total.** Add lines 2a–2f . . . . . ▶		2,106,303,000			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		24,294,000			24,294,000
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss) . . . . . ▶		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	46,971,000				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	46,971,000				
	d	Net gain or (loss) . . . . . ▶		46,971,000			46,971,000
Other Revenue	8a	Gross income from fundraising events (not including $ 1,355,808 of contributions reported on line 1c) See Part IV, line 18 . . a	439,400				
	b	Less direct expenses . . . b	873,400				
	c	Net income or (loss) from fundraising events . . ▶		-434,000			-434,000
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	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 . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	PARKING SERVICES	900099	3,521,000			3,521,000
	b	CALL CENTER	900099	1,713,000			1,713,000
	c	NET PREMIUM & ADMINISTRATIVE FEES	900099	885,000	885,000		
	d	All other revenue		90,044,000	90,044,000		
	e	**Total.** Add lines 11a–11d . . . . . ▶		96,163,000			
	12	**Total revenue.** See Instructions . . . . . ▶		2,326,408,000	2,196,535,000	697,000	76,065,000

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line 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	34,294,000	34,294,000		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	17,890,000		17,890,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,935,000	3,935,000		
7 Other salaries and wages	910,608,000	904,003,000		6,605,000
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,258,000	67,258,000		
9 Other employee benefits	92,586,000	90,888,000		1,698,000
10 Payroll taxes	58,991,000	58,991,000		
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,051,000	1,051,000		
c Accounting	761,000	761,000		
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	33,000			33,000
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	181,822,000	181,384,000		438,000
12 Advertising and promotion	11,478,000	10,821,000		657,000
13 Office expenses	353,902,000	352,863,000		1,039,000
14 Information technology	36,833,000	36,833,000		
15 Royalties . .	0			
16 Occupancy	98,752,000	98,646,000		106,000
17 Travel	8,445,000	8,169,000		276,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	17,480,000	17,480,000		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	97,591,000	97,591,000		
23 Insurance	21,914,000	21,914,000		
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 TAXES	25,524,000	25,524,000		
b RECRUITMENT	3,491,000	3,491,000		
c ADMINISTRATIVE SERVICES	3,012,000	3,012,000		
d DUES AND MEMBERSHIPS	224,000	224,000		
e All other expenses	34,095,000	33,437,000		658,000
25 **Total functional expenses.** Add lines 1 through 24e	2,081,970,000	2,052,570,000	17,890,000	11,510,000
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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		33,341,000	2	192,149,000
	3	Pledges and grants receivable, net		126,944,000	3	28,200,000
	4	Accounts receivable, net		318,886,000	4	367,865,000
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		396,000	7	370,000
	8	Inventories for sale or use		31,652,000	8	31,898,000
	9	Prepaid expenses and deferred charges		3,266,000	9	22,310,000
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,533,976,000			
	b	Less accumulated depreciation	10b 1,324,245,000	913,014,000	10c	1,209,731,000
	11	Investments—publicly traded securities		3,271,000	11	332,223,000
	12	Investments—other securities See Part IV, line 11		56,416,000	12	618,807,000
	13	Investments—program-related See Part IV, line 11		5,631,000	13	367,552,000
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		40,874,000	15	167,165,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,533,691,000	16	3,338,270,000
Liabilities	17	Accounts payable and accrued expenses		100,595,000	17	308,614,000
	18	Grants payable		0	18	0
	19	Deferred revenue		6,677,000	19	8,369,000
	20	Tax-exempt bond liabilities		0	20	1,086,314,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	39,978,000
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		106,996,000	25	258,925,000
	26	**Total liabilities.** Add lines 17 through 25		214,268,000	26	1,702,200,000
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		1,080,947,000	27	1,063,229,000
	28	Temporarily restricted net assets		220,386,000	28	255,296,000
	29	Permanently restricted net assets		18,090,000	29	317,545,000
		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		1,319,423,000	33	1,636,070,000
	34	Total liabilities and net assets/fund balances		1,533,691,000	34	3,338,270,000

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,326,408,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,081,970,000
3	Revenue less expenses Subtract line 2 from line 1	3	244,438,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,319,423,000
5	Net unrealized gains (losses) on investments	5	-1,112,000
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	73,321,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,636,070,000

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 90-0059117

Name: University Hospitals Health System Inc
Group Return

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

(A) Name and Title	(B) Average hours per week (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			
UHHS - Monte Ahuja Director	20	X						0	0	0
UHHS - Sheldon G Adelman Director	20	X						0	0	0
UHHS - Arthur F Anton Director	20	X						0	0	0
UHHS - Craig Arnold Director	20	X						0	0	0
UHHS - Katherine A Asbeck Director	20	X						0	0	0
UHHS - Andrew Banks Director	20	X						0	0	0
UHHS - Paul Clark Director	20	X						0	0	0
UHHS - Christopher M Connor Director	20	X						0	0	0
UHHS - Margot J Copeland Director	20	X						0	0	0
UHHS - David A Daberko Director	20	X						0	0	0
UHHS - Heather Ettinger Director	20	X						0	0	0
UHHS - John Fitts Ex Off Dir	20	X						0	0	0
UHHS - Brian Hall Director	20	X						0	0	0
UHHS - Kenneth Hardy Director	20	X						0	0	0
UHHS - M Ann Harlan Director	20	X						0	0	0
UHHS - Ronald G Harrington Director	20	X						0	0	0
UHHS - Catherine M Kilbane Director	20	X						0	0	0
UHHS - Timothy Kraus Ex Off Dir	20	X						0	0	0
UHHS - Joseph Lopez Director	20	X						0	0	0
UHHS - Ramon Lugo III Director	20	X						0	0	0
UHHS - Henry L Meyer III Director	20	X						0	0	0
UHHS - John Morikis Ex Off Dir	20	X						0	0	0
UHHS - Patrick Mullin Ex Off Dir	20	X						0	0	0
UHHS - Ernest Novak Director	20	X						0	0	0
UHHS - Vasu Pandrangi MD Ex Off Dir	20	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHHS - Gary Pasqualone Ex Off Dir	2 0	X						0	0	0
UHHS - Sandy Pianalto Vice Chair/Director	2 0	X		X				0	0	0
UHHS - Mark Plush Ex Off Dir	2 0	X						0	0	0
UHHS - Richard W Pogue Director	2 0	X						0	0	0
UHHS - Alfred M Rankin Jr Chair/Director	2 0	X		X				0	0	0
UHHS - Willard Raymond Ex Off Dir (thru 5/13)	2 0	X						0	0	0
UHHS - Gregory Robinson Ex Off Dir (thru 5/13)	2 0	X						0	0	0
UHHS - Fred C Rothstein MD Pres UHCMC/Ex Off Dir	60 0	X						1,227,683	0	68,073
UHHS - Robert Salata MD UHMG Physician/Director	60 0	X						89,075	0	3,067
UHHS - Thomas A Selden Ex Off Dir	2 0	X						0	0	0
UHHS - Jerry Sue Thornton PhD Director	2 0	X						0	0	0
UHHS - Les C Vinney Director	2 0	X						0	0	0
UHHS - Thomas F Zenty III CEO/Ex Off Dir	60 0	X		X				2,239,564	0	375,275
UHCMC - Joel Adelman Director	2 0	X						0	0	0
UHCMC - Thomas W Adler Director (thru 5/13)	2 0	X						0	0	0
UHCMC - Robert T Bennett Director (thru 5/13)	2 0	X						0	0	0
UHCMC - David Camiener Director	2 0	X						0	0	0
UHCMC - Paul H Carleton Co-Vice Chair/Director	2 0	X		X				0	0	0
UHCMC - Carole A Carr Director	2 0	X						0	0	0
UHCMC - Pamela B Davis MD PhD Ex Off Dir	2 0	X						0	0	0
UHCMC - Ralph Della Ratta Director	2 0	X						0	0	0
UHCMC - Michael Feuer Director	2 0	X						0	0	0
UHCMC - David Goldberg Director	2 0	X						0	0	0
UHCMC - Robert D Gries Director	2 0	X						0	0	0
UHCMC - Charles Hallberg Director	2 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - Christopher Hyland Co-Vice Chair/Director	20	X		X				0	0	0
UHCMC - Jerry Kelsheimer Director	20	X						0	0	0
UHCMC - Dinah Kolesar Ex Off Dir	20	X						0	0	0
UHCMC - Lee Koury Director	20	X						0	0	0
UHCMC - Raymond K Lee Director	20	X						0	0	0
UHCMC - Gene C Lovett Director	20	X						0	0	0
UHCMC - Adrian Maldonado Director	20	X						0	0	0
UHCMC - John C Morley Director	20	X						0	0	0
UHCMC - Patrick S Mullin Chair/Director	20	X		X				0	0	0
UHCMC - William J O'Neill Jr Director	20	X						0	0	0
UHCMC - Alfred M Rankin Jr Ex Off Dir (thru 5/13)	20	X						0	0	0
UHCMC - Ann P Ranney Director	20	X						0	0	0
UHCMC - Julie Adler Raskind Director	20	X						0	0	0
UHCMC - David M Reynolds Director	20	X						0	0	0
UHCMC - Kenneth C Ricci Director	20	X						0	0	0
UHCMC - Robert Risman Director (thru 9/13)	20	X						0	0	0
UHCMC - Barbara S Robinson Director	20	X						0	0	0
UHCMC - Fred C Rothstein MD Pres /Ex Off Dir	20	X		X				0	0	0
UHCMC - Mairan Shaughnessy Director	20	X						0	0	0
UHCMC - Gregory Skoda Director	20	X						0	0	0
UHCMC - Hilton O Smith Director	20	X						0	0	0
UHCMC - Eddie Taylor Director	20	X						0	0	0
UHCMC - Richard Walsh MD Ex Off Dir	20	X						0	0	0
UHCMC - Penni Weinberg Director	20	X						0	0	0
UHCMC - Djames W Wert Director	20	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - Lorna Wisham Director	2.0	X						0	0	0
UHCMC - Jacqueline Woods Director	2.0	X						0	0	0
UHCMC - Christine Wynd Ex Off Dir	2.0	X						0	0	0
UHCMC - Thomas F Zenty III Ex Off Dir	2.0	X						0	0	0
UHMG - Eric Bieber MD UH CMO/Director	2.0	X							0	0
UHMG - Paul H Carleton Director	2.0	X						0	0	0
UHMG - Pamela B Davis MD Phd Director	2.0	X						0	0	0
UHMG - Patricia DePompei Director	2.0	X						0	0	0
UHMG - Michael Feuer Director	2.0	X						0	0	0
UHMG - Charles Hallberg Director	2.0	X						0	0	0
UHMG - Clifford V Harding MD Dept Chair Pathology/Director	60.0	X						305,273	0	12,129
UHMG - Robert Haynie MD Director	2.0	X						0	0	0
UHMG - Elliott A Kellman Director	2.0	X						0	0	0
UHMG - Michael Konstan MD Dept Chair Pediatrics/Director	60.0	X						354,672	0	23,867
UHMG - Cliff Megerian MD Dept Chair Otolaryngology/Dir	60.0	X						649,538	0	40,165
UHMG - Michael Nochomovitz MD Pres /Director	60.0	X		X				1,038,904	0	57,647
UHMG - William O'Neill Jr Director	2.0	X						0	0	0
UHMG - Jeffrey Ponsky MD Dept Chair Surgery/Director	60.0	X						706,096	0	24,771
UHMG - Robert Ronis Dept Chair Psychiatry/Direct	60.0	X						247,463	0	8,826
UHMG - Fred C Rothstein MD Chair/Director	2.0	X		X				0	0	0
UHMG - Michael A Szubski Director	2.0	X						0	0	0
UHMG - Richard A Walsh MD Dept Chair Medicine/Director	60.0	X						475,900	0	26,249
UHLSF - Ronald Dziedzicki BSN RN Secretary/Director	2.0	X		X				0	0	0
UHLSF - Sonia Salvino Treasurer/Director	2.0	X		X				0	0	0
UHLSF - Nancy Tinsley Director	2.0	X						278,636	0	69,406

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMC - Julie Boland Sec & Treas /Dir (thru 5/31)	2 0	X		X				0	0	0
AMC - Richard Doody Director	2 0	X						0	0	0
AMC - Michael Druzinsky Co-Chair/Director	2 0	X		X				0	0	0
AMC - Robert Glick Sec & Treas /Dir	2 0	X		X				0	0	0
AMC - Richard Hanson Ex Officio Director	10 0	X						881,735	0	162,861
AMC - Susan V Juris Pres /Ex Officio Director	60 0	X		X				506,454	0	71,497
AMC - John Morikis Vice Chair/Director	2 0	X		X				0	0	0
AMC - Thomas Murdough Chair (thru 5/13)/Director	2 0	X		X				0	0	0
AMC - Enid Rosenberg Director	2 0	X						0	0	0
AMC - Reggie Rucker Director	2 0	X						0	0	0
AMC - Neil Sethi Director	2 0	X						0	0	0
AMC - Margaret Singerman Director	2 0	X						0	0	0
AMC - John Sinnenberg Director	2 0	X						0	0	0
AMC - Richard Stein Ex Officio Director	2 0 60 0	X						0	432,813	61,174
AMC - Dan Zelman Director	2 0	X						0	0	0
UHREG - Samuel Ake Secretary/Director	2 0	X		X				0	0	0
UHREG - Mary Jo Boehnlein Co-Chair/Ex Officio Dir	2 0	X						0	0	0
UHREG - Peter R Brumberas Director	2 0	X						0	0	0
UHREG - Mary Ann P Correnti Co-Chair/Ex Officio Dir	2 0	X						0	0	0
UHREG - Laurie Delgado Pres (thru 12/13)/Ex Off Dir	60 0	X		X				730,132	0	64,616
UHREG - Wendolyn Grant Director	2 0	X						0	0	0
UHREG - Richard Hanson Ex Officio Director	10 0	X						0	0	0
UHREG - James Hukill Treasurer(thru 5/13)/Director	2 0	X		X				0	0	0
UHREG - David E Jerome Director	2 0	X						0	0	0
UHREG - James Judd Director	2 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHREG - Judy Grieg Ex Officio Director	2 0	X						0	0	0
UHREG - Rosemary Leeming MD CMO/Director	60 0	X						230,722	0	39,646
UHREG - Brock Milstein Director	2 0	X						0	0	0
UHREG - Timothy Morgan Director	2 0	X						0	0	0
UHREG - Stamy Paul Director	2 0	X						0	0	0
UHREG - David Rapkin MD Chief of Staff/Director	60 0	X						423,190	0	43,356
CMC - Terry Atkinson Director	2 0	X						0	0	0
CMC - Robert David Pres /Ex Officio Director	30 0	X		X				170,380	0	47,782
CMC - Charles Deck Director	2 0	X						0	0	0
CMC - Arpan Desai MD Director	2 0 60 0	X						0	416,060	34,516
CMC - Gerald Eighmy Director	2 0	X						0	0	0
CMC - Richard A Hanson Secretary & Treas	10 0	X		X				0	0	0
CMC - George Kolman Director	2 0	X						0	0	0
CMC - Reverend Tim Kraus Chair/Director	2 0	X		X				0	0	0
CMC - Lori McLaughlin Vice Chair/Director	2 0	X		X				0	0	0
CMC - Joseph A Moroski Director	2 0	X						0	0	0
CMC - Carol Owens Director	2 0	X						0	0	0
CMC - Mike Skufca DDS Director	2 0	X						0	0	0
CMC - James Supplee Director	2 0	X						0	0	0
ECC - Richard Hanson Chair/Ex Officio Director	2 0	X		X				0	0	0
ECC - Susan V Juris Pres /Ex Officio Director	2 0	X		X				0	0	0
ECC - Rebecca Ivcic Finance Director/Director	2 0	X		X				99,641	0	38,347
GMC - Thomas Benda Director	2 0	X						0	0	0
GMC - John Fitts Treasurer/Director	2 0	X		X				0	0	0
GMC - Davina Gosnell PhD Ex Officio Director	2 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GMC - Richard Hanson Ex Officio Director	10 0	X						0	0	0
GMC - B Paige Hoiser Director	2 0	X						0	0	0
GMC - M Steven Jones Pres /Ex Officio Director	60 0	X		X				426,123	0	106,963
GMC - P James Kamer Jr Vice Chair/Director	2 0	X		X				0	0	0
GMC - Jack Male Director	2 0	X						0	0	0
GMC - Darrell McNair Secretary/Director	2 0	X		X				0	0	0
GMC - Denise Dee Dee Miller Director	2 0	X						0	0	0
GMC - Pete C Miller Director	2 0	X						0	0	0
GMC - David M Ondrey Director (thru 5/13)	2 0	X						0	0	0
GMC - James F Patterson Director	2 0	X						0	0	0
GMC - Gregory Robinson Chair (thru 5/13)/Director	2 0	X		X				0	0	0
GMC - George W Tim Taylor Director	2 0	X						0	0	0
GMC - John Tumbush MD Director	2 0 60 0	X						0	196,203	29,445
GMC - John W Waldeck Jr Director	2 0	X						0	0	0
UHGMC - James Crawford Director	2 0	X						0	0	0
UHGMC - Richard L Dana Jr Vice Chair/Director	2 0	X		X				0	0	0
UHGMC - Robert David Pres /Ex Officio Director	30 0	X		X				170,380	0	47,781
UHGMC - Raimantas Drublionis MD Ex Officio Director	2 0 60 0	X						0	333,501	22,072
UHGMC - Morgan R Griffiths Jr Director	2 0	X						0	0	0
UHGMC - Richard Hanson Sec&Treas/Ex Officio	10 0	X		X				0	0	0
UHGMC - Craig Parker Director	2 0	X						0	0	0
UHGMC - Gary L Pasqualone Chair/Director	2 0	X		X				0	0	0
UHGMC - Willard Raymond Chair (thru 5/13)/Director	2 0	X		X				0	0	0
UHGMC - Robert Taylor Director	2 0	X						0	0	0
HCS - Keith Maitland Pres /Director	60 0	X		X				335,100	0	72,608

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HCS - Richard A Hanson VP/Director	10 0	X		X				0	0	0
UMI - Phyllis Hall Secretary/Director	2 0	X		X				0	0	0
UMI - Michael Nochomovitz MD Pres /Director	2 0	X		X				0	0	0
UMI - Michael Szubski Treas /Director	2 0	X		X				0	0	0
UHACO - Eric J Bieber MD Pres /Director	60 0	X		X				793,040	0	147,041
UHACO - ROSEMARY LEEMING Director	2 0	X						0	0	0
UHACO - Michael Szubski Treas /Director	2 0	X		X				0	0	0
UHACO - Paul Tait Director	2 0	X						0	0	0
UHRBC - Eric J Bieber MD Pres /Director	2 0	X		X				0	0	0
UHRBC - Brent Carson Treas /Director	2 0	X		X				267,042	0	81,671
UHRBC - Patricia DePompei Director	2 0	X						0	0	0
UHRBC - Marillee Gallagher MD Director	2 0 60 0	X						0	330,927	22,826
UHRBC - Richard Grossberg MD Director	2 0	X						305,231	0	41,996
UHRBC - Dinah Kolesar Director	2 0	X						0	0	0
UHRBC - Ken Lakota Director	2 0	X						127,681	0	39,314
UHRBC - James Underwood MD Director	2 0 60 0	X						0	143,314	41,671
UHRBC - Lloyd Yeh MD Director	2 0	X						0	0	0
UHCCO - Eric J Bieber MD Pres /Dir	2 0	X		X				0	0	0
UHCCO - David Cogan MD Director	2 0 60 0	X						0	329,507	46,487
UHCCO - James Covielo MD Director	2 0 60 0	X						0	219,358	19,229
UHCCO - Richard A Hanson Director	2 0	X						0	0	0
UHCCO - Sean Hoynes MD Director	2 0 60 0	X						0	472,008	55,552
UHCCO - George Kikano MD Director	2 0	X						254,952	0	20,088
UHCCO - Karen Monheim MD Director	2 0 2 0	X						0	0	0
UHCCO - Keith Maitland RPh Director	2 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCCO - Michael L Nochomovitz MD Director	2.0	X						0	0	0
UHCCO - Ann Ranney Director	2.0	X						0	0	0
UHCCO - Fred C Rothstein MD Director	2.0	X						0	0	0
UHCCO - Warren Selman MD Director	2.0	X						0	0	0
UHCCO - William Steiner II MD P Director	2.0 60.0	X						0	180,938	11,880
UHCCO - Paul G Tait Director	2.0	X						0	0	0
UHREG - PHILIP RIDOLFI DIRECTOR	2.0	X						0	0	0
UHREG - MARK PLUSH DIRECTOR	2.0	X						0	0	0
AMC - sheldon adelman DIRECTOR	2.0	X						0	0	0
UHHS - William L Annable MD Chief Quality Off	60.0			X				540,521	0	26,597
UHHS - Elliot A Kellman Chief HRO	60.0			X				739,624	0	72,348
UHHS - Janet L Miller Esq Secretary, CLO	60.0			X				1,351,936	0	58,235
UHHS - Steven D Standley Chief Admin Off	60.0			X				754,677	0	58,959
UHHS - Michael A Szubski Treasurer, CFO	60.0			X				1,053,009	0	207,317
UHCMC - Michael Anderson MD Chief Medical Off	60.0			X				423,824	0	113,712
UHCMC - Patricia DePompei Pres RB&C/Macdonald	60.0			X				470,337	0	105,370
UHCMC - Ronald E Dziedzicki BSN Chief Support Serv Off	60.0			X				484,963	0	117,715
UHCMC - Catherine S Koppelman RN Chief Nursing Off	60.0			X				507,955	0	68,726
UHCMC - Nathan Levitan MD Pres Seidman Cancer Ctr	60.0			X				886,354	0	64,489
UHCMC - Janet L Miller Esq Secretary, Chief Legal Off	2.0			X				0	0	0
UHCMC - Sonia Salvino Treasurer/VP Finance	60.0			X				311,445	0	81,930
UHMG - Harlin G Adelman Assistant Secretary	2.0			X				455,010	0	106,626
UHMG - Phyllis Hall VP & Treasurer	60.0			X				433,809	0	114,478
UHMG - Janet L Miller Esq Secretary	2.0			X				0	0	0
UHLSF - Don M Landek President	60.0			X				190,411	0	50,152

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HCS - Howard Lutz Sec & Treas	60 0			X				92,816	0	20,411
UHACO - Elizabeth Hammack Secretary	2 0			X				193,556	0	30,686
UHRBC - Drew Hertz MD Vice Pres	2 0			X				323,290	0	1,659
UHRBC - Elizabeth Hammack Secretary	2 0			X				0	0	0
UHCCO - Michael Szubski Trasurer	2 0			X				0	0	0
UHCCO - Elizabeth Hammack Secretary	2 0			X				0	0	0
UHHS Sherri Bishop Chief Development Off	60 0				X			696,791	0	150,049
UHHS - Peter S Brumleve Chief Marketing Off	60 0				X			505,958	0	88,986
UHHCS - Kevin P Cunningham Pharmacy Director	60 0				X			156,711	0	27,016
UHHS - John V Foley Chief Information Off	60 0				X			466,961	0	86,632
GMC - Jason E Glowczewski Pharmacy Director	60 0				X			163,106	0	32,942
AMC - Alan Hirsch MD CMO, Ahuja	60 0				X			346,747	0	59,537
UHCMC - Carl Lufter Pharmacy Director	60 0				X			196,048	0	31,303
UHHS - Cheryl Wahl Chief Compliance Officer	60 0				X			326,478	0	68,113
UHHS - William A Young President SJMC	60 0				X			437,125	0	94,279
UHHS - PAUL TAIT CHIEF STRATEGIC PLANNING OFF	60 0 0 0				X			1,176,630	0	63,151
UHMG - Bahman Guyuron MD Surgeon, Plastic Surgery	60 0					X		1,463,326	0	30,205
UHMG - Christopher Furey MD Orthopaedic Surgeon	60 0					X		1,152,417	0	38,125
UHMG - Jason D Eubanks Orthopaedic Surgeon	60 0					X		1,120,343	0	24,218
UHMG - Nicholas U Ahn MD Orthopaedic Surgeon	60 0					X		1,095,032	0	36,280
UHMG - Matthew Kraay Orthopaedic Surgeon	60 0					X		921,187	0	44,001
UHCMC - Warren Selman MD Physician/Director (thru 5/13)	60 0						X	902,829	0	40,047
UHHS - ACHILLES A DEMETRIOU MD PRESIDENT/COO	0 0						X	502,389		52,828
UHLSF - Michael R Vehovec Fmr Officer	60 0						X	323,495	0	76,148
UHHS - Donnie Perkins VP Inclusion & Diversity	60 0						X	261,416	0	13,746

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHHS - Heidi Gartland Fmr Key Employee	60 0						X	310,414	0	72,555
UHMG - Pablo R Ros MD Fmr Key Employee	60 0						X	621,551	0	32,415
UHMG - Charles Lanzieri MD Fmr Key Employee	60 0						X	485,685	0	32,154

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
90-0059117

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** 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).

Facts And Circumstances Test

Return Reference	Explanation
Public charity classification of each Group Member	Public charity classification of each Group Member is shown below University Hospitals Cleveland Medical Center (UHCMC) - 34-1567805 DBA University Hospitals Case Medical Center 170(b)(1)(A)(iii) 11100 Euclid Ave Cleveland, OH 44106 University Hospitals Bedford Medical Center (BMC) - 34-1271115 170(b)(1)(A)(iii) 44 Blaine Avenue Bedford, OH 44146 University Hospitals Conneaut Medical Center (CMC) - 34-0714550 170(b)(1)(A)(iii) 158 West Main Road Conneaut, OH 44030 BMH Professional Corporation (BMHPC) - 34-1749966 509(a)(3) 158 West Main Road Conneaut, OH 44030 Part I Line 11h (i) Name of supported organization University Hospitals Conneaut Medical Center (ii) EIN of supported organization 34-0714550 (iii) Type of org (described on lines 1-9 above or IRC section) 170(B)(1)(A)(III) (iv) Is the supported org listed in your governing documents? Yes (v) Did you notify the supported org of your support? Yes (vi) Is the supported org organized in the US? Yes (vii) Amount of monetary support $0 University Hospitals Geauga Medical Center (GMC) - 34-0816492 170(b)(1)(A)(iii) 13207 Ravenna Road Chardon, OH 44024 University Hospitals Geneva Medical Center (UHGMC) - 34-0714461 170(b)(1)(A)(iii) 870 West Main Street Geneva, OH 44041 University Hospitals Ahuja Medical Center - 26-4827222 170(b)(1)(A)(iii) 3999 Richmond Road Beachwood, OH 44122 UHHS Heather Hill Inc (HHI)- 34-0771884 170(b)(1)(A)(vi) 12340 Bass Lake Road Chardon, OH 44024 UHHS - Heather Hill Rehabilitation Hospital Inc (UHECC) - 34-1465745 dba University Hospitals Extended Care Campus 170(b)(1)(A)(iii) 12340 Bass Lake Road Chardon, OH 44024 UH Regional Hospitals - 34-1924226 170(b)(1)(A)(iii) 27100 Chardon Road Richmond Hts, OH 44143 University Mednet (UMI) - 34-0750341 170(b)(1)(A)(iii) 23001 Euclid Avenue Cleveland, OH 44117 University Hospitals Home Care Services, Inc (HCS) - 34-1527536 509(a)(3) 4901 Galaxy Parkway Warrensville Hts, OH 44128 Part I Line 11h (i) Name of supported organization University Hospitals Cleveland Medical Center (ii) EIN of supported organization 34-1567805 (iii) Type of org (described on lines 1-9 above or IRC section) 170(B)(1)(A)(III) (iv) Is the supported org listed in your governing documents? Yes (v) Did you notify the supported org of your support? Yes (vi) Is the supported org organized in the US? Yes (vii) Amount of monetary support $33,434,000 University Hospitals Laboratory Services Foundation (UHLSF) - 34-1720429 509(a)(3) 11100 Euclid Avenue Cleveland, OH 44106 Part I Line 11h (i) Name of supported organization University Hospitals Cleveland Medical Center (ii) EIN of supported organization 34-1567805 (iii) Type of org (described on lines 1-9 above or IRC section) 170(B)(1)(A)(III) (iv) Is the supported org listed in your governing documents? Yes (v) Did you notify the supported org of your support? Yes (vi) Is the supported org organized in the US? Yes (vii) Amount of monetary support $26,077,000 University Hospitals Medical Group, Inc (UHMG) - 20-4881619 170(b)(1)(A)(iii) 11100 Euclid Avenue Cleveland, OH 44106 University NPI Inc - 34-1571623 509(a)(3) 11100 Euclid Avenue Cleveland, OH 44106 Part I Line 11h (i) Name of supported organization University Hospitals Cleveland Medical Center (ii) EIN of supported organization 34-1567805 (iii) Type of org (described on lines 1-9 above or IRC section) 170(B)(1)(A)(III) (iv) Is the supported org listed in your governing documents? Yes (v) Did you notify the supported org of your support? Yes (vi) Is the supported org organized in the US? Yes (vii) Amount of monetary support $0 Memorial Hospital Health Foundation - 34-1810018 509(a)(3) 11100 Euclid Avenue Cleveland, OH 44106 Part I Line 11h (i) Name of supported organization University Hospitals Geneva Medical Center (ii) EIN of supported organization 34-0714461 (iii) Type of org (described on lines 1-9 above or IRC section) 170(B)(1)(A)(III) (iv) Is the supported org listed in your governing documents? Yes (v) Did you notify the supported org of your support? Yes (vi) Is the supported org organized in the US? Yes (vii) Amount of monetary support $0 University Hospitals Accountable Care Organization Inc - 27-3970270 170(b)(1)(A)(iii) 3605 Warrensville Center Rd - MSC 9155 Shaker Heights, OH 44122 University Hospitals Coordinated Care Organization - 90-0794903 509(a)(3) 3605 Warrensville Center Rd - MSC 9155 Shaker Heights, OH 44122 Part I Line 11h (i) Name of supported organization University Hospitals Accountable Care Organization (ii) EIN of supported organization 27-3970270 (iii) Type of org (described on lines 1-9 above or IRC section) 170(B)(1)(A)(III) (iv) Is the supported org listed in your governing documents? Yes (v) Did you notify the supported org of your support? Yes (vi) Is the supported org organized in the US? Yes (vii) Amount of monetary support $1,033,000 University Hospitals Rainbow Care Connection Inc - 46-1074672 509(a)(3) 3605 Warrensville Center Rd - MSC 9155 Shaker Heights, OH 44122 Part I Line 11h (i) Name of supported organization University Hospitals Accountable Care Organization (ii) EIN of supported organization 27-3970270 (iii) Type of org (described on lines 1-9 above or IRC section) 170(B)(1)(A)(III) (iv) Is the supported org listed in your governing documents? Yes (v) Did you notify the supported org of your support? Yes (vi) Is the supported org organized in the US? Yes (vii) Amount of monetary support $0

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	882	947
b Total lobbying expenditures to influence a legislative body (direct lobbying)	127,536	135,299
c Total lobbying expenditures (add lines 1a and 1b)	128,418	136,246
d Other exempt purpose expenditures	248,858,000	2,247,480,524
e Total exempt purpose expenditures (add lines 1c and 1d)	248,986,418	2,247,616,770
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	357,890	278,602	175,388	173,650	985,530
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	7,514	6,426	4,108	947	18,995

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			25,768
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			105,422
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			22,114
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B	Software limitiation would not allow completion of Part II-B It is presented below 1a - No 1b - Yes 1c - No 1d - Yes $25,768 1e - No 1f - Yes $105,422 1g - Yes $22,114 1h - No 1i - No 1j - Yes $153,304 2a - No

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
90-0059117

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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 ▶ $ 186,000

(ii) Assets included in Form 990, Part X ▶ $ 1,144,000

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

a 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	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	123,867,000	118,803,000	107,300,000	103,637,000	95,272,000
b	Contributions	3,103,000	5,064,000	11,503,000	3,508,000	6,956,000
c	Net investment earnings, gains, and losses	4,020,000	3,938,000	4,198,000	1,680,000	4,047,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	4,020,000	3,938,000	4,198,000	1,680,000	2,638,000
f	Administrative expenses					
g	End of year balance	126,970,000	123,867,000	118,803,000	107,145,000	103,637,000

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

- a Board designated or quasi-endowment ▶ 13 900 %
- b Permanent endowment ▶ 86 100 %
- 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)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		70,070,000		70,070,000
b Buildings		1,374,588,000	596,201,000	778,387,000
c Leasehold improvements		21,703,000	10,141,000	11,562,000
d Equipment		1,018,203,000	692,262,000	325,941
e Other		49,412,000	25,641,000	23,771,000
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				884,115,941

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS	618,116,000	F
(B) INVESTMENT DEPOSITED W/TRUSTEE	691,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	618,807,000	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) BENEFICIAL INT IN FOUNDATION	253,123,000	F
(2) INVESTMENT IN AFFILIATES	114,429,000	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	367,552,000	

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) RESEARCH INST OPTION ASSET	32,656,000
(2) SECURITIES LENDING INVESTMENT	33,013,000
(3) OTHER ASSETS	101,496,000
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	167,165,000

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	258,925,000

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Form 990, Schedule D, Part III, Line 4	The UH art collection includes approximately 2,000 original works of art, many donated over the years Artwork includes paintings, photos, sculptures and the like The UH art collection has been established to encourage reflection, and to delight, uplift and comfort our patients, visitors, and employees
Form 990, Schedule D, Part V, Line 4	The intended use of the organization's endowment funds varies depending on donor stipulations All spending of endowment earnings are done so in accordance with donor intent and applicable law Endowments are held on the books of the Parent organization of the Group members Spending allocations are made to the proper UH entity by the Parent to comply with donor wishes
Form 990, Schedule D, Part X, Line 2	The System and most of its subsidiaries, including UHCMC, are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from federal income tax pursuant to Section 501(a) of the Code The System also has certain subsidiaries that are taxable for federal income tax purposes (see note 18)

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 90-0059117

Name: University Hospitals Health System Inc
Group Return

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
RESEARCH INST OPTION LIABILITY	32,656,000
DUE TO THIRD PARTIES	28,656,000
INTEREST PAYABLE	15,017,000
OTHER CURRENT LIABILITIES	15,720,000
OTHER LIABILITIES	4,129,000
ACCRUED WORKERS COMP LIABILITY	52,596,000
INTEREST RATE SWAP LIABILITY	36,817,000
SELF INSURED LIABILITY	23,538,000
NON FUNDED LOSS COST	19,102,000
DUE TO AFFILIATES	11,820,000
EMPLOYEE HEALTH PLAN	9,619,000
PENSION LIABILITY	9,255,000

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
90-0059117

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
SFI NON-PROFIT 7800 THIRD STREET N 900 ST PAUL, MN 55128	PHONE SOLIC		No	8,403	32,945	-24,542
Total . . . . . ▶				8,403	32,945	-24,542

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

All States

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA (event type)	(b) Event #2 GALA (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,519,837	166,628	108,742	1,795,207
	2 Less Contributions	1,172,697	130,903	52,208	1,355,808
	3 Gross income (line 1 minus line 2)	347,140	35,725	56,534	439,399
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	461,109	24,813	34,584	520,506
	8 Entertainment				
	9 Other direct expenses	335,815	6,954	10,116	352,885
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(873,391)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-433,992

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

11

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
90-0059117

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ 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	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 250 %			
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	3b	Yes	
	☐ 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 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)			59,370,960		59,370,960	2 990 %
b Medicaid (from Worksheet 3, column a)			429,137,993	371,960,225	57,177,768	2 880 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			488,508,953	371,960,225	116,548,728	5 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,488,367		5,488,367	0 280 %
f Health professions education (from Worksheet 5)			75,580,225	22,640,350	52,939,875	2 670 %
g Subsidized health services (from Worksheet 6)			22,289,263	18,653,735	3,635,528	0 180 %
h Research (from Worksheet 7)			57,588,832	30,953,766	26,635,066	1 340 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			34,207,272		34,207,272	1 720 %
j **Total.** Other Benefits			195,153,959	72,247,851	122,906,108	6 190 %
k **Total.** Add lines 7d and 7j			683,662,912	444,208,076	239,454,836	12 060 %

Part II **Community Building Activities** Complete this 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			437,898		437,898	0 030 %
10	**Total**			437,898		437,898	0 030 %

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

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	50,880,000		
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	328,205,350	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	366,685,981	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-38,480,631	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures** (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? **7**

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			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	**1**	Yes	
	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 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
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	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) see supplemental information			
b	☐ Other website (list url) _____			
c	☑ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
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	**7**		No
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)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
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)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☑ Residency			
i ☑ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
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 upon 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**	Yes	
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 individual'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 Section C)			
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 individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

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**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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 FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
University Hospitals Case Medical Center	Part V, Section B, Line 1j In addition to the reporting the items described in Part V, Section B, lines 1a through 1i, the 2012 CHNA examines economic indicators, such as poverty, unemployment, state budget developments, and household income, and health status indicators from sources such as County Health Rankings, the Community Health Status Indicators Project, the Ohio Department of Health, the U S Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the Dignity Health Community Needs Index, and the U S Department of Agriculture Data from the U S Health Resources and Services Administration (HRSA) regarding federally qualified health centers, medically underserved areas and populations, and health professional shortage areas also were assessed Qualifications of the firm who conducted the CHNA and a list of collaborating organizations also were included Part V, Section B, Line 3 The assessment took into account information obtained from 44 interviews with stakeholders who represent the broad interests of the community, including public health officials and experts, and UH Case Medical Center-affiliated clinicians, administrators, and staff Interviews were conducted in March, April, May, and June of 2010 and in November and December of 2011 Organizations and groups consulted include Achievement Centers for Children Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County American Diabetes Association Ashtabula County Health Department Bellefaire JCB Benjamin Rose Institute on Aging Center for Families and Children City of Beachwood City of Bedford City of Cleveland, Ward 9 Cleveland Department of Public Health Cuyahoga County Office of Early Childhood Invest in Children Department of Public Safety, Cleveland Geauga County General Health District Lake County General Health District Lorain County Board of Mental Health Lorain Free Clinic Medina County Health Department Mental Health and Recovery Board of Portage County Neighborhood Family Practice North Coast Health Ministry Ohio Commission on Minority Health Summit County Public Health The Center for Health Affairs The Free Medical Clinic of Greater Cleveland The Gathering Place Trumbull County Health Department UH Case Medical Center UH EMS Training & Disaster Preparedness Institute UH Seidman Cancer Center Part V, Section B, Line 4 The University Hospitals Case Medical Center CHNA was conducted in collaboration with the other University Hospitals facilities UH Ahuja Medical Center, UH Bedford Medical Center (a campus of UH Regional Hospitals), UH Conneaut Medical Center, UH Geauga Medical Center, UH Geneva Medical Center, UH Rainbow Babies & Children's Hospital, and UH Richmond Medical Center (a campus of UH Regional Hospitals) Part V, Section B, Line 5a The CHNA can be accessed at http //www uhhospitals org/about/community-benefit/community-health-needs- assessment Part V, Section B, Line 7 No hospital facility can address all of the health needs present in its community The Hospital is committed to adhering to its Mission and remaining financially healthy so that it can continue to enhance its clinical, teaching and research activities and to provide a wide range of community benefits The Implementation Strategy did not address the following two (2) community health needs identified in the 2012 CHNA A) Lack of Affordable and Accessible Dental Services The Hospital does not offer adult dental services and, therefore, will not address this specific need The Hospital collaborates closely with Case Western Reserve University School of Dental Medicine to refer patients for free dental care B) Lack of Transportation to Health Services The Hospital does not have a transportation program, however, on occasion the Hospital will assist patients with transportation to the Hospital consistent with federal regulatory guidelines
University Hospitals Rainbow Babies and Children's Hospital	Part V, Section B, Line 1j In addition to the reporting the items described in Part V, Section B, lines 1a through 1i, the 2012 CHNA examines economic indicators, such as poverty, unemployment, state budget developments, and household income, and health status indicators from sources such as County Health Rankings, the Community Health Status Indicators Project, the Ohio Department of Health, the U S Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the Dignity Health Community Needs Index, and the U S Department of Agriculture Data from the U S Health Resources and Services Administration (HRSA) regarding federally qualified health centers, medically underserved areas and populations, and health professional shortage areas also were assessed Qualifications of the firm who conducted the CHNA and a list of collaborating organizations also were included Part V, Section B, Line 3 The assessment took into account information obtained from 44 interviews with stakeholders who represent the broad interests of the community, including public health officials and experts, and UH Rainbow Babies & Children's Hospital-affiliated clinicians, administrators, and staff Interviews were conducted in March, April, May, and June of 2010 and in November and December of 2011 Organizations and groups consulted include Achievement Centers for Children Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County American Diabetes Association Ashtabula County Health Department Bedford City Schools Bellefaire JCB Catholic Charities, Elyria Center for Families and Children City of Beachwood City of Bedford City of Cleveland, Ward 9 Cleveland Department of Public Health Cuyahoga County Office of Early Childhood Invest in Children Department of Public Safety, Cleveland Geauga County General Health District Lake County General Health District Lorain County Board of Mental Health Lorain Free Clinic Medina County Health Department Mental Health and Recovery Board of Portage County Neighborhood Family Practice North Coast Health Ministry North Olmsted Schools Ohio Commission on Minority Health Summit County Public Health The Center for Health Affairs The Free Medical Clinic of Greater Cleveland The Gathering Place Trumbull County Health Department Part V, Section B, Line 4 The University Hospitals Rainbow Babies & Children's Hospital CHNA was conducted in collaboration with the other University Hospitals facilities UH Case Medical Center, UH Ahuja Medical Center, UH Bedford Medical Center (a campus of UH Regional Hospitals), UH Conneaut Medical Center, UH Geauga Medical Center, UH Geneva Medical Center, and UH Richmond Medical Center (a campus of UH Regional Hospitals) Part V, Section B, Line 5a The CHNA can be accessed at http //www uhhospitals org/about/community-benefit/community-health-needs- assessment Part V, Section B, Line 7 No hospital facility can address all of the health needs present in its community The Hospital is committed to adhering to its Mission and remaining financially healthy so that it can continue to enhance its clinical, teaching and research activities and to provide a wide range of community benefits The Strategy does not address the following seven (7) community health needs identified in the 2012 CHNA A) Lack of Transportation to Health Services The Hospital does not have a transportation program, however, on occasion the Hospital will assist patients with transportation to the Hospital consistent with federal regulatory guidelines B) High Rates of Sexual Violence The Cleveland Rape Crisis Center addresses issues related to sexual violence against both women and men The Hospital provides sexual assault nurse examiners in its pediatric emergency department C) High Rates of Smoking The Hospital provides a free smoking cessation program for its employees who desire to stop smoking, it does not have a smoking cessation program targeting youth in the community D) High Rates of Unsafe Sex Sex education is not within the Hospital's scope of clinical outreach, however, there are programs available at UH Case Medical Center, such as the John T Carey Special Immunology Unit, that provide HIV care, education and research through a subsidized clinical program The staff provides education and speakers to high schools, community centers and other forums on the importance of safe sex in the prevention of HIV/AIDS E) Prevalent Alcohol and Drug Use A number of community organizations address youth drug abuse prevention and treatment, including Catholic Charities Chemical Dependency Services, the Covenant, New Directions, Northern Ohio Recovery Association and Recovery Resources F) High Rates of Unemployment and Financial Hardship While the Hospital is a significant employer within its PSA, unemployment and financial hardship are not a part of the Hospital's Mission G) Low Educational Achievement Addressing educational achievement is not a part of the Hospital's Mission
University Hospitals Geauga Medical Center	Part V, Section B, Line 1j In addition to the reporting the items described in Part V, Section B, lines 1a through 1i, the 2012 CHNA examines economic indicators, such as poverty, unemployment, state budget developments, and household income, and health status indicators from sources such as County Health Rankings, the Community Health Status Indicators Project, the Ohio Department of Health, the U S Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the Dignity Health Community Needs Index, and the U S Department of Agriculture Data from the U S Health Resources and Services Administration (HRSA) regarding federally qualified health centers, medically underserved areas and populations, and health professional shortage areas also were assessed Qualifications of the firm who conducted the CHNA and a list of collaborating organizations also were included Part V, Section B, Line 3 The assessment took into account information obtained from 16 interviews with stakeholders who represent the broad interests of the community, including public health officials and experts, and UH Geauga Medical Center-affiliated clinicians, administrators, and staff Interviews were conducted in March, April, May, and June of 2010 and in November and December of 2011 Organizations and groups consulted include American Diabetes Association Ashtabula County Health Department Bellefaire JCB Geauga County General Health District Lake County General Health District North Coast Health Ministry Ohio Commission of Minority Health The Center for Health Affairs Part V, Section B, Line 4 The University Hospitals Geauga Medical Center CHNA was conducted in collaboration with the other University Hospitals facilities UH Case Medical Center, UH Ahuja Medical Center, UH Bedford Medical Center (a campus of UH Regional Hospitals), UH Conneaut Medical Center, UH Geneva Medical Center, UH Rainbow Babies & Children's Hospital, and UH Richmond Medical Center (a campus of UH Regional Hospitals) Part V, Section B, Line 5a The CHNA can be accessed at http //www uhhospitals org/about/community-benefit/community-health-needs- assessment Part V, Section B, Line 7 No hospital facility can address all of the health needs present in its community The Hospital is committed to adhering to its Mission and remaining financially healthy so that it can continue to enhance its clinical, teaching and research activities and to provide a wide range of community benefits The Strategy does not address the following three (3) community health needs identified in the 2012 CHNA A) Poor Air Quality Air quality is managed primarily by the Ohio Environmental Protection Agency, county health department air pollution programs, and the Ohio Department of Health, B) High Rates of Unemployment and Financial Hardship, C) Low Educational Achievement Educational needs of the community are met by the school district The Hospital does not have as a part of its Mission the improvement of the population's general education
University Hospitals Ahuja Medical Center	Part V, Section B, Line 1j In addition to the reporting the items described in Part V, Section B, lines 1a through 1i, the 2012 CHNA examines economic indicators, such as poverty, unemployment, state budget developments, and household income, and health status indicators from sources such as County Health Rankings, the Community Health Status Indicators Project, the Ohio Department of Health, the U S Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the Dignity Health Community Needs Index, and the U S Department of Agriculture Data from the U S Health Resources and Services Administration (HRSA) regarding federally qualified health centers, medically underserved areas and populations, and health professional shortage areas also were assessed Qualifications of the firm who conducted the CHNA and a list of collaborating organizations also were included Part V, Section B, Line 3 The assessment took into account information obtained from 29 interviews with stakeholders who represent the broad interests of the community, including public health officials and experts, and UH Ahuja Medical Center-affiliated clinicians, administrators, and staff Interviews were conducted in March, April, May, and June of 2010 and in November and December of 2011 Organizations and groups consulted include Achievement Centers for Children Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County American Diabetes Association Bellefaire JCB Benjamin Rose Institute on Aging Center for Families and Children City of Beachwood City of Bedford Cleveland Department of Public Health Cuyahoga County Office of Early Childhood Invest in Children Lake County General Health District Medina County Health Department Mental Health and Recovery Board of Portage County Neighboring Family Practice North Coast Health Ministry Ohio Commission of Minority Health Summit County Public Health The Center for Health Affairs The Free Medical Clinic of Greater Cleveland The Gathering Place Part V, Section B, Line 4 The University Hospitals Ahuja Medical Center CHNA was conducted in collaboration with the other University Hospitals facilities UH Case Medical Center, UH Bedford Medical Center (a campus of UH Regional Hospitals), UH Geauga Medical Center, UH Conneaut Medical Center, UH Geneva Medical Center, UH Rainbow Babies & Children's Hospital, and UH Richmond Medical Center (a campus of UH Regional Hospitals) Part V, Section B, Line 5a The CHNA can be accessed at http //www uhhospitals org/about/community-benefit/community-health-needs- assessment Part V, Section B, Line 7 No hospital facility can address all of the health needs present in its community The Hospital is committed to adhering to its Mission and remaining financially healthy so that it can continue to enhance its clinical, teaching and research activities and to provide a wide range of community benefits The Strategy does not address the following seven (7) community health needs identified in the 2012 CHNA A) Lack of Accessible and Affordable Dental Care The Hospital does not offer dental care, B) Lack of Transportation to Health Services The Hospital is accessible via public transportation, C) High Rates of Unsafe Sex The Hospital does not offer obstetric/gynecological services or counseling in unsafe sexual practices, D) Prevalent Drug Use Drug and alcohol prevention and recovery services are provided by community agencies, including the Moore Counseling Services and Alcoholics Anonymous, E) Poor Infant and Maternal Care The Hospital does not offer maternal-fetal services, F) Poor Air Quality Air quality is managed primarily by the Ohio Environmental Protection Agency, county health department air pollution programs, and the Ohio Department of Health Air quality improvement is not part of the Hospital's Mission, G) Low Educational Achievement These needs are addressed by the school districts Improved education of the general population is not part of the Hospital's Mission
UH Regional Hospitals	Part V, Section B, Line 1j In addition to the reporting the items described in Part V, Section B, lines 1a through 1i, the 2012 CHNA examines economic indicators, such as poverty, unemployment, state budget developments, and household income, and health status indicators from sources such as County Health Rankings, the Community Health Status Indicators Project, the Ohio Department of Health, the U S Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the Dignity Health Community Needs Index, and the U S Department of Agriculture Data from the U S Health Resources and Services Administration (HRSA) regarding federally qualified health centers, medically underserved areas and populations, and health professional shortage areas also were assessed Qualifications of the firm who conducted the CHNA and a list of collaborating organizations also were included Part V, Section B, Line 3 The assessment took into account information obtained from 33 interviews for the Bedford Campus and 25 interviews for the Richmond Campus These stakeholders represent the broad interests of each community, including public health officials and experts, and UH Regional Hospitals-affiliated clinicians, administrators, and staff Interviews were conducted in March, April, May, and June of 2010 and in November and December of 2011 Organizations and groups consulted for the Bedford campus include Cleveland Department of Public Health Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County North Coast Health Ministry Summit County Public Health The Free Medical Clinic of Greater Cleveland American Diabetes Association Ohio Commission on Minority Health Cuyahoga County Office of Early Childhood Invest in Children City of Beachwood City of Bedford Heights City of Bedford The Gathering Place Bedford City Schools Bellefaire JCB Center for Families and Children Achievement Centers for Children Benjamin Rose Institute on Aging Neighborhood Family Practice Center for Families and Children Maple Heights Senior Center The Center for Health Affairs Organizations and groups consulted for the Richmond campus include Cleveland Department of Public Health Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County North Coast Health Ministry Lake County General Health District The Free Medical Clinic of Greater Cleveland American Diabetes Association The Gathering Place Ohio Commission on Minority Health Cuyahoga County Office of Early Childhood Invest in Children The Gathering Place Bellefaire JCB Center for Families and Children Achievement Centers for Children Benjamin Rose Institute on Aging Neighborhood Family Practice Center for Families and Children The Center for Health Affairs City of Beachwood City of Bedford Part V, Section B, Line 4 The UH Regional Hospitals' CHNA was conducted in collaboration with the other University Hospitals facilities UH Case Medical Center, UH Ahuja Medical Center, UH Conneaut Medical Center, UH Geauga Medical Center, UH Geneva Medical Center, and UH Rainbow Babies & Children's Hospital Part V, Section B, Line 5a The CHNA can be accessed at http //www uhhospitals org/about/community-benefit/community-health-needs- assessment Part V, Section B, Line 7 No hospital facility can address all of the health needs present in its community The Hospital is committed to adhering to its Mission and remaining financially healthy so that it can continue to enhance its clinical, teaching and research activities and to provide a wide range of community benefits The Strategy does not address the following community health needs identified in the 2012 CHNA including eleven (11) for the Bedford Campus and eight (8) for the Richmond Campus Bedford Campus A) Access to Affordable Dental Care The Bedford Campus does not offer dental services B) High Rates of Emergency Room Use The Bedford Campus has no current plans to change its emergency services at this time C) Lack of Transportation to Health Services The Bedford Campus does not offer transportation services D) Lack of Accessible and Affordable Prescription Medications The Bedford Campus does not have a retail pharmacy on site E) Poor Mental and Behavioral Health Status and Lack of Services This need is addressed by other community agencies, including the Mental Health Assessment Service, community psychiatric supportive treatment, and behavioral health counseling and therapy service through REACH Counseling Services F) Physical Environment Needs - Poor Air Quality The improvement of physical environmental needs is not part of the Hospital's Mission at the Bedford Campus G) Prevalent Drug Use Drug and alcohol prevention and recovery services are provided by community agencies, including the Number 12 Foundation and Alcoholics Anonymous and are not part of the Hospital's Mission at the Bedford Campus H) High Rates of Unemployment and Financial Hardship I) Unsafe Sex This is addressed by the Planned Parenthood Regional Medical Center and is not part of the Hospital's Mission at the Bedford Campus J) Child Mortality and Child Motor Vehicle Deaths The Bedford Campus does not offer pediatric services, however, UH Rainbow Babies & Children's Hospital (Rainbow) provides extensive programming, outreach and prevention activities to address these needs in the Bedford Campus' PSA and SSA including proper car safety seat installation education, support of the national Click It or Ticket campaign, the provision of Impaired Driver Education The Rainbow Injury Prevention Center is the lead agency for the Cuyahoga County DUI Task Force and the Speed, Reckless and Aggressive Driving (SRAD) Reduction Task Force, which are comprised of local law enforcement agencies, judges, prosecutors, political leaders, businesses, schools and community members who work together to reduce drunk and drugged driving and improve traffic safety through a combination of community education and enforcement efforts The Rainbow Injury Prevention Center also protects child passengers throughout Northeast Ohio by aiding parents and caregivers about how best to restrain their child passengers, providing assistance with the proper use and installation of car seats, and working to ensure that all families, regardless of their financial circumstances, have access to the resources that promote safe travel for children K) Low Educational Achievement This identified need is primarily addressed by the Bedford School District and the State of Ohio The Hospital does not have as part of its Mission the improvement of the population's general education Richmond Campus A) Lack of Access to Affordable Dental Care The Richmond Campus does not offer dental services B) Lack of Transportation to Health Services The Richmond Campus does not offer transportation services C) Prevalent Drug Use Drug and alcohol prevention and recovery services are provided by community agencies, including the Moore Counseling Services and Alcoholics Anonymous D) Poor Air Quality Air quality is managed primarily by the Ohio Environmental Protection Agency, county health department air pollution programs, and the Ohio Department of Health E) High Rates of Unemployment and Financial Hardship The Richmond Campus continues to be one of the largest employers in its community F) High Rates of Unsafe Sex This health need is primarily addressed through outreach programs supported by the Cuyahoga County Board of Health and is not part of the Hospital's outreach services G) High Rates of Suicide While the Richmond Campus is home to the UH Case Medical Center's inpatient psychiatric unit, the Richmond Campus does not provide suicide prevention services as part of its Mission H) Low Educational Achievement This need is primarily addressed by the Richmond Heights School District and the State of Ohio The Hospital does not have as part of its Mission the improvement of the population's general education
University Hospitals Geneva Medical Center	Part V, section B, Line 1j In addition to the reporting the items described in Part V, Section B, lines 1a through 1i, the 2012 CHNA examines economic indicators, such as poverty, unemployment, state budget developments, and household income, and health status indicators from sources such as County Health Rankings, the Community Health Status Indicators Project, the Ohio Department of Health, the U S Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the Dignity Health Community Needs Index, and the U S Department of Agriculture Data from the U S Health Resources and Services Administration (HRSA) regarding federally qualified health centers, medically underserved areas and populations, and health professional shortage areas also were assessed Qualifications of the firm who conducted the CHNA and a list of collaborating organizations also were included Part V, Section B, Line 3 The assessment took into account information obtained from 16 interviews with stakeholders who represent the broad interests of the community, including public health officials and experts, and UH Geneva Medical Center-affiliated clinicians, administrators, and staff Interviews were conducted in March, April, May, and June of 2010 and in November and December of 2011 Organizations and groups consulted include Lake County General Health District Ashtabula County Health Department American Diabetes Association Ohio Commission on Minority Health Bellfaire JCB Center for Families and Children Benjamin Rose Institute on Aging The Center for Health Affairs Part V, Section B, Line 4 The University Hospitals Geneva Medical Center CHNA was conducted in collaboration with the other University Hospitals facilities UH Case Medical Center, UH Ahuja Medical Center, UH Bedford Medical Center (a campus of UH Regional Hospitals), UH Conneaut Medical Center, UH Geauga Medical Center, UH Rainbow Babies & Children's Hospital, and UH Richmond Medical Center (a campus of UH Regional Hospitals) Part V, Section B, Line 5a The CHNA can be accessed at http //www uhhospitals org/about/community-benefit/community-health-needs- assessment Part V, Section B, Line 7 No hospital facility can address all of the health needs present in its community The Hospital is committed to adhering to its Mission and remaining financially healthy so that it can continue to enhance its clinical, teaching and research activities and to provide a wide range of community benefits The Strategy does not address the following seven (7) community health needs identified in the 2012 CHNA A) Lack of Accessible and Affordable Dental Care The Hospital does not offer dental care services B) Infant and Maternal Care - Related Community Health Needs The Hospital does not offer fetal/maternal services C) Mental and Behavioral Health Needs The Hospital does not offer mental and behavioral health services D) High Rates of Suicide The Hospital does not offer mental and behavioral health services These services are addressed by other agencies within the community such as Community Counseling and Signature Health E) Poor Air Quality Air quality is an issue that is managed primarily by the Ohio Environmental Protection Agency, county health department air pollution programs and the Ohio Department of Health Improvement of air quality is not a part of the Hospital's Mission F) High Rates of Unemployment and Financial Hardship G) Low Educational Achievement Educational needs of the community are met by the local school districts and Ohio Department of Education The Hospital does not have as a part of its Mission the improvement of the population's general education
University Hospitals Conneaut Medical Center	Part V, Section B, Line 1j In addition to the reporting the items described in Part V, Section B, lines 1a through 1i, the 2012 CHNA examines economic indicators, such as poverty, unemployment, state budget developments, and household income, and health status indicators from sources such as County Health Rankings, the Community Health Status Indicators Project, the Ohio Department of Health, the U S Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the Dignity Health Community Needs Index, and the U S Department of Agriculture Data from the U S Health Resources and Services Administration (HRSA) regarding federally qualified health centers, medically underserved areas and populations, and health professional shortage areas also were assessed Qualifications of the firm who conducted the CHNA and a list of collaborating organizations also were included Part V, Section B, Line 3 The assessment took into account information obtained from 14 interviews with stakeholders who represent the broad interests of the community, including public health officials and experts, and UH Conneaut Medical Center-affiliated clinicians, administrators, and staff Interviews were conducted in March, April, May, and June of 2010 and in November and December of 2011 Organizations and groups consulted include Ashtabula County Health Department American Diabetes Association Ohio Commission on Minority Health Bellfaire JCB Center for Families and Children Benjamin Rose Institute on Aging The Center for Health Affairs Part V, Section B, Line 4 The University Hospitals Conneaut Medical Center CHNA was conducted in collaboration with the other University Hospitals facilities UH Case Medical Center, UH Ahuja Medical Center, UH Bedford Medical Center (a campus of UH Regional Hospitals), UH Geauga Medical Center, UH Geneva Medical Center, UH Rainbow Babies & Children's Hospital, and UH Richmond Medical Center (a campus of UH Regional Hospitals) Part V, Section B, Line 5a The CHNA can be accessed at http //www uhhospitals org/about/community-benefit/community-health-needs- assessment Part V, Section B, Line 7 No hospital facility can address all of the health needs present in its community The Hospital is committed to adhering to its Mission and remaining financially healthy so that it can continue to enhance its clinical, teaching and research activities and to provide a wide range of community benefits The Strategy does not address the following four (4) community health needs identified in the 2012 CHNA A) Infant and Maternal Care - Related Community Health Needs The Hospital does not offer fetal/maternal services B) Mental and Behavioral Health Needs The Hospital does not offer mental and behavioral health services C) Social and Economic Factors - Low Educational Achievement Educational needs of the community are met by the school district The Hospital does not have as a part of its Mission the improvement of the population's general education D) High Rates of Unemployment and Financial Hardship The Hospital continues to be one of the largest employers in its community
Part V, line 12i	To further clarify residency criteria, to qualify for Financial Assistance at a UH facility a patient must be a resident of Northeast Ohio (UH's service area comprises an eight county region) or be a patient in a UH hospital facility's primary and secondary service area seeking treatment at one of UH's wholly-owned and operated hospital facilities that provide patient care
Part V, Line 14g	UH provides a summary of its Financial Assistance Policy on its website rather than the entire detailed policy The summary is simpler for patients to read and understand This summary is publicized through the UH website, on all patient statements/bills, in areas of hospital registration and financial counseling, in patient access or financial assistance offices, through financial counselors, and through other methods as required by state or federal law UH provides a copy of the entire financial assistance policy upon request
Part V, Line 18	No boxes are checked for this line due to the fact that no UH hospital facilities or other organizations engaged in any of the actions described in Part V, Line 17
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **31**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
Part I, Line 3c	The amount of financial assistance discount granted by UH in 2013 was based on the following guidelines Patients must attest to being uninsured, Provide necessary financial information to demonstrate financial need or medical indigency, Are residents of Northeast Ohio or a patient in a UH hospital facilities primary and secondary service area, Do not participate in and are not eligible for any third party payment program (whether governmental or private), health savings accounts, medical savings accounts, and/or similar types of health insurance- like programs available to pay for hospital services rendered, Are at or below 400% of the currently applicable Federal Poverty Guidelines, and Either Do not qualify for a means-tested third party payment program (whether governmental or private), Or, appear to qualify for a third party payment program and agree to apply (or allow UH to apply on their behalf) for benefits or payments under the program, but are ultimately found not to qualify for such program Patients meeting all the requirements will be eligible for financial assistance, including free and discounted care UH hospital facilities will provide free care to patients whose family income is less than 250% of the current FPG, UH Hospital facilities will discount all applicable patient balances so that patients will not be billed gross charges and will not be obligated to pay more than the Medicare reimbursement amount for such care, If a patients family income is between 251% and 400% of the currently applicable Federal Poverty Guidelines, UH hospital facilities will discount bills to the amount of Medicare reimbursement amount for such care UH participates in Ohio's Hospital Care Assurance Program (HCAP) Through HCAP, UH provides basic, medically necessary hospital-level services free of charge to Ohio residents whose income is below the poverty level (below 100 percent of the FPG) Patients who meet that income criterion must fill out and sign an application for HCAP
Part I, Line 6a	The Parent organization, University Hospitals (34-0714775), prepares an Annual Community Benefit Report that encompasses all of University Hospitals Health System including the subordinate organizations completing Schedule H

Form and Line Reference	Explanation
Part I, Line 7	AMOUNTS CALCULATED AND REPORTED IN THIS TABLE WERE DERIVED FROM THE MOST ACCURATE, AVAILABLE SOURCES A COST-TO-CHARGE RATIO WAS USED TO DETERMINE FINANCIAL ASSISTANCE COST USING HOSPITAL FINANCIAL STATEMENTS MEDICAID SHORTFALL FOR GROUP SUBORDINATES WAS CALCULATED, 1) BASED ON THE TAX YEAR'S MEDICAID COST REPORT ADJUSTED TO REFLECT FULL COSTS TO DIRECT OFFSETTING REVENUE FROM THE MEDICAID COST REPORT, OR 2) BASED ON A COST-TO-CHARGE RATIO AND MEDICAID REVENUES DERIVED USING FINANCIAL STATEMENTS INCLUDED IN THIS MEDICAID SHORTFALL IS THE OHIO STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) SHORTFALL COMMUNITY HEALTH IMPROVEMENT AND COMMUNITY BENEFIT OPERATIONS COSTS HAVE BEEN REPORTED BASED ON ACTUAL DIRECT COSTS USING ACTUAL OR AVERAGE EMPLOYEE COMPENSATION RATES AND ADDING INDIRECT COSTS WHICH ARE CALCULATED BY A COST ACCOUNTING SYSTEM AS A PERCENTAGE OF TOTAL COST THE MEDICARE COST REPORT, ADJUSTED TO REFLECT FULL COSTS, WAS USED TO DETERMINE GROSS COMMUNITY BENEFIT EXPENSE AMOUNTS FOR HEALTH PROFESSIONS EDUCATION, DIRECT OFFSETTING REVENUES ARE INCLUDED FROM MEDICARE, CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION, AND MEDICAID FOR DIRECT MEDICAL EDUCATION RESEARCH AMOUNTS WERE ALSO BASED ON THE MEDICARE COST REPORT, ADJUSTED TO REFLECT FULL COSTS, USING COSTS ASSIGNED TO RESEARCH COST CENTERS, LESS INDUSTRY-SPONSORED RESEARCH DIRECT AND INDIRECT COSTS THE EXPENSE OF RESTRICTED CASH CONTRIBUTIONS IS REPORTED BASED ON THE ACTUAL VALUE OF THE CONTRIBUTION BEFORE INDIRECT COST, RESTRICTED IN-KIND CONTRIBUTIONS ARE REPORTED AT FAIR MARKET VALUE IN CALCULATING GROSS AND NET COMMUNITY BENEFIT EXPENSES, CARE WAS TAKEN TO AVOID DOUBLE-COUNTING COMMUNITY BENEFIT EXPENSES THE SYSTEM'S NET COMMUNITY BENEFIT CONTRIBUTION FOR FISCAL YEAR 2013 TOTALED $240 MILLION AS COMPARED TO THE RESTATED 2012 COMMUNITY BENEFIT TOTAL OF $240 MILLION THE 2013 COMMUNITY BENEFIT NUMBER CONSISTED OF CHARITY CARE ($59 MILLION), MEDICAID SHORTFALL ($68 MILLION), RESEARCH ($27 MILLION), EDUCATION AND TRAINING ($53 MILLION), AND COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT ($44 MILLION), LESS HOSPITAL CARE ASSURANCE PROGRAM ("HCAP") ($11 MILLION) TO MEASURE AND REPORT COMMUNITY BENEFIT, THE SYSTEM HAS FOLLOWED INTERNAL REVENUE SERVICE GUIDELINES AS SUCH, THE INFORMATION FOR 2013 REPRESENTS THE NEW REQUIREMENT TO OFFSET VARIOUS COMMUNITY BENEFIT PROGRAMS WITH RELATED REVENUE RECEIVED FOR 2013, THIS REVENUE OFFSET WAS $33 MILLION THE 2012 INFORMATION PROVIDED ABOVE ($240 MILLION) HAS BEEN RESTATED FOR COMPARATIVE PURPOSES TO INCLUDE THE NEW REVENUE OFFSET REQUIREMENT FOR 2012, THIS AMOUNT WOULD HAVE BEEN $33 MILLION
Part I, Line 7g	Line 7g includes the costs and direct offsetting revenue associated with certain hospital services that qualify to be reported as a subsidized health service The total amount of gross community benefit expense included in line 7g for these clinics is $22,289,263 The total amount of associated direct offsetting revenue is $18,653,735 The total amount of net community benefit expense included in line 7g is $3,635,528

Form and Line Reference	Explanation
Part II, Line 10	Although difficult to measure and not reported numerically, UH benefits the community through important community building activities that ultimately promote improved health and well-being for the surrounding population Guided by our community health needs assessments and community hospital boards of directors, UH continues to meet community needs through economic development opportunities, local, regional and national disaster preparedness efforts, advocacy and coalition building, among others
Part III, Line 4	The hospitals financial statements are used to determine the bad debt expense as reported on line 2 Text to Audited Financial Statement Footnote - Provision for Bad Debt, In addition to charity care and insufficient funding from the Medicaid program, there are significant losses related to self-pay patients who fail to make payment for services rendered or insured patients who fail to remit co-payments and deductibles as required under applicable health insurance arrangements The provision for bad debts represents revenues for services provided that are deemed to be uncollectible Provision for bad debts totaled $60,418,000 and $54,983,000 for the years ended December 31, 2013 and 2012, respectively End text to footnote The bad debt expense disclosed on the Audited Financial Statements attached to this filing includes amounts for entities (for profits) that are not included in this return This footnote can be found on Page 12

Form and Line Reference	Explanation
Part III, Line 8	As a safety-net to the community, UH hospitals provided services to many low-income Medicare recipients The Medicare losses sustained at these hospitals are a result of Medicare reimbursing at less than operating costs IRS Rev Rul 69-545, which established the community benefit standard for hospitals, provides that if a hospital serves patients covered by governmental health benefits (including Medicare), then this indicates the hospital operates to promote the health of the community In turn, treating Medicare patients is considered a community benefit Costs were derived using the Medicare Cost Report
Part III, Line 9b	Patient liabilities for services rendered by UH hospital facilities shall be collected from all patients Amounts owed by patients qualifying for charity care under the UH hospitals facilities charity/financial assistance policy shall not be billed to patients at amounts that are more than the amounts generally billed to Medicare patients

Form and Line Reference	Explanation
Part VI, Line 2	Commitment to the community remains at the core of the System's mission To Heal To Teach To Discover The System supports numerous community building activities through all System entities and not just those reported within the UH Group 990 Many of our community building activities are difficult to quantify or report within the specific categories provided in Schedule H, as they occur System-wide and not at specific entity levels The System is proud to contribute to the economic growth of the communities we serve The UH health system provides employment directly for about 19,400 employees and physicians As the seventh largest employer in Ohio, UH supports the economy as well as state and local governments System employees paid more than $56 million annually in state and local income taxes during 2013 UH provided many more community building activities, directly and indirectly, through new or expanded business opportunities and through important capital investments in our facilities UH has committed - and continues to commit - millions of dollars to facilities and operations within the city of Cleveland and throughout our region, providing construction and hospital-based jobs New state-of-the-art outpatient health centers in the region have spurred economic growth while giving people access to the care they need close to home and expanding our community benefit programs The System's supply chain management strategy encompasses supplier diversity to include minority and women-owned business enterprises providing them opportunities to be our partners and suppliers of goods and services throughout the System THE SYSTEM SEEKS TO INCORPORATE ENVIRONMENTAL RESPONSIBILITY AND IS WORKING TOWARDS REDUCING ITS ENVIRONMENTAL FOOTPRINT THROUGHOUT THE COMMUNITIES IT SERVES WITH REGARD TO UH BUILDINGS AND MAJOR RENOVATIONS, UH ENDEVORS TO INCORPORATE DESIGN AND CONSTRUCTION STRATEGIES of third-party best-practice guides such as the U S Green Building Council's Leadership in Energy and Environmental Design (LEED) Certification System, the EPA's ENERGY STAR Performance Rating, and Healthcare Without Harm's Green Guide for HealthCare Our Vision 2010 construction projects incorporated sustainable design strategies The U S Green Building Council awarded University Hospitals Ahuja Medical Center a LEED New Construction 2009 (NCv2009) Silver certification - making the new hospital the first health care facility in the country to receive NCv2009 certification UH Seidman Cancer Center anticipates LEED Certification as well UH assesses the health care need of its communities as part of the regular strategic planning process which includes assessments of environmental, demographic, and economic factors The System also uses UH patient surveys regarding health care utilization and works actively with various partners throughout the communities we serve UH has collaboratively worked with community organizations in our medical centers' service areas (i e neighborhood connections, local departments of public health, local disease foundations, etc) The System also works closely with local governments and elected officials to understand their communities' needs and work to implement programs and activities to assist in responding to those needs In addition, the members of various UH Boards are active members within the communities we serve and provide an understanding of and collaborative feedback related to the needs of the communities The System is proud to contribute to the health of our citizens and to be a positive economic force in our region For more detailed information on the System's community benefit or to view the 2013 Community Benefit Report, please visit the System's website at www UHhospitals org
Part VI, Line 3	UH informs and educates patients and persons who may be billed for patient care about options for resolution of their balances, including assistance under government programs and under the UH Financial Assistance Program ("Assistance Program") in a variety of ways Signage for the state of Ohio Health Care Assurance Program (HCAP) and the UH Patient Financial Assistance program can be found in locations where patients register for care, patient access areas, and various points of entry such as our emergency departments Supplemental brochures that reflect the UH Patient Financial Assistance Program and the HCAP program are also available Information about the Assistance Program can also be found on the UH website in addition to being provided on the backs of patient statements, including a toll free phone number to call for assistance from one of our financial counselors

Form and Line Reference	Explanation
Part VI, Line 4	University Hospitals Case Medical Center The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients reside The PSA is comprised of eight counties in Ohio Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage and Summit The SSA is comprised of another seven Ohio counties Ashland, Erie, Huron, Mahoning, Stark, Trumbull and Wayne In 2010, the Hospital's PSA included about 2,873,000 persons and its SSA included a population of approximately 1,128,000 persons for a total service area population of approximately 4 million With approximately 1 3 million residents, Cuyahoga County accounted for nearly 32 percent of the Hospital's PSA population In 2010, approximately 92 percent of the Hospital's inpatients originated from the PSA Cuyahoga County accounted for approximately 69 percent of the Hospital's discharges in 2010 (the most recent data at the time the 2012 CHNA was conducted from 2010) University Hospitals Rainbow Babies and Children's Hospital The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients reside The PSA is comprised of eight Ohio counties Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage and Summit The SSA is comprised of another seven Ohio counties Ashland, Erie, Huron, Mahoning, Stark, Trumbull and Wayne In 2010, approximately 91 percent of the Hospital's inpatients originated from the PSA Cuyahoga County accounted for approximately 58 percent of the Hospital's discharges in 2010 (the most recent data at the time the 2012 CHNA was conducted from 2010) In 2010, the Hospital's PSA's general population included about 663,114 persons under the age of 18 and its SSA included a population of approximately 252,313 persons under the age of 18 resulting in a combined pediatric population of approximately 915,427 persons With approximately 295,000 residents under the age of 18, Cuyahoga County alone accounted for nearly 32 percent of the population served by the Hospital University Hospitals Geauga Medical Center The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients reside The PSA is comprised of seven ZIP codes in Ashtabula, Geauga and Lake counties in Ohio The SSA is comprised of 20 ZIP codes in Ashtabula, Cuyahoga, Geauga, Lake, Portage and Trumbull counties In 2010, the PSA and SSA were home to approximately 344,974 persons, almost all of whom live in Ashtabula, Geauga and Lake counties In 2010, more than 82 percent of the Hospital's inpatients lived in the specified ZIP codes (the most recent data at the time the 2012 CHNA was conducted from 2010) University Hospitals Ahuja Medical Center The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients reside The PSA is comprised of nine ZIP codes in Cuyahoga County, Ohio The SSA is comprised of 17 ZIP codes in Cuyahoga, Geauga, Lake, Medina, Portage and Summit counties in Ohio In 2010, the PSA and SSA were home to approximately 618,101 persons In 2010, 61 percent of the Hospital's combined service area population lived in Cuyahoga County (the most recent data at the time the 2012 CHNA was conducted from 2010) UH Regional Hospitals The community served by the Richmond Campus is defined based on the geographic origins of the Richmond Campus' inpatients The Primary Service Area ("PSA") is the geographic area from which the majority of the Richmond Campus' patients originate The Secondary Service Area ("SSA") is where an additional population of the Richmond Campus' inpatients reside The PSA is comprised of eight ZIP codes in Cuyahoga and Lake counties, Ohio The SSA is comprised of six ZIP codes in Cuyahoga and Lake counties In 2010, the PSA and SSA were home to approximately 378,551 persons In 2010, 74 percent of the Richmond Campus' inpatients lived in the specified ZIP codes (the most recent data at the time the 2012 CHNA was conducted from 2010) The Bedford Campus' PSA and SSA include nine ZIP codes in Cuyahoga, Portage and Summit counties in Ohio that in 2010 were home to approximately 202,616 persons In 2010, 81 percent of the Bedford Campus' inpatients lived in the specified ZIP codes University Hospitals Geneva Medical Center The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients reside The PSA is comprised of two ZIP codes in Ashtabula and Lake counties in Ohio The SSA is comprised of two ZIP codes in Ashtabula County In 2010, the PSA and SSA were home to approximately 71,123 persons In 2010, 85 percent of the Hospital's inpatients lived in these ZIP codes (the most recent data at the time the 2012 CHNA was conducted from 2010) University Hospitals Conneaut Medical Center The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients reside The PSA and SSA are each comprised of two ZIP codes in Ashtabula County, Ohio In 2010, the PSA and SSA were home to approximately 67,074 persons In 2010, 84 percent of the hospital's inpatients lived in these ZIP codes (the most recent data at the time the 2012 CHNA was conducted from 2010)
Part VI, Line 5	UH continues to invest in itself and the community through enhanced clinical services, educational programs, research, and capital improvements that meet the health care needs of communities and patients it serves UH provides an outstanding balance of high-quality clinical care within its walls, and community health outreach to local populations As indicated in the above response to Part VI, Line 4, UH has made significant investments in access to care for low income and vulnerable populations Four UH Health Clinics are located in areas designated as Health Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration (HRSA) These clinics include the Douglas Moore Health Clinic, Women's Health Center, Rainbow Ambulatory Practice, and Family Medicine Clinic, all located on the UH Case Medical Center campus HRSA also designates Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) based on specific criteria Twenty-five areas within the UH service area including Cuyahoga, Lorain, and Summit Counties qualify as MUAs, while one population in Kent, Portage County is a designated MUP Cuyahoga County alone accounts for 20 MUAs located in 13 zip codes, representing 12 towns The UH System's two critical access hospitals in Ashtabula County sit in Appalachia, as designated by the Appalachian Regional Commission UH is committed to training the next generation of physicians, nurses, specialists and other allied health care providers annually Many of these students and trainees complete their education and take their knowledge and expertise to other parts of the state or country, thereby benefiting other communities UH works to increase health and medical knowledge through government and non-profit funded research The shared knowledge derived from these efforts improves the health and well-being of people throughout the nation and the world when they lead to new standards of care, new medical devices, or breakthroughs in tackling diseases

Form and Line Reference	Explanation
Part VI, Line 6	University Hospitals (parent organization) together with its affiliates and subsidiaries is an integrated, health care delivery system The System includes an academic medical center, six wholly-owned community hospital locations, two of which are critical access facilities, a nationally recognized children's hospital, a nationally recognized cancer center, ambulatory health care centers and physician practice offices throughout the region The System also provides skilled nursing, elder health, rehabilitation and home care services UH serves an essential role in the community by providing diverse populations throughout the Northeast Ohio region with comprehensive health care - from primary care to highly specialized medical care for the most serious of health problems It provides the same quality and compassionate service to all, no matter their income, ability to pay or socioeconomic status UH cares for the well-insured and the uninsured, men, women and children from every community in the region, from urban centers, small towns, rural areas and suburbs
Part VI, Line 7	N/A

Additional Data

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

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

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

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

	Name and address	Type of Facility (describe)
1	UH Chagrin Highlands Medical Center 3909 Orange Place Orange Village, OH 44122	Outpatient Health Center
2	UH Westlake Medical Center - A 960 Clague Road Westlake, OH 44145	Outpatient Health Center
3	UH Landerbrook Health Center 5885 Landerbrook Drive Mayfield Heights, OH 44124	Outpatient Health Center
4	UH Twinsburg Health Center 8819 Commons Blvd Suite 100 Twinsburg, OH 44087	Outpatient Health Center
5	UH Sharon Health Center 5133 Ridge Rd Wadsworth, OH 44281	Outpatient Health Center
6	UH Mentor Health Center 9000 Mentor Avenue Mentor, OH 44060	Outpatient Health Center
7	UH Concord Health Center 7500 Auburn Road PainsvilleConcord JED, OH 44077	Outpatient Health Center
8	UH Ahuja Medical Office Building 1000 Auburn Dr Beachwood, OH 44122	Outpatient Health Center
9	UH Lyndhurst Surgery Center 29017 Cedar Road Lyndhurst, OH 44124	Outpatient Health Center
10	UH ST John Medical Office Building 29000 Center Ridge Road Westlake, OH 44145	Outpatient Health Center
11	UH Medina Health Center 4001 Carrick Dr Medina, OH 44256	Outpatient Health Center
12	UH Health Center-Landerbrook 5850 Landerbrook Drive Mayfield Heights, OH 44124	Outpatient Health Center
13	UH Adult Sleep Lab East 3628 Park East Dr Beachwood, OH 44122	Outpatient Health Center
14	UH Crocker Corp Ctr 2055 Crocker Road Westlake, OH 44145	Outpatient Health Center
15	UH Euclid Health Center 18599 Lake Shore Blvd Euclid, OH 44119	Outpatient Health Center
16	UH Geauga Physical Therapy 12460 Lake Bass Road Chardon, OH 44024	Outpatient Health Center
17	UH Rehab & Sports Med - Warrensville 4480 Richmond Road Warrensville Heights, OH 44122	Outpatient Health Center
18	UH Mayfield Village Health Center 730 SOM Center Road Suite 110 Mayfield Village, OH 44143	Outpatient Health Center
19	UH University Suburban Health Center 1611 South Green Road South Euclid, OH 44121	Outpatient Health Center
20	UH Hudson Health Center 5778 Darrow Road Hudson, OH 44236	Outpatient Health Center
21	UH Madison Clinic 701 North Lake Street Madison, OH 44057	Outpatient Health Center
22	UH Ashtabula Medical Arts Center 2131 Lake Avenue Ashtabula, OH 44004	Outpatient Health Center
23	UH Cedars on the Green 2054 So Green Road South Euclid, OH 44141	Outpatient Health Center
24	UH Otis Moss 8819 Quincy Avenue Cleveland, OH 44106	Outpatient Health Center
25	UH Bedford Medical Office Center 50 Blaine Avenue Bedford, OH 44146	Outpatient Health Center
26	UH Centre Pointe Bldg - Solon Health Ctr 34055 Solon Road Solon, OH 44139	Outpatient Health Center
27	UH Aurora Health Center 55 North Chillicothe Road Aurora, OH 44202	Outpatient Health Center
28	UH Park East 3619 Park East Drive Beachwood, OH 44122	Outpatient Health Center
29	UH JCC - Jewish Community Center 26001 South Woodland Road Beachwood, OH 44122	Outpatient Health Center
30	UH SCC at Medina 970 East Washington Street Medina, OH 44256	Outpatient Health Center
31	UH Park West Surgical Center 1 Park West Blvd Akron, OH 44320	Outpatient Health Center

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
90-0059117

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 22

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

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

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2	Donations made by members of the Group Return to charitable organizations are made in furtherance of the recipient organizations' exempt purposes and are considered unrestricted with regard to use of funds

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Cancer Society 10501 Euclid Ave Cleveland,OH 44106	25-1798733	501(c)3	20,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart Association PO Box 1590 Hagerstown, MD 217401590	13-5613797	501(c)3	13,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Liver Foundation 921 E 86th Indianapolis,IN 46240	36-2883000	501(c)3	14,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Arthritis Foundation 4630 Richmond Rd Cleveland,OH 44128	58-1341679	501(c)3	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Autism Speaks Inc 4700 Rockside Rd Independence, OH 44131	20-2329938	501(c)3	8,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Case Western Reserve 10900 Euclid Ave Cleveland,OH 44106	34-1018992	501(c)3	33,246,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cleveland Foodbank 15500 South Waterloo Rd Cleveland,OH 44110	34-1292848	501(c)3	8,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cleveland Hearing & Speech Center 11635 Euclid Ave Cleveland,OH 44106	34-0714648	501(c)3	6,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cleveland Rape Crisis Center 526 Superior Ave 1400 Cleveland,OH 44114	51-0164315	501(c)3	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Crohns Colitis Foundation 4700 Rockside Rd Independence, OH 44131	13-6193105	501(c)3	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cuyahoga Community College Foundation 700 Carnegie Ave Cleveland,OH 44115	34-0896630	501(c)3	38,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Epilepsy Foundation of NE Ohio 2800 Euclid Ave Ste 450 Cleveland,OH 44115	23-7198807	501(c)3	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLYING HORSE FARMS 3 EASTON OVAL STE 330 COLUMBUS,OH 43219	20-3498125	501(c)3	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Gathering Place 23300 Commerce Park Dr Cleveland,OH 44122	34-1879035	501(c)3	100,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hattie Larham Foundation 9772 Daigonal Rd Mantua, OH 44255	34-1897312	501(c)3	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Kidney Foundation of Ohio 2831 Prospect Ave Cleveland, OH 44115	34-0827748	501(c)3	20,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
March of Dimes of NE Ohio 5425 Warner Rd Ste 10 Cleveland, OH 44125	13-1846366	501(c)3	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Medwish Intl PO Box 181484 Cleveland,OH 44118	34-1903712	501(c)3	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MILESTONES ORGANIZATION 23880 COMMERCE PARK Beachwood,OH 44122	20-0721205	501(c)3	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Playhouse Square Foundation 1501 Euclid Ave Ste 200 Cleveland,OH 44115	23-7304942	501(c)3	30,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ronald Mcdonald House 10415 Euclid Ave Cleveland,OH 44111	34-1269123	501(c)3	210,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Susan G Komen Race for the Cure 26210 Emery Rd Ste 307 Cleveland,OH 44128	34-1793460	501(c)3	75,000				General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
90-0059117

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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 directors, trustees, officers, including 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**	Yes	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**	Yes	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4b	The following persons participated in, or received payment from a nonqualified retirement plan (457(f) or SERP) in 2013 - Harlin G Adelman (No payments received in 2013) - Michael R Anderson, M D (No payments received in 2013) - William L Annable ($57,307-SERP) - Eric Bieber, M D (No payments received in 2013) - Sherri L Bishop (No payments received in 2013) - Peter Brumleve (No payments received in 2013) - Robert G David (No payments received in 2013) - Laurie S Delgado ($245,656-SERP, $26,092-457f) - Achilles A Demetriou, M D ($55,101-SERP) - Patricia M Depompei (No payments received in 2013) - Ronald E Dziedzicki (No payments received in 2013) - John V Foley (No payments received in 2013) - Phyllis Hall (No payments received in 2013) - Richard Hanson (No payments received in 2013) - Steven M Jones (No payments received in 2013) - Susan V Juris ($54,283-SERP) - Elliot A Kellman ($117,792-SERP) - Catherine S Koppelman ($66,381-SERP) - Nathan Levitan, M D ($148,364-SERP) - Keith Maitland ($36,808-SERP) - Janet L Miller ($505,431-SERP, $25,459-457F) - Michael L Nochomovitz, M D ($134,969-SERP) - Fred C Rothstein, M D ($196,757-SERP, $48,266-457f) - Sonia Salvino (No payments received in 2013) - Steven D Standley ($95,502-SERP, 22,548-457f) - Michael A Szubski (No payments received in 2013) - Paul G Tait ($454,613-SERP) - Nancy Tinsley (No payments received in 2013) - Allen Tracy (No payments received in 2013) - Michael R Vehovec (No payments received in 2013) - Cheryl Wahl (No payments received in 2013) - William Young (No payments received in 2013) - Thomas F Zenty III ($334,606-SERP, $215,542-457f)
Schedule J, Part I, Line 7	Certain employees disclosed in Part VII receive bonuses, 457f payments, and SERP payments which would qualify as non-fixed payments
Schedule J, Part I, Line 8	Certain employee compensation disclosed in Part VII meet the requirements of the initial contract exception
SCHEDULE J, PART II	FORM 990 REPORTING REQUIREMENTS RELATED TO ITEMS SUCH AS DEFERRED COMPENSATION PROGRAMS REQUIRE DUAL REPORTING IN SOME YEARS FOR VARIOUS PARTICIPANTS AS SUCH, AMOUNTS MAY BE SHOWN IN PART VII AND SCHEDULE J DURING A YEAR IN WHICH THOSE AMOUNTS WERE DEFERRED, AND AGAIN IN SUBSEQUENT YEARS IN PART VII AND SCHEDULE J WHEN ACTUALLY PAID ONLY SCHEDULE J INCLUDES A COLUMN (F), NOTING THESE AMOUNTS WERE PREVIOUSLY REPORTED

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
UHHS - William L Annable MD Chief Quality Off	(I) (II)	340,380 0	133,060 0	67,081 0	12,618 0	13,979 0	567,118 0	0 0
UHHS - Elliot A Kellman Chief HRO	(I) (II)	420,502 0	189,856 0	129,266 0	52,742 0	19,606 0	811,972 0	0 0
UHHS - Janet L Miller Esq Secretary, CLO	(I) (II)	419,810 0	396,232 0	535,894 0	48,042 0	10,193 0	1,410,171 0	584,844 0
UHHS - Fred C Rothstein MD Pres UHCMC/Ex Off Dir	(I) (II)	645,882 0	326,438 0	255,363 0	46,602 0	21,471 0	1,295,756 0	41,391 0
UHHS - Steven D Standley Chief Admin Off	(I) (II)	437,326 0	194,977 0	122,374 0	45,320 0	13,639 0	813,636 0	18,900 0
UHHS - Michael A Szubski Treasurer, CFO	(I) (II)	598,983 0	415,131 0	38,895 0	177,365 0	29,952 0	1,260,326 0	145,997 0
UHHS - Thomas F Zenty III CEO/Ex Off Dir	(I) (II)	1,073,404 0	594,891 0	571,269 0	364,727 0	10,548 0	2,614,839 0	299,683 0
UHCMC - Michael Anderson MD Chief Medical Off	(I) (II)	316,403 0	100,321 0	7,100 0	78,628 0	35,084 0	537,536 0	0 0
UHCMC - Patricia DePompei Pres RB&C/Macdonald	(I) (II)	365,051 0	103,066 0	2,220 0	74,423 0	30,947 0	575,707 0	0 0
UHCMC - Ronald E Dziedzicki BSN Chief Support Serv Off	(I) (II)	370,355 0	110,141 0	4,467 0	102,049 0	15,666 0	602,678 0	0 0
UHCMC - Catherine S Koppelman R Chief Nursing Off	(I) (II)	315,560 0	121,369 0	71,026 0	49,436 0	19,290 0	576,681 0	0 0
UHCMC - Nathan Levitan MD Pres Seidman Cancer Ctr	(I) (II)	520,549 0	211,822 0	153,983 0	45,034 0	19,455 0	950,843 0	0 0
UHCMC - Sonia Salvino Treasurer/VP Finance	(I) (II)	237,560 0	72,395 0	1,490 0	62,265 0	19,665 0	393,375 0	0 0
UHCMC - Warren Selman MD Physician/Director (thru 5/13)	(I) (II)	814,680 0	26,708 0	61,441 0	13,599 0	26,448 0	942,876 0	0 0
UHMG - Harlin G Adelman Assistant Secretary	(I) (II)	284,055 0	120,972 0	49,983 0	77,821 0	28,805 0	561,636 0	18,967 0
UHMG - Phyllis Hall VP & Treasurer	(I) (II)	310,979 0	120,624 0	2,206 0	92,571 0	21,907 0	548,287 0	0 0
UHMG - Clifford V Harding MD Dept Chair Pathology/Director	(I) (II)	223,352 0	45,979 0	35,942 0	8,823 0	3,306 0	317,402 0	0 0
UHMG - Michael Konstan MD Dept Chair Pediatrics/Director	(I) (II)	287,764 0	26,708 0	40,200 0	13,319 0	10,548 0	378,539 0	0 0
UHMG - Randall Marcus MD Dept Chair Orthopaedics/Direct	(I) (II)	628,605 0	38,311 0	70,193 0	12,662 0	22,387 0	772,158 0	0 0
UHMG - Cliff Megerian MD Dept Chair Otolaryngology/Dir	(I) (II)	578,786 0	23,356 0	47,396 0	13,687 0	26,478 0	689,703 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
UHMG - Howard Nearman MD Dept Chair Anesthesia/Directo	(I)	391,853	35,510	60,413	12,440	20,295	520,511	0
	(II)	0	0	0	0	0	0	0
UHMG - Michael Nochomovitz MD Pres /Director	(I)	618,867	275,552	144,485	46,658	10,989	1,096,551	0
	(II)	0	0	0	0	0	0	0
UHMG - Jeffrey Ponsky MD Dept Chair Surgery/Director	(I)	588,921	26,708	90,467	11,333	13,438	730,867	0
	(II)	0	0	0	0	0	0	0
UHMG - Robert Ronis Dept Chair Psychiatry/Direct	(I)	174,859	46,712	25,892	7,215	1,611	256,289	0
	(II)	0	0	0	0	0	0	0
UHMG - Richard A Walsh MD Dept Chair Medicine/Director	(I)	374,982	42,312	58,606	12,401	13,848	502,149	0
	(II)	0	0	0	0	0	0	0
UHLSF - Don M Landek President	(I)	166,550	14,813	9,048	36,878	13,274	240,563	0
	(II)	0	0	0	0	0	0	0
UHLSF - Nancy Tinsley Director	(I)	211,416	66,168	1,052	63,891	5,515	348,042	0
	(II)	0	0	0	0	0	0	0
AMC - Richard Hanson Ex Officio Director	(I)	541,735	334,451	5,549	133,194	29,667	1,044,596	90,979
	(II)	0	0	0	0	0	0	0
AMC - Susan V Juris Pres /Ex Officio Director	(I)	323,432	120,858	62,164	43,820	27,677	577,951	0
	(II)	0	0	0	0	0	0	0
AMC - Richard Stein Ex Officio Director	(I)	0	0	0	0	0	0	0
	(II)	428,943	0	3,870	35,517	25,657	493,987	0
UHREG - Laurie Delgado Pres (thru 12/13)/Ex Off Dir	(I)	321,826	121,965	286,341	36,033	28,583	794,748	253,493
	(II)	0	0	0	0	0	0	0
UHREG - Rosemary Leeming MD CMO/Director	(I)	196,786	0	33,936	11,530	28,116	270,368	0
	(II)	0	0	0	0	0	0	0
UHREG - David Rapkin MD Chief of Staff/Director	(I)	387,669	0	35,521	12,487	30,869	466,546	0
	(II)	0	0	0	0	0	0	0
UHREG - Joseph Shawi MD Vice Chief of Staff/Director	(I)	0	0	0	0	0	0	0
	(II)	189,394	0	1,858	25,770	30,327	247,349	0
CMC - Benjamin Bryant MD Ex Officio Director (thru 5/12)	(I)	0	0	0	0	0	0	0
	(II)	290,870	0	8,153	41,160	17,971	358,154	0
CMC - Robert David Pres /Ex Officio Director	(I)	119,303	50,669	408	34,366	13,416	218,162	0
	(II)	0	0	0	0	0	0	0
CMC - Arpan Desai MD Director	(I)	0	0	0	0	0	0	0
	(II)	414,629	0	1,431	6,147	28,369	450,576	0
CMC - Karen McNeil Ex Officio Director(thru 5/12)	(I)	129,776	11,666	1,142	14,892	1,567	159,043	0
	(II)	0	0	0	0	0	0	0
GMC - M Steven Jones Pres /Ex Officio Director	(I)	305,484	117,683	2,956	93,570	13,393	533,086	0
	(II)	0	0	0	0	0	0	0
GMC - John Tumbush MD Director	(I)	0	0	0	0	0	0	0
	(II)	194,382	0	1,821	27,015	2,430	225,648	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
UHGMC - Robert David Pres /Ex Officio Director	(I)	119,302	50,670	408	34,365	13,416	218,161	0
	(II)	0	0	0	0	0	0	0
UHGMC - Raimantas Drublionis MD Ex Officio Director	(I)	0	0	0	0	0	0	0
	(II)	332,866	0	635	20,413	1,659	355,573	0
HCS - Keith Maitland Pres /Director	(I)	205,987	90,279	38,834	42,306	30,302	407,708	0
	(II)	0	0	0	0	0	0	0
UHACO - Eric J Bieber MD Pres /Director	(I)	523,294	266,776	2,970	125,866	21,175	940,081	0
	(II)	0	0	0	0	0	0	0
UHACO - Elizabeth Hammack Secretary	(I)	170,084	16,198	7,274	14,773	15,913	224,242	0
	(II)	0	0	0	0	0	0	0
UHRBC - Brent Carson Treas /Director	(I)	199,019	66,644	1,379	53,191	28,480	348,713	0
	(II)	0	0	0	0	0	0	0
UHRBC - Marillee Gallagher MD Director	(I)	0	0	0	0	0	0	0
	(II)	326,274	0	4,653	15,717	7,109	353,753	0
UHRBC - Richard Grossberg MD Director	(I)	304,311	0	920	12,813	29,183	347,227	0
	(II)	0	0	0	0	0	0	0
UHRBC - Ken Lakota Director	(I)	114,279	10,638	2,764	12,380	26,934	166,995	0
	(II)	0	0	0	0	0	0	0
UHRBC - James Underwood MD Director	(I)	0	0	0	0	0	0	0
	(II)	142,771	0	543	13,996	27,675	184,985	0
UHRBC - Drew Hertz MD Vice Pres	(I)	302,289	20,000	1,001	0	1,659	324,949	0
	(II)	0	0	0	0	0	0	0
UHCCO - David Cogan MD Director	(I)	0	0	0	0	0	0	0
	(II)	300,736	20,938	7,833	33,117	13,370	375,994	0
UHCCO - James Covielo MD Director	(I)	0	0	0	0	0	0	0
	(II)	218,607	0	751	0	19,229	238,587	0
UHCCO - Sean Hoynes MD Director	(I)	0	0	0	0	0	0	0
	(II)	345,799	125,000	1,209	25,157	30,395	527,560	0
UHCCO - George Kikano MD Director	(I)	184,792	41,911	28,249	9,234	10,854	275,040	0
	(II)	0	0	0	0	0	0	0
UHCCO - William Steiner II MD Director	(I)	0	0	0	0	0	0	0
	(II)	178,024	0	2,914	0	11,880	192,818	0
UHMG - Bahman Guyuron MD Surgeon, Plastic Surgery	(I)	954,506	395,913	112,907	11,978	18,227	1,493,531	0
	(II)	0	0	0	0	0	0	0
UHMG - Christopher Furey MD Orthopaedic Surgeon	(I)	1,084,398	0	68,019	13,687	24,438	1,190,542	0
	(II)	0	0	0	0	0	0	0
UHMG - Jason D Eubanks Orthopaedic Surgeon	(I)	1,046,441	0	73,902	13,779	10,439	1,144,561	0
	(II)	0	0	0	0	0	0	0
UHMG - Nicholas U Ahn MD Orthopaedic Surgeon	(I)	989,513	0	105,519	13,584	22,696	1,131,312	0
	(II)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
UHMG - Matthew Kraay Orthopaedic Surgeon	(I)	847,414	0	73,773	13,403	30,598	965,188	0
	(II)	0	0	0	0	0	0	0
UHHS Sherri Bishop Chief Development Off	(I)	337,503	357,394	1,894	118,169	31,880	846,840	88,142
	(II)	0	0	0	0	0	0	0
UHHS - Peter S Brumleve Chief Marketing Off	(I)	386,540	79,191	40,227	75,939	13,047	594,944	0
	(II)	0	0	0	0	0	0	0
UHHCS - Kevin P Cunningham Pharmacy Director	(I)	142,290	13,956	465	8,311	18,705	183,727	0
	(II)	0	0	0	0	0	0	0
UHHS - John V Foley Chief Information Off	(I)	394,612	70,069	2,280	61,408	25,224	553,593	0
	(II)	0	0	0	0	0	0	0
GMC - Jason E Glowczewski Pharmacy Director	(I)	153,838	8,505	763	11,841	21,101	196,048	0
	(II)	0	0	0	0	0	0	0
AMC - Alan Hirsch MD CMO, Ahuja	(I)	306,984	25,734	14,029	34,320	25,217	406,284	0
	(II)	0	0	0	0	0	0	0
UHCMC - Carl Lufter Pharmacy Director	(I)	168,920	15,317	11,811	17,307	13,996	227,351	0
	(II)	0	0	0	0	0	0	0
UHHS - Donnie Perkins VP Inclusion & Diversity	(I)	189,036	46,129	26,251	10,915	2,831	275,162	0
	(II)	0	0	0	0	0	0	0
UHHS - Cheryl Wahl Chief Compliance Officer	(I)	226,540	99,302	636	57,409	10,704	394,591	0
	(II)	0	0	0	0	0	0	0
UHHS - William A Young President SJMC	(I)	316,177	118,488	2,460	65,620	28,659	531,404	0
	(II)	0	0	0	0	0	0	0
UHHS - Heidi Gartland Fmr Key Employee	(I)	233,292	75,558	1,564	61,104	11,451	382,969	0
	(II)	0	0	0	0	0	0	0
UHMG - Pablo R Ros MD Fmr Key Employee	(I)	530,697	26,708	64,146	13,889	18,526	653,966	0
	(II)	0	0	0	0	0	0	0
UHMG - Charles Lanzieri MD Fmr Key Employee	(I)	437,427	0	48,258	12,903	19,251	517,839	0
	(II)	0	0	0	0	0	0	0
UHLSF - Michael R Vehovec Fmr Officer	(I)	230,228	92,126	1,141	74,157	1,991	399,643	0
	(II)	0	0	0	0	0	0	0
UHHS - PAUL TAIT CHIEF STRATEGIC PLANNING OFF	(I)	361,526	356,471	458,633	37,067	26,084	1,239,781	472,618
	(II)	0	0	0	0	0	0	0
UHHS - ACHILLES A DEMETRIOU MD PRESIDENT/COO	(I)	0	425,434	76,955	42,735	10,093	555,217	0
	(II)							

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
90-0059117

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total ▶ $												

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Residence Inn	See Part V	193,000	See Part V		No
(2) First Energy	See Part V	228,000	See Part V		No
(3) First Energy	See Part V	228,000	See Part V		No
(4) Lee Ponsky MD	See Part V	11,000	See Part V		No
(5) Diana Ponsky MD	See Part V	166,000	See Part V		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L Part IV	Line 1 Residence Inn Relationship Between Interested Person and Organization Former UHCMC Director Richard Horvitz owns many Residence Inns in the local area Description of Transaction Residence Inn rents rooms to UHCMC for sleep studies or other activities These transactions were all at arms length Line 2 First Energy Relationship Between Interested Person and Organization Former UHCMC Director Ernest J Novak is a Director of First Energy Description of Transaction First Energy subsidiary The Illuminating Co provided energy services to UHCMC in 2013 These transactions were all at arms length Line 3 First Energy Relationship Between Interested Person and Organization Former UHCMC Director Lorna Wisham is employed at First Energy Description of Transaction First Energy subsidiary The Illuminating Co provided energy services to UHCMC in 2013 These transactions were all at arms length Line 4 Lee Ponsky, M D Relationship Between Interested Person and Organization Family Member of Jeffrey Ponsky, M D UHMG Director Description of Transaction A family member of Dr Ponsky is employed by UHMG Line 5 Diana Ponsky, M D Relationship Between Interested Person and Organization Family Member of Jeffrey Ponsky, M D UHMG Director Description of Transaction A family member of Dr Ponsky is employed by UHMG In accordance with IRS requirements, business transactions involving individuals and entities that are interested persons with respect to University Hospitals Health System, Inc (EIN 34-0714775) are reported on Part IV of the Schedule L included with the separate Form 990 filed by University Hospitals Health System Inc

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
90-0059117

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	42	186,162	Appraisals
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		39	FMV
5	Clothing and household goods	X		4,049	FMV/Receipt
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	69	1,698,164	Med Value at Transf
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	3	57,780	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Miscellaneous)	X	307	463,719	FMV
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶ (_____)				

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

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Form 990, Schedule M, Part I, Column (b)	the numbers reported in Part I, Column (b) represent the number of items contributed

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number

90-0059117

Return Reference	Explanation
UH Entity DBA Names/Acronyms	The list below shows all the entities included in this Group Return along with any applicable dba names and/or acronyms that will be used throughout this return For purposes of this Group Return University Hospitals is at times noted as "UH" University Hospitals Cleveland Medical Center (UHCMC) - 34-1567805 dba University Hospitals Case Medical Center 11100 Euclid Ave Cleveland, OH 44106 University Hospitals Ahuja Medical Center, Inc (AMC) - 26-4827222 11100 Euclid Avenue Cleveland, OH 44106 University Hospitals Bedford Medical Center (BMC) - 34-1271115 44 Blaine Avenue Bedford, OH 44146 University Hospitals Conneaut Medical Center (CMC) - 34-0714550 158 West Main Road Conneaut, OH 44030 BMH Professional Corporation (BMHPC) - 34-1749966 158 West Main Road Conneaut, OH 44030 University Hospitals Geauga Medical Center (GMC) - 34-0816492 13207 Ravenna Road Chardon, OH 44024 University Hospitals Geneva Medical Center (UHGMC) - 34-0714461 870 West Main Street Geneva, OH 44041 UHHS Heather Hill Inc (HHI) - 34-0771884 12340 Bass Lake Road Chardon, OH 44024 UHHS - Heather Hill Rehabilitation Hospital Inc (UHECC) - 34-1465745 dba University Hospitals Extended Care Campus 12340 Bass Lake Road Chardon, OH 44024 UH Regional Hospitals (UHRH) - 34-1924226 27100 Chardon Road Richmond Hts, OH 44143 University Mednet (UMI) - 34-0750341 23001 Euclid Avenue Cleveland, OH 44117 University Hospitals Home Care Services, Inc (HCS) - 34-1527536 4901 Galaxy Parkway Warrensville Hts, OH 44128 University Hospitals Laboratory Services Foundation (UHLSF) - 34-1720429 11100 Euclid Avenue Cleveland, OH 44106 University Hospitals Medical Group (UHMG) - 20-4881619 11100 Euclid Avenue Cleveland, OH 44106 University NPI Inc - 34-1571623 11100 Euclid Avenue Cleveland, OH 44106 Memorial Hospital Health Foundation - 34-1810018 11100 Euclid Avenue Cleveland, OH 44106 University Hospitals Accountable Care Organization Inc 3605 Warrensville Center Rd - MSC 9155 Shaker Hts, OH 44122 University Hospitals Coordinated Care Organization 3605 Warrensville Center Rd - MSC 9155 Shaker Hts, OH 44122 University Hospitals Rainbow Care Connection Inc 3605 Warrensville Center Rd - MSC 9155 Shaker Hts, OH 44122

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

Return Reference	Explanation
Form 990, Part I, Line 6	The total number of volunteers is provided by each UH Medical Center's volunteer coordinator Volunteers provide assistance in many different departments throughout the UH medical centers The roles of a volunteer fall into three categories patient contact, limited patient contact and no patient contact Roles in the patient contact category include those where the volunteer is working directly with a patient or the patient's family Examples of volunteer roles from this category include but are not limited to pastoral care volunteers and newborn nursery volunteers Volunteers who serve in roles where there is limited patient contact work in areas where they may be working more with hospital staff than our patients or visitors Examples of volunteer roles under the limited patient contact include but are not limited to flower delivery volunteers and Atrium gift shop volunteers And finally, examples of volunteer roles from the no patient contact category include but are not limited to mailroom and clerical volunteers (working in offices throughout the UH medical centers)

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

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	The following information regarding family and business relationships was obtained while reviewing conflict of interest questionnaire responses received from Directors, Officers, and Key Employees University Hospitals relies upon these questionnaire responses to determine these relationships Mr James Supplee (CMC Director) and Mr Charles Deck (CMC Director) have a business relationship Mr Craig Parker (UHGMC Director) and Mr Willard Raymond (UHGMC Director) have a business relationship Mr John Morley (UHCMC Director) and Mr William O'Neill Jr (UHCMC Director) have a business relationship Mr Fred C Rothstein, M D (UHCMC Director) and Mr Michael Feuer (UHCMC Director) have a business relationship Mr Lee Koury (UHCMC Director) and Mr Gregory Skoda (UHCMC Director) have a business relationship

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	University Hospitals Health System, Inc is the Sole Member of the organizations included in this return Its rights include electing the Board of Directors and approving significant decisions of each organization's Board

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

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7b	CERTAIN GOVERNING RESPONSIBILITIES ARE RESERVED AT THE PARENT ORGANIZATION, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC (SOLE MEMBER) Examples include approving matters relating to finances and financing, matters relating to investments, legal matters, material assets sales or transfers, strategic plan, officers, and Directors to the Organizations Board

Return Reference	Explanation
form 990, Part VI, Section B, Line 11	The Form 990 for University Hospitals Health System, Inc Group Return is approved for filing by University Hospitals Health System Inc 's (Parent Organization) governing body The Audit and Compliance Committee has been delegated authority to review and approve Form 990 by the UH Board The Compensation Committee reviews relevant disclosures related to compensation sections of the return The Board receives a complete copy of the return to review before it is filed with the Internal Revenue Service Certain members of Senior management review the form while overseeing this process

Return Reference	Explanation
form 990, Part VI, Section B, Line 12c	UH has adopted three Conflict of Interest policies the first relates to UH and all its subsidiaries and applies to all directors, officers, other disqualified persons, pursuant to the intermediate sanctions regulations, the second applies to UH management (supervisors and above) and the third applies to physicians UH regularly and consistently monitors and enforces compliance with the Conflict of Interest policies Individuals to which the Conflict of Interest policies apply are required to complete an annual disclosure and provide information regarding any interests that may be potential conflicts pursuant to the Conflict of Interest policies Individuals covered by the policies are required to provide any changes to or new disclosures should they occur All disclosures and subsequent updates to disclosures are reviewed by the UH Compliance and Ethics Department Board-level conflicts are reviewed and approved, if appropriate, by the Audit and Compliance Committee of the UH Board and/or the UH Board If a conflict exists with a Director, certain restrictions may be imposed, such as excusing the Director from the room during discussion and/or voting with regard to a proposed transaction Education regarding conflicts of interest is included in the annual compliance training that includes all Directors, employees and physicians

Return Reference	Explanation
form 990, Part VI, Section B, Line 15	Executive compensation is approved by the Compensation Committee of the Board (the "Committee") The Committee has retained an independent compensation consultant who provides information to the Committee on changes and trends in executive compensation and objective third party information on competitive and comparable executive compensation and benefit level/programs The Consultant collects and provides to the Committee, appropriate market compensation and benefits information, appropriate market practices for comparable organizations' positions and best practices The Consultant also provides advice on developing and modifying UH's executive compensation philosophy

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

Return Reference	Explanation
Form 990, Part VII, Section A	The individuals listed below serving as current Officers/Directors are also employees of other UH entities included in this Group Return The hours listed in this section reflect only the individual's time spent directly related to the activity of the board on which they serve UHMG - Harlin G Adelman UHECC - Rebecca Ivcic UHLSF - Nancy Tinsley UHACO - Elizabeth Hammack UHRBC - Brent Carson UHRBC - Richard Grossberg, M D UHRBC - Ken Lakota UHRBC - Drew Hertz, M D UHCCO - George Kikano, M D

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

Return Reference	Explanation
Form 990, Part VII, Section A, Frederick C Rothstein, M D	Dr Rothstein is the President of University Hospitals Cleveland Medical Center (UHCMC) of which he is listed as an Officer and a Director Dr Rothstein also is an Executive Vice President of University Hospitals Health System, Inc (UHHS) and serves on its Board as Director Dr Rothstein is paid by UHHS and as such his compensation is disclosed in relation to the UHHS Board To avoid any confusion his hours per week are listed at 60 for both UHCMC and UHHS

Return Reference	Explanation
Form 990, Part XI, Line 9, Changes in Net Assets	Net Change in Temporarily Restricted Net Assets $29,325,000 Net Change in Permanently Restricted Net Assets $11,570,000 Equity Transfer ($25,681,000) Less Rest Gifts Included on Form 990, Pg 1, Ln 8 ($43,442,000) Investments in Subsidiaries ($18,345,000) Additional Minimum Liability $70,615,000 NA Released for PPE $7,017,000 Other Changes $42,262,000 Total to Form 990, Part XI, Line 9 $73,321,000

Return Reference	Explanation
Form 990, Part IX, Line 11g, Breakdown of Expense	Collection Agency Fees $6,795,000 Consulting Fees $28,248,000 Medical/Clinical Purchased Services $36,067,000 Other Purchased Services $110,712,000 Total To Form 990, Part IX, Line 11g $181,822,000 IN ORDER TO PROVIDE A MORE COMPLETE AND ACCURATE PICTURE OF UNIVERSITY HOSPITALS HEALTH SYSTEM'S FINANCIAL INFORMATION, UH HAS INCLUDED ALL FINANCIAL DATA FOR BOTH THE CONSOLIDATED GROUP AND PARENT ORGANIZATION IN THIS FORM 990 FOR PARTS VIII, IX AND X, INCLUDING SUPPLEMENTAL INFORMATION REQUIRED IN SCHEDULE D ANY PRIOR YEAR INFORMATION REPORTED FOR THESE SECTIONS HAS NOT BEEN ADJUSTED TO INCLUDE THE UHHS PARENT INFORMATION WHICH MAY RESULT IN LARGE VARIANCES FROM YEAR TO YEAR THE PRIOR YEAR INFORMATION HAS BEEN REPORTED AS IT WAS FILED FOR THE 2012 REPORTING YEAR PLEASE REFER TO THE AUDITED FINANCIAL STATEMETNS ATTACHED TO THIS RETURN AND THE SEPARATELY FILED FORM 990 FOR THE UH PARENT FOR ADDITIONAL INFORMATION Form 990, Parts VIII, IX, and X Form 990 Reconciliation of Group Presentation UHHS Group and UHHS Group UHHS Parent (without UHHS Part VIII Combined UH Parent Eliminations Parent) Line 1h 53,111,000 10,021,000 - 43,090,000 Line 2g 2,106,303,000 184,299,000 (165,866,000) - Line 3 24,294,000 24,250,000 - 44,000 Line 7a 46,971,000 46,971,000 - - Line 8c (434,000) - - (434,000) Line 11e 96,163,000 38,916 - - Line 12 2,326,408,000 305,182,000 (165,866,000) 2,187,092,000 *Total revenue reported on line 12 of $2,326,408,000 consisted of $2,196,535,000 exempt function expense, $697,000 of unrelated business revenue, and $76,065,000 of revenue excluded from tax under sections 512-514 UHHS Group and UHHS Group UHHS Parent (without UHHS Part ix Combined UH Parent Eliminations Parent) Line 1 34,294,000 - - 34,294,000 Line 5 17,890,000 11,262,000 - 6,628,000 LINE 6 3,935,000 44,000 - 3,891,000 Line 7 910,608,000 77,362,000 - 833,246,000 Line 8 67,258,000 16,200,000 - 51,058,000 Line 9 92,586,000 4,990,000 - 87,596,000 Line 10 58,991,000 6,788,000 - 52,203,000 Line 11b 1,051,000 1,041,000 - 10,000 Line 11c 761,000 376,000 - 385,000 Line 11e 33,000 - - 33,000 Line 11 181,822,000 - (165,866,000) 316,443,000 Line 12 11,478,000 9,399,000 - 2,079,000 Line 13 353,902,000 7,497,000 - 346,405,000 Line 14 36,833,000 34,835,000 - 1,998,000 Line 16 98,752,000 4,754,000 - 93,998,000 Line 17 8,445,000 1,397,000 - 7,048,000 Line 20 17,480,000 17,481,000 - (1,000) Line 22 97,591,000 29,520,000 - 68,071,000 Line 23 21,914,000 (10,097,000) - 32,011,000 Line 24 66,346,000 17,487,000 - 48,859,000 Line 25 2,081,970,000 261,581,000 (165,866,000) 1,986,255,000 *Total functional expenses reported on line 25 of $2,081,970,000 consisted of $2,052,570,000 program service expenses, $17,890,000 of management and general expenses, and $11,510,000 of fundraising expenses UHHS Group and UHHS Group UHHS Parent (without UHHS Part X Combined UH Parent Eliminations Parent) Line 2 192,149,000 178,521,000 - 13,628,000 Line 3 28,200,000 8,681,000 - 19,519,000 Line 4 367,865,000 12,936,000 - 354,929,000 Line 7 370,000 - - 370,000 Line 8 31,898,000 - - 31,898,000 Line 9 22,310,000 18,352,000 - 3,958,000 Line 10c 1,209,731,000 313,569,000 - 896,162,000 Line 11 332,223,000 332,223,000 - - Line 12 618,807,000 618,517,000 - 290,000 Line 13 367,552,000 1,362,438,000 (1,064,536,000) 69,650,000 Line 15 167,165,000 29,402,000 - 137,763,000 Line 16 3,338,270,000 2,874,639,000 (1,064,536,000) 1,528,167,000 Line 17 308,614,000 196,019,000 - 112,595,000 Line 19 8,369,000 (338,000) - 8,707,000 Line 20 1,086,314,000 1,086,314,000 - - Line 23 39,978,000 39,978,000 - - Line 25 258,925,000 163,025,000 - 95,900,000 Line 26 1,702,200,000 1,484,998,000 - 217,202,000 Line 27 1,063,229,000 1,063,599,000 (1,064,536,000) 1,064,166,000 Line 28 255,296,000 28,142,000 - 227,154,000 Line 29 317,545,000 297,900,000 - 19,645,000 Line 33 1,636,070,000 1,389,641,000 (1,064,536,000) 1,310,965,000 Line 34 3,338,270,000 2,874,639,000 (1,064,536,000) 1,528,167,000

Return Reference	Explanation
TAX EXEMPT BOND INFORMATION	THE UH SYSTEM'S TAX-EXEMPT BONDS WERE ISSUED IN THE NAME OF THE PARENT ORGANIZATION, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC (EIN 34-0714775) THEREFORE, THE IRS REQUIRES THAT INFORMATION RELATED TO THESE BONDS BE REPORTED ON SCHEDULE K, SUPPLEMENTAL INFORMATION OF TAX-EXEMPT BONDS, INCLUDED WITH THE SEPARATE FORM 990 FILED BY THE UH PARENT ORGANIZAITON The UH System has the following tax-exempt bond issues outstanding -2013 Ohio Higher Education Facility Commission Bonds, Issue Price $124,142,966 -2012 Ohio Higher Education Facility Commission Bonds, Issue Price $23,775,000 -2012 Ohio Higher Education Facility Commission Bonds, Issue Price $55,371,387 -2012 Ohio Higher Education Facility Commission Bonds, Issue Price $40,710,000 -2012 Ohio Higher Education Facility Commission Bonds, Issue Price $189,782,379 -2010 Ohio Higher Education Facility Commission Bonds, Issue Price $71,125,000 -2010 Ohio Higher Education Facility Commission Bonds, Issue Price $94,797,375 -2009 Ohio Higher Education Facility Commission Bonds, Issue Price $100,914,641 -2007 Ohio Higher Education Facility Commission Bonds, Issue Price $290,313,879 -2003 Cuyahoga County, Ohio Bonds, Issue Price $14,389,000

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
90-0059117

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Biomotiv LLC 3605 Warrensville Center Rd - MSC Shaker Heights, OH 44122 27-3995417	Developing Therap	DE	NA	n/a								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Western Reserve Assurance Co Ltd SPC 23 Lime Tree Bay Ave PO Box 1051GT Grand Cayman KY1 - 1102 CJ 98-0462740	Liability Insur	CJ		C corp					
University Hospitals Holdings Inc 11100 Euclid Ave Cleveland, OH 44106 34-1768931	Holding Company	OH		C corp					
University Hospitals Physician Services 11100 Euclid Ave Cleveland, OH 44106 34-1768929	Physician Admin	OH		C corp					
University Primary Care Practices Inc 11100 Euclid Ave Cleveland, OH 44106 34-1768928	Physicians Group	OH		C corp					
University Hospitals Health System MCO 11100 Euclid Ave Cleveland, OH 44106 34-1843674	Workers Comp	OH		C corp					
UHHS Provder & Ceentral Verification Org 11100 Euclid Ave Cleveland, OH 44106 34-1908517	Medical Mgmt	OH		C corp					
Cedar Brainard Surgery Center Inc 11100 Euclid Ave Cleveland, OH 44106 20-4957632	Holding Company	OH		C corp					
University Hospitals Health Care Enterpr 11100 Euclid Ave Cleveland, OH 44106 34-1510005	Medical Mgmt	OH		C corp					
BMH Development Corp 158 West Main Street Conneaut, OH 44030 34-1346212	Land Development	OH		C corp					
Conneaut Health Enterprises Inc PO Box 648 Conneaut, OH 44060 34-1503949	Inactive	OH		C corp					

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Ahuja Medical CenterUniversity Hospitals	S	58,519,176	General Ledger
UH Ahuja Medical CenterUniversity Hospitals	P	6,380,149	General Ledger
UH Ahuja Medical CenterUniversity Hospitals	M	120,410	General Ledger
UH Ahuja Medical CenterUH Cleveland Medical	S	66,242	General Ledger
UH Ahuja Medical CenterUH Cleveland Medical	C	1,107,222	General Ledger
UH Ahuja Medical CenterUH Cleveland Medical	P	1,093,068	General Ledger
UH Ahuja Medical CenterUH Laboratory Service	M	99,105	General Ledger
UH Ahuja Medical CenterUH Regional Hospitals	S	88,145	General Ledger
UH Ahuja Medical CenterUH Regional Hospitals	P	93,586	General Ledger
UH Ahuja Medical CenterUH Physician Services	P	249,870	General Ledger
University Hospitals Health SystemUH Ahuja M	R	41,591,410	General Ledger
University Hospitals Health SystemUH Ahuja M	L	9,450,336	General Ledger
University Hospitals Health SystemUH Ahuja M	P	10,698,026	General Ledger
University Hospitals Health SystemUH Ahuja M	O	37,548,385	General Ledger
UH Cleveland Medical CenterUH Ahuja Medical	I	305,431	General Ledger
UH Cleveland Medical CenterUH Ahuja Medical	R	75,580	General Ledger
UH Cleveland Medical CenterUH Ahuja Medical	P	5,103,985	General Ledger
UH Cleveland Medical CenterUH Ahuja Medical	B	125,000	General Ledger
UH Laboratory ServicesUH Ahuja Medical Cente	L	554,245	General Ledger
UH Regional HospitalsUH Ahuja Medical Center	P	95,509	General Ledger
UH Medical PractivesUH Ahuja Medical Center	L	2,679,728	General Ledger
UH Medical GroupUH Ahuja Medical Center	L	131,657	General Ledger
UH Conneaut Medical CenterUH Health System	S	213,363	General Ledger
UH Conneaut Medical CenterUH Health System	R	15,219,300	General Ledger
UH Conneaut Medical CenterUH Health System	P	748,165	General Ledger

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Conneaut Medical CenterUH Cleveland Medic	S	82,458	General Ledger
UH Conneaut Medical CenterUH Cleveland Medic	P	59,025	General Ledger
UH Conneaut Medical CenterUH Geneva Medical	P	80,860	General Ledger
UH Conneaut Medical CenterUH Medical Practic	S	59,629	General Ledger
UH Health SystemUH Conneaut Medical Center	R	11,708,871	General Ledger
UH Health SystemUH Conneaut Medical Center	M	2,899,824	General Ledger
UH Health SystemUH Conneaut Medical Center	Q	12,818,115	General Ledger
UH Cleveland Medical CenterUH Conneaut Medic	Q	302,889	General Ledger
UH Laboratory ServicesUH Conneaut Medical	L	84,735	General Ledger
UH Regional HospitalsUH Conneaut Medical Cen	Q	179,565	General Ledger
UH Geneva Medical CenterUH Conneaut Medical	Q	87,200	General Ledger
UH Medical PracticesUH Conneaut Medical Cen	Q	382,926	General Ledger
UH Geneva Medical CenterUH Health System	S	20,943,803	General Ledger
UH Geneva Medical CenterUH Health System	P	1,033,838	General Ledger
UH Geneva Medical CenterUH Cleveland Medical	S	336,255	General Ledger
UH Geneva Medical CenterUH Cleveland Medical	P	2,009,472	General Ledger
UH Geneva Medical CenterUH Cleveland Medical	C	53,287	General Ledger
UH Geneva Medical CenterUH Medical Practices	S	113,068	General Ledger
UH Health SystemUH Geneva Medical Center	R	17,154,099	General Ledger
UH Health SystemUH Geneva Medical Center	L	3,806,844	General Ledger
UH Health SystemUH Geneva Medical Center	Q	17,039,455	General Ledger
UH Cleveland Medical CenterUH Geneva Medical	R	244,628	General Ledger
UH Cleveland Medical CenterUH Geneva Medical	Q	2,623,913	General Ledger
UH Laboratory ServicesUH Geneva Medical Cent	L	155,535	General Ledger
UH Medical PracticesUH Geneva Medical Center	L	514,163	General Ledger

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Medical GroupUH Geneva Medical Center	L	239,584	General Ledger
UH Laboratory Service FoundationUH Health	R	2,102,887	General Ledger
UH Laboratory Service FoundationUH Health	Q	1,208,480	General Ledger
UH Laboratory Service FoundationUH Cleveland	R	2,407,749	General Ledger
UH Laboratory Service FoundationUH Cleveland	Q	12,632,522	General Ledger
UH Laboratory Service FoundationUH Regional	L	584,555	General Ledger
UH Laboratory Service FoundationUH Geauga	L	449,347	General Ledger
UH Laboratory Service FoundationUH Physician	L	52,131	General Ledger
UH Health SystemUH Laboratory Services Found	I	257,729	General Ledger
UH Health SystemUH Laboratory Services Found	R	9,410,838	General Ledger
UH Health SystemUH Laboratory Services Found	Q	8,032,942	General Ledger
UHCleveland Medical CenterUH Laboratory Serv	R	521,592	General Ledger
UHCleveland Medical CenterUH Laboratory Serv	Q	15,174,564	General Ledger
UH Medical GroupUH Laboratory Services Found	L	217,794	General Ledger
UH Home Care ServicesUH Laboratory Services	L	58,017	General Ledger
UH Geauga Medical CenterUH Health System	S	47,609,759	General Ledger
UH Geauga Medical CenterUH Health System	P	6,505,488	General Ledger
UH Geauga Medical CenterUH Cleveland Medical	S	697,425	General Ledger
UH Geauga Medical CenterUH Cleveland Medical	P	982,373	General Ledger
UH Geauga Medical CenterUH Cleveland Medical	B	323,399	General Ledger
UH Geauga Medical CenterUH Regional Hospital	P	212,856	General Ledger
UH Geauga Medical CenterUH Medical Practices	M	154,092	General Ledger
UH Health SystemUH Geauga Medical Center	R	40,163,278	General Ledger
UH Health SystemUH Geauga Medical Center	M	7,050,948	General Ledger
UH Health SystemUH Geauga Medical Center	Q	59,167,588	General Ledger

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Cleveland Medical CenterUH Geauga Medical	R	94,088	General Ledger
UH Cleveland Medical CenterUH Geauga Medical	Q	3,496,787	General Ledger
UH Medical PracticesUH Geauga Medical Center	Q	222,547	General Ledger
UH Medical PracticesUH Geauga Medical Center	M	2,215,462	General Ledger
UH Physician ServicesUH Geauga Medical Cente	M	60,645	General Ledger
UH Medical GroupUH Geauga Medical Center	M	678,140	General Ledger
UH Home Care ServicesUH Health System	S	10,347,273	General Ledger
UH Home Care ServicesUH Health System	P	2,045,230	General Ledger
UH Home Care ServicesUH Cleveland Medical	S	267,005	General Ledger
UH Home Care ServicesUH Cleveland Medical	P	1,358,927	General Ledger
UH Health SystemUH Home Care Services	R	14,704,823	General Ledger
UH Health SystemUH Home Care Services	L	1,692,503	General Ledger
UH Health SystemUH Home Care Services	Q	19,188,098	General Ledger
UH Cleveland Medical CenterUH Home Care Serv	Q	126,593	General Ledger
UH Medical GroupUH Home Care Services	Q	260,728	General Ledger
UH Regional HospitalsUniversity Hospitals	S	37,585,674	General Ledger
UH Regional HospitalsUniversity Hospitals	P	5,442,158	General Ledger
UH Regional HospitalsUH Cleveland Medical	S	1,601,052	General Ledger
UH Regional HospitalsUH Cleveland Medical	P	4,393,032	General Ledger
UH Regional HospitalsUH Cleveland Medical	B	215,165	General Ledger
UH Regional HospitalsUH Medical Practices	M	267,636	General Ledger
UH Regional HospitalsUH Medical Practices	P	76,780	General Ledger
UH Health SystemUH Regional Hospitals	R	35,438,457	General Ledger
UH Health SystemUH Regional Hospitals	L	9,312,408	General Ledger
UH Health SystemUH Regional Hospitals	Q	56,624,727	General Ledger

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Cleveland Medical CenterUH Regional	R	166,264	General Ledger
UH Cleveland Medical CenterUH Regional	Q	2,868,277	General Ledger
UH Cleveland Medical CenterUH Regional	C	119,689	General Ledger
UH Cleveland Medical CenterUH Regional	L	554,302	General Ledger
UH Medical PracticesUH Regional Hospitals	L	2,413,967	General Ledger
UH Medical GroupUH Regional Hospitals	L	1,442,689	General Ledger
UH Medical GroupUH Health System	R	325,715	General Ledger
UH Medical GroupUH Health System	P	100,870,029	General Ledger
UH Medical GroupUH Cleveland Medical Center	S	9,232,974	General Ledger
UH Medical GroupUH Cleveland Medical Center	P	4,260,093	General Ledger
UH Medical GroupUH Cleveland Medical Center	A	1,936,816	General Ledger
UH Medical GroupUH Cleveland Medical Center	L	58,905,128	General Ledger
UH Medical GroupUH Medical Practices	P	1,924,994	General Ledger
UH Medical GroupUH Physician Services	P	822,811	General Ledger
UH Health SystemUH Medical Group	I	1,121,116	General Ledger
UH Health SystemUH Medical Group	R	26,329,512	General Ledger
UH Health SystemUH Medical Group	L	10,656,216	General Ledger
UH Health SystemUH Medical Group	Q	258,925,001	General Ledger
UH Cleveland Medical CenterUH Medical Group	Q	14,416,352	General Ledger
UH Medical GroupUH Medical Group	Q	896,930	General Ledger
UH Physician ServicesUH Medical Group	Q	3,643,581	General Ledger
UH Physician ServicesUH Medical Group	I	70,303	General Ledger
UH Case Medical CenterUH Health System	I	319,701	General Ledger
UH Case Medical CenterUH Health System	R	411,143,401	General Ledger
UH Case Medical CenterUH Health System	P	301,676,801	General Ledger

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Case Medical CenterUH Health System	B	28,677,066	General Ledger
UH Case Medical CenterUH Medical Practices	P	452,135	General Ledger
UH Health SystemUH Case Medical Center	I	185,524	General Ledger
UH Health SystemUH Case Medical Center	R	422,195,434	General Ledger
UH Health SystemUH Case Medical Center	L	107,316,864	General Ledger
UH Health SystemUH Case Medical Center	Q	759,429,177	General Ledger
UH Health SystemUH Case Medical Center	C	15,759,154	General Ledger
UH Medical PracticesUH Case Medical Center	R	6,825,714	General Ledger
UH Medical PracticesUH Case Medical Center	Q	220,632	General Ledger
UH Medical PracticesUH Case Medical Center	M	2,809,211	General Ledger

TY 2013 Affiliate Listing

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

TY 2013 Affiliate Listing

Name	Address	EIN	Name control
University Hospitals Cleveland Medi	11100 Euclid Avenue Cleveland, OH 44106	34-1567805	UNIV
University Hospitals Bedford Medica	44 Blaine Avenue Bedford, OH 44146	34-1271115	UNIV
University Hospitals Medical Group	11100 Euclid Avenue Cleveland, OH 44106	20-4881619	UNIV
University Hospitals Ahuja Medical	11100 Euclid Avenue Cleveland, OH 44106	26-4827222	UNIV
University Hospitals Conneaut Medic	158 W Main Rd Conneaut, OH 44030	34-0714550	UNIV
University Hospitals Geneva Medical	870 W Main St Geneva, OH 44041	34-0714461	UNIV
University Hospitals Geauga Medical	13207 Ravenna Rd Chardon, OH 44024	34-0816492	UNIV
UH Regional Hospitals	27100 Chardon Rd RICHMOND HTS, OH 44143	34-1924226	UHRE
University Hospitals Home Care Serv	4901 Galaxy Parkway Warrensville Heights, OH 44128	34-1527536	UNIV
University Mednet Inc	11100 Euclid Avenue Cleveland, OH 44106	34-0750341	UNIV
University Hospitals Health System	11100 Euclid Avenue Cleveland, OH 44106	34-0771884	UNIV
University Hospitals Health System	11100 Euclid Avenue Cleveland, OH 44106	34-1465745	UNIV
University NPI Inc	11100 Euclid Avenue Cleveland, OH 44106	34-1571623	UNIV
University Hospitals Laboratory Ser	11100 Euclid Avenue Cleveland, OH 44106	34-1720429	UNIV
BMH Professional Corporation	11100 Euclid Avenue Cleveland, OH 44106	34-1749966	BMHP
Memorial Hospital Health Foundation	11100 Euclid Avenue Cleveland, OH 44106	34-1810018	UNIV
University Hospitals Rainbow Care C	3605 Warrensville Center Rd Shaker Heights, OH 44122	46-1074672	UNIV
COORDINATED CARE ORGANIZATION	3605 WARRENSVILLE CENTER ROAD Shaker Heights, OH 44122	90-0794903	UNIV
UNIVERSITY HOSPITALS ACCOUNTABLE CA	3605 WARRENSVILLE CENTER RD-MS 9155 SHAKER HEIGHTS, OH 44122	27-3970270	UNIV

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TY 2013 Affiliated Group Schedule

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

Affiliated Group Business Name:		University Hospitals Clevela
Address. Either US or Foreign Type:		11100 Euclid Avenue Cleveland, OH 44106
EIN:		34-1567805
Electing Organization Checkbox:		☑
Total Grassroots Lobbying:	1,594	
Total Direct Lobbying:	217,636	
Total Lobbying Expenditures:	219,230	
Other Exempt Purpose Expenditures:	1,189,822,770	
Total Exempt Purpose Expenditures:	1,190,042,000	
Lobbying Nontaxable Amount:	1,000,000	
Grassroots Nontaxable Amount:	250,000	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	
Affiliated Group Business Name:		University Hospitals Bedford
Address. Either US or Foreign Type:		44 Blaine Aven Bedford, OH 44146
EIN:		34-1271115
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	47	
Total Direct Lobbying:	6,730	
Total Lobbying Expenditures:	6,777	
Other Exempt Purpose Expenditures:	46,430,223	
Total Exempt Purpose Expenditures:	46,437,000	
Lobbying Nontaxable Amount:	1,000,000	
Grassroots Nontaxable Amount:	250,000	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

Affiliated Group Business Name:	University Hospitals Conneau
Address. Either US or Foreign Type:	158 West Main Rd Conneaut, OH 44030
EIN:	34-0750341
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	30
Total Direct Lobbying:	4,373
Total Lobbying Expenditures:	4,403
Other Exempt Purpose Expenditures:	24,890,597
Total Exempt Purpose Expenditures:	24,895,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	BMH Professional Corp
Address. Either US or Foreign Type:	158 West Main Rd Conneaut, OH 44030
EIN:	34-1749966
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	University Hospitals Geauga
Address. Either US or Foreign Type:	13207 Ravenna Rd Chardon, OH 44024
EIN:	34-0816492
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	133
Total Direct Lobbying:	19,231
Total Lobbying Expenditures:	19,364
Other Exempt Purpose Expenditures:	106,299,636
Total Exempt Purpose Expenditures:	106,319,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	University Hospitals Geneva
Address. Either US or Foreign Type:	870 West Main St Geneva, OH 44041
EIN:	34-0714461
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	39
Total Direct Lobbying:	5,643
Total Lobbying Expenditures:	5,682
Other Exempt Purpose Expenditures:	30,973,318
Total Exempt Purpose Expenditures:	30,979,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:		University Hospitals Extende
Address. Either US or Foreign Type:		12340 Bass Lake Road Chardon, OH 44024
EIN:		34-1465745
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	0	
Total Lobbying Expenditures:	0	
Other Exempt Purpose Expenditures:	0	
Total Exempt Purpose Expenditures:	0	
Lobbying Nontaxable Amount:	0	
Grassroots Nontaxable Amount:	0	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	
Affiliated Group Business Name:		UHHS - Heather Hill Inc
Address. Either US or Foreign Type:		12340 Bass Lake Road Chardon, OH 44024
EIN:		34-0771884
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	0	
Total Lobbying Expenditures:	0	
Other Exempt Purpose Expenditures:	0	
Total Exempt Purpose Expenditures:	0	
Lobbying Nontaxable Amount:	0	
Grassroots Nontaxable Amount:	0	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

Affiliated Group Business Name:		UH Regional Hospitals
Address. Either US or Foreign Type:		27100 Chardon Road Richmond Hts, OH 44143
EIN:		34-1924226
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	57	
Total Direct Lobbying:	8,203	
Total Lobbying Expenditures:	8,260	
Other Exempt Purpose Expenditures:	53,236,740	
Total Exempt Purpose Expenditures:	53,245,000	
Lobbying Nontaxable Amount:	1,000,000	
Grassroots Nontaxable Amount:	250,000	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	
Affiliated Group Business Name:		University Mednet
Address. Either US or Foreign Type:		23001 Euclid Ave Cleveland, OH 44117
EIN:		34-0750341
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	0	
Total Lobbying Expenditures:	0	
Other Exempt Purpose Expenditures:	0	
Total Exempt Purpose Expenditures:	0	
Lobbying Nontaxable Amount:	0	
Grassroots Nontaxable Amount:	0	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

Affiliated Group Business Name:		University Hospitals Home Ca
Address. Either US or Foreign Type:		4901 Galaxy Parkway Warrensville Center Rd, OH 44128
EIN:		34-1527536
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	38	
Total Direct Lobbying:	5,523	
Total Lobbying Expenditures:	5,561	
Other Exempt Purpose Expenditures:	33,428,439	
Total Exempt Purpose Expenditures:	33,434,000	
Lobbying Nontaxable Amount:	1,000,000	
Grassroots Nontaxable Amount:	250,000	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	
Affiliated Group Business Name:		University Hospitals Laborat
Address. Either US or Foreign Type:		11100 Euclid Ave Cleveland, OH 44106
EIN:		34-1720429
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	29	
Total Direct Lobbying:	4,228	
Total Lobbying Expenditures:	4,257	
Other Exempt Purpose Expenditures:	26,072,743	
Total Exempt Purpose Expenditures:	26,077,000	
Lobbying Nontaxable Amount:	1,000,000	
Grassroots Nontaxable Amount:	250,000	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

Affiliated Group Business Name:		University Hospitals Medical
Address. Either US or Foreign Type:		11100 Euclid Ave Cleveland, OH 44106
EIN:		20-4881619
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	335	
Total Direct Lobbying:	48,503	
Total Lobbying Expenditures:	48,838	
Other Exempt Purpose Expenditures:	349,362,162	
Total Exempt Purpose Expenditures:	349,411,000	
Lobbying Nontaxable Amount:	1,000,000	
Grassroots Nontaxable Amount:	250,000	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	
Affiliated Group Business Name:		University NPI Inc
Address. Either US or Foreign Type:		11100 Euclid Ave Cleveland, OH 44106
EIN:		34-1571623
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	0	
Total Lobbying Expenditures:	0	
Other Exempt Purpose Expenditures:	0	
Total Exempt Purpose Expenditures:	0	
Lobbying Nontaxable Amount:	0	
Grassroots Nontaxable Amount:	0	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

Affiliated Group Business Name:		Memorial Hospital Health Fou
Address. Either US or Foreign Type:		11100 Euclid Ave Cleveland, OH 44106
EIN:		34-1810018
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	0	
Total Lobbying Expenditures:	0	
Other Exempt Purpose Expenditures:	0	
Total Exempt Purpose Expenditures:	0	
Lobbying Nontaxable Amount:	0	
Grassroots Nontaxable Amount:	0	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	
Affiliated Group Business Name:		University Hospitals Health
Address. Either US or Foreign Type:		11100 Euclid Ave Cleveland, OH 44106
EIN:		34-0714775
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	65	
Total Direct Lobbying:	7,763	
Total Lobbying Expenditures:	7,828	
Other Exempt Purpose Expenditures:	261,573,172	
Total Exempt Purpose Expenditures:	261,581,000	
Lobbying Nontaxable Amount:	1,000,000	
Grassroots Nontaxable Amount:	250,000	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

Affiliated Group Business Name:		University Hospitals Ahuja M
Address. Either US or Foreign Type:		11100 Euclid Ave Cleveland, OH 44106
EIN:		26-4827222
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	174	
Total Direct Lobbying:	25,091	
Total Lobbying Expenditures:	25,265	
Other Exempt Purpose Expenditures:	124,289,735	
Total Exempt Purpose Expenditures:	124,315,000	
Lobbying Nontaxable Amount:	1,000,000	
Grassroots Nontaxable Amount:	250,000	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	
Affiliated Group Business Name:		University Hospitals Account
Address. Either US or Foreign Type:		3605 Warrensville Center Rd Shaker Hts, OH 44122
EIN:		27-3970270
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	11	
Total Lobbying Expenditures:	11	
Other Exempt Purpose Expenditures:	67,989	
Total Exempt Purpose Expenditures:	68,000	
Lobbying Nontaxable Amount:	13,600	
Grassroots Nontaxable Amount:	3,400	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

Affiliated Group Business Name:		University Hospitals Coordin
Address. Either US or Foreign Type:		3605 Warrensville Center Rd Shaker Hts, OH 44122
EIN:		90-0794903
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	0	
Total Lobbying Expenditures:	0	
Other Exempt Purpose Expenditures:	1,033,000	
Total Exempt Purpose Expenditures:	1,033,000	
Lobbying Nontaxable Amount:	178,300	
Grassroots Nontaxable Amount:	44,575	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	
Affiliated Group Business Name:		University Hospitals Rainbow
Address. Either US or Foreign Type:		3605 Warrensville Center Rd Shaker Hts, OH 44122
EIN:		46-1074672
Electing Organization Checkbox:		☐
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	0	
Total Lobbying Expenditures:	0	
Other Exempt Purpose Expenditures:	0	
Total Exempt Purpose Expenditures:	0	
Lobbying Nontaxable Amount:	0	
Grassroots Nontaxable Amount:	0	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	0	

KPMG

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Financial Statements
and Supplementary Information

December 31, 2013 and 2012

(With Independent Auditors' Reports Thereon)

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Table of Contents

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

Independent Auditors' Report

The Board of Directors
University Hospitals Health System, Inc

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of University Hospitals Health System, Inc and subsidiaries (the System), which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated 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 consolidated financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated 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 Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

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

KPMG

Opinion

In our opinion, the consolidated financial statements referred to above present fairly in all material respects, the financial position of University Hospitals Health System, Inc and subsidiaries as of December 31, 2013 and 2012, the results of their operations and changes in net assets, and their cash flows for the years then ended, in accordance with U S generally accepted accounting principles

KPMG LLP

March 5, 2014

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Balance Sheets

December 31, 2013 and 2012

(In thousands of dollars)

Assets		2013	2012
Current assets			
Cash and cash equivalents	$	193,505	179,156
Patient accounts receivable, less allowance for doubtful accounts of $33,682 in 2013 and $30,495 in 2012		323,877	292,205
Other receivables		63,537	52,353
Assets held for disposal		4,517	3,554
Other current assets		99,903	105,401
Total current assets		685,339	632,669
Investments		1,004,381	816,121
Property, plant, and equipment, net		1,228,086	1,246,752
Other assets:			
Investments in affiliates		105,988	97,467
Beneficial interest in Foundation		62,956	55,322
Perpetual trusts		190,167	168,842
Other		153,809	159,715
Total other assets		512,920	481,346
Total assets	$	3,430,726	3,176,888

(Continued)

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Balance Sheets

December 31, 2013 and 2012

(In thousands of dollars)

Liabilities and Net Assets		2013	2012
Current liabilities			
Current installments of long-term debt	$	17,595	13,933
Accounts payable and accrued expenses		333,523	277,233
Other current liabilities		75,317	63,608
Estimated amounts due to third-party payors		28,979	22,109
Total current liabilities		455,414	376,883
Long-term debt, less current installments		1,068,719	952,609
Revolving credit borrowing		40,000	20,000
Other liabilities		217,321	468,077
Total liabilities		1,781,454	1,817,569
Net assets			
Unrestricted		1,076,431	827,356
Temporarily restricted		234,080	225,971
Permanently restricted		338,761	305,992
Total net assets		1,649,272	1,359,319
Total liabilities and net assets	$	3,430,726	3,176,888

See accompanying notes to consolidated financial statements

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Statements of Operations and Changes in Net Assets

Years ended December 31, 2013 and 2012

(In thousands of dollars)

	2013	2012
Unrestricted revenues:		
Net patient service revenue	$ 2,229,084	2,158,652
Provision for bad debts	(60,418)	(54,983)
Net patient service revenue less provision for bad debts	2,168,666	2,103,669
Other revenue	172,466	162,667
Total unrestricted revenues	2,341,132	2,266,336
Expenses		
Salaries, wages, and employee benefits	1,353,563	1,290,837
Purchased services	146,937	137,364
Patient care supplies	330,358	318,174
Other supplies	35,050	34,500
Insurance	25,915	40,915
Other expenses	223,573	225,600
Depreciation and amortization	101,276	104,694
Interest	39,904	46,044
Special charges	5,938	3,374
	2,262,514	2,201,502
Net operating income	78,618	64,834
Nonoperating revenues (expenses)		
Investment income	80,545	33,031
Other-than-temporary decline in investments	(7,010)	(8,099)
Change in fair value of derivative instruments	21,999	3,450
Loss on extinguishment of debt	(833)	(38,914)
Excess of revenues over expenses	$ 173,319	54,302

(Continued)

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Statements of Operations and Changes in Net Assets

Years ended December 31, 2013 and 2012

(In thousands of dollars)

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Net assets at December 31, 2011	$ 816,194	194,156	289,638	1,299,988
Excess of revenues over expenses	54,302	—	—	54,302
Investment income	—	4,444	—	4,444
Other support and revenue	—	80,201	4,439	84,640
Change in beneficial interest in Foundation and perpetual trusts	—	(16,637)	11,915	(4,722)
Net assets released from restrictions used for operations	—	(29,868)	—	(29,868)
Change in net unrealized gains and (losses) on other-than-trading securities	23,107	130	—	23,237
Change in joint venture unrestricted net assets	3	—	—	3
Pension liability adjustment	(72,697)	—	—	(72,697)
Net assets released from restrictions for acquisition of property and equipment	6,455	(6,455)	—	—
Discontinued operations	(8)	—	—	(8)
Increase in net assets	11,162	31,815	16,354	59,331
Net assets at December 31, 2012	827,356	225,971	305,992	1,359,319
Excess of revenues over expenses	173,319	—	—	173,319
Investment income	—	4,610	—	4,610
Other support and revenue	—	33,637	9,788	43,425
Change in beneficial interest in Foundation and perpetual trusts	—	5,978	22,981	28,959
Net assets released from restrictions used for operations	—	(29,028)	—	(29,028)
Change in net unrealized gains and (losses) on other-than-trading securities	(1,868)	(71)	—	(1,939)
Change in joint venture unrestricted net assets	(8)	—	—	(8)
Pension liability adjustment	70,615	—	—	70,615
Net assets released from restrictions for acquisition of property and equipment	7,017	(7,017)	—	—
Increase in net assets	249,075	8,109	32,769	289,953
Net assets at December 31, 2013	$ 1,076,431	234,080	338,761	1,649,272

See accompanying notes to consolidated financial statements

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Statements of Cash Flows

Years ended December 31, 2013 and 2012

(In thousands of dollars)

	2013	2012
Cash flows from operating activities		
Increase in net assets	$ 289,953	59,331
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	101,276	104,694
Provision for bad debts	60,418	54,983
Loss on extinguishment of debt	833	38,914
Other-than-temporary decline in investments	7,010	8,099
Change in beneficial interest in Foundation and perpetual trusts	(28,959)	4,722
Change in net unrealized investment gains and losses	1,939	(23,237)
Pension liability adjustment	(70,615)	72,697
Net change attributable to investments in joint ventures	(8,521)	(10,391)
Net change in restricted net assets received	(20,728)	(10,494)
Net change in patient accounts receivable	(92,090)	(67,237)
Net change in other current assets	(5,686)	(50,003)
Net change in other current liabilities	19,423	22,865
Net change in operating assets and liabilities	(166,448)	27,075
Net activity attributable to discontinued operations	(378)	(1,687)
Net cash provided by operating activities	87,427	230,331
Cash flows from investing activities		
Acquisition of property, plant, and equipment	(76,815)	(62,066)
Proceeds from sales of investments	512,230	325,020
Purchases of investments	(708,310)	(340,131)
Net cash used in investing activities	(272,895)	(77,177)
Cash flows from financing activities		
Proceeds from restricted revenue and investment income	20,728	10,494
Repayment of long-term debt	(147,260)	(55,424)
Defeasance of long-term debt	—	(265,384)
Proceeds from issuance of long-term debt	267,032	322,059
Bond issuance costs	(2,262)	(3,352)
Proceeds from (repayment of) revolving credit borrowing	20,000	(85,000)
Repayment of short-term borrowings	—	(15,000)
Increase in treasury service agreement	41,579	—
Net cash provided by (used in) financing activities	199,817	(91,607)
Increase in cash and cash equivalents	14,349	61,547
Cash and cash equivalents at beginning of year	179,156	117,609
Cash and cash equivalents at end of year	$ 193,505	179,156

See accompanying notes to consolidated financial statements

(1) Organization and Principles of Consolidation

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

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

(2) Summary of Significant Accounting Policies

(a) Cash and Cash Equivalents

The System considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents The carrying amount of cash and cash equivalents approximates fair value

(b) Concentrations of Credit Risk

Financial instruments that potentially subject the System to concentrations of credit risk consist principally of cash, cash equivalents, and patient accounts receivable The System invests its cash equivalents in highly rated financial instruments including time deposits, U.S. Treasury bonds and notes, government-backed mortgage securities, and corporate notes

The System's concentration of credit risk relating to patient accounts receivable is limited by the diversity and number of the System's patients and payors Patient accounts receivable consist of amounts due from governmental programs, commercial insurance companies, other group insurance companies, and private pay patients. Combined revenues from the Medicare and Medicaid programs accounted for approximately 42% and 44% of the System's net patient service revenue for the years ended December 31, 2013 and 2012, respectively Excluding governmental programs, no one payor source represents more than 15% of the System's patient accounts receivable The System maintains an allowance for doubtful accounts based on the expected collectibility of patient accounts receivable considering historical collection experience and other economic factors

(c) Investments and Investment Income

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

The System has alternative investments that include private equity, real estate, hedge funds, and distressed debt. Certain investments in alternative investments, where the System's ownership percentage is greater than 3%, are accounted for using the equity method of accounting Income from

these investments is recorded within the consolidated statements of operations and changes in net assets as investment income The cost method is used for certain alternatives when the System owns less than 3% of the investment The System has elected the fair value option on several alternative investments (see note 5) Unrealized and realized gains and losses from these investments are recorded within the consolidated statements of operations and changes in net assets as investment income

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

Other-than-temporary declines result from decreases in the fair market values of debt, equity, and alternative investments below the cost basis in these securities Other-than-temporary declines for unrestricted investments are recorded in the consolidated statements of operations and changes in net assets Other-than-temporary losses for temporarily and permanently restricted net assets are recorded within restricted investment income in the consolidated statements of operations and changes in net assets Other-than-temporary declines also result in a new cost basis for the investment

(d) Costs of Borrowing

Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets Capitalized interest totaled $649 and $298 for the years ended December 31, 2013 and 2012, respectively Deferred financing costs are capitalized when incurred, and then amortized during the period in which the debt is outstanding

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

Additions and improvements to property and equipment are capitalized at cost Expenditures for maintenance and repairs are charged to expense as incurred. Depreciation on plant and equipment is computed on the straight-line basis over the estimated useful lives of the respective assets Buildings and improvements are depreciated over estimated useful lives ranging generally from 5 to 40 years Leasehold improvements are depreciated over the lesser of the life of the asset or the term of the lease Estimated useful lives of equipment vary generally from 3 to 20 years.

Long-lived assets, such as property, plant, and equipment, and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future undiscounted cash flows expected to be generated by the asset The impairment loss recognized is measured by the amount by which the carrying value of the asset exceeds the fair value of the asset There were no impaired assets identified in 2013 or 2012

(In thousands of dollars)

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

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

Gifts, private grants, and bequests that have been received from various corporations, foundations, and individuals for the years ended December 31, 2013 and 2012 are as follows:

		2013	2012
Unrestricted	$	1,334	1,567
Temporarily restricted		33,637	80,201
Permanently restricted		9,788	4,439
	$	44,759	86,207

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

Outstanding pledges receivable from various corporations, foundations, and individuals are recorded at their net present value using the London Interbank Offered Rate (LIBOR), which approximates 2%, as the discount rate at the time of pledge commitment. The balances at December 31, 2013 and 2012 are as follows:

		2013	2012
Pledges due			
In less than one year	$	45,256	48,958
In one year to five years		67,481	60,787
In more than five years		41,570	46,313
		154,307	156,058
Discount		(13,841)	(14,796)
Allowance for doubtful pledges		(3,136)	(3,123)
	$	137,330	138,139

(Continued)

The System has conditional donor promises to give of $145,713 and $124,041 at December 31, 2013 and 2012, respectively, which are not recognized as assets in the accompanying consolidated balance sheets

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

In connection with the affiliation agreement with Case Western Reserve University School of Medicine, the System has estimated conditional commitments of $56,565 at December 31, 2013 that are not recorded as liabilities as these commitments are contingent upon future performance for the years 2014 through 2015

(g) Government Grants

Amounts received from government agencies are reported in the consolidated statements of operations and changes in net assets as other revenue Grants received totaled $11,767 and $11,615 for the years ended December 31, 2013 and 2012, respectively

(h) Charity Care and Provision for Bad Debts

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

The uncompensated cost of charity care is estimated by applying an overall cost to charge ratio to the charges associated with patients who qualify for charity care. The estimated uncompensated costs of charity care are approximately $59,370 and $53,240 for the years ended December 31, 2013 and 2012, respectively

In addition, the System provides services to other medically indigent patients under various state Medicaid programs Such programs pay providers amounts that are less than the established charges for the services provided to the recipients. The uncompensated costs associated with these state programs is estimated as the total direct and indirect costs in excess of the payments received for the services provided Services provided to Medicaid recipients (including Medicaid recipients who are

participants in a Medicaid managed care plan) represented approximately 21% and 22% of the System's patient activity for 2013 and 2012, respectively

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

In addition to charity care and insufficient funding from the Medicaid program, there are significant losses related to self-pay patients who fail to make payment for services rendered or insured patients who fail to remit co-payments and deductibles as required under applicable health insurance arrangements The provision for bad debts represents revenues for services provided that are deemed to be uncollectible Provision for bad debts totaled $60,418 and $54,983 for the years ended December 31, 2013 and 2012, respectively

(i) Excess of Revenues over Expenses

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

(j) Derivative Financial Instruments

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

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

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

(k) Income Taxes

The System and most of its subsidiaries, including UHCMC, are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from federal income taxes pursuant to Section 501(a) of the Code. The System also has certain subsidiaries that are taxable for federal income tax purposes (see note 18)

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

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

(m) Use of Estimates

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

(n) Electronic Health Record Incentive Program

The Medicaid and Medicare Electronic Health Records (EHR) Incentive Programs (the Programs) provide incentive payments to eligible hospitals and professionals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation and demonstrate meaningful use for up to five remaining participation years The System accounts for the Programs using International Accounting Standards 20, *Accounting for Grants and Disclosures of Government Assistance* The System recognizes revenue when there is reasonable assurance that the System will comply with the conditions and will receive the Programs' incentive payments For the years ended December 31, 2013 and 2012, the System recognized approximately $17,610 and $16,000, respectively, as other revenue related to Medicaid and Medicare EHR incentives, which have been received or are expected to be received based on certifications prepared by management under the appropriate attestation guidelines

(o) Treasury Service Agreement

The System included amounts due to a third party financing company for the use under a Supplemental Treasury Services Agreement (Agreement), entered into during 2013, within accounts payable in the accompanying consolidated balance sheet. Borrowings and payments on the Agreement are classified as financing activities in the consolidated statements of cash flows The

Agreement is a $43,000 unsecured credit line that is non-interest bearing and is not collateralized The agreement includes customary covenants as well as customary events of defaults The amounts outstanding on the Agreement fluctuate on a daily basis, but as of December 31, 2013 the amount outstanding included within accounts payable was $41,579 The System incurred no interest on the borrowing for the year ended December 31, 2013

(p) Reclassifications

Certain 2012 amounts included in the notes to the consolidated financial statements have been reclassified to conform to the 2013 presentation

(3) Net Patient Service Revenue

The System and certain of its subsidiary corporations have agreements with third party payors (e g , Medicare, Medicaid, and commercial insurance carriers) that provide for payments and reimbursement at amounts different from the System's established rates Net patient service revenue is reported at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third party payors Adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as settlements are determined Adjustments for the Medicare, Medicaid, and Champus/Tricare program resulted in net patient service revenue increasing by approximately $5,827 and $15,553 for the years ended December 31, 2013 and 2012, respectively

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

Patients' accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectibility of patients' accounts receivable, the System analyzes its past history and identifies trends to estimate the appropriate allowance for doubtful accounts Management regularly reviews data about the System's major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the System analyzes contractually due amounts and provides an allowance for doubtful accounts, if necessary (e g , for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely) For receivables associated with self-pay patients, those with no third-party coverage, the System records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is written-off against the allowance for doubtful accounts

The System's allowance for uncollectible accounts decreased to 82% of self pay accounts receivable at December 31, 2013, from 86% of self pay accounts receivable at December 31, 2012 Although the System has experienced an increase in charity care and bad debt write-offs as a result of high unemployment, loss

(In thousands of dollars)

of employer-sponsored insurance plans, and rising patient responsibilities due in part to high deductible and high co-pay insurance plans, during 2013, a higher percentage of uninsured patients were able to qualify for Medicaid than in past years The System did not change its charity care or uninsured discount policies during fiscal year 2013 or 2012 The System does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors

The System recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered For uninsured patients that do not qualify for charity care, the System recognizes revenue on the basis of its standard rates for services provided On the basis of historical experience, a significant portion of the System's uninsured patients will be unable or unwilling to pay for the services provided Thus, the System records a significant provision for bad debts related to uninsured patients in the period the services are provided The percentage of patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), derived from these major payor sources as of December 31, 2013 and 2012 are as follows

	2013	2012
Third party	91%	92%
Self-pay	9	8
	100%	100%

(4) Net Assets

Temporarily restricted net assets are used to differentiate resources, the use of which is restricted by donors or grantors to a specific time period or purpose, from resources on which no restrictions have been placed or that arise from the general operations of the System. Temporarily restricted gifts, which include unrestricted pledges, are recorded as an addition to temporarily restricted net assets in the period received Temporarily restricted net assets are available for the following purposes at December 31, 2013 and 2012

		2013	2012
Capital expenditures	$	38,991	37,966
Education		8,477	6,294
Research		77,155	74,841
Patient care		67,895	71,286
Beneficial interest in foundation		41,562	35,584
	$	234,080	225,971

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

Net assets are released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors Net assets released from restrictions used for operations totaled $29,028 and $29,868 during 2013 and 2012, respectively. Net assets released from restrictions are recorded in other revenue in the consolidated statements of operations and changes in net assets In addition, $7,017 and $6,455 in net assets were released for the acquisition of property and equipment in 2013 and 2012, respectively

The System's endowment consists of 365 individual funds established for a variety of purposes Endowments include both donor-restricted funds and funds designated by the Board of Directors (the Board) to function as endowments Net assets associated with endowment funds, including funds designated by the Board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions The System's permanently restricted endowment funds are donor restricted, which totaled $109,316 and $106,213 at December 31, 2013 and 2012, respectively Board designated funds are unrestricted and totaled $17,654 at December 31, 2013 and 2012, and are included within unrestricted and board designated investments

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

(In thousands of dollars)

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

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Endowment net assets, at December 31, 2011	$ 17,654	—	101,149	118,803
Investment return				
Investment income	—	1,090	—	1,090
Total investment return	—	1,090	—	1,090
Contributions	—	—	5,064	5,064
Appropriation of endowment assets for expenditure	—	(1,090)	—	(1,090)
Endowment net assets, at December 31, 2012	17,654	—	106,213	123,867
Investment return				
Investment income	—	1,385	—	1,385
Total investment return	—	1,385	—	1,385
Contributions	—	—	3,103	3,103
Appropriation of endowment assets for expenditure	—	(1,385)	—	(1,385)
Endowment net assets, at December 31, 2013	$ 17,654	—	109,316	126,970

(Continued)

(5) Fair Value Measurements

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

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

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

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

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

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

(In thousands of dollars)

Items classified as Level 3 in the fair value hierarchy include certain alternative investments, beneficial interests, perpetual trusts, and excludes pledges of $140,466 and $141,262 at December 31, 2013 and 2012, respectively

	Level 1	Level 2	Level 3	Total
December 31, 2013				
Assets				
Cash and cash equivalents	$ 193,505	—	—	193,505
Cash and cash equivalents – pooled with investments				
Cash equivalents	3,097	130,497	—	133,594
Short term bond instruments	—	3,108	—	3,108
Total cash and cash equivalents	3,097	133,605	—	136,702
Fixed income securities				
Corporate bonds	—	58,193	—	58,193
Fixed income mutual funds	110,450	102,690	—	213,140
Government securities	130,029	27,647	—	157,676
Total fixed income securities	240,479	188,530	—	429,009
Equities, mutual and exchange traded funds				
U S equities	76,395	—	—	76,395
International equities	—	—	—	—
Mutual and exchange traded funds	144,958	43,305	—	188,263
Total equities, mutual and exchange traded funds	221,353	43,305	—	264,658
Alternative investments				
Hedge funds	—	—	76,317	76,317
Real estate	—	—	6,470	6,470
Distressed debt	—	—	3,178	3,178
Total alternative investments	—	—	85,965	85,965

(Continued)

(In thousands of dollars)

		Level 1	Level 2	Level 3	Total
Deferred compensation assets - mutual funds	$	19,119	—	—	19,119
RBC Foundation		—	—	62,956	62,956
Perpetual trusts		—	—	190,167	190,167
Derivative financial instruments		—	98	—	98
Total assets	$	677,553	365,538	339,088	1,382,179
December 31, 2013					
Liabilities					
Deferred compensation liabilities	$	19,119	—	—	19,119
Derivative financial instruments		—	36,817	—	36,817
Total liabilities	$	19,119	36,817	—	55,936

		Level 1	Level 2	Level 3	Total
December 31, 2012					
Assets					
Cash and cash equivalents	$	179,156	—	—	179,156
Cash and cash equivalents – pooled with investments					
Cash equivalents		4,844	33,142	—	37,986
Short term bond instruments		—	2,562	—	2,562
Total cash and cash equivalents		4,844	35,704	—	40,548
Fixed income securities					
Corporate bonds		2	75,422	—	75,424
Fixed income mutual funds		106,139	96,986	—	203,125
Government securities		93,959	43,054	—	137,013
Total fixed income securities		200,100	215,462	—	415,562

(Continued)

(In thousands of dollars)

	Level 1	Level 2	Level 3	Total
Equities, mutual and exchange traded funds				
U S equities	$ 87,462	—	—	87,462
International equities	16,458	—	—	16,458
Mutual and exchange traded funds	62,715	11,978	—	74,693
Total equities, mutual and exchange traded funds	166,635	11,978	—	178,613
Alternative investments				
Hedge funds	—	—	81,458	81,458
Real estate	—	—	6,029	6,029
Distressed debt	—	—	3,280	3,280
Total alternative investments	—	—	90,767	90,767
Deferred compensation assets - mutual funds	16,940	—	—	16,940
RBC Foundation	—	—	55,322	55,322
Perpetual trusts	—	—	168,842	168,842
Derivative financial instruments	—	2,694	—	2,694
Total assets	$ 567,675	265,838	314,931	1,148,444
December 31, 2012				
Liabilities				
Deferred compensation liabilities	$ 16,940	—	—	16,940
Derivative financial instruments	—	61,412	—	61,412
Total liabilities	$ 16,940	61,412	—	78,352

The System evaluated transfers between levels based upon the nature of the financial instrument and size of the transfer relative to the total net assets available for benefits For the years ended December 31, 2013 and 2012, there were no transfers into or out of Level 1, 2, or 3

The System has various interest rate swaps as of December 31, 2013, consisting of fixed-payor and fixed spread basis swaps Fair values for the System's interest rate swaps are provided on a monthly basis by the System's independent financial advisor and counterparties Monthly valuations are derived by pricing models, which use market inputs such as LIBOR, Securities Industry and Financial Markets Association (SIFMA) Swap Index, and bond coupon rates provided by various inter-broker sources The resulting combination of market data feeds, specific structuring characteristics such as the amortization of notional amounts, effective dates, payment frequencies, day counts, credit risk, and indices, are factored into the pricing model to determine the fair market value of the System's interest rate swaps

(Continued)

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

Rainbow Babies & Children's Foundation (RBC Foundation) operates for the exclusive benefit of UHCMC, and variance power was not explicitly given to RBC Foundation by the donors Therefore, the System is required to record its beneficial interest in the net assets of RBC Foundation The investment in RBC's Foundation is categorized as a Level 3 item The primary input utilized in calculating the RBC Foundation's fair value is its net assets, which represents fair market valuation of certain equity, debt, and other instruments held by RBC Foundation The System records 100% of the RBC Foundation's net assets at approximate fair market value

(In thousands of dollars)

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

	Fair value measurements using significant unobservable inputs (Level 3)					
			Alternative investments			
	RBC Foundation	Perpetual trusts	Hedge funds	Real estate	Distressed debt	Total
Balance at December 31, 2011	$ 70,949	157,937	69,742	1,718	—	300,346
Additions	—	—	10,000	4,856	3,628	18,484
Total gains or losses included in						
Realized gains (losses)	—	—	(1,054)	37	(467)	(1,484)
Unrealized gains	—	—	2,770	541	119	3,430
Total change included in						
Temporarily restricted net assets	(16,637)	—	—	—	—	(16,637)
Permanently restricted net assets	1,010	10,905	—	—	—	11,915
Dispositions	—	—	—	(1,123)	—	(1,123)
Balance at December 31, 2012	55,322	168,842	81,458	6,029	3,280	314,931
Additions	—	—	36	2,459	800	3,295
Total gains or losses included in						
Realized gains (losses)	—	—	(391)	1,780	113	1,502
Unrealized gains	—	—	8,475	974	178	9,627
Total change included in						
Temporarily restricted net assets	5,978	—	—	—	—	5,978
Permanently restricted net assets	1,656	21,325	—	—	—	22,981
Dispositions	—	—	(13,261)	(4,772)	(1,193)	(19,226)
Balance at December 31, 2013	$ 62,956	190,167	76,317	6,470	3,178	339,088

(Continued)

(In thousands of dollars)

(6) Investments

The fair value and the cost of investments at December 31, 2013 and 2012 are as follows.

	2013		2012	
	Carrying value	Cost	Carrying value	Cost
Cash and cash equivalents – pooled with investments	$ 136,702	136,729	40,548	40,543
Fixed income securities	429,009	423,936	415,562	399,215
Equities, mutual and exchange traded funds	264,658	221,247	178,613	143,548
Alternative investments*	85,965	72,765	90,767	86,789
Total investments at fair value	916,334	$ 854,677	725,490	$ 670,095
Alternative investments**	86,152		90,631	
Other	1,895		—	
Total investments	$ 1,004,381		816,121	

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

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

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

The General Partner of each direct Limited Partnership determines the fair market valuation of its underlying holdings based on i) the nature and terms of each underlying investment, ii) market inputs, and iii) certain other relevant information The General Partner of each Fund-of-Funds Limited Partnership determines the fair market valuation of its underlying Limited Partnership investments These valuations are based primarily on the quarterly internal and annual audited consolidated financial statements of the underlying Limited Partnership Funds, which report net asset value based on i) the nature and terms of each underlying investment, ii) market inputs, and iii) certain other relevant information. The System

(In thousands of dollars)

performs various measures to validate that the reported net asset value approximates the fair market value The determination of fair market values for the alternative investments requires the General Partners and System management to make estimates and assumptions about certain inputs and other factors that are inherently uncertain These estimates are subjective and require judgment regarding significant matters such as the amount and timing of future cash flows and the selection of discount rates that appropriately reflect market and credit risks

Assets categorized as alternative investments may be subject to liquidity restrictions such as gates These gates prevent short-term liquidation of assets Hedge funds may be redeemed at quarter-end requiring advanced notice ranging from 45 to 65 days, prior written notice subject to certain limitations that may be imposed by the General Partner of the fund without notice Private equity and private real estate funds generally have contractual terms of 10 years or greater from the time the commitment to the fund is made While distributions of capital during this term typically occur, many of these funds have provisions that allow the General Partner to extend the final term and suspend distributions Distressed debt funds are typically 1-year to 5-year or 6-year to 10-year term structures, and although some of the funds offer liquidity, the fund documents allow the General Partner to suspend redemptions if they deem necessary Resulting from these contractual limitations on liquidity, these alternative assets are generally considered illiquid Contractual liquidity terms of alternative investments at December 31, 2013 are as follows

		Carrying amount	Unfunded commitments
Less than 1 year, no contractual restrictions have been imposed	$	84,603	—
Subject to existing gates or restrictions		20,859	—
Limited Partnership Fund expiring in 1 – 5 years		51,274	6,867
Limited Partnership Fund expiring in 6 – 10 years		15,381	4,598
Total alternative investments	$	172,117	11,465

The fair value of alternative investments totaled approximately $183,391 and $192,128 compared to a carrying value of $172,117 and $181,398 as of December 31, 2013 and 2012, respectively

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

		2013	2012
Unrestricted and board designated	$	812,811	631,284
Held by bond trustee		4,805	4,749
Swap collateral		5,551	11,454
Temporarily restricted		71,898	62,436
Permanently restricted		109,316	106,198
Total investments	$	1,004,381	816,121

(Continued)

(In thousands of dollars)

Investment income is comprised of the following for the years ended December 31, 2013 and 2012.

	2013	2012
Interest and dividend income		
Unrestricted	$ 14,685	15,284
Temporarily restricted	2,467	2,264
	17,152	17,548
Net realized gains on sales of securities		
Unrestricted	50,788	17,873
Temporarily restricted	2,143	2,180
	52,931	20,053
Unrestricted – Gains (losses) from alternative investments	15,072	(126)
	$ 85,155	37,475

(7) Property, Plant, and Equipment

Property, plant, and equipment, at cost, at December 31, 2013 and 2012, are summarized below.

	2013	2012
Land and land improvements	$ 105,860	106,626
Buildings and fixed equipment	1,478,613	1,465,393
Movable equipment and furnishings	962,783	924,551
Construction in progress	50,183	19,228
	2,597,439	2,515,798
Less accumulated depreciation	1,369,353	1,269,046
Net property, plant, and equipment	$ 1,228,086	1,246,752

As of December 31, 2013, the commitment on construction contracts, including Information Technology projects is $24,926

In connection with the sale of a building in 2003, the System retained a repurchase option for one-half ownership interest in the property at net book value Consequently, the System recorded a corresponding long-term asset and long-term liability of $32,656 and $34,613 at December 31, 2013 and 2012, respectively

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

Effective March 29, 2012, the System amended a $100,000 revolving credit commitment (the Credit Commitment) in a syndicated transaction The Credit Commitment bears interest at various rates for

(Continued)

short-term periods with final maturity at September 29, 2016 Borrowings under the Credit Commitment totaled $40,000 providing for remaining available credit of $60,000 at December 31, 2013. The $40,000 borrowing is classified as a long-term liability within the consolidated balance sheet as of December 31, 2013 The average interest rate for borrowings under this credit line was 1 00% for the year ended December 31, 2013 At December 31, 2012, borrowings under the Credit Commitment totaled $20,000 providing for remaining available credit of $80,000 at December 31, 2012 The $20,000 borrowing is classified as a long-term liability within the consolidated balance sheet and carried an average interest rate of 1 02% for the year ended December 31, 2012

Effective October 4, 2011, the System renewed a $130,000 revolving credit facility (the Facility) in a syndicated transaction The Facility bears interest at various rates for short-term periods with final maturity at October 3, 2015 There were no borrowings under the Facility and the remaining available credit line was $130,000 at both December 31, 2013 and 2012 The average interest rate for the borrowings under this credit line for the years ended December 31, 2013 and 2012 was 3 25% and 1 01%, respectively

On February 23, 2004, the System entered into an uncommitted line of credit "money market program" for $75,000 The line bears interest for short-term periods based on LIBOR and has no stated expiration There were no borrowings under the uncommitted line of credit at both December 31, 2013 and 2012 The remaining available credit line was $75,000 at both December 31, 2013 and 2012 The average interest rate for the years ended was 2% at both December 31, 2013 and 2012

(Continued)

(In thousands of dollars)

A summary of long-term debt at December 31, 2013 and 2012 is as follows.

Series	Type	Average interest rate% for the year ended December 31, 2013	Final maturity	Amount outstanding December 31 2013	2012
2013A	Fixed	4 65	2029	$ 90,735	—
2013B	Variable	0 60	2033	30,000	—
2013C	Variable	0 13	2050	75,000	—
2013D	Variable	1 12	2040	25,000	—
2013E	Variable	1 12	2038	30,000	—
2012A	Fixed	4 70	2041	182,380	182,380
2012B	Variable	0 94	2019	34,105	40,710
2012C	Fixed	3 71	2042	55,825	55,825
2012D	Variable	0 88	2021	8,085	195
2010A	Fixed	4 70	2027	75,665	81,750
2010B	Variable	0 98	2035	71,125	71,125
2009B	Fixed	4 84	2039	18,195	18,570
2009C	Fixed	4 88	2039	20,000	28,400
2008B	Variable	0 17	2035	—	47,700
2008D	Variable	0 11	2035	—	50,000
2008E	Variable	0 16	2035	—	25,000
2007A	Fixed	4 85	2046	289,460	289,460
2001	Variable	0 82	2033	10,000	10,000
Note payable	Fixed	2 00	2036	60,000	55,000
Other long-term debt				235	2,343
				1,075,810	958,458
Add unamortized premium				12,067	9,410
Less					
Unamortized discount				1,563	1,326
Current installments				17,595	13,933
				$ 1,068,719	952,609

In December 2013, the System issued the 2013A and 2013B Bonds totaling $90,735 and $30,000, respectively These bonds are tax exempt and the proceeds from these bonds were used to refund $122,700 of the 2008B, 2008D, and 2008E floating-rate tax exempt bonds The 2013A Bonds were issued in a fixed rate mode to reduce exposure to rising interest rates and bank renewal risk The 2013A Bonds were issued with a premium of $3,724 and discount of $317 and incurred a loss of $833 on the extinguishment of debt The 2013B Bonds are variable rate debt determined weekly by a remarketing agent and were issued to reduce bank renewal risk, remarketing fees, and credit fees

(Continued)

In December 2013, the System issued the 2013C, 2013D, and 2013E Bonds totaling $75,000, $25,000, and $30,000, respectively. The proceeds from these bonds are taxable and were used to fund the System's pension obligation The 2013C, 2013D, and 2013E Bonds are privately placed and were all issued in a variable rate mode

In June 2012, the System issued the 2012A Bonds totaling $182,380, the proceeds of which were used in conjunction with the 2009A debt service reserve fund to defease $172,000 in 2009A Bonds The 2012A Bonds are fixed rate debt and were issued to take advantage of favorable interest rates The 2012A Bonds were issued with a premium of $8,134 and discount of $732 The System incurred a $33,960 loss on extinguishment as a result of the transaction in 2012

In September 2012, the System issued the 2012B Bonds totaling $40,710 in a variable rate mode to extinguish $14,800 and $25,740 in 1996A and B Bonds, respectively The 2012B Bonds are privately placed and were issued to take advantage of favorable interest rates The System incurred a $336 loss on extinguishment as a result of the transaction in 2012

In October 2012, the System issued the 2012C Bonds totaling $55,825, the proceeds of which were used in conjunction with the 2009B and C debt service reserve fund to extinguish $41,470 and $13,000 of the 2009B and C Bonds, respectively The 2012C Bonds were issued in a fixed rate mode to take advantage of favorable interest rates The 2012C Bonds were issued with premium of $58 and a discount of $512 The System incurred a $4,618 loss on extinguishment as a result of the transaction in 2012

In October 2012, the System had available draw down bonds The 2012D Bonds total $23,775, which are at a variable rate and privately placed Proceeds totaling $7,890 were received in January 2013 and used with the 2009B and C debt service funds to extinguish $8,400 of the 2009C Bonds The remaining $15,690 was received in January 2014 and will be used with the 2009B and C debt service funds to extinguish $17,730 of the 2009B Bonds

Effective April 15, 2011, the System entered into a note payable agreement with a regional center designated by the U S Citizenship and Immigration Services EB-5 Program for $50,000 The note payable bears a 2 00% interest rate. On September 23, 2011, the System increased the borrowing capacity on the note by an additional $10,000 The increased commitment bears a 1 50% interest rate. Borrowings under this agreement were $60,000 and $55,000 at December 31, 2013 and 2012, respectively The note payable's principal payments begin in 2017 and its final maturity is December 2036

A total of $20,714 of bonds could become due in 2014 This amount represents i) variable rate bonds totaling $10,714, which are backed by bank letters of credit, could become due in 2014 based on the repayment schedule of the bank letters of credit upon the failure to remarket these bonds and ii) $10,000 of variable rate bonds for which the System provides self-liquidity and which is not backed by a letter of credit The total that could become due in 2014 is offset by the remaining available borrowing capacity of $60,000 on the revolving credit commitment with PNC Bank, which is not due until September 29, 2016 and the remaining borrowing capacity of $130,000 on the Facility, which is not due until October 3, 2015

The System is party to a Master Trust Indenture, amended and restated as of June 15, 1989 (the Indenture), pursuant to which the 2012A, B, C, and D were issued The Series 2001, 2007A, 2009 B and C, 2010A and B, and 2013 A, B, C, D, and E Bonds (collectively, the Revenue Bonds) are secured by the Indenture The Revenue Bonds are general obligations of the Obligated Group The Obligated Group consists of the System, UHCMC, University Hospitals Geauga Medical Center, and University Hospitals Ahuja Medical Center, Inc

In connection with the issuance of the Series 2013A and B, 2012A, B, C and D, 2010A and B, 2009B and C, and 2007A tax-exempt bonds by the Ohio Higher Educational Facility Commission (the Commission) for the benefit of the System, the System has leased to the Commission, and the Commission has subleased to the System the certain bond-financed assets The System does not receive rental payments under its lease to the Commission and is required only to make rental payments to the Commission at the times and in the amounts sufficient to pay principal and interest on the outstanding tax-exempt bonds under its lease from the Commission The lease agreements expire upon repayment of all indebtedness secured by the leases

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

During the term of the various agreements and leases, the System is required to make specified deposits with trustees to fund principal and interest payments due The System is subject to certain restrictive covenants, including provisions relating to certain debt ratios, days cash on hand, and other matters The System was in compliance with these debt covenants at December 31, 2013

Combined current aggregate scheduled maturities of long-term debt for the five years subsequent to December 31, 2013, excluding bonds that could come due in 2014, are as follows: 2014 – $17,595, 2015 – $18,223, 2016 – $21,589, 2017 – $22,904, 2018 – $23,241, and 2019 and thereafter – $972,258 In addition, the $40,000 borrowing on the revolving credit commitment with PNC Bank at December 31, 2013 is required to be repaid by September 29, 2016

The average interest rate included in the table above is the weighted average interest cost for the year ended December 31, 2013 for the 2001, 2010B, 2012B and D, and 2013 B, C, D, and E Bonds The carrying value of the variable rate debt approximates their fair value The fair value of the fixed rate debt totaled $708,595 compared to a carrying value of $732,260 as of December 31, 2013 The fair value of fixed rate debt was determined using observable inputs other than quoted market prices, which are considered Level 2 inputs (see note 5).

Cash paid for operating interest totaled $40,176 and $47,925 in 2013 and 2012, respectively

(In thousands of dollars)

(9) Interest Rate Swap Agreements

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

Swap type	Maturity date	Year ended December 31, 2013		Notional value at December 31	
		System pays	System receives	2013	2012
Fixed-payor	2034	3.49% 3.46%	67% of 1 month LIBOR	$ 75,000	75,000
Basis	2028	SIFMA Index	67% of 1 month LIBOR + 0.47%	25,000	25,000
Basis	2028	SIFMA Index	67% of 1 month LIBOR + 0.53%	25,000	25,000
Basis	2027	SIFMA Index	61.7% of 1 month LIBOR +0.67%	25,000	25,000
Basis	2027	SIFMA Index	61.7% of 1 month LIBOR +0.62%	25,000	25,000
Fixed-payor	2034	3.42% 3.36%	67% of 1 month LIBOR	75,000	75,000
Basis	2027	SIFMA Index	62.3% of 1 month LIBOR + 0.79%	42,500	42,500
Basis	2027	SIFMA Index	67% of 1 month LIBOR + 1.00%	50,000	50,000
Fixed-payor	2026	3.57% 3.69%	65% of 1 month LIBOR + 0.12%	100,000	100,000
Fixed-payor	2042	3.64%	70% of 1 month LIBOR	26,590	28,825
Basis	2032	SIFMA Index	67% of 3 month LIBOR + 1.00%	50,000	50,000
				$ 519,090	521,325

SIFMA is an index of high-grade, tax-exempt variable rate demand obligations SIFMA ranged from 0.05% to 0.23% (average rate of 0.09%) for the year ended December 31, 2013 and 0.06% to 0.26% (average rate of 0.16%) for the year ended December 31, 2012

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

The net fair value of interest rate swap agreements totaled $(36,719) as of December 31, 2013 The net fair value for swap agreements in 2013 consisted of $98 recorded in other assets and $(36,817) recorded in other liabilities within the 2013 consolidated balance sheet The net fair value for swap agreements in 2012 consisted of $2,694 recorded in other assets and $(61,412) recorded in other liabilities within the 2012 consolidated balance sheet

(In thousands of dollars)

Changes in fair value of derivative instruments in the consolidated statements of operations and changes in net assets totaled $21,999 and $3,450 for the years ended December 31, 2013 and 2012, respectively. The net amount paid or received under the swap agreements is recorded as interest expense in the consolidated statements of operations and changes in net assets. Cash paid totaled $8,434 and $10,435 for the years ended December 31, 2013 and 2012, respectively. Cash received totaled $2,030 and $3,827 for the years ended December 31, 2013 and 2012, respectively.

The System posted collateral due to the decrease in swap valuations of $5,551 and $11,454 as of December 31, 2013 and 2012, respectively. The collateral is comprised of U.S. Treasury and government securities, is limited as to use, and is recorded as an investment within the consolidated balance sheets.

(10) Operating Leases

The System leases various facilities and equipment under operating lease agreements, which extend to 2050. Lease expense in 2013 and 2012 totaled $25,935 and $27,763, respectively. Minimum operating lease payments over the next five years and thereafter are as follows:

2014	$ 25,189
2015	21,759
2016	18,123
2017	10,632
2018	6,397
2019 and thereafter	24,568
	$ 106,668

(11) Insurance

Prior to July 1, 2002, the System provided coverage for professional and general liability and workers' compensation claims through a combination of self-insured retentions and commercial and excess insurance policies. Western Reserve Assurance Company, Ltd. (Western Reserve), a wholly owned subsidiary of the System, commenced operations on July 1, 2002 providing professional and general liability insurance coverage on a claims-made basis for substantially all of the System. Effective July 1, 2004, Western Reserve was restructured from a single parent company to a segregated portfolio company (SPC), Western Reserve Assurance Company, Ltd., SPC (Western Reserve SPC). SPC is an insurance company that operates as a single legal entity, which allows for assets and liabilities to be segregated between different protected portfolios of the company. The individual segregated portfolios do not, by law, have access or rights to the assets of any of the other segregated portfolios within SPC. At December 31, 2013, the Western Reserve SPC consists of several individual segregated portfolios. Each segregated portfolio provides coverage for its respective entity's insurance programs and is consolidated into each respective entity's consolidated financial statements. Western Reserve SPC has reinsurance agreements with unrelated commercial carriers in place relative to a portion of the risks.

(Continued)

(In thousands of dollars)

Various claimants have asserted professional and general liability and workers' compensation claims against the System These claims are in various stages of processing or are in litigation In addition, there are known incidents, and there also may be unknown incidents, which may result in the assertion of additional claims The System has accrued the actuarial estimate of both asserted and unasserted losses primarily based on actuarially determined amounts The System's reserves for professional, general, and workers' compensation liabilities (including incurred but not reported claims) approximated $127,375 and $119,839 at December 31, 2013 and 2012, respectively The current portion of the reserves, which approximates $10,000 in both years, is recorded in other current liabilities and the remaining portion is recorded in other long-term liabilities. The retention limits per occurrence for the various policies written by Western Reserve SPC range from $500 to $10,000

(12) Pension Plans

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

The System recognizes the funded status (difference between the fair value of plan assets and the projected benefit obligation) of defined benefit pension plans on its consolidated balance sheets Gains or losses and prior service costs or credits that arise during the period but are not recognized as components of net periodic benefit costs are recognized as a component of unrestricted net assets The System uses December 31, 2013 as the measurement date for plan assets and benefit obligations

The amounts recognized in changes in unrestricted net assets at December 31, 2013 and 2012 consisted of the following

		2013	2012
Amount recognized in unrestricted net assets at end of year:			
Unrecognized actuarial loss	$	281,592	352,199
Unrecognized prior service costs		18	26
Net amount recognized	$	281,610	352,225

(Continued)

(In thousands of dollars)

The accumulated benefit obligation for the plans was $644,150 and $633,721 as of December 31, 2013 and 2012, respectively. The following represents selected information about the plans for 2013 and 2012 as of December 31, 2013 and 2012

		2013	2012
Change in benefit obligation			
Projected benefit obligation (PBO) at beginning of year	$	652,820	533,166
Service cost		41,194	34,121
Interest cost		27,388	26,369
Actuarial loss		(33,666)	82,519
Benefits paid		(30,784)	(23,355)
Projected benefit obligation at end of year		656,952	652,820
Change in plan assets			
Fair value of assets at beginning of year		432,608	394,334
Actual return on assets		46,010	23,248
Employer contribution		198,955	38,381
Benefits paid		(30,784)	(23,355)
Fair value of assets at end of year		646,789	432,608
Funded status (PBO in excess of plan assets)		(10,163)	(220,212)
Unrecognized actuarial loss		281,592	352,199
Unrecognized prior service costs		18	26
Net amount recognized	$	271,447	132,013

		2013	2012
The components of periodic pension costs included the following.			
Service cost	$	41,194	34,121
Interest cost		27,388	26,369
Expected return on plan assets		(37,425)	(32,271)
Amortization of prior service costs		8	197
Recognized net actuarial loss		28,356	18,648
Net periodic pension cost	$	59,521	47,064

(Continued)

(In thousands of dollars)

The amounts in unrestricted net assets expected to be recognized as components of net periodic pension costs in 2014 are as follows

Amortization of prior service costs	$	6
Recognized actuarial losses		23,390
Total	$	23,396

The weighted average assumptions used to determine benefit obligations and net benefit cost for the years ended December 31, 2013 and 2012 were as follows

	2013	2012
Weighted average assumptions		
Discount rate	5 05%	4 28%
Expected return on plan assets	7 25	7 25
Rate of compensation increase (*)	2 00/3 75	3 00/3 75

(*) 2 00% in 2014, 2 80% in 2015, and age graded scale thereafter

Pension assets are invested in various asset classes as follows

	2013	2012
Asset class.		
Equities, mutual and exchange traded funds	35%	17%
Fixed income	27	31
Alternative investments	25	38
Cash and cash equivalents	13	14

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

The System expects to contribute $1,300 to the plans in 2014. The estimated benefit payments, which reflect expected future service, as appropriate, are expected to be paid by the System as follows 2014 – $34,451, 2015 – $38,013, 2016 – $41,366, 2017 – $45,792, 2018 – $49,118, and 2019 to 2021 – $287,572

(Continued)

(In thousands of dollars)

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

	Level 1	Level 2	Level 3	Total
December 31, 2013				
Assets				
Cash and cash equivalents	$ 20,609	64,265	—	84,874
Fixed income securities.				
Corporate bonds	—	170,876	—	170,876
Government securities	—	535	—	535
Total fixed income securities	—	171,411	—	171,411
Equities, mutual and exchange traded funds.				
U S equities	21,421	—	—	21,421
International equities	1,182	—	—	1,182
Mutual and exchange traded funds	191,680	10,872	—	202,552
Total equities, mutual and exchange traded funds	214,283	10,872	—	225,155
Alternative investments.				
Hedge funds	—	—	123,169	123,169
Real estate	—	—	12,723	12,723
Distressed debt	—	—	29,457	29,457
Total alternative investments	—	—	165,349	165,349
Total assets	$ 234,892	246,548	165,349	646,789

(Continued)

(In thousands of dollars)

	Level 1	Level 2	Level 3	Total
December 31, 2012				
Assets				
Cash and cash equivalents	$ 1,318	60,348	—	61,666
Fixed income securities				
Corporate bonds	—	133,993	—	133,993
Government securities	141	532	—	673
Total fixed income securities	141	134,525	—	134,666
Equities, mutual and exchange traded funds				
U S equities	12,627	—	—	12,627
International equities	8,479	—	—	8,479
Mutual and exchange traded funds	46,060	7,601	—	53,661
Total equities, mutual and exchange traded funds	67,166	7,601	—	74,767
Alternative investments				
Hedge funds	—	—	124,513	124,513
Real estate	—	—	7,752	7,752
Distressed debt	—	—	29,244	29,244
Total alternative investments	—	—	161,509	161,509
Total assets	$ 68,625	202,474	161,509	432,608

The plans held certain investments in cash and cash equivalents consisting of short-term money market instruments including commercial paper, asset backed securities, treasury bonds and bills, and short-term corporate bonds The plans also hold certain alternative investments including hedge funds, real estate, and distressed debt Refer to note 6 for asset valuation and liquidity restriction information Liquidity information is included in the below chart

(Continued)

(In thousands of dollars)

The table below classifies the market value at December 31, 2013 of the alternative investment portion of the plan assets into categories based on the stated contractual liquidity terms of the underlying investments

	Fair market value	Unfunded commitments
Less than 1 year, no contractual restrictions have been imposed	$ 83,292	—
Subject to existing gates or restrictions	8,189	—
Limited partnership fund expiring in 1 – 5 years	32,746	750
Limited partnership fund expiring in 6 – 10 years	34,108	33,215
Limited partnership fund expiring in 11 – 12 years	7,014	11,533
Total alternative investments	$ 165,349	45,498

	Fair value measurements of alternative investments using significant unobservable inputs (Level 3)			
	Hedge funds	Real estate	Distressed debt	Total
Balance at December 31, 2011	$ 89,078	7,473	19,311	115,862
Unrealized gains (losses)	5,433	(10)	(47)	5,376
Realized gains	239	94	28	361
Disbursements and transfers out	(1,004)	(1,511)	(2,292)	(4,807)
Contributions and cash receipts	30,767	1,706	12,244	44,717
Balance at December 31, 2012	124,513	7,752	29,244	161,509
Unrealized gains (losses)	8,367	(848)	2,674	10,193
Realized gains	5,105	331	426	5,862
Disbursements and transfers out	(35,128)	(4,716)	(5,427)	(45,271)
Contributions and cash receipts	20,312	10,204	2,540	33,056
Balance at December 31, 2013	$ 123,169	12,723	29,457	165,349

The System sponsors various defined contribution plans The System contributed $15,614 and $14,102 to the defined contribution plans for the years ended December 31, 2013 and 2012, respectively.

The System also has nonqualified deferred compensation plans for certain employees The System contributed and expensed $3,198 and $3,857 to the deferred compensation plans for the years ended December 31, 2013 and 2012, respectively

(Continued)

(In thousands of dollars)

(13) Investments in Joint Ventures

The System and Sisters of Charity of St. Augustine Health System, Inc. (SCHS) each has a 50% membership in St John Medical Center (SJMC). The System entered into a management agreement with SCHS for the System to manage the operations of SJMC for a minimum of 5 years The System committed $50,000 in capital contributions to SJMC

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

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

		SJMC 50%	Southwest 50%	Total
Investment at December 31, 2011	$	27,553	44,286	71,839
Excess of revenues over expenses		968	12,518	13,486
Other unrestricted net asset activity		3	—	3
Distributions		(500)	(4,479)	(4,979)
Investment at December 31, 2012		28,024	52,325	80,349
Excess of revenues over expenses		2,535	10,865	13,400
Other unrestricted net asset activity		(8)	—	(8)
Distributions		—	(6,376)	(6,376)
Investment at December 31, 2013	$	30,551	56,814	87,365

The summary below illustrates the condensed combined financial data for SJMC and Southwest as of December 31, 2013 and 2012

		2013	2012
Total assets	$	622,959	586,275
Total net assets		277,667	220,966
Total net revenues		484,790	481,056
Total excess of revenues over expenses		27,211	27,726

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

(Continued)

(14) Care Assurance

Various subsidiaries of the System participate in the State of Ohio's Care Assurance Program, which was established in 1988 to assist Ohio hospitals that had a disproportionate amount of uncompensated care Under the program, Ohio hospitals, including the System's hospitals, are assessed an amount which forms a pool of funds to be matched with federal Medicaid funds for payments to hospitals Total net revenues to the System under the Care Assurance Program totaled $11,189 and $12,114 in 2013 and 2012, respectively Portions of the Care Assurance Program funds received are attributed to charity care, which totaled approximately $3,728 and $5,062 in 2013 and 2012, respectively. The System records the net proceeds in net patient service revenue

(15) Litigation and Contingencies

The System is involved in litigation arising in the ordinary course of business Claims have been asserted against the System and are currently in various stages of litigation It is the opinion of management that estimated costs accrued are adequate to provide for potential losses resulting from pending or threatened litigation

(16) Special Charges

The System incurred $5,938 and $3,374 in special charges during 2013 and 2012, respectively The special charges related primarily to severance, impairment, and restructuring costs

(17) Purchase Commitments

The System has commitments to purchase goods and services with the following minimum contractual obligations as follows 2014 – $16,789, 2015 – $12,469, 2016 – $8,896, 2017 – $4,024, 2018 – $2,239, and 2019 and thereafter – $1,770 Purchases under these contracts totaled $122,880 and $98,838 in 2013 and 2012, respectively, and met the provisions of the agreement In 2001, the System entered into a thirty-year agreement with a utilities company, a related party, which provides utilities to certain buildings at UHCMC The amounts purchased were $19,137 and $16,354 in 2013 and 2012, respectively

(18) Income Taxes

The System has certain taxable subsidiaries that have incurred net losses for federal income tax purposes Cumulative losses available totaled approximately $274,794 and $266,686 at December 31, 2013 and 2012, respectively The losses are available to offset future taxable income and expire in varying amounts through the year 2033 The potential tax benefit of the net loss carryforward has been recorded and there is a full valuation against it at December 31, 2013 and 2012, due to the uncertainty of realizing those benefits in the future

The System must recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. As of December 31, 2013 and 2012, the System does not have any uncertain tax positions

(In thousands of dollars)

(19) Functional Expenses

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

	2013	2012
Health care services	$ 1,802,536	1,808,933
Medical education	96,526	92,973
Medical research	67,765	61,599
General and administrative	289,749	234,623
Special charges	5,938	3,374
Total expenses	$ 2,262,514	2,201,502

(20) Related Parties

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

(21) Subsequent Events (Unaudited)

Management evaluated all activity of the System through March 5, 2014

On January 1, 2014, the System became the sole corporate member of Comprehensive Health Care of Ohio, Inc (CHCO) and The Parma Community General Hospital Association (Parma) through separate member substitution agreements. Both CHCO and Parma are Ohio not-for-profit corporations, tax exempt under Section 501(c)(3) of the Internal Revenue Code

CHCO consists of the parent corporation and multiple subsidiaries including EMH Regional Medical Center, Amherst Hospital Association, Inc., and Comprehensive Ventures Unlimited, Inc CHCO also owns several physician groups, including North Ohio Heart, Inc., EMH Professional Services, Inc., and Center for Orthopedics, Inc CHCO is a healthcare system providing a wide range of healthcare services primarily to residents of western Cuyahoga and Lorain counties in Ohio Comprehensive Ventures Unlimited, Inc is a for-profit wholly owned subsidiary of CHCO After January 1, 2014, CHCO formed a separate Foundation, which is separate from this entity that will oversee implementation of the agreement

Parma is an acute care hospital with four wholly-owned subsidiaries including PRL Corporation, Powers Professional Corporation, Royalton Senior Living, Inc., and Parma Hospital Health Care Foundation PRL Corporation is a for-profit corporation established to own and operate medical office buildings and provide certain other non-clinical services Powers Professional Corporation is a for-profit professional corporation established to provide professional medical services at office locations in the community and at Parma Royalton Senior Living, Inc., doing business as Royalton Woods, is a not-for-profit corporation that operates a 70-unit assisted living facility Prior to the acquisition of Parma by the System on January 1, 2014, Parma entered into a non-binding letter of intent for the sale of Royalton Senior Living, Inc The sale has not yet been consummated Parma Hospital Health Care Foundation is a 509(a)(3) Supporting Organization of Parma

CHCO's and Parma's consolidated assets are $436,173 at December 31, 2013, and their total unrestricted revenues are $439,024 for the year ended December 31, 2013 After January 1, 2014, the results and assets of Parma and CHCO will be included in the System's financial statements

There have been no additional events subsequent to the date of these consolidated financial statements that would require additional disclosure

SUPPLEMENTARY INFORMATION

KPMG LLP
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Independent Auditors' Report on Supplementary Information

The Board of Directors
University Hospitals Health System, Inc

We have audited the consolidated financial statements of University Hospitals Health System, Inc and its subsidiaries as of and for the years ended December 31, 2013 and 2012, and have issued our report thereon dated March 5, 2014 which contained an unmodified opinion on those consolidated financial statements Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole The supplementary information is presented for the purposes of additional analysis and is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

KPMG LLP

March 5, 2014

UNIVERSITY HOSPITALS HEALTH SYSTEMS, INC.

Supplementary Information – Balance Sheet

December 31, 2013

(In thousands of dollars)

Assets	Obligated Group	Nonobligated Group	Eliminations	Consolidated
Current assets				
Cash and cash equivalents	$ 190,695	2,810	—	193,505
Patient accounts receivable, net	250,798	73,079	—	323,877
Other receivables	57,440	33,569	(27,472)	63,537
Assets held for disposal	4,517	—	—	4,517
Other current assets	88,001	11,902	—	99,903
Total current assets	591,451	121,360	(27,472)	685,339
Investments	951,029	53,352	—	1,004,381
Property, plant, and equipment, net	1,183,955	44,131	—	1,228,086
Other assets				
Investments in affiliates	183,683	2,603	(80,298)	105,988
Beneficial interest in Foundation	62,956	—	—	62,956
Perpetual trusts	188,963	1,204	—	190,167
Other	149,811	3,998	—	153,809
Total other assets	585,413	7,805	(80,298)	512,920
Total assets	$ 3,311,848	226,648	(107,770)	3,430,726
Liabilities and Net Assets				
Current liabilities				
Current installments of long-term debt	$ 17,595	—	—	17,595
Accounts payable and accrued expenses	297,777	35,746	—	333,523
Other current liabilities	67,430	35,359	(27,472)	75,317
Estimated amounts due to third party payors	25,521	3,458	—	28,979
Total current liabilities	408,323	74,563	(27,472)	455,414
Long-term debt, less current installments	1,068,719	—	—	1,068,719
Revolving credit borrowing	40,000	—	—	40,000
Other liabilities	150,665	66,656	—	217,321
Total liabilities	1,667,707	141,219	(27,472)	1,781,454
Net assets				
Unrestricted	1,076,431	80,298	(80,298)	1,076,431
Temporarily restricted	233,793	287	—	234,080
Permanently restricted	333,917	4,844	—	338,761
Total net assets	1,644,141	85,429	(80,298)	1,649,272
Total liabilities and net assets	$ 3,311,848	226,648	(107,770)	3,430,726

See accompanying independent auditors' report on supplementary information

UNIVERSITY HOSPITALS HEALTH SYSTEMS, INC.

Supplementary Information – Schedule of Operations

Year ended December 31, 2013

(In thousands of dollars)

	Obligated Group	Nonobligated Group	Eliminations	Consolidated
Unrestricted revenues				
Patient service revenue (net of contractual allowances and discounts)	$ 1,600,682	628,402	—	2,229,084
Provision for bad debts	(33,919)	(26,499)	—	(60,418)
Net patient service revenue less provision for bad debts	1,566,763	601,903	—	2,168,666
Other revenue	156,304	132,073	(115,911)	172,466
Total unrestricted revenues	1,723,067	733,976	(115,911)	2,341,132
Expenses				
Salaries, wages and employee benefits	777,683	583,401	(7,521)	1,353,563
Purchased services	128,961	91,230	(73,254)	146,937
Patient care supplies	280,766	49,592	—	330,358
Other supplies	27,927	7,123	—	35,050
Insurance	11,138	33,791	(19,014)	25,915
Other expenses	187,375	52,320	(16,122)	223,573
Depreciation and amortization	93,416	7,860	—	101,276
Interest	39,905	(1)	—	39,904
Special charges	3,332	2,606	—	5,938
	1,550,503	827,922	(115,911)	2,262,514
Net operating income (loss)	172,564	(93,946)	—	78,618
Nonoperating revenues (expenses)				
Investment income	80,504	41	—	80,545
Other-than-temporary decline in investments	(6,091)	(919)	—	(7,010)
Change in fair value of derivative instruments	21,999	—	—	21,999
Loss on extinguishment of debt	(833)	—	—	(833)
Excess (deficiency) of revenues over expenses	$ 268,143	(94,824)	—	173,319

See accompanying independent auditors' report on supplementary information

UNIVERSITY HOSPITALS HEALTH SYSTEMS, INC.

Supplementary Information – Balance Sheet

December 31, 2012

(In thousands of dollars)

Assets	Obligated Group	Nonobligated Group	Eliminations	Consolidated
Current assets				
Cash and cash equivalents	$ 175,872	3,284	—	179,156
Patient accounts receivable, net	225,861	66,344	—	292,205
Other receivables	55,258	30,171	(33,076)	52,353
Assets held for disposal	3,554	—	—	3,554
Other current assets	92,110	13,291	—	105,401
Total current assets	552,655	113,090	(33,076)	632,669
Investments	773,052	43,069	—	816,121
Property, plant, and equipment, net	1,202,343	44,409	—	1,246,752
Other assets				
Investments in affiliates	167,165	2,472	(72,170)	97,467
Beneficial interest in Foundation	55,322	—	—	55,322
Perpetual trusts	167,748	1,094	—	168,842
Other	155,872	7,620	(3,777)	159,715
Total other assets	546,107	11,186	(75,947)	481,346
Total assets	$ 3,074,157	211,754	(109,023)	3,176,888
Liabilities and Net Assets				
Current liabilities				
Current installments of long-term debt	$ 13,933	—	—	13,933
Accounts payable and accrued expenses	243,887	33,346	—	277,233
Other current liabilities	57,779	36,355	(30,526)	63,608
Estimated amounts due to third party payors	15,108	7,001	—	22,109
Total current liabilities	330,707	76,702	(30,526)	376,883
Long-term debt, less current installments	951,609	1,000	—	952,609
Revolving credit borrowing	20,000	—	—	20,000
Other liabilities	417,547	56,857	(6,327)	468,077
Total liabilities	1,719,863	134,559	(36,853)	1,817,569
Net assets				
Unrestricted	827,356	72,170	(72,170)	827,356
Temporarily restricted	225,697	274	—	225,971
Permanently restricted	301,241	4,751	—	305,992
Total net assets	1,354,294	77,195	(72,170)	1,359,319
Total liabilities and net assets	$ 3,074,157	211,754	(109,023)	3,176,888

See accompanying independent auditors' report on supplementary information

UNIVERSITY HOSPITALS HEALTH SYSTEMS, INC.

Supplementary Information – Schedule of Operations

Year ended December 31, 2012

(In thousands of dollars)

	Obligated Group	Nonobligated Group	Eliminations	Consolidated
Unrestricted revenues				
Patient service revenue (net of contractual allowances and discounts)	$ 1,534,474	624,178	—	2,158,652
Provision for bad debts	(29,612)	(25,371)	—	(54,983)
Net patient service revenue less provision for bad debts	1,504,862	598,807	—	2,103,669
Other revenue	144,933	123,273	(105,539)	162,667
Total unrestricted revenues	1,649,795	722,080	(105,539)	2,266,336
Expenses				
Salaries, wages and employee benefits	734,138	564,121	(7,422)	1,290,837
Purchased services	123,562	88,890	(75,088)	137,364
Patient care supplies	269,100	49,074	—	318,174
Other supplies	28,333	6,167	—	34,500
Insurance	21,992	25,765	(6,842)	40,915
Other expenses	185,424	55,903	(15,727)	225,600
Depreciation and amortization	95,985	8,709	—	104,694
Interest	46,070	434	(460)	46,044
Special charges	3,074	300	—	3,374
	1,507,678	799,363	(105,539)	2,201,502
Net operating income (loss)	142,117	(77,283)	—	64,834
Nonoperating revenues (expenses)				
Investment income	32,991	40	—	33,031
Other-than-temporary decline in investments	(7,925)	(174)	—	(8,099)
Change in fair value of derivative instruments	3,450	—	—	3,450
Loss on extinguishment of debt	(38,914)	—	—	(38,914)
Excess (deficiency) of revenues over expenses	$ 131,719	(77,417)	—	54,302

See accompanying independent auditors' report on supplementary information

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Supplementary Information

December 31, 2013 and 2012

(In thousands of dollars)

Basis of Presentation

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

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

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

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

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