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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
University Hospitals Health System Inc
Group Return
% MICHAEL SZUBSKI

Doing business as

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

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 $ 3,007,410,200

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**	244
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	144
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	21,046
6	Total number of volunteers (estimate if necessary)	**6**	2,922
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,977,325
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	13,396

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	53,111,000	57,902,200
9	Program service revenue (Part VIII, line 2g)	2,106,303,000	2,594,754,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,265,000	59,016,000
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	95,729,000	295,602,000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,326,408,000	3,007,274,200
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	34,294,000	35,750,000
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)	1,151,268,000	1,395,764,000
16a	Professional fundraising fees (Part IX, column (A), line 11e)	33,000	103,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶12,552,000		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	896,375,000	1,190,910,000
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,081,970,000	2,622,527,000
19	Revenue less expenses Subtract line 18 from line 12	244,438,000	384,747,200

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	3,338,270,000	3,865,699,000
21	Total liabilities (Part X, line 26)	1,702,200,000	2,117,259,000
22	Net assets or fund balances Subtract line 21 from line 20	1,636,070,000	1,748,440,000

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 — 2015-11-11 Date

▶ 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	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 (412) 644-7800

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION UNIVERSITY HOSPITALS (THE "SYSTEM") IS GUIDED BY ITS MISSION "TO HEAL TO TEACH TO DISCOVER " THE SYSTEM SERVES A UNIQUE ROLE IN THE COMMUNITIES IT SERVES 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 THE SYSTEM IS KNOWN FOR PROVIDING SUPERIOR, LEADING-EDGE HEALTH CARE ACROSS THE FULL RANGE OF MEDICAL AND SURIGCAL SPECIALITIES FROM INFANCY TO ELDER CARE IN ADDITION TO DELIVERING QUALITY PATIENT CARE, THE SYSTEM SERVES AS A PREEMINENT TEACHING FACILITY FOR PHYSICIANS, NURSES AND ANCILLARY MEDICAL PERSONNEL THE SYSTEM'S EXTENSIVE CLINICAL RESEARCH PROGRAMS CONTINUE TO IMPROVE THE UNDERSTANDING OF DISEASE AND ENHANCE PATIENT CARE

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 $ 2,592,531,000 including grants of $ 35,750,000) (Revenue $ 2,594,754,000)

FORM 990, PART III, PROGRAM SERVICE ACCOMPLISHMENTS, LINE 4 COMMITMENT TO THE COMMUNITY REMAINS AT THE CORE OF THE SYSTEM'S MISSION TO HEAL TO TEACH TO DISCOVER IN 2014, UNIVERSITY HOSPITALS DEDICATED MORE THAN $266 MILLION TO COMMUNITY BENEFIT PROGRAMS IN NORTHEAST OHIO CONSISTING OF - EDUCATION AND TRAINING = $56 MILLION - RESEARCH = $28 MILLION - CHARITY CARE = $61 MILLION - MEDICAID SHORTFALL = $90 MILLION - COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = $45 MILLION - HOSPITAL CARE ASSURANCE PROGRAM (HCAP) RECEIPTS = ($14 MILLION) REFER TO SCHEDULE H FOR FURTHER DETAIL ON HOW THE SYSTEM MEASURES AND REPORTS COMMUNITY BENEFIT COMMUNITY BENEFIT FOR 2014 TOTALED $266 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 2014 PROVISION FOR BAD DEBT OF $62 MILLION REPRESENTS REVENUES FOR SERVICES PROVIDED THAT ARE DEEMED UNCOLLECTIBLE THE UH HEALTH SYSTEM PROVIDES WORK DIRECTLY FOR MORE THAN 21,000 EMPLOYEES AND PHYSICIANS ON JANUARY 1, 2014, THE SYSTEM ACQUIRED TWO NEW MEDICAL CENTERS, PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION D/B/A UNIVERSITY HOSPITALS PARMA MEDICAL CENTER ("PARMA") AND EMH REGIONAL MEDICAL CENTER D/B/A UNIVERSITY HOSPITALS ELYRIA MEDICAL CENTER ("ELYRIA") THE CONTINUED WORK OF PARMA AND ELYRIA WITHIN THE COMMUNITIES THEY SERVE PROVIDES JOBS TO APPROXIMATELY 2,000 EMPLOYEES PER FACILITY THE SYSTEM HAS A BROAD PRESENCE THROUGHOUT NORTHEAST OHIO, WITH SPECIAL EMPHASIS ON AREAS SUCH AS CUYAHOGA, LORAIN, GEAUGA, AND THE LAKE/ASHTABULA COUNTIES SERVICE AREA THE SYSTEM'S NEWEST ADDITIONS, PARMA AND ELYRIA, PROVIDE AN EXPANDED FOOTPRINT PARMA LOCATED IN PARMA, OHIO PRINCIPALLY SERVES THE SOUTHWESTERN COMMUNITIES OF CUYAHOGA COUNTY AND NORTHERN MEDINA COUNTY ELYRIA, LOCATED IN ELYRIA, OHIO, PRINCIPALLY SERVES LORAIN COUNTY, AND INCLUDES CAMPUSES IN AMHERST, AVON, SHEFFIELD, AND NORTH RIDGEVILLE THE BREADTH OF THE SYSTEM'S SERVICE AREA IS COVERED THROUGH ITS ACADEMIC MEDICAL CENTER, COMMUNITY MEDICAL CENTERS, JOINT VENTURES, AMBULATORY HEALTH CENTERS, AND MEDICAL PRACTICES UH PROVIDES MANY 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 2014 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 ▶** 2,592,531,000

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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more 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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	2,522		
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	21,046		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring 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**	244		
	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**	144		
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**	Yes	
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, address, and telephone number of the person who possesses the organization's books and records

▶ 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) . . . . . ▶								39,340,642	5,132,314	4,615,769

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 ▶ 1,383

			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
OWENS AND MINOR INC, 1160 Marquette St CLEVELAND, OH 44114	MEDICAL SUPPLIES	68,708,000
DONELY'S INC, 5430 WARNER ROAD CLEVELAND, OH 44125	CONSTRUCTION SVCS	21,024,000
AMERISOURCEBERGEN CORPORATION, PO BOX 27550 CHICAGO, IL 60673	PHARMACEUTICAL SVCS	120,704,000
MEDTRONIC, 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEDICAL SUPPLIES	17,009,000
FFF ENTERPRISES INC, 41093 COUNTRY CENTER DRIVE TEMECULA, CA 92591	PHARMACEUTICAL SVCS	16,346,000

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 ▶ 762

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				
	b	Membership dues	1b				
	c	Fundraising events	1c	252,000			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	57,650,200			
	g	Noncash contributions included in lines 1a-1f $		7,344,000			
	h	**Total.** Add lines 1a-1f . . . . . ▶		57,902,200			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE LESS BAD DEBTS	900099	2,471,410,000	2,471,410,000	1,689,339	
	b	UHMG SPONSORED REVENUE	900099	46,628,000	46,628,000		
	c	UHMG RESIDENT TEACHING REVENUE	900099	18,077,000	18,077,000		
	d	UHMG OTHER CLINICAL REVENUE	900099	15,024,000	15,024,000		
	e	MEDICAL DIRECTOR REVENUE	900099	15,379,000	15,379,000		
	f	All other program service revenue		28,236,000	28,236,000		
	g	**Total.** Add lines 2a–2f . . . . . ▶		2,594,754,000			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		36,124,000		287,986	36,124,000
	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	22,892,000				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	22,892,000				
	d	Net gain or (loss) . . . . . ▶		22,892,000			22,892,000
	8a	Gross income from fundraising events (not including $ 252,000 of contributions reported on line 1c) See Part IV, line 18 . . a	88,000				
	b	Less direct expenses . . . b	136,000				
	c	Net income or (loss) from fundraising events . . ▶		-48,000			-48,000
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	14,000				
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		14,000			
	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	7,017,000			7,017,000
	b	CALL CENTER	900099	1,753,000			1,753,000
	c	NET PREMIUM & ADMINISTRATIVE FEES	900099	1,062,000	1,062,000		
	d	All other revenue		285,804,000	285,804,000		
	e	**Total.** Add lines 11a–11d . . . . . ▶		295,636,000			
	12	**Total revenue.** See Instructions . . . . . ▶		3,007,274,200	2,881,620,000	1,977,325	67,738,000

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 domestic organizations and domestic governments See Part IV, line 21	35,750,000	35,750,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	17,444,000		17,444,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,429,000	2,429,000		
7 Other salaries and wages	1,118,547,000	1,110,986,000		7,561,000
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,843,000	61,843,000		
9 Other employee benefits	122,408,000	120,465,000		1,943,000
10 Payroll taxes	73,093,000	73,093,000		
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,286,000	1,286,000		
c Accounting	1,071,000	1,071,000		
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	103,000			103,000
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)	222,636,000	222,194,000		442,000
12 Advertising and promotion	17,785,000	17,133,000		652,000
13 Office expenses	472,661,000	471,859,000		802,000
14 Information technology	50,718,000	50,710,000		8,000
15 Royalties	0			
16 Occupancy	124,590,000	124,498,000		92,000
17 Travel	9,769,000	9,456,000		313,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	47,614,000	47,614,000		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	118,591,000	118,591,000		
23 Insurance	28,623,000	28,623,000		
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	33,648,000	33,648,000		
b RECRUITMENT	2,933,000	2,933,000		
c ADMINISTRATIVE SERVICES	3,105,000	3,105,000		
d DUES AND MEMBERSHIPS	185,000	185,000		
e All other expenses	55,695,000	55,059,000		636,000
25 **Total functional expenses.** Add lines 1 through 24e	2,622,527,000	2,592,531,000	17,444,000	12,552,000
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		192,149,000	2	166,858,000
	3	Pledges and grants receivable, net		28,200,000	3	23,266,000
	4	Accounts receivable, net		367,865,000	4	464,827,000
	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		370,000	7	345,000
	8	Inventories for sale or use		31,898,000	8	41,985,000
	9	Prepaid expenses and deferred charges		22,310,000	9	44,404,000
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,140,839,000			
	b	Less accumulated depreciation	10b 1,781,557,000	1,209,731,000	10c	1,359,282,000
	11	Investments—publicly traded securities		332,223,000	11	397,818,000
	12	Investments—other securities See Part IV, line 11		618,807,000	12	843,246,000
	13	Investments—program-related See Part IV, line 11		367,552,000	13	365,542,000
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		167,165,000	15	158,126,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,338,270,000	16	3,865,699,000
Liabilities	17	Accounts payable and accrued expenses		308,614,000	17	366,809,000
	18	Grants payable		0	18	0
	19	Deferred revenue		8,369,000	19	639,000
	20	Tax-exempt bond liabilities		1,086,314,000	20	1,167,092,000
	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		39,978,000	23	341,000
	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		258,925,000	25	582,378,000
	26	**Total liabilities.** Add lines 17 through 25		1,702,200,000	26	2,117,259,000
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		1,063,229,000	27	1,138,389,000
	28	Temporarily restricted net assets		255,296,000	28	254,092,000
	29	Permanently restricted net assets		317,545,000	29	355,959,000
		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		1,636,070,000	33	1,748,440,000
	34	Total liabilities and net assets/fund balances		3,338,270,000	34	3,865,699,000

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	3,007,274,200
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,622,527,000
3	Revenue less expenses Subtract line 2 from line 1	3	384,747,200
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,636,070,000
5	Net unrealized gains (losses) on investments	5	-7,059,000
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	-265,318,200
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,748,440,000

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			
(1) UHHS - Monte Ahuja Director	20 00	X						0	0	0
(1) UHHS - Sheldon G Adelman Director	20 00	X						0	0	0
(2) UHHS - Arthur F Anton Director	20 00	X						0	0	0
(3) UHHS - Craig Arnold Director	20 00	X						0	0	0
(4) UHHS - Katherine A Asbeck Director	20 00	X						0	0	0
(5) UHHS - Andrew Banks Director	20 00	X						0	0	0
(6) UHHS - Paul Clark Director	20 00	X						0	0	0
(7) UHHS - Christopher M Connor Director	20 00	X						0	0	0
(8) UHHS - Margot J Copeland Director (Thru 5/14)	20 00	X						0	0	0
(9) UHHS - John Fitts Ex Off Dir (Thru 5/14)	20 00	X						0	0	0
(10) UHHS - Brian Hall Director	20 00	X						0	0	0
(11) UHHS - Kenneth Hardy Director	20 00	X						0	0	0
(12) UHHS - M Ann Harlan Director	20 00	X						0	0	0
(13) UHHS - Ronald G Harrington Director (Thru 5/14)	20 00	X						0	0	0
(14) UHHS - Catherine M Kilbane Director	20 00	X						0	0	0
(15) UHHS - Timothy Kraus Ex Off Dir (Thru 5/14)	20 00	X						0	0	0
(16) UHHS - Joseph Lopez Director	20 00	X						0	0	0
(17) UHHS - Ramon Lugo III Director (Thru 5/14)	20 00	X						0	0	0
(18) UHHS - Henry L Meyer III Director	20 00	X						0	0	0
(19) UHHS - John Morikis Ex Off Dir (Thru 5/14)	20 00	X						0	0	0
(20) UHHS - Patrick Mullin Ex Off Dir (Thru 5/14)	20 00	X						0	0	0
(21) UHHS - Ernest Novak Director	20 00	X						0	0	0
(22) UHHS - Vasu Pandrangi MD Ex Off Dir	20 00	X						0	910,683	3,988
(23) UHHS - Gary Pasqualone Ex Off Dir (Thru 5/14)	20 00	X						0	0	0
(24) UHHS - Sandy Pianalto Vice Chair/Director	20 00	X		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			
(26) UHHS - Mark Plush Ex Off Dir	2 0 0 0	X						0	0	0
(1) UHHS - Richard W Pogue Director	2 0 0 0	X						0	0	0
(2) UHHS - Alfred M Rankin Jr Chair/Director	2 0 0 0	X		X				0	0	0
(3) UHHS - Fred C Rothstein MD Ex Off Dir (Thru 5/14)	60 0 0 0	X						1,288,367	0	68,473
(4) UHHS - Robert Salata MD UHMG Physician/Director	60 0 0 0	X						90,904	0	3,109
(5) UHHS - Thomas A Selden Ex Off Dir	2 0 0 0	X						0	0	0
(6) UHHS - Jerry Sue Thornton PhD Director	2 0 0 0	X						0	0	0
(7) UHHS - Les C Vinney Director	2 0 0 0	X						0	0	0
(8) UHHS - Thomas F Zenty III CEO/Ex Off Dir	60 0 0 0	X		X				2,214,073	0	54,511
(9) UHCMC - Joel Adelman Director	2 0 0 0	X						0	0	0
(10) UHCMC - David Camiener Director	2 0 0 0	X						0	0	0
(11) UHCMC - Paul H Carleton Vice Chair-Thru 5/14/Director	2 0 0 0	X		X				0	0	0
(12) UHCMC - Carole A Carr Director	2 0 0 0	X						0	0	0
(13) UHCMC - Pamela B Davis MD PhD Ex Off Dir	2 0 0 0	X						0	0	0
(14) UHCMC - Ralph Della Ratta Director (Thru 5/14)	2 0 0 0	X						0	0	0
(15) UHCMC - Michael Feuer Director	2 0 0 0	X						0	0	0
(16) UHCMC - David Goldberg Director	2 0 0 0	X						0	0	0
(17) UHCMC - Robert D Gries Director (Thru 5/14)	2 0 0 0	X						0	0	0
(18) UHCMC - Charles Hallberg Director	2 0 0 0	X						0	0	0
(19) UHCMC - Christopher Hyland Chair/Director	2 0 0 0	X		X				0	0	0
(20) UHCMC - Jerry Kelsheimer Vice Chair/Director	2 0 0 0	X		X				0	0	0
(21) UHCMC - Dinah Kolesar Ex Off Dir (Thru 5/14)	2 0 0 0	X						0	0	0
(22) UHCMC - Lee Koury Director	2 0 0 0	X						0	0	0
(23) UHCMC - Raymond K Lee Director	2 0 0 0	X						0	0	0
(24) UHCMC - Gena C Lovett Director	2 0 0 0	X						0	0	0

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

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(51) UHCMC - Adrian Maldonado Director (Thru 5/14)	2 0 0 0	X						0	0	0
(1) UHCMC - John C Morley Director	2 0 0 0	X						0	0	0
(2) UHCMC - Patrick S Mullin Chair (Thru 5/14)/Director	2 0 0 0	X		X				0	0	0
(3) UHCMC - William J O'Neill Jr Director	2 0 0 0	X						0	0	0
(4) UHCMC - Ann P Ranney Director (Thru 5/14)	2 0 0 0	X						0	0	0
(5) UHCMC - Julie Adler Raskind Director	2 0 0 0	X						0	0	0
(6) UHCMC - David M Reynolds Director	2 0 0 0	X						0	0	0
(7) UHCMC - Kenneth C Ricci Director	2 0 0 0	X						0	0	0
(8) UHCMC - Barbara S Robinson Director (Thru 5/14)	2 0 0 0	X						0	0	0
(9) UHCMC - Fred C Rothstein MD Pres /Ex Off Dir	2 0 0 0	X		X				0	0	0
(10) UHCMC - Warren Selman MD Director/Ex Officio	2 0 0 0	X						893,771	0	42,360
(11) UHCMC - Mairan Shaughnessy Director	2 0 0 0	X						0	0	0
(12) UHCMC - Gregory Skoda Director	2 0 0 0	X						0	0	0
(13) UHCMC - Hilton O Smith Director	2 0 0 0	X						0	0	0
(14) UHCMC - Eddie Taylor Director/Vice Chair	2 0 0 0	X		X				0	0	0
(15) UHCMC - Richard Walsh MD Ex Off Dir (Thru 5/14)	2 0 0 0	X						0	0	0
(16) UHCMC - Penni Weinberg Director (Thru 5/14)	2 0 0 0	X						0	0	0
(17) UHCMC - James W Wert Director	2 0 0 0	X						0	0	0
(18) UHCMC - Lorna Wisham Director (Thru 5/14)	2 0 0 0	X						0	0	0
(19) UHCMC - Jacqueline Woods Director	2 0 0 0	X						0	0	0
(20) UHCMC - Christine Wynd Ex Off Dir (Thru 2/14)	2 0 0 0	X						0	0	0
(21) UHCMC - Thomas F Zenty III Ex Off Dir	2 0 0 0	X						0	0	0
(22) UHMG - Eric Bieber MD UH CMO/Director (Thru 10/14)	2 0 0 0	X						0	0	0
(23) UHMG - Paul H Carleton Director	2 0 0 0	X						0	0	0
(24) UHMG - Pamela B Davis MD Phd Director	2 0 0 0	X						0	0	0

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(76) UHMG - Patricia DePompei Director	2 0 0 0	X						0	0	0
(1) UHMG - Michael Feuer Director	2 0 0 0	X						0	0	0
(2) UHMG - Charles Hallberg Director	2 0 0 0	X						0	0	0
(3) UHMG - Clifford V Harding MD Dept Chair Pathology/Director	60 0 0 0	X						351,325	0	12,025
(4) UHMG - Robert Haynie MD Director	2 0 0 0	X						0	0	0
(5) UHMG - Elliott A Kellman Director (Thru 5/14)	2 0 0 0	X						0	0	0
(6) UHMG - Michael Konstan MD Dept Chair Pediatrics/Director	60 0 0 0	X						365,387	0	24,938
(7) UHMG - Cliff Megerian MD Dept Chair Otolaryngology/Dir	60 0 0 0	X						686,650	0	41,865
(8) UHMG - Michael Nochomovitz MD Pres /Director	60 0 0 0	X		X				1,005,023	0	57,426
(9) UHMG - William O'Neill Jr Director	2 0 0 0	X						0	0	0
(10) UHMG - Robert Ronis Dept Chair Psy/Dir Thru 5/14	60 0 0 0	X						299,591	0	9,057
(11) UHMG - Fred C Rothstein MD Chair/Director	2 0 0 0	X		X				0	0	0
(12) UHMG - Michael A Szubski Director	2 0 0 0	X						0	0	0
(13) UHMG - Richard A Walsh MD Dept Chair Medicine/Director	60 0 0 0	X						519,019	0	28,075
(14) UHLSF - Ronald Dziedzicki BSN RN Secretary/Director	2 0 0 0	X		X				0	0	0
(15) UHLSF - Sonia Salvino Treasurer/Director	2 0 0 0	X		X				0	0	0
(16) UHLSF - Nancy Tinsley Director	2 0 0 0	X						0	0	0
(17) AMC - Richard Doody Director	2 0 0 0	X						0	0	0
(18) AMC - Michael Drusinsky Vice Chair/Director(Thru 5/14)	2 0 0 0	X		X				0	0	0
(19) AMC - Robert Glick Sec & Treas /Dir	2 0 0 0	X		X				0	0	0
(20) AMC - Richard Hanson Ex Officio Director	10 0 60 0	X						915,520	0	168,079
(21) AMC - Susan V Juris Pres /Ex Officio Director	60 0 0 0	X		X				522,837	0	70,653
(22) AMC - John Morikis Chair/Director	2 0 0 0	X		X				0	0	0
(23) AMC - Enid Rosenberg Director	2 0 0 0	X						0	0	0
(24) AMC - Reggie Rucker Director	2 0 0 0	X						0	0	0

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(101) AMC - Neil Sethi Director	2 0 0 0	X						0	0	0
(1) AMC - Margaret Singerman Director (Thru 5/14)	2 0 0 0	X						0	0	0
(2) AMC - John Sinnenberg Director (Thru 2/14)	2 0 0 0	X						0	0	0
(3) AMC - Richard Stein Ex Officio Direct (Thru 5/14)	2 0 60 0	X						0	422,125	60,197
(4) AMC - Dan Zelman Director	2 0 0 0	X						0	0	0
(5) UHREG - Samuel Ake Secretary/Director	2 0 0 0	X		X				0	0	0
(6) UHREG - Mary Jo Boehnlein Vic Chr/Ex Off Dir (Thru 5/14)	2 0 0 0	X		X				0	0	0
(7) UHREG - Peter R Brumbergs Director	2 0 0 0	X						0	0	0
(8) UHREG - Mary Ann P Correnti Vice Chair/Ex Officio Dir	2 0 0 0	X		X				0	0	0
(9) UHREG - Wendolyn Grant Director	2 0 0 0	X						0	0	0
(10) UHREG - Richard Hanson Ex Officio Director	10 0 0 0	X						0	0	0
(11) UHREG - David E Jerome Director	2 0 0 0	X						0	0	0
(12) UHREG - James Judd Director	2 0 0 0	X						0	0	0
(13) UHREG - Judy Grieg Ex Officio Director	2 0 0 0	X						0	0	0
(14) UHREG - Brock Milstein Director	2 0 0 0	X						0	0	0
(15) UHREG - Timothy Morgan Director	2 0 0 0	X						0	0	0
(16) UHREG - Stamy Paul Director	2 0 0 0	X						0	0	0
(17) UHREG - David Rapkin MD Chief of Staff/Director	60 0 0 0	X						0	318,074	30,903
(18) UHREG - Joseph Shawi MD Vice Chief of Staff/Director	2 0 0 0	X						0	191,127	53,800
(19) CMC - Terry Atkinson Director	2 0 0 0	X						0	0	0
(20) CMC - Robert David Ex Officio Direct (Thru 5/14)	30 0 60 0	X						494,825	0	102,744
(21) CMC - Charles Deck Director	2 0 0 0	X						0	0	0
(22) CMC - Arpan Desai MD Director	2 0 60 0	X						0	428,931	35,494
(23) CMC - Gerald Eighmy Director	2 0 0 0	X						0	0	0
(24) CMC - Richard A Hanson Secretary/Treas/Ex Off Direct	10 0 0 0	X		X				0	0	0

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(126) CMC - Reverend Tim Kraus Chair/Director	2 0 0 0	X		X				0	0	0
(1) CMC - Lori McLaughlin Vice Chair/Director	2 0 0 0	X		X				0	0	0
(2) CMC - Joseph A Moroski Director	2 0 0 0	X						0	0	0
(3) CMC - Carol Owens Ex Off Director (Thru 10/14)	2 0 0 0	X						0	0	0
(4) CMC - Mike Skufca DDS Director	2 0 0 0	X						0	0	0
(5) CMC - James Supplee Director	2 0 0 0	X						0	0	0
(6) ECC - Richard Hanson Chair/Ex Officio Director	2 0 0 0	X		X				0	0	0
(7) ECC - Susan V Juris Pres /Ex Officio Director	2 0 0 0	X		X				0	0	0
(8) GMC - Thomas Benda Director	2 0 0 0	X						0	0	0
(9) GMC - John Fitts Vice Chair/Director	2 0 0 0	X		X				0	0	0
(10) GMC - Davina Gosnell PhD Ex Officio Director	2 0 0 0	X						0	0	0
(11) GMC - Richard Hanson Ex Officio Director	10 0 0 0	X						0	0	0
(12) GMC - B Paige Hoiser Director	2 0 0 0	X						0	0	0
(13) GMC - M Steven Jones Pres /Ex Officio Director	60 0 0 0	X		X				507,206	0	112,879
(14) GMC - P James Kamer Jr Vice Chair/Director	2 0 0 0	X		X				0	0	0
(15) GMC - Jack Male Director	2 0 0 0	X						0	0	0
(16) GMC - Darrell McNair Treasurer/Director	2 0 0 0	X		X				0	0	0
(17) GMC - Denise Dee Dee Miller Secretary/Director	2 0 0 0	X		X				0	0	0
(18) GMC - Pete C Miller Director	2 0 0 0	X						0	0	0
(19) GMC - James F Patterson Director	2 0 0 0	X						0	0	0
(20) GMC - Gregory Robinson Director	2 0 0 0	X						0	0	0
(21) GMC - George W Tim Taylor Vice Chair/Director	2 0 0 0	X		X				0	0	0
(22) GMC - John Tumbush MD Ex Officio Director	2 0 60 0	X						0	184,082	1,574
(23) GMC - John W Waldeck Jr Director	2 0 0 0	X						0	0	0
(24) UHGMC - James Crawford Director	2 0 0 0	X						0	0	0

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(151) UHGMC - Richard L Dana Jr Vice Chair/Director	2 0 0 0	X		X				0	0	0
(1) UHGMC - Robert David Ex Officio Direct (Thru 5/14)	30 0 0 0	X						0	0	0
(2) UHGMC - Raimantas Drublionis MD Ex Officio Director	2 0 60 0	X						0	366,667	19,781
(3) UHGMC - Morgan R Griffiths Jr Director	2 0 0 0	X						0	0	0
(4) UHGMC - Richard Hanson Sec&Treas/Ex Officio	10 0 0 0	X		X				0	0	0
(5) UHGMC - Craig Parker Director	2 0 0 0	X						0	0	0
(6) UHGMC - Gary L Pasqualone Chair/Director	2 0 0 0	X		X				0	0	0
(7) UHGMC - Willard Raymond Director	2 0 0 0	X						0	0	0
(8) UHGMC - Robert Taylor Director	2 0 0 0	X						0	0	0
(9) HCS - Keith Maitland Pres /Director	60 0 0 0	X		X				350,602	0	72,327
(10) HCS - Richard A Hanson VP/Director	10 0 0 0	X		X				0	0	0
(11) UMI - Phyllis Hall Secretary/Director	2 0 0 0	X		X				0	0	0
(12) UMI - Michael Nochomovitz MD Pres /Director	2 0 0 0	X		X				0	0	0
(13) UMI - Michael Szubski Treas /Director	2 0 0 0	X		X				0	0	0
(14) UHACO - Eric J Bieber MD Pres/Chair/Direc (Thru 10/14)	60 0 0 0	X		X				728,346	0	166,224
(15) UHACO - Michael Szubski Treas /Director	2 0 0 0	X		X				0	0	0
(16) UHACO - Paul Tait Interim Chair/Director	2 0 0 0	X		X				0	0	0
(17) UHRBC - Eric J Bieber MD Pres/Chair/Direc (Thru 10/14)	2 0 0 0	X		X				0	0	0
(18) UHRBC - Brent Carson Treas /Director	2 0 0 0	X		X				282,659	0	64,325
(19) UHRBC - Patricia DePompei Director	2 0 0 0	X						0	0	0
(20) UHRBC - Marilee Gallagher MD Director	2 0 60 0	X						0	337,766	7,142
(21) UHRBC - Richard Grossberg MD Director	2 0 0 0	X						292,339	0	36,290
(22) UHRBC - Dinah Kolesar Director	2 0 0 0	X						0	0	0
(23) UHRBC - Ken Lakota Director	2 0 0 0	X						133,313	0	31,454
(24) UHRBC - James Underwood MD Director	2 0 60 0	X						0	176,062	28,133

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(176) UHRBC - Lloyd Yeh MD Director	2 0 0 0	X						0	0	0
(1) UHCCO - Eric J Bieber MD Pres/Chair/Dir (Thru 10/14)	2 0 0 0	X		X				0	0	0
(2) UHCCO - David Cogan MD Director	2 0 60 0	X						0	308,710	14,061
(3) UHCCO - James Coviello MD Director	2 0 60 0	X						190,065	0	20,827
(4) UHCCO - Richard A Hanson Director	2 0 0 0	X						0	0	0
(5) UHCCO - Sean Hoynes MD Director	2 0 60 0	X						0	303,747	30,715
(6) UHCCO - Karen Monheim MD Director	2 0 2 0	X						0	0	0
(7) UHCCO - Keith Maitland RPh Director	2 0 0 0	X						0	0	0
(8) UHCCO - Michael L Nochomovitz MD Director	2 0 0 0	X						0	0	0
(9) UHCCO - Ann Ranney Director	2 0 0 0	X						0	0	0
(10) UHCCO - Fred C Rothstein MD Director	2 0 0 0	X						0	0	0
(11) UHCCO - Warren Selman MD Director (Thru 5/14)	2 0 0 0	X						0	0	0
(12) UHCCO - William Steiner II MD P President/Director	2 0 60 0	X		X				0	247,235	12,480
(13) UHCCO - Paul G Tait Chair/Director	2 0 0 0	X		X				0	0	0
(14) UHREG - PHILIP RIDOLFI DIRECTOR	2 0 0 0	X						0	0	0
(15) UHREG - MARK PLUSH Chair/DIRECTOR	2 0 0 0	X		X				0	0	0
(16) AMC - Sheldon Adelman Director/Vice Chair	2 0 0 0	X		X				0	0	0
(17) UHHS - Ralph Della Ratta Director	2 0 0 0	X						0	0	0
(18) CHCO - Stephen Smith Director	2 0 0 0	X						0	0	0
(19) CHCO - Robert White Director	0 0 2 0	X						0	0	0
(20) CHCO - Fred Pond Director	2 0 0 0	X						0	0	0
(21) CHCO - Kevin Flanigan Director	2 0 0 0	X						0	0	0
(22) CHCO - John Schaeffer MD Director	2 0 60 0	X						0	430,320	7,837
(23) CHCO - Donald Sheldon MD Director/President/CEO	2 0 60 0	X		X				0	393,458	73,079
(24) CHCO - Chris Mead Director	2 0 0 0	X						0	0	0

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(201) CHCO - Jeff Brausch Director/Chairman	2 0 0 0	X		X				0	0	0
(1) CHCO - Frerich Dengel MD Director	2 0 0 0	X						0	0	0
(2) CHCO - Jay Juneja Director/Vice Chair	2 0 0 0	X		X				0	0	0
(3) CHCO - Brian Hoagland Director	2 0 0 0	X						0	0	0
(4) CHCO - Janet Long Director/Secretary	2 0 0 0	X		X				0	0	0
(5) CHCO - John Ryan Director	2 0 0 0	X						0	0	0
(6) CHCO - Robert Yost Director	2 0 0 0	X						0	0	0
(7) CHCO - Michael Szubski Director	2 0 0 0	X						0	0	0
(8) CHCO - Kim Tweady Director	2 0 0 0	X						0	0	0
(9) EMH - Pricilla Waldheger MD Director	2 0 0 0	X						0	0	0
(10) EMH - Ray Frank Director	2 0 0 0	X						0	0	0
(11) EMH - Ashok Ramadugu MD Director	2 0 0 0	X						0	0	0
(12) EMH - Sanjay Prikh MD Director	2 0 0 0	X						0	0	0
(13) EMH - Gregory Elek Director	2 0 0 0	X						0	0	0
(14) EMH - Donald Sheldon MD Director/President/CEO	60 0 2 0	X		X				0	0	0
(15) EMH - Jonathan M Beckett Director	2 0 0 0	X						0	0	0
(16) EMH - Brian Hoagland Director/Chair	2 0 2 0	X		X				0	0	0
(17) EMH - Lynn Miggins Director	2 0 0 0	X						0	0	0
(18) EMH - Robert Olesen Director	2 0 0 0	X						43,539	0	3,839
(19) EMH - Joan Reidy Director	2 0 0 0	X						0	0	0
(20) EMH - Spencer Ryan Director	2 0 0 0	X						0	0	0
(21) EMH - Frederick Dengel MD Director	2 0 0 0	X						0	0	0
(22) EMH - Michael Szubski Director	2 0 0 0	X						0	0	0
(23) EMH - Paul Tait Director	2 0 0 0	X						0	0	0
(24) EMH - Janet Long Director	2 0 0 0	X						0	0	0

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(226) EMH - Robert White Director	2 0 0 0	X						0	0	0
(1) Amherst - Paul Rigda Director	2 0 0 0	X						0	0	0
(2) Amherst - Chris Mead Director	2 0 0 0	X						0	0	0
(3) Amherst - Sanjay Parikh Director	2 0 0 0	X						0	0	0
(4) Amherst - Donald Sheldon MD Director/President/CEO	2 0 60 0	X		X				0	0	0
(5) Amherst - James Simone Dir/CFO/Trea (Thru 3/14)	2 0 60 0	X		X				0	0	0
(6) Amherst - Kevin Flanigan Director/Chair	2 0 60 0	X		X				0	0	0
(7) Amherst - Florencio Yuzon MD Director	2 0 0 0	X						0	0	0
(8) PMC - John Bundy Director	2 0 0 0	X						0	0	0
(9) PMC - Matthew Frantz DO Director	2 0 0 0	X						0	0	0
(10) PMC - Douglas Keller Director/Member At Large	2 0 0 0	X		X				0	0	0
(11) PMC - Alex Koler Director/Asst Treasurer	2 0 0 0	X		X				0	0	0
(12) PMC - Jack Krise Jr Director/Treasurer	2 0 0 0	X		X				0	0	0
(13) PMC - Sharon Martin Director/Assistant Secretary	2 0 0 0	X		X				0	0	0
(14) PMC - Joann Mason Director/Secretary	2 0 0 0	X		X				0	0	0
(15) PMC - Eric Moore Director/Member At Large	2 0 0 0	X		X				0	0	0
(16) PMC - David Nedrich Director/Chairman	2 0 0 0	X		X				0	0	0
(17) PMC - Thomas O'Donnell Director/First Vice Chairman	2 0 0 0	X		X				0	0	0
(18) PMC - Jacqueline Patton Director/Member At Large	2 0 0 0	X		X				0	0	0
(19) PMC - Louis Ripepi Director	2 0 0 0	X						0	0	0
(20) PMC - Nino Sentti Director	2 0 0 0	X						0	0	0
(21) PMC - C Anthony Stavole Director	2 0 0 0	X						0	0	0
(22) PMC - Joseph Talerico Director/Second Vice Chair	2 0 0 0	X		X				0	0	0
(23) PMC - Donna Thomas Director	2 0 0 0	X						0	0	0
(24) PMC - Michael Barkoukis MD Director	2 0 0 0	X						0	0	0

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(251) PMC - Therese Safranek Director	2 0 0 0	X						0	0	0
(1) PMC - Michael Suzbski Director	2 0 0 0	X						0	0	0
(2) PMC - Paul Tait Director	2 0 0 0	X						0	0	0
(3) RSL - David Nedrich Director	2 0 0 0	X						0	0	0
(4) RSL - Thomas O'Donnell Director/Chairman	2 0 0 0	X		X				0	0	0
(5) RSL - Douglas Keller Director	2 0 0 0	X						0	0	0
(6) RSL - Alex Koler Direct/Secr/Treas	2 0 0 0	X		X				0	0	0
(7) AMC - Susan Hurwitz Director	2 0 0 0	X						0	0	0
(8) AMC - Deborah Lauer Director	2 0 0 0	X						0	0	0
(9) AMC - Thomas W Seitz Director/Ex-Officio	2 0 0 0	X						0	0	0
(10) HCS - Cathy Sila MD Director/Secretary/Treasurer	2 0 0 0	X		X				281,025	0	10,303
(11) UHREG - Robert David Ex-Officio Direct/President	2 0 0 0	X		X				0	0	0
(12) UHACO - Karen Monheim MD Director	2 0 0 0	X						0	113,327	14,454
(13) UHCCO - Peter DeGolia MD Director	2 0 0 0	X						0	0	0
(14) UHCCO - Carla Harwell MD Director	2 0 0 0	X						159,257	0	22,438
(15) UHCCO - Pablo Ros MD Director	2 0 0 0	X						0	0	0
(16) UHCMC - Jill Clark Director/Ex Officio	2 0 0 0	X						0	0	0
(17) UHCMC - John Skory Director	2 0 0 0	X						0	0	0
(18) UHHS - Christopher Hyland Director/Ex Officio	2 0 0 0	X						0	0	0
(19) UHHS - P James Kamer Director/Ex Off (Thru 5/14)	2 0 0 0	X						0	0	0
(20) UHLSF - Todd Harford Director	2 0 60 0	X						150,825	0	12,066
(21) UHMG - Mitchell Machtay MD Director	2 0 0 0	X						538,491	0	29,609
(22) UHMG - Jeffrey Peters MD Director	2 0 60 0	X						1,148,730	0	149,145
(23) UHRBC - Paul Tait Director/Int Pres/Int Chair	2 0 0 0	X		X				0	0	0
(24) UHHS - Heather Ettinger Director	2 0 0 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			
(276) AMC - Amy Ray MD Ex Off Director	2 0 60 0	X						140,268	0	32,480
(1) CMC - Steven Jones Ex Offic Director/President	2 0 0 0	X		X				0	0	0
(2) GMC - Barbara Knecht Director	2 0 0 0	X						0	0	0
(3) UHGMC - Steven Jones Ex Offic Director/President	2 0 0 0	X		X				0	0	0
(4) UHCCO - Cathy Annable RN Director	2 0 0 0	X						0	0	0
(5) UHHS - William L Annable MD Chief Quality Off	60 0 0 0			X				590,439	0	26,970
(6) UHHS - Elliot A Kellman Chief HRO (Thru 6/14)	60 0 0 0			X				965,998	0	63,079
(7) UHHS - Janet L Miller Esq Secretary, CLO	60 0 0 0			X				876,034	0	57,698
(8) UHHS - Steven D Standley Chief Admin Off	60 0 0 0			X				846,169	0	58,593
(9) UHHS - Michael A Szubski Treasurer, CFO	60 0 0 0			X				1,215,130	0	203,296
(10) UHCMC - Michael Anderson MD Chief Medical Off	60 0 0 0			X				492,651	0	125,014
(11) UHCMC - Patricia DePompei Pres RB&C/Macdonald	60 0 0 0			X				543,523	0	119,128
(12) UHCMC - Ronald E Dziedzicki BSN Chief Support Serv Off	60 0 0 0			X				927,820	0	58,599
(13) UHCMC - Catherine S Koppelman RN Chief Nursing Off	60 0 0 0			X				601,704	0	66,572
(14) UHCMC - Nathan Levitan MD Pres Seidman Cancer Ctr	60 0 0 0			X				879,515	0	63,611
(15) UHCMC - Janet L Miller Esq Secretary, Chief Legal Off	2 0 0 0			X				0	0	0
(16) UHCMC - Sonia Salvino Treasurer/VP Finance	60 0 0 0			X				344,633	0	84,105
(17) UHMG - Harlin G Adelman Assistant Secretary	2 0 60 0			X				486,257	0	100,824
(18) UHMG - Phyllis Hall VP & Treasurer	60 0 0 0			X				838,110	0	60,362
(19) UHMG - Janet L Miller Esq Secretary	2 0 0 0			X				0	0	0
(20) UHLSF - Don M Landek President	60 0 0 0			X				189,426	0	48,213
(21) HCS - Howard Lutz Sec & Treas (Thru 1/14)	60 0 0 0			X				9,676	0	7,275
(22) UHACO - Elizabeth Hammack Secretary	2 0 60 0			X				201,106	0	20,214
(23) UHRBC - Drew Hertz MD Vice Pres	2 0 60 0			X				164,637	0	5,804
(24) UHRBC - Elizabeth Hammack Secretary	2 0 0 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			
(301) UHCCO - Michael Szubski Trasurer	2.0 0.0			X				0	0	0
(1) UHCCO - Elizabeth Hammack Secretary	2.0 0.0			X				0	0	0
(2) CHCO - James Simone VP Fin/CFO/Treas (Thru 3/14)	2.0 60.0			X				276,570	0	30,805
(3) EMH - Kevin Flanigan Secretary	2.0 0.0			X				0	0	0
(4) EMH - James Simone VP Fin/CFO/Treas (Thru 3/14)	2.0 0.0			X				0	0	0
(5) EMH - Francis Gardner VP Gen Coun/Secre (Thru 12/14)	60.0 0.0			X				213,214	0	22,746
(6) Amherst - Francis Gardner VP Gen Cnsl/Secr (Thru 12/14)	2.0 60.0			X				0	0	0
(7) PMC - Terrence Deis President/CEO (Thru 8/14)	60.0 0.0			X				306,679	0	51,464
(8) PMC - Nancy Tinsley President	60.0 0.0			X				299,983	0	86,390
(9) RSL - Kathi O'Connor President	60.0 0.0			X				147,459	0	33,034
(10) UHACO - William Steiner II MD Interim President	2.0 0.0			X				0	0	0
(11) UHHS - Jeffrey Peters MD Chief Operating Officer	60.0 0.0			X				0	0	0
(12) UHHS - Thomas Snowberger Chief Human Resource Officer	60.0 0.0			X				510,901	0	51,180
(13) UHHS - Sherri Bishop Chief Development Off	60.0 0.0				X			728,008	0	148,550
(14) UHHS - Peter S Brumleve Chief Marketing Off	60.0 0.0				X			620,907	0	113,764
(15) UHHS - John V Foley Chief Information Off	60.0 0.0				X			594,077	0	108,459
(16) AMC - Alan Hirsch MD CMO, Ahuja	60.0 0.0				X			352,020	0	59,649
(17) UHHS - Cheryl Wahl Chief Compliance Officer	60.0 0.0				X			322,247	0	68,172
(18) UHHS - William A Young President SJMC	60.0 0.0				X			425,873	0	93,860
(19) UHMG - Pablo R Ros MD Fmr Key Employee	60.0 0.0				X			633,739	0	32,809
(20) UHHS - Paul Tait CHIEF STRATEGIC PLANNING OFF	60.0 0.0				X			714,911	0	63,107
(21) UHMG - Bahman Guyuron MD Surgeon, Plastic Surgery	60.0 0.0					X		1,336,798	0	30,581
(22) UHMG - Christopher Furey MD Orthopaedic Surgeon	60.0 0.0					X		1,022,915	0	37,658
(23) UHMG - Jason D Eubanks Orthopaedic Surgeon	60.0 0.0					X		930,432	0	25,862
(24) UHMG - Nicholas U Ahn MD Orthopaedic Surgeon	60.0 0.0					X		864,321	0	35,925

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			
(326) UHMG - Soon J Park Physician	60 0 0 0					X		1,115,060	0	17,772
(1) UHCCO - George Kikano MD Former Director	2 0 60 0						X	170,230	0	5,316
(2) UHREG - Laurie Delgado UH Reg President	60 0 0 0						X	402,703	0	52,108
(3) UHHCS - Kevin P Cunningham Former Key Employee	60 0 0 0						X	159,886	0	28,049
(4) GMC - Jason E Glowczewski Former Key Employee	60 0 0 0						X	174,742	0	31,968
(5) UHCMC - Carl Lufter Former Key Employee	60 0 0 0						X	198,997	0	32,482
(6) UHHS - Donnie Perkins Former Key Employee	60 0 0 0						X	217,203	0	8,501
(7) UHHS - Heidi Gartland Former Key Employee	60 0 0 0						X	325,351	0	84,420
(8) EMHAmherCHCO - J Cooksey Former Key Employee	60 0 0 0						X	216,816	0	21,244
(9) RSL - David Cook Former Officer	60 0 0 0						X	276,250	0	42,882
(10) AmherstEMHCHCO - C Wray Former Key Employee	60 0 0 0						X	178,583	0	47,285
(11) AmherstEMHCHCO - D Miller Former Key Employee	60 0 0 0						X	224,189	0	39,318
(12) AmherstEMHCHCO - D McDonald Former Key Employee	60 0 0 0						X	231,564	0	33,452
(13) PMC - Sharon Thomas Former Key Employee	60 0 0 0						X	181,379	0	14,288
(14) PMC - Mike Mainwaring Former Key Employee	60 0 0 0						X	199,850	0	52,153

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TY 2014 Affiliate Listing

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

TY 2014 Affiliate Listing

Name	Address	EIN	Name control
University Hospitals Cleveland Medi	11100 Euclid Avenue Cleveland, OH 44106	34-1567805	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
UHHS Heather Hill Inc	11100 Euclid Avenue Cleveland, OH 44106	34-0771884	UNIV
UHHS Heather Hills Rehab Hospt	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
AMHERST HOSPPITAL ASSOC	630 EAST RIVER STREET ELYRIA, OH 44035	34-0067060	UNIV
EMH Regional Medical Ctr	630 EAST RIVER STREET ELYRIA, OH 44035	34-0714612	UNIV

TY 2014 Affiliate Listing

Name	Address	EIN	Name control
Comprehen Health Care of OH	630 EAST RIVER STREET ELRYIA, OH 44035	34-1492733	UNIV
Parma Com General Hospital	7007 POWERS BLVD PARMA, OH 44129	34-0827442	UNIV
Royalton Senior Living Inc	7007 POWERS BLVD PARMA, OH 44129	56-2314071	UNIV

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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.**

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 7

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		No

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		No

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		No
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		No

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0	
2	Recoveries of prior-year distributions	2	0	
3	Other gross income (see instructions)	3	0	
4	Add lines 1 through 3	4	0	
5	Depreciation and depletion	5	0	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	0	
7	Other expenses (see instructions)	7	0	
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8	0	

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a	0	
b	Average monthly cash balances	1b	0	
c	Fair market value of other non-exempt-use assets	1c	0	
d	**Total** (add lines 1a, 1b, and 1c)	1d	0	
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) 0			
2	Acquisition indebtedness applicable to non-exempt use assets	2	0	
3	Subtract line 2 from line 1d	3	0	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6	Multiply line 5 by 035	6	0	
7	Recoveries of prior-year distributions	7	0	
8	**Minimum Asset Amount** (add line 7 to line 6)	8	0	

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2	Enter 85% of line 1	2		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4	Enter greater of line 2 or line 3	4		0
5	Income tax imposed in prior year	5		0
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 **Total annual distributions.** Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2014 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013. 0			
f **Total** of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2014 distributable amount			0
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2014 from Section D, line 7 $ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2014 distributable amount			0
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c	0		
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013. 0			
e From 2014. 0			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A Supplemental Information	Software limitiation would not allow completion of Schedule A

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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)	1,938	2,029
b Total lobbying expenditures to influence a legislative body (direct lobbying)	180,987	196,469
c Total lobbying expenditures (add lines 1a and 1b)	182,925	198,498
d Other exempt purpose expenditures	1,206,874,555	2,616,084,681
e Total exempt purpose expenditures (add lines 1c and 1d)	1,207,057,480	2,616,283,179
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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	278,602	175,388	173,650	293,718	921,358
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	6,426	4,108	947	2,029	13,510

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?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
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, lines 1 and 2 (see instructions), 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 limitation would not allow completion of Part II-B It is presented below 1a - No 1b - Yes 1c - No 1d - Yes $72,832 1e - No 1f - Yes $145,208 1g - Yes $35,779 1h - No 1i - No 1j - Yes $253,819 2a - No

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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TY 2014 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:	2,322
Total Direct Lobbying:	261,979
Total Lobbying Expenditures:	264,301
Other Exempt Purpose Expenditures:	1,233,815,699
Total Exempt Purpose Expenditures:	1,234,080,000
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	UH Regional Hospitals
Address. Either US or Foreign Type:	11100 Euclid Ave Cleveland, OH 44106
EIN:	34-1271115
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	151
Total Direct Lobbying:	14,131
Total Lobbying Expenditures:	14,282
Other Exempt Purpose Expenditures:	103,133,718
Total Exempt Purpose Expenditures:	103,148,000
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:	44
Total Direct Lobbying:	4,130
Total Lobbying Expenditures:	4,174
Other Exempt Purpose Expenditures:	26,182,826
Total Exempt Purpose Expenditures:	26,187,000
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:	202
Total Direct Lobbying:	18,822
Total Lobbying Expenditures:	19,024
Other Exempt Purpose Expenditures:	117,532,977
Total Exempt Purpose Expenditures:	117,552,001
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	University Hospitals Geneva
Address. Either US or Foreign Type:	870 West Main St Geneva, OH 44041
EIN:	34-0714461
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	59
Total Direct Lobbying:	5,509
Total Lobbying Expenditures:	5,568
Other Exempt Purpose Expenditures:	33,283,432
Total Exempt Purpose Expenditures:	33,289,000
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:	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:	60
Total Direct Lobbying:	5,571
Total Lobbying Expenditures:	5,631
Other Exempt Purpose Expenditures:	36,876,369
Total Exempt Purpose Expenditures:	36,882,000
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:	68
Total Direct Lobbying:	6,341
Total Lobbying Expenditures:	6,409
Other Exempt Purpose Expenditures:	27,228,591
Total Exempt Purpose Expenditures:	27,235,000
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:	480
Total Direct Lobbying:	44,792
Total Lobbying Expenditures:	45,272
Other Exempt Purpose Expenditures:	354,991,017
Total Exempt Purpose Expenditures:	355,036,289
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:	91
Total Direct Lobbying:	15,482
Total Lobbying Expenditures:	15,573
Other Exempt Purpose Expenditures:	175,394,427
Total Exempt Purpose Expenditures:	175,410,000
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:	278
Total Direct Lobbying:	25,996
Total Lobbying Expenditures:	26,274
Other Exempt Purpose Expenditures:	146,453,726
Total Exempt Purpose Expenditures:	146,480,000
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:	32
Total Lobbying Expenditures:	32
Other Exempt Purpose Expenditures:	301,968
Total Exempt Purpose Expenditures:	302,000
Lobbying Nontaxable Amount:	60,400
Grassroots Nontaxable Amount:	15,100
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:	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 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

Affiliated Group Business Name:	Parma Community General Hosp
Address. Either US or Foreign Type:	3605 Warrensville Center Road Shaker Heights, OH 44122
EIN:	34-0827442
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	275
Total Direct Lobbying:	25,661
Total Lobbying Expenditures:	25,936
Other Exempt Purpose Expenditures:	169,291,922
Total Exempt Purpose Expenditures:	169,317,858
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:	Comprehensive Health Care of
Address. Either US or Foreign Type:	3605 Warrensville Center Road Shaker Heights, OH 44122
EIN:	34-1492733
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	321
Total Direct Lobbying:	30,001
Total Lobbying Expenditures:	30,322
Other Exempt Purpose Expenditures:	191,598,010
Total Exempt Purpose Expenditures:	191,628,332
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:	Amherst Hospital Association
Address. Either US or Foreign Type:	3605 Warrensville Center Rd Shaker Heights, OH 44122
EIN:	34-0067060
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:	EMH Regional Medical Center
Address. Either US or Foreign Type:	3605 Warrensville Center Rd Shaker Heights, OH 44122
EIN:	34-0714512
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:	Pathology Associates of Univ
Address. Either US or Foreign Type:	11100 Euclid Ave Cleveland, OH 44106
EIN:	34-1794737
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:	Royalton Senior Living Inc
Address. Either US or Foreign Type:	3605 Warrensville Center Road Shaker Heights, OH 44122
EIN:	56-2314071
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

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

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of 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) Revenue included in Form 990, Part VIII, line 1 ▶ $ 95,200

(ii) Assets included in Form 990, Part X ▶ $ 1,185,000

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 Revenue 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 SEE SUPPLEMENTAL INFORMATION

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, for escrow or custodial account liability? ☐ 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	126,970,000	123,867,000	118,803,000	107,300,000	103,637,000
b	Contributions	12,050,000	3,103,000	5,064,000	11,503,000	3,508,000
c	Net investment earnings, gains, and losses	5,680,000	4,020,000	3,938,000	4,198,000	1,680,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	5,680,000	4,020,000	3,938,000	4,198,000	1,680,000
f	Administrative expenses					
g	End of year balance	139,020,000	126,970,000	123,867,000	118,803,000	107,145,000

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

- a Board designated or quasi-endowment ▶ 12 470 %
- b Permanent endowment ▶ 87 530 %
- 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	0	146,055,000		146,055,000
b Buildings	0	1,693,043,000	717,329,000	975,714,000
c Leasehold improvements	0	23,702,000	16,432,000	7,270,000
d Equipment	0	1,039,332,000	996,676,000	42,656,000
e Other	0	238,707,000	51,120,000	187,587,000
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,359,282,000

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	841,013,000	F
(B) INVESTMENT DEPOSITED W/TRUSTEE	2,233,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	843,246,000	

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	286,252,000	F
(2) INVESTMENT IN AFFILIATES	71,672,000	C
(3) INVESTMENTS - PROGRAM RELATED	7,618,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	365,542,000	

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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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)* ▶	582,378,000

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 (losses) 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 2,413 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	Univeristy Hospitals Health System, Inc must recongize 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, 2014 and 2013, University Hospitals Health System, Inc does not have any uncertain tax positions

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	32,673,000
	DUE TO THIRD PARTIES	31,285,000
	INTEREST PAYABLE	4,578,000
	OTHER CURRENT LIABILITIES	79,697,000
	OTHER LIABILITIES	86,075,000
	ACCRUED WORKERS COMP LIABILITY	15,037,000
	INTEREST RATE SWAP LIABILITY	65,546,000
	SELF INSURED LIABILITY	898,000
	NON FUNDED LOSS COST	15,490,000
	DUE TO AFFILIATES	-57,344,000
	EMPLOYEE HEALTH PLAN	9,828,000
	PENSION LIABILITY	298,615,000

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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.**

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

OMB No 1545-0047

2014

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
1	SFI NON-PROFIT 7800 3rd Street N 900 St Paul, MN 55128	PHONE SOLIC		No	44,000	103,000	-59,000
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					44,000	103,000	-59,000

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

AL, AK, AR, CA, CT, DC, FL, KS, KY, ME, MI, MN, MS, MO, NH, NY, NC, ND, OH, OR, PA, SC, TN, UT, VA, WA, WV

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 Concert (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	149,000	107,000	84,000	340,000
	2 Less Contributions	110,000	90,000	52,000	252,000
	3 Gross income (line 1 minus line 2)	39,000	17,000	32,000	88,000
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	27,000	21,000	35,000	83,000
	8 Entertainment				
	9 Other direct expenses	32,000	4,000	17,000	53,000
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(136,000)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-48,000

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

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

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

a Is the organization licensed to conduct 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 conduct 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 activities conducted 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 provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320166055

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

OMB No 1545-0047

2014

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 ☐ 100% ☐ 150% ☐ 200% ☑ Other 250 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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		No
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		
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)			61,225,574		61,225,574	2 500 %
b Medicaid (from Worksheet 3, column a)			486,281,650	410,548,400	75,733,250	3 090 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			547,507,224	410,548,400	136,958,824	5 590 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,874,178	1,518,776	5,355,402	0 220 %
f Health professions education (from Worksheet 5)			77,741,925	22,133,421	55,608,504	2 270 %
g Subsidized health services (from Worksheet 6)			13,255,648	9,111,989	4,143,659	0 170 %
h Research (from Worksheet 7)			56,791,534	29,027,543	27,763,991	1 130 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			35,692,975		35,692,975	1 450 %
j **Total.** Other Benefits			190,356,260	61,791,729	128,564,531	5 240 %
k **Total.** Add lines 7d and 7j			737,863,484	472,340,129	265,523,355	10 830 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other			58,787		58,787	
10	**Total**			58,787		58,787	

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	51,347,000		
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	481,005,280	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	515,626,152	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-34,620,872	
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? 9

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		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)

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 17

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	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 12	**3**	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	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	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, 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)*

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☑ Residency			
h ☑ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☑ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The FAP was widely available on a website (list url) _____			
b ☑ The FAP application form was widely available on a website (list url) X _____			
c ☑ A plain language summary of the FAP was widely available on a website (list url) X _____			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 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(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group B

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	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	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2014			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, 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)*

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☑ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☑ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) X			
b ☑ The FAP application form was widely available on a website (list url) X			
c ☑ A plain language summary of the FAP was widely available on a website (list url) X			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 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(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

B

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group C

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 9

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	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 12	**3**	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	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	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2014			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed			
12a	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)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, 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)*

C

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 300 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☐ Insurance status			
f ☑ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) X			
b ☑ The FAP application form was widely available on a website (list url) X			
c ☑ A plain language summary of the FAP was widely available on a website (list url) X			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 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(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group C

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
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? **43**

	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	PLEASE REFER TO SCHEDULE H, PART V, LINE 13A-H FOR REPORTING GROUPS A, B, AND C

Form and Line Reference	Explanation
Part I, Line 6a	THE PARENT ORGANIZATION, UNIVERSITY HOSPITALS (34-0714775), PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THAT ENCOMPASSES ALL OF UNIVERSITY HOSPITALS HEALTH SYSTEM INCLUDING THE SUBORDINATE ORGANIZATIONS COMPLETING SCHEDULE H

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 2014 TOTALED $266 MILLION AS COMPARED TO THE 2013 COMMUNITY BENEFIT TOTAL OF $240 MILLION THE 2014 COMMUNITY BENEFIT NUMBER CONSISTED OF CHARITY CARE ($61 MILLION), MEDICAID SHORTFALL ($90 MILLION), RESEARCH ($28 MILLION), EDUCATION AND TRAINING ($56 MILLION), AND COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT ($45 MILLION), LESS HOSPITAL CARE ASSURANCE PROGRAM ("HCAP") ($14 MILLION) TO MEASURE AND REPORT COMMUNITY BENEFIT, THE SYSTEM HAS FOLLOWED INTERNAL REVENUE SERVICE GUIDELINES AS SUCH, THE INFORMATION FOR 2014 REPRESENTS THE REVISED REQUIREMENT TO OFFSET VARIOUS COMMUNITY BENEFIT PROGRAMS WITH RELATED REVENUE RECEIVED FOR 2014, THIS REVENUE OFFSET WAS $31 MILLION THE 2013 INFORMATION PROVIDED ABOVE ($240 MILLION)INCLUDED A REVENUE OFFSET OF $33 MILLION

Form and Line Reference	Explanation
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 $13,255,648 THE TOTAL AMOUNT OF ASSOCIATED DIRECT OFFSETTING REVENUE IS $9,111,989 THE TOTAL AMOUNT OF NET COMMUNITY BENEFIT EXPENSE INCLUDED IN LINE 7G IS $4,143,659

Form and Line Reference	Explanation
Part II, Line 9	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 2 THE COST OF BAD DEBT IS CALCULATED USING A COST TO CHARGE RATIO ALLOWANCES ARE MADE FOR ESTIMATED DOUBTFUL ACCOUNTS BASED ON HISTORICAL EXPERIENCE AND ADJUSTED FOR ECONOMIC CONDITIONS PART III, LINE 3 THERE IS NO ESTIMATED AMOUNT (ZERO) OF BAD DEBT ATTRIBUTABLE TO PATIENTS UNDER THE FINANCIAL ASSISTANCE POLICY FOR PATIENTS WHO QUALIFY, THOSE PATIENTS ARE DEEMED TO BE UNABLE TO PAY AND ARE THEREFORE WRITTEN OFF TO CHARITY RATHER THAN BAD DEBT

Form and Line Reference	Explanation
Part III, Line 4	THE HOSPITALS FINANCIAL STATEMENTS ARE USED TO DETERMINE THE BAD DEBT EXPENSE AS REPORTED ON LINE 2 TEXT TO AUDITED FINANCIAL STATEMENT FOOTNOTE - PROVISION FOR BAD DEBT, IN ADDITION TO CHARITY CARE AND INSUFFICIENT FUNDING FROM THE MEDICAID PROGRAM, THERE ARE SIGNIFICANT LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENT FOR SERVICES RENDERED OR INSURED PATIENTS WHO FAIL TO REMIT CO-PAYMENTS AND DEDUCTIBLES AS REQUIRED UNDER APPLICABLE HEALTH INSURANCE ARRANGEMENTS THE PROVISION FOR BAD DEBTS REPRESENTS REVENUES FOR SERVICES PROVIDED THAT ARE DEEMED TO BE UNCOLLECTIBLE PROVISION FOR BAD DEBTS TOTALED $61,772,000 AND $60,418,000 FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, RESPECTIVELY END TEXT TO FOOTNOTE THE BAD DEBT EXPENSE DISCLOSED IN 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 OF THE AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
Part III, Line 8	UH HOSPITALS PROVIDE SERVICES TO MANY LOW-INCOME MEDICARE RECIPIENTS THE MEDICARE LOSSES SUSTAINED AT THESE HOSPITALS ARE A RESULT OF MEDICARE REIMBURSING AT LESS THAN OPERATING COSTS IRS REV RUL 69-545, 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

Form and Line Reference	Explanation
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 IF A PATIENT QUALIFIES FOR A 100% FINANCIAL ASSISTANCE DISCOUNT, COLLECTION OF THE ACCOUNT IS NOT PURSUED IF A PATIENT RECEIVES A PARTIAL DISCOUNT DUE TO MEDICAL INDIGENCY UNDER THE FINANCIAL ASSISTANCE POLICY, ANY REMAINING BALANCE NOT DISCOUNTED IS TREATED IN ACCORDANCE WITH THE HOSPITALS COLLECTION POLICY

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 21,046 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 $65 MILLION ANNUALLY IN STATE AND LOCAL INCOME TAXES DURING 2014 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 RECENT CONSTRUCTION PROJECTS HAVE 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 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 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 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 ITS CITIZENS AND TO BE A POSITIVE ECONOMIC FORCE IN ITS REGION FOR MORE DETAILED INFORMATION ON THE SYSTEM'S COMMUNITY BENEFIT OR TO VIEW THE 2014 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW UHHOSPITALS ORG

Form and Line Reference	Explanation
Part VI, Line 3	UH INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT OPTIONS FOR RESOLUTION OF THEIR BALANCES, INCLUDING ASSISTANCE UNDER GOVERNMENT PROGRAMS AND UNDER THE UH FINANCIAL ASSISTANCE PROGRAM ("ASSISTANCE PROGRAM") IN A VARIETY OF WAYS SIGNAGE FOR THE STATE OF OHIO HEALTH CARE ASSURANCE PROGRAM (HCAP) AND THE UH PATIENT FINANCIAL ASSISTANCE PROGRAM CAN BE FOUND IN LOCATIONS WHERE PATIENTS REGISTER FOR CARE, PATIENT ACCESS AREAS, AND VARIOUS POINTS OF ENTRY SUCH AS OUR EMERGENCY DEPARTMENTS SUPPLEMENTAL BROCHURES THAT REFLECT THE UH PATIENT FINANCIAL ASSISTANCE PROGRAM AND THE HCAP PROGRAM ARE ALSO AVAILABLE INFORMATION ABOUT THE ASSISTANCE PROGRAM CAN ALSO BE FOUND ON THE UH WEBSITE IN ADDITION TO BEING PROVIDED ON THE BACKS OF PATIENT STATEMENTS, INCLUDING A TOLL FREE PHONE NUMBER TO CALL FOR ASSISTANCE FROM ONE OF OUR FINANCIAL COUNSELORS

Form and Line Reference	Explanation
PART VI, LINE 4	THE COMMUNITY SERVED BY EACH HOSPITAL FACILITY 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 UH CASE MEDICAL CENTER'S PSA IS COMPRISED OF EIGHT COUNTIES IN OHIO ASHTABULA, CUYAHOGA, GEAUGA, LAKE, LO RAIN, MEDINA, PORTAGE AND SUMMIT THE SSA IS COMPRISED OF ANOTHER SEVEN OHIO COUNTIES ASH LAND, ERIE, HURON, MAHONING, STARK, TRUMBULL AND WAYNE IN 2010, UH CASE MEDICAL CENTER'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 APPRO XIMATELY 1 3 MILLION RESIDENTS, CUYAHOGA COUNTY ACCOUNTED FOR NEARLY 32 PERCENT OF THE HOS PITAL'S PSA POPULATION IN 2010, APPROXIMATELY 92 PERCENT OF THEHOSPITAL'S INPATIENTS ORIG INATED FROM THE PSA CUYAHOGA COUNTY ACCOUNTED FOR APPROXIMATELY 69 PERCENT OF THE HOSPITA L'S DISCHARGES IN 2010 (THE MOST RECENT DATA AT THE TIME THE 2012 CHNA WAS CONDUCTED FROM 2010) UH RAINBOW BABIES AND CHILDREN'S HOSPITALS' PSA IS COMPRISED OF EIGHT OHIO COUNTIES ASHTABULA, CUYAHOGA, GEAUGA, LAKE, LORAIN, MEDINA, PORTAGE AND SUMMIT THE SSA IS COMPRI SED OF ANOTHER SEVEN OHIO COUNTIES ASHLAND, ERIE, HURON, MAHONING, STARK, TRUMBULL AND WA YNE IN 2010, APPROXIMATELY 91 PERCENT OF THE HOSPITAL'S INPATIENTS ORIGINATED FROM THE PS A 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, TH E HOSPITAL'S PSA'S GENERAL POPULATION INCLUDED ABOUT 663,114 PERSONS UNDER THE AGE OF 18 A ND ITS SSA INCLUDED A POPULATION OF APPROXIMATELY 252,313 PERSONS UNDER THE AGE OF 18 RESU LTING IN A COMBINED PEDIATRIC POPULATION OF APPROXIMATELY 915,427 PERSONS WITH APPROXIMAT ELY 295,000 RESIDENTS UNDER THE AGE OF 18, CUYAHOGA COUNTY ALONE ACCOUNTED FOR NEARLY 32 P ERCENT OF THE POPULATION SERVED BY THE HOSPITAL UH GEAUGA MEDICAL CENTER'S PSA IS COMPRIS ED 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 2 010, THE PSA AND SSA WERE HOME TO APPROXIMATELY 344,974 PERSONS, ALMOST ALL OF WHOM LIVE I N ASHTABULA, GEAUGA AND LAKE COUNTIES IN 2010, MORE THAN 82 PERCENT OF THE HOSPITAL'S INP ATIENTS LIVED IN THE SPECIFIED ZIP CODES (THE MOST RECENT DATA AT THE TIME THE 2012 CHNA W AS CONDUCTED FROM 2010) UH AHUJA MEDICAL CENTER'S PSA IS COMPRISED OF NINE ZIP CODES IN C UYAHOGA COUNTY, OHIO THE SSA IS COMPRISED OF 17 ZIP CODES IN CUYAHOGA, GEAUGA, LAKE, MEDI NA, PORTAGE AND SUMMIT COUNTIES IN OHIO IN 2010, THE PSA AND SSA WERE HOME TO APPROXIMATE LY 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 FR OM 2010) THE UH REGIONAL HOSPITALS - RICHMOND CAMPUS 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 20 10, 74 PERCENT OF THE RICHMOND CAMPUS' INPATIENTS LIVED IN THE SPECIFIED ZIP CODES (THE MO ST RECENT DATA AT THE TIME THE 2012 CHNA WAS CONDUCTED FROM 2010) THE UH REGIONAL HOSPITA LS - BEDFORD CAMPUS PSA AND SSA INCLUDE NINE ZIP CODES IN CUYAHOGA, PORTAGE AND SUMMIT COU NTIES 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 UH GENEVA MEDICAL CEN TER'S 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 APP ROXIMATELY 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) UH CO NNEAUT MEDICAL CENTER'S PSA AND SSA ARE EACH COMPRISED OF TWO ZIP CODES IN ASHTABULA COUNT Y, OHIO IN 2010, THE PSA AND SSA WERE HOME TO APPROXIMATELY 67,074 PERSONS IN 2010, 84 P ERCENT OF THE HOSPITAL'S INPATIENTS LIVED IN THESE ZIP CODES (THE MOST RECENT DATA AT THE TIME THE 2012 CHNA WAS CONDUCTED FROM 2010) UH PARMA MEDICAL CENTER'S PSA INCLUDES EIGHT ZIP CODES AND THE SSA IS SIX ZIP CODES, BOTH WITHIN CUYAHOGA COUNTY, OHIO IN 2010, THE PS A AND SSA TOGETHER WERE HOME TO APPROXIMATELY 398,870 PERSONS DEFINING THE COMMUNITY AS T HE PSA AND SSA IS BASED ON THE GEOGRAPHIC ORIGINS OF THE HOSPITAL'S INPATIENTS, IN 2010, 8 7 PERCENT OF THE HOSPITAL'S INPATIENTS LIVED IN THE SPECIFIED ZIP CODES UH ELYRIA MEDICAL CENTER SERVICES THE COMMUNITY OF LORAIN COUNTY, OHIO PATIENT DISCHARGE DATA FROM THE OHI O HOSPITAL ASSOCIATION INDICATES THAT APPROXIMATEL

Form and Line Reference	Explanation
PART VI, LINE 4	Y 93% OF INPATIENTS SERVED BY THE HOSPITAL WERE RESIDENTS OF LORAIN COUNTY IN 2011 ACCORD ING TO CENSUS 2010 DATA, LORAIN COUNTY HAD MORE THAN 301,000 RESIDENTS, WITH 75% BEING ADU LTS OVER THE AGE OF 19, 10% BEING YOUTHS BETWEEN 12 AND 18 AND THE REMAINING 15% BEING CHI LDREN UNDER THE AGE OF 11 CAUCASIANS ACCOUNTED FOR 85% OF RESIDENTS, FOLLOWED BY AFRICAN-AMERICANS (9%), HISPANICS (8%), MULTIRACIAL (3%) AND ASIAN (1%) THE MEAN HOUSEHOLD INCOME IN LORAIN COUNTY (BASED ON 2010 IN?ATION-ADJUSTED DOLLARS) WAS $61,475 IN LORAIN COUNTY, 14% OF ALL RESIDENTS AND 11% OF FAMILIES HAD AN INCOME BELOW THE POVERTY LEVEL

Form and Line Reference	Explanation
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 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 CAMPUS OF UH CASE MEDICAL CENTER 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 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

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, EIGHT 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

Form and Line Reference	Explanation
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 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 2 - REPORTING GROUP B & C	GROUP B ON JANUARY 1, 2014, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC BECAME THE SOLE MEMBER OF PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION D/B/A UH PARMA MEDICAL CENTER, THEREBY MAKING UH PARMA MEDICAL CENTER A WHOLLY-OWNED, NONPROFIT SUBSIDIARY OF UNIVERSITY HOSPITALS HEALTH SYSTEM, INC REPORTING GROUP C ON JANUARY 1, 2014, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC BECAME THE SOLE MEMBER OF COMPREHENSIVE HEALTH CARE OF OHIO, INC , WHICH OWNS EMH REGIONAL MEDICAL CENTER D/B/A UH ELYRIA MEDICAL CENTER, THEREBY MAKING UH ELYRIA MEDICAL CENTER A WHOLLY-OWNED, NONPROFIT SUBSIDIARY WITHIN UNIVERSITY HOSPITALS HEALTH SYSTEM PART V, SECTION B, LINE 3J - REPORTING GROUP A IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, 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 CONDUCTED THE CHNA AND A LIST OF COLLABORATING ORGANIZATIONS ALSO WERE INCLUDED

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 3J - REPORTING GROUP B	PARMA COMMUNITY GENERAL HOSPITAL ("PARMA") WORKED TOGETHER AS A MEMBER OF THE CUYAHOGA COUNTY HEALTH PARTNERS, COMPRISED OF MEMBER HOSPITALS AND HEALTH CARE PROVIDERS OF THE CENTER FOR HEALTH AFFAIRS,TO COMMISSION A 2012 CUYAHOGA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT THIS COMPREHENSIVE SURVEY TOOL IDENTIFIED SPECIFIC HEALTH NEEDS IN THE COMMUNITY BASED ON DATA GATHERED FROM THIS UNIQUE COUNTYWIDE COLLABORATION AND OTHER RECENT HEALTH SURVEYS NOTED IN THE "SIGNIFICANT HEALTH NEEDS" SECTION OF THIS DOCUMENT, PARMA'S COMMUNITY IMPLEMENTATION PLANNING COMMITTEE MET OVER A PERIOD OF TWO MONTHS TO ANALYZE DATA AND IDENTIFY SIGNIFICANT HEALTH NEEDS AMONG ALL NEEDS IDENTIFIED THIS PROCESS ALLOWS PARMA TO FOCUS RESOURCES TOWARD PREVENTION, EDUCATION, WELLNESS AND OUTREACH THAT WILL HAVE THE GREATEST IMPACT ON THE COMMUNITY IT SERVES THIS CHNA IDENTIFIED THE SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY SERVED BY PARMA, AS WELL AS POTENTIAL PROGRAMS, STRATEGIES AND SERVICES TO IMPACT THOSE NEEDS THE BOARD OF TRUSTEES OF PARMA ADOPTED THE CHNA ON NOVEMBER 21, 2013 ON JANUARY, 1, 2014, PARMA WAS ACQUIRED BY UNIVERSITY HOSPITALS HEALTH SYSTEM, INC , AN INTEGRATED HEALTH SYSTEM IN NORTHEAST OHIO UPON ACQUISITION, AN UPDATED VERSION OF THIS DOCUMENTWAS ADOPTED BY THE UNIVERSITY HOSPITALS HEALTH SYSTEM, INC BOARD ON JUNE 19, 2014

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 3J - REPORTING GROUP C	FOR ITS 2013 CHNA, EMH REGIONAL MEDICAL CENTER ("EMH") DETERMINED THAT IT WOULD BE MOST EFFICIENT TO DEVELOP ITS COMMUNITY HEALTH NEEDS ASSESSMENT BY BUILDING UPON EFFORTS PREVIOUSLY UNDERTAKEN IN THE COUNTY TO ASSESS HEALTH NEEDS AND DEVELOP STRATEGIES TO ADDRESS THOSE NEEDS EMH, THE THREE (3) PUBLIC HEALTH DISTRICTS AND OTHER LEADING HEALTH AND SOCIAL SERVICE AGENCIES PARTICIPATED IN THE 2011 LORAIN COUNTY, OHIO HEALTH ASSESSMENT PROJECT THE RESULTS OF THE PROJECT WERE THEN SHARED WITH KEY LEADERS AND GROUPS IN THE COMMUNITY ADDITIONALLY, EMH AND MERCY REGIONAL MEDICAL CENTER ENGAGED KEY COMMUNITY STAKEHOLDERS TO SOLICIT THEIR INPUT AND EXPERTISE IN PRIORITIZING THE NEEDS OF THE COMMUNITY EMH IS CONTINUING TO WORK WITH THE OTHER AGENCIES IN LORAIN COUNTY TO DEVELOP A COUNTY-WIDE COMMUNITY HEALTH IMPROVEMENT PLAN THE PROCESS OF PERFORMING THE COMMUNITY HEALTH ASSESSMENT AND DEVELOPING PRIORITIES, INCLUDING KEY DATES IS DESCRIBED IN THIS SECTION THE HOSPITAL ENCOUNTERED NO INFORMATION GAPS IN ITS EFFORT TO SURVEY THE COMMUNITY AND SEEK COMMUNITY INPUT THIS PROJECT, UNDERTAKEN BY LORAIN COUNTY HEALTH PARTNERS, RESULTED IN PRODUCTION OF A HEALTH NEEDS ASSESSMENT OF THE COUNTY AT LARGE THE PROJECT WAS COORDINATED AND MANAGED BY THE HOSPITAL COUNCIL OF NORTHWEST OHIO, A NON-PROFIT HOSPITAL ASSOCIATION LOCATED IN TOLEDO, OHIO, UNDER CONTRACT WITH THE COUNTY HEALTH PARTNERS THE HOSPITAL COUNCIL HAS EXPERIENCE COMPLETING COMPREHENSIVE HEALTH ASSESSMENTS SINCE 1998, AND THE PROJECT COORDINATOR HOLDS A MASTER'S DEGREE IN PUBLIC HEALTH THE ASSESSMENT PROCESS INCLUDED TWO CROSS-SECTIONAL SURVEYS CONDUCTED IN 2011 AS THE MAIN SOURCE OF PRIMARY DATA FOR THE COUNTY-WIDE HEALTH ASSESSMENT LOCAL AGENCIES, ESPECIALLY THOSE WHICH SERVE THE UNDERSERVED, LOW-INCOME, MINORITY OR CHRONIC DISEASE POPULATIONS WERE INVITED TO PARTICIPATE IN THE HEALTH ASSESSMENT PROCESS, WHICH INCLUDED CHOOSING QUESTIONS TO BE USED ON THE SURVEYS DURING THESE SERIES OF MEETINGS, POTENTIAL SURVEY QUESTIONS FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE, YOUTH RISK BEHAVIOR SURVEILLANCE, AND NATIONAL SURVEY OF CHILDREN'S HEALTH SURVEYS WERE REVIEWED AND DISCUSSED BASED ON INPUT, THE COORDINATOR COMPOSED DRAFTS OF THE SURVEYS WHICH CONTAINED 116 ITEMS FOR THE ADULT SURVEY AND 78 FOR THE YOUTH SURVEY BOTH SURVEYS WERE REVIEWED AND APPROVED BY HEALTH RESEARCHERS AT THE UNIVERSITY OF TOLEDO (OHIO) THE NEEDS OF THE ENTIRE POPULATION, ESPECIALLY THOSE CRITICAL POPULATIONS PREVIOUSLY LISTED WERE TAKEN INTO ACCOUNT THROUGH THE SAMPLE METHODOLOGY THAT ENSURED THESE POPULATIONS WERE SURVEYED AND, IN THE CASE OF MINORITY POPULATIONS, WERE OVER-SAMPLED THE BOARD OF DIRECTORS OF EMH ADOPTED THE CHNA ON NOVEMBER 20, 2013 THE BOARD OF DIRECTORS OF THE PARENT ORGANIZATION OF EMH, COMPREHENSIVE HEALTH CARE OF OHIO, INC , ADOPTED THE CHNA ON NOVEMBER 25, 2013 ON JANUARY, 1, 2014, EMH WAS ACQUIRED BY UNIVERSITY HOSPITALS HEALTH SYSTEM, INC , AN INTEGRATED HEALTH SYSTEM IN NORTHEAST OHIO UPON ACQUISITION, AN UPDATED VERSION OF THIS DOCUMENT WAS ADOPTED BY THE UNIVERSITY HOSPITALS HEALTH SYSTEM, INC BOARD ON JUNE 19, 2014

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
PART V, SECTION B, LINE 5 - REPORTING GROUP A	UH CASE MEDICAL CENTER (A,1) THE ASSESSMENT TOOK INTO ACCOUNT INFORMATION OBTAINED FROM 44 INTERVIEWS WITH STAKEHOLDERS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDIN G PUBLIC HEALTH OFFICIALS AND EXPERTS, AND UH CASE MEDICAL CENTER-AFFILIATED CLINICIANS, A DMINISTRATORS, 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 ACHIEVE MENT CENTERS FOR CHILDREN ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES (ADAMHS) BOAR D OF CUYAHOGA COUNTY AMERICAN DIABETES ASSOCIATION ASHTABULA COUNTY HEALTH DEPARTMENT BELL EFAIRE JCB BENJAMIN ROSE INSTITUTE ON AGING CENTER FOR FAMILIES AND CHILDREN CITY OF BEACH WOOD CITY OF BEDFORD CITY OF CLEVELAND, WARD 9 CLEVELAND DEPARTMENT OF PUBLIC HEALTH CUYAH OGA COUNTY OFFICE OF EARLY CHILDHOOD INVEST IN CHILDREN DEPARTMENT OF PUBLIC SAFETY, CLEVE LAND GEAUGA COUNTY GENERAL HEALTH DISTRICT LAKE COUNTY GENERAL HEALTH DISTRICT LORAIN COUN TY 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 MINI STRY 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 H EALTH DEPARTMENT UH CASE MEDICAL CENTER UH EMS TRAINING & DISASTER PREPAREDNESS INSTITUTE UH SEIDMAN CANCER CENTER UH RAINBOW BABIES AND CHILDREN'S HOSPITAL (A,2) THE ASSESSMENT TO OK INTO ACCOUNT INFORMATION OBTAINED FROM 44 INTERVIEWS WITH STAKEHOLDERS WHO REPRESENT TH E BROAD INTERESTS OF THE COMMUNITY, INCLUDING PUBLIC HEALTH OFFICIALS AND EXPERTS, AND UH RAINBOW BABIES & CHILDREN'S HOSPITAL-AFFILIATED CLINICIANS, ADMINISTRATORS, AND STAFF INT ERVIEWS 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 ALC OHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES (ADAMHS) BOARD OF CUYAHOGA COUNTY AMERICAN DIABETES ASSOCIATION ASHTABULA COUNTY HEALTH DEPARTMENT BEDFORD CITY SCHOOLS BELLEFAIRE J CB CATHOLIC CHARITIES, ELYRIA CENTER FOR FAMILIES AND CHILDREN CITY OF BEACHWOOD CITY OF B EDFORD CITY OF CLEVELAND, WARD 9 CLEVELAND DEPARTMENT OF PUBLIC HEALTH CUYAHOGA COUNTY OFF ICE OF EARLY CHILDHOOD INVEST IN CHILDREN DEPARTMENT OF PUBLIC SAFETY, CLEVELAND GEAUGA CO UNTY GENERAL HEALTH DISTRICT LAKE COUNTY GENERAL HEALTH DISTRICT LORAIN COUNTY BOARD OF ME NTAL HEALTH LORAIN FREE CLINIC MEDINA COUNTY HEALTH DEPARTMENT MENTAL HEALTH AND RECOVERY BOARD OF PORTAGE COUNTY NEIGHBORHOOD FAMILY PRACTICE NORTH COAST HEALTH MINISTRY NORTH OLM STED 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 UH GEAUGA MEDICAL CENTER (A,3) THE ASSESSMENT TOOK INTO ACCOUNT I NFORMATION OBTAINED FROM 16 INTERVIEWS WITH STAKEHOLDERS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING PUBLIC HEALTH OFFICIALS AND EXPERTS, AND UH GEAUGA MEDICAL CE NTER-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 GROU PS CONSULTED INCLUDE AMERICAN DIABETES ASSOCIATION ASHTABULA COUNTY HEALTH DEPARTMENT BEL LEFAIRE JCB GEAUGA COUNTY GENERAL HEALTH DISTRICT LAKE COUNTY GENERAL HEALTH DISTRICT NORT H COAST HEALTH MINISTRY OHIO COMMISSION OF MINORITY HEALTH THE CENTER FOR HEALTH AFFAIRS U H AHUJA MEDICAL CENTER (A,4) THE ASSESSMENT TOOK INTO ACCOUNT INFORMATION OBTAINED FROM 29 INTERVIEWS WITH STAKEHOLDERS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDIN G 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 201 0 AND IN NOVEMBER AND DECEMBER OF 2011 ORGANIZATIONS AND GROUPS CONSULTED INCLUDE ACHIEV EMENT CENTERS FOR CHILDREN ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES (ADAMHS) BOA RD 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 DEP ARTMENT 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 COMM ISSION OF MINORITY HEALTH SUMMIT COUNTY PUBLIC HEALTH THE CENTER FOR HEALTH AFFAIRS THE FR EE MEDICAL CLINIC OF GREATER CLEVELAND THE GATHERING PLACE UH REGIONAL HOSPITALS (A,5) THE ASSESSMENT TOOK INTO ACCOUNT INFORMATION OBTAINED FROM 33 INTERVIEWS FOR THE BEDFORD CAMP US AND 25 INTERVIEWS FOR THE RICHMOND CAMPUS THESE STAKEHOLDERS REPRESENT THE BROAD INTER ESTS OF EACH COMMUNITY, INCLUDING PUBLIC HEALTH OF

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
PART V, SECTION B, LINE 5 - REPORTING GROUP A	FICIALS 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 AN D DECEMBER OF 2011 ORGANIZATIONS AND GROUPS CONSULTED FOR THE BEDFORD CAMPUS INCLUDE CLE VELAND DEPARTMENT OF PUBLIC HEALTH ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES (ADA MHS) 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 BEACH WOOD CITY OF BEDFORD HEIGHTS CITY OF BEDFORD THE GATHERING PLACE BEDFORD CITY SCHOOLS BELL EFAIRE JCB CENTER FOR FAMILIES AND CHILDREN ACHIEVEMENT CENTERS FOR CHILDREN BENJAMIN ROSE INSTITUTE ON AGING NEIGHBORHOOD FAMILY PRACTICE CENTER FOR FAMILIES AND CHILDREN MAPLE HE IGHTS SENIOR CENTER THE CENTER FOR HEALTH AFFAIRS ORGANIZATIONS AND GROUPS CONSULTED FOR T HE RICHMOND CAMPUS INCLUDE CLEVELAND DEPARTMENT OF PUBLIC HEALTH ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES (ADAMHS) BOARD OF CUYAHOGA COUNTY NORTH COAST HEALTH MINISTRY L AKE COUNTY GENERAL HEALTH DISTRICT THE FREE MEDICAL CLINIC OF GREATER CLEVELAND AMERICAN D IABETES ASSOCIATION THE GATHERING PLACE OHIO COMMISSION ON MINORITY HEALTH CUYAHOGA COUNTY OFFICE OF EARLY CHILDHOOD INVEST IN CHILDREN THE GATHERING PLACE BELLEFAIRE JCB CENTER FO R FAMILIES AND CHILDREN ACHIEVEMENT CENTERS FOR CHILDREN BENJAMIN ROSE INSTITUTE ON AGING NEIGHBORHOOD FAMILY PRACTICE CENTER FOR FAMILIES AND CHILDREN THE CENTER FOR HEALTH AFFAIR S CITY OF BEACHWOOD CITY OF BEDFORD UH GENEVA MEDICAL CENTER (A,6) THE ASSESSMENT TOOK INT O ACCOUNT INFORMATION OBTAINED FROM 16 INTERVIEWS WITH STAKEHOLDERS WHO REPRESENT THE BROA D INTERESTS OF THE COMMUNITY, INCLUDING PUBLIC HEALTH OFFICIALS AND EXPERTS, AND UH GENEVA MEDICAL CENTER-AFFILIATED CLINICIANS, ADMINISTRATORS, AND STAFF INTERVIEWS WERE CONDUCTE D IN MARCH, APRIL, MAY, AND JUNE OF 2010 AND IN NOVEMBER AND DECEMBER OF 2011 ORGANIZATIO NS AND GROUPS CONSULTED INCLUDE LAKE COUNTY GENERAL HEALTH DISTRICT ASHTABULA COUNTY HEAL TH DEPARTMENT AMERICAN DIABETES ASSOCIATION OHIO COMMISSION ON MINORITY HEALTH BELLFAIRE J CB CENTER FOR FAMILIES AND CHILDREN BENJAMIN ROSE INSTITUTE ON AGING THE CENTER FOR HEALTH AFFAIRS UH CONNEAUT MEDICAL CENTER (A,7) THE ASSESSMENT TOOK INTO ACCOUNT INFORMATION OBT AINED FROM 14 INTERVIEWS WITH STAKEHOLDERS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUN ITY, INCLUDING PUBLIC HEALTH OFFICIALS AND EXPERTS, AND UH CONNEAUT MEDICAL CENTER-AFFILIA TED CLINICIANS, ADMINISTRATORS, AND STAFF INTERVIEWS WERECONDUCTED 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 5 - REPORTING GROUP B UH PA RMA MEDICAL CENTER (B,8) THE ASSESSMENT TOOK INTO ACCOUNT INFORMATION OBTAINED FROM INTERV IEWS WITH PARTNERS, COLLABORATORS AND STAKEHOLDERS WHO REPRESENT THE BROAD INTERESTS OF TH E COMMUNITY, INCLUDING PUBLIC HEALTH OFFICIALS AND EXPERTS, AND PARMA-AFFILIATED CLINICIAN S, ADMINISTRATORS, AND STAFF THE ADULT DATA USED IN THE ASSESSMENT WAS DERIVED FROM THE 2 012 CUYAHOGA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, LED AND SUPPORTED BY THE CENTER FOR HEALTH AFFAIRS AND THE 27 MEMBERS OF CUYAHOGA COUNTY HEALTH PARTNERS, OF WHICH PARMA MEDI CAL CENTER IS A PART THE YOUTH DATA USED TO SUPPORT THE STRATEGIES IN THE CHNA WAS DERIVE D FROM THE PREVENTION RESEARCH CENTER FOR HEALTH NEIGHBORHOODS 2011 CUYAHOGA COUNTY HIGH S CHOOL YOUTH RISK BEHAVIOR SURVEY (YRBS) REPORT & 2012 CUYAHOGA COUNTY MIDDLE SCHOOL YOUTH RISK BEHAVIOR SURVEY (YRBS) REPORT DATA WAS ALSO DERIVED FROM THE CUYAHOGA HEALTH IMPROVE MENT PARTNERSHIP 2012-2013 COMMUNITY HEA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 5 - REPORTING GROUP C	UH ELYRIA MEDICAL CENTER (C,9) THE ASSESSMENT TOOK INTO ACCOUNT INFORMATION OBTAINED FROM THE LORAIN COUNTY, OHIO HEALTH ASSESSMENT PROJECT, UNDERTAKEN BY LORAIN COUNTY HEALTH PARTNERS, A COMMUNITY SUMMIT HELD BY THE LORAIN COUNTY GENERAL HEALTH DISTRICT, AND COMMUNITY ENGAGEMENT SESSIONS COMMISSIONED BY THE LORAIN COUNTY GENERAL HEALTH DISTRICT MORE THAN 100 KEY LEADERS FROM THE COMMUNITY WERE IN REPRESENTED THROUGHOUT THESE PROJECTS IN ORDER TO DEVELOP A THREE (3) YEAR PLAN TO ADDRESS COMMUNITY HEALTH NEEDS BEGINNING IN 2013, EMH (AND MERCY REGIONAL MEDICAL CENTER) TOOK THE RESULTS FROM THE PREVIOUS WORK AND ENGAGED KEY STAKEHOLDERS IN THE COMMUNITY TO PRIORITIZE THE KEY NEEDS OF LORAIN COUNTY A TOTAL OF 28 IN-DEPTH INTERVIEWS WERE CONDUCTED WITH KEY INDIVIDUALS WHO REPRESENTED A CROSS SECTION OF COMMUNITY LEADERS INCLUDING PUBLIC HEALTH OFFICIALS, HEALTH CARE PROVIDERS, FUNDING ENTITIES, NOT-FOR-PROFIT HEALTH AND SOCIAL SERVICE PROVIDERS, SCHOOLS, FAITH-BASED ORGANIZATIONS, PHILANTHROPY AND OTHERS WHILE ABOUT HALF OF THE ORGANIZATIONS SERVED ALL OF LORAIN COUNTY, THE OTHERS SERVED SMALLER AREAS WITHIN THE COUNTY SUCH AS AN INDIVIDUAL CITY, A PORTION OF THE COUNTY OR A SPECIFIC SCHOOL DISTRICT WITHIN THE COUNTY ADDITIONALLY, MANY OF THOSE INTERVIEWED ALSO PROVIDE SERVICES INTO AREAS SURROUNDING LORAIN COUNTY, INCLUDING WESTERN CUYAHOGA COUNTY, HURON COUNTY AND ERIE COUNTY ORGANIZATIONS AND GROUPS ATTENDING INCLUDED AMERICAN RED CROSS LORAIN COUNTY BOARD OF MENTAL HEALTH CHILD CARE RESOURCE CENTER CHURCH OF THE OPEN DOOR CORNERSTONE AMONG WOMEN ELYRIA CITY HEALTH DEPARTMENT GENESIS HOUSE HAVE HOUSE LAGRANGE UNITED METHODIST CHURCH LORAIN CITY HEALTH DEPARTMENT LORAIN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES LORAIN COUNTY CATHOLIC CHARITIES LORAIN COUNTY COMMUNITY ACTION AGENCY LORAIN COUNTY FREE CLINIC LORAIN COUNTY GENERAL HEALTH DISTRICT LORAIN COUNTY HEALTH AND DENTISTRY MIGRANT AND IMMIGRATION SERVICES OBERLIN COMMUNITY SERVICES PATHWAYS COUNSELING & GROWTH CENTER PASTOR AT OBERLIN HOUSE OF THE LORD FELLOWSHIP (PENTECOSTAL CHURCH) SACRED HEART CHAPEL THE ALCOHOL & DRUG ADDICTION SERVICES BOARD OF LORAIN COUNTY (ADAS) THE NORD CENTER THE NORD FAMILY FOUNDATION THE URBAN MINORITY ALCOHOLISM AND DRUG ABUSE OUTREACH PROGRAM UNITED WAY OF GREATER LORAIN COUNTY WELLINGTON OFFICE OF AGING PARTICIPANTS WITH EXPERTISE IN PUBLIC HEALTH ELYRIA CITY HEALTH DEPARTMENT LORAIN CITY HEALTH DEPARTMENT LORAIN COUNTY GENERAL HEALTH DISTRICT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 6A - REPORTING GROUP A	THE HOSPITAL FACILITIES OF REPORTING GROUP A WORKED IN COLLABORATION OF ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 6A AND 6B - REPORTING GROUP B	INFORMATION FOR THE CHNA WAS DERIVED FROM THE 2012 CUYAHOGA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, LED AND SUPPORTED BY THE CENTER FOR HEALTH AFFAIRS AND THE 27 MEMBERS OF CUYAHOGA COUNTY HEALTH PARTNERS, OF WHICH PARMA MEDICAL CENTER IS A PART OF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 6A AND 6B - REPORTING GROUP C	THE CHNA WAS CONDUCTED IN COLLABORATION WITH THE AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, AREA SENIOR LIVING FACILITIES, ELYRIA FIRE DEPARTMENT, ELYRIA POLICE DEPARTMENT, LORAIN COUNTY HEALTH & DENTISTRY, LORAIN COUNTY FREE CLINIC, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 7A - REPORTING GROUPS A, B, AND C	EACH HOSPITAL FACILITY CHNA CAN BE ACCESSED AT HTTP //WWW UHHOSPITALS ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS- ASSESSMENT

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
PART V, SECTION B, LINE 11 - REPORTING GROUP A	UNIVERSITY HOSPITALS IS COMMITTED TO ITS MISSION AND REMAINING FINANCIALLY HEALTHY SO THAT IT CAN CONTINUE TO PROVIDE AND ADVANCE ITS CLINICAL, TEACHING AND RESEARCH ACTIVITIES AND TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS UH CASE MEDICAL CENTER (A,1) THE IMPLEMENT ATION 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 HOSPI TAL COLLABORATES WITH CASE WESTERN RESERVE UNIVERSITY SCHOOL OF DENTAL MEDICINE TO WHICH I T REFERS 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 AS SIST PATIENTS WITH TRANSPORTATION TO THE HOSPITAL CONSISTENT WITH FEDERAL REGULATORY GUIDE LINES IMPLEMENTATION STRATEGIES BEGAN IN 2013 AND WERE ONGOING THROUGH 12/31/2014 UH RAI NBOW BABIES AND CHILDREN'S HOSPITAL (A,2) THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING SEVEN (7) COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2012 CHNA A) LACK OF TRANSP ORTATION TO HEALTH SERVICES THE HOSPITAL DOES NOT HAVE A TRANSPORTATION PROGRAM, HOWEVER, ON OCCASION THE HOSPITAL WILL ASSIST PATIENTS WITH TRANSPORTATION TO THE HOSPITAL CONSIST ENT WITH FEDERAL REGULATORY GUIDELINES B) HIGH RATES OF SEXUAL VIOLENCE THE CLEVELAND RA PE CRISIS CENTER ADDRESSES ISSUES RELATED TO SEXUAL VIOLENCE AGAINST BOTH WOMEN AND MEN T HE 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 TARGETI NG YOUTH IN THE COMMUNITY D) HIGH RATES OF UNSAFE SEX SEX EDUCATION IS NOT WITHIN THE HO SPITAL'S SCOPE OF CLINICAL OUTREACH UH CASE MEDICAL CENTER, DOES HAVE CERTAIN SERVICES SU CH AS THE JOHN T CAREY SPECIAL IMMUNOLOGY UNIT, THAT PROVIDE HIV CARE, EDUCATION AND RESE ARCH THROUGH A SUBSIDIZED CLINICAL PROGRAM THE STAFF PROVIDES EDUCATION AND SPEAKERS TO H IGH SCHOOLS, COMMUNITY CENTERS AND OTHER FORUMS ON THE IMPORTANCE OF SAFE SEX IN THE PREVE NTION 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 D EPENDENCY SERVICES, THE COVENANT, NEW DIRECTIONS, NORTHERN OHIO RECOVERY ASSOCIATION AND R ECOVERY RESOURCES F) HIGH RATESOF UNEMPLOYMENT AND FINANCIAL HARDSHIP WHILE THE HOSPITAL IS A SIGNIFICANT EMPLOYER WITHIN ITS PSA, UNEMPLOYMENT AND FINANCIAL HARDSHIP ARE NOT A P ART OF THE HOSPITAL'S MISSION, G) LOW EDUCATIONAL ACHIEVEMENT ADDRESSING EDUCATIONAL ACHI EVEMENT IS NOT A PART OF THE HOSPITAL'S MISSION IMPLEMENTATION STRATEGIES BEGAN IN 2013 A ND WERE ONGOING THROUGH 12/31/2014 UH GEAUGA MEDICAL CENTER (A,3) THE IMPLEMENTATION STRA TEGY 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 PRO TECTION AGENCY, COUNTY HEALTH DEPARTMENT AIR POLLUTION PROGRAMS, AND THE OHIO DEPARTMENT O F HEALTH, B) HIGH RATES OF UNEMPLOYMENT AND FINANCIAL HARDSHIP, C) LOW EDUCATIONAL ACHIEVE MENT 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 IMPLEMENTATION STRATEGIES BEGAN IN 2013 AND WERE ONGOING THROUGH 12/31/2014 ONE PROGRAM W AS DISCOUNTINUED AS IT IS NOW COVERED THROUGH UH RAINBOW BABIES AND CHILDREN'S HOSPITAL U H AHUJA MEDICAL CENTER (A,4) THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING SE VEN (7) COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2012 CHNA A) LACK OF ACCESSIBLE AND AFFO RDABLE 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 UN SAFE SEX THE HOSPITAL DOES NOT OFFER OBSTETRIC/GYNECOLOGICAL SERVICES OR COUNSELING IN UN SAFE SEXUAL PRACTICES, D) PREVALENT DRUG USE DRUG AND ALCOHOL PREVENTION AND RECOVERY SER VICES ARE PROVIDED BY COMMUNITY AGENCIES,INCLUDING THE MOORE COUNSELING SERVICES AND ALCOH OLICS ANONYMOUS, E) POOR INFANT AND MATERNAL CARE THE HOSPITAL DOES NOT OFFER MATERNAL-FE TAL SERVICES, F) POOR AIR QUALITY AIR QUALITY IS MANAGED PRIMARILY BY THE OHIO ENVIRONMEN TAL PROTECTION AGENCY, COUNTY HEALTH DEPARTMENT AIR POLLUTION PROGRAMS, AND THE OHIO DEPAR TMENT OF HEALTH AIR QUALITY IMPROVEMENT IS NOT PART OF THE HOSPITAL'S MISSION, G) LOW EDU CATIONAL ACHIEVEMENT THESE NEEDS ARE ADDRESSED BY THE SCHOOL DISTRICTS IMPROVED EDUCATIO N OF THE GENERAL POPULATION IS NOT PART OF THE HOSPITAL'S MISSION IMPLEMENTATION STRATEGI ES BEGAN IN 2013 AND WERE ONGOING THROUGH 12/31/2014 THREE NEW PROGRAMS ARE SCHEDULED TO BEGIN IN 2015 UH REGIONAL HOSPITALS (A,5) THE IMP

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
PART V, SECTION B, LINE 11 - REPORTING GROUP A	LEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN T HE 2012 CHNA INCLUDING ELEVEN (11)FOR THE BEDFORD CAMPUS AND EIGHT (8) FOR THE RICHMOND CA MPUS BEDFORD CAMPUS A) ACCESS TO AFFORDABLE DENTAL CARE THE BEDFORD CAMPUS DOES NOT OFFE R 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 SE RVICES THE BEDFORD CAMPUS DOES NOT OFFER TRANSPORTATION SERVICES D) LACK OF ACCESSIBLE A ND 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 A DDRESSED BY OTHER COMMUNITY AGENCIES, INCLUDING THE MENTAL HEALTH ASSESSMENT SERVICE, COMM UNITY PSYCHIATRIC SUPPORTIVE TREATMENT, AND BEHAVIORAL HEALTH COUNSELING AND THERAPY SERVI CE THROUGH REACH COUNSELING SERVICES F) PHYSICAL ENVIRONMENT NEEDS - POOR AIR QUALITY TH E 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 ANON YMOUS AND ARE NOT PART OF THE HOSPITAL'S MISSION AT THE BEDFORD CAMPUS H) HIGH RATES OF U NEMPLOYMENT AND FINANCIAL HARDSHIP I) UNSAFE SEX THIS IS ADDRESSED BY THE PLANNED PARENT HOOD REGIONAL MEDICAL CENTER AND IS NOT PART OF THE HOSPITAL'S MISSION AT THE BEDFORD CAMP US J) CHILD MORTALITY AND CHILD MOTOR VEHICLE DEATHS THE BEDFORD CAMPUS DOES NOT OFFER P EDIATRIC SERVICES, HOWEVER, UH RAINBOW BABIES & CHILDREN'S HOSPITAL (RAINBOW) PROVIDES EXT ENSIVE PROGRAMMING, OUTREACH AND PREVENTION ACTIVITIES TO ADDRESS THESE NEEDS IN THE BEDFO RD 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 FORC E AND THE SPEED, RECKLESS AND AGGRESSIVE DRIVING (SRAD) REDUCTION TASK FORCE, WHICH ARE CO MPRISED OF LOCAL LAW ENFORCEMENT AGENCIES, JUDGES, PROSECUTORS, POLITICAL LEADERS, BUSINES SES, SCHOOLS AND COMMUNITY MEMBERS WHO WORK TOGETHER TO REDUCE DRUNK AND DRUGGED DRIVING A ND IMPROVE TRAFFIC SAFETY THROUGH A COMBINATION OF COMMUNITY EDUCATION AND ENFORCEMENT EFF ORTS THE RAINBOW INJURY PREVENTION CENTER ALSO PROTECTS CHILD PASSENGERS THROUGHOUT NORTH EAST OHIO BY AIDING PARENTS AND CAREGIVERS ABOUT HOW BEST TO RESTRAIN THEIR CHILD PASSENGE RS, 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 IDE NTIFIED 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 GENE RAL EDUCATION RICHMOND CAMPUS A) LACK OF ACCESS TO AFFORDABLE DENTAL CARE THE RICHMOND C AMPUS DOES NOTOFFER DENTAL SERVICES B) LACK OF TRANSPORTATION TO HEALTH SERVICES THE RIC HMOND CAMPUS DOES NOT OFFER TRANSPORTATION SERVICES C) PREVALENT DRUG USE DRUG AND ALCOH OL PREVENTION AND RECOVERY SERVICES ARE PROVIDED BY COMMUNITY AGENCIES, INCLUDING THE MOOR E COUNSELING SERVICES AND ALCOHOLICS ANONYMOUS D) POOR AIR QUALITY AIR QUALITY IS MANAGE D PRIMARILY BY THE OHIO ENVIRONMENTAL PROTECTION AGENCY, COUNTY HEALTH DEPARTMENT AIR POLL UTION PROGRAMS, AND THE OHIO DEPARTMENT OF HEALTH E)HIGH RATES OF UNEMPLOYMENT AND FINANC IAL HARDSHIP THE RICHMOND CAMPUS CONTINUES TO BE ONE OF THE LARGEST EMPLOYERS IN ITS COMM UNITY F) HIGH RATES OF UNSAFE SEX THIS HEALTH NEED IS PRIMARILY ADDRESSED THROUGH OUTREA CH PROGRAMS SUPPORTED BY THE CUYAHOGA COUNTY BOARD OF HEALTH AND IS NOT PART OF THE HOSPIT AL'S OUTREACH SERVICES G) HIGH RATES OF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 11 - REPORTING GROUP B	UH PARMA MEDICAL CENTER (B,8) THE HOSPITAL IS COMMITTED TO ITS MISSION AND REMAINING FINANCIALLY HEALTHY SO THAT IT CAN CONTINUE TO PROVIDE CLINICAL ACTIVITIES AND A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL WILL ADDRESS ALL OF THE SIGNIFICANT HEALTH NEEDS IN ITS COMMUNITY IDENTIFIED BY THE 2013 CHNA IMPLEMENTATION STRATEGIES BEGAN IN 2013 AND WERE ONGOING THROUGH 12/31/2014 PROGRAMS CONTINUE TO BE DEVELOPED WITH TWO NEW PROGRAMS SCHEDULED TO BEGIN IN 2015

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 11 - REPORTING GROUP C	UH ELYRIA MEDICAL CENTER (C,9) THE HOSPITAL IS COMMITTED TO ITS MISSION AND REMAINING FINANCIALLY HEALTHY SO THAT IT CAN CONTINUE TO PROVIDE CLINICAL ACTIVITIES AND A WIDE RANGE OF COMMUNITY BENEFITS THE HOSPITAL WILL ADDRESS ALL OF THE SIGNIFICANT HEALTH NEEDS IN ITS COMMUNITY IDENTIFIED BY THE 2013 CHNA IMPLEMENTATION STRATEGIES BEGAN IN 2013 AND WERE ONGOING THROUGH 12/31/2014 DURING 2014, 3 NEW PROGRAMS WERE STARTED TO ADDRESS VARIOUS NEEDS AND 2 NEW PROGRAMS ARE SCHEDULED TO BEGIN IN 2015

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, LINE 13H - REPORTING GROUP A	PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, LINE 15E - REPORTING GROUP A	THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANICAL ASSISTANCE OFFICES IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH HOSPITAL FINANCIAL COUNSELOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, LINE 15E - REPORTING GROUP B	THE PARMA FINANCIAL ASSISTANCE POLICY (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE PARMA FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT THE PARMA FACILITY IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT THE PARMA FACILITY PATIENT ACCESS AREAS OR FINANICAL ASSISTANCE OFFICES DISCOUNTS FOR HARDSHIPS, THOSE THAT MAY NOT QUALIFY UNDER THE PARMA FAP, WILL BE REVIEWED ON A CASE-BY-CASE BASIS AND MY BE GRANTED AT THE DISCRETION OF THE HOSPITAL'S DESIGNEE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, LINE 15E - REPORTING GROUP C	THE ELYRIA CHARITY CARE POLICY (CCP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE ELYRIA CCP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, AVAILABLE AT REGISTRATION STATIONS AND THE CASHIER WINDOW LOCATED WITHIN THE HOSPITAL FACILITY, AND VIA PHONE REQUEST

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, LINE 16B AND 16C - REPORTING GROUP A	HTTP //WWW UHHOSPITALS ORG/MYUHCARE/ONLINE-BILL-PAY/UH-ONLINE-BILL-PAY/HOSPITAL-BILLING/HOSPITAL-CHARITY-FINANCIAL-ASSISTANCE-PROGRAM PART V, LINE 16A, 16B, 16C - REPORTING GROUPS B HTTP //WWW UHHOSPITALS ORG/MYUHCARE/ONLINE-BILL-PAY/UH-PARMA-ONLINE-BILL-P AY/HOSPITAL-CHARITY-FINANCIAL-ASSISTANCE-PROGRAM PART V, LINE 16A, 16B, 16C - REPORTING GROUP C HTTP //WWW UHHOSPITALS ORG/MYUHCARE/ONLINE-BILL-PAY/UH-ELYRIA-ONLINE-BILL-PAY/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, LINE 18, 19, 20 - REPORTING GROUPS A, B, AND C	NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE FACILITIES' FINANCIAL ASSSTANCE POLICY

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)
UH Chagrin Highlands Medical Center 3909 Orange Place Orange Village, OH 44122	Outpatient Health Center
UH Westlake Medical Center - A 960 Clague Road Westlake, OH 44145	Outpatient Health Center
UH Landerbrook Health Center 5885 Landerbrook Drive Mayfield Heights, OH 44124	Outpatient Health Center
UH Twinsburg Health Center 8819 Commons Blvd Suite 100 Twinsburg, OH 44087	Outpatient Health Center
UH Sharon Health Center 5133 Ridge Rd Wadsworth, OH 44281	Outpatient Health Center
UH Mentor Health Center 9000 Mentor Avenue Mentor, OH 44060	Outpatient Health Center
UH Concord Health Center 7500 Auburn Road PainsvilleConcord JED, OH 44077	Outpatient Health Center
UH Ahuja Medical Office Building 1000 Auburn Dr Beachwood, OH 44122	Outpatient Health Center
UH Lyndhurst Surgery Center 29017 Cedar Road Lyndhurst, OH 44124	Outpatient Health Center
UH ST John Medical Office Building 29000 Center Ridge Road Westlake, OH 44145	Outpatient Health Center
UH Medina Health Center 4001 Carrick Dr Medina, OH 44256	Outpatient Health Center
UH Health Center-Landerbrook 5850 Landerbrook Drive Mayfield Heights, OH 44124	Outpatient Health Center
UH Adult Sleep Lab East 3628 Park East Dr Beachwood, OH 44122	Outpatient Health Center
UH Crocker Corp Ctr 2055 Crocker Road Westlake, OH 44145	Outpatient Health Center
UH Euclid Health Center 18599 Lake Shore Blvd Euclid, OH 44119	Outpatient Health Center

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)
UH Geauga Physical Therapy 12460 Lake Bass Road Chardon, OH 44024	Outpatient Health Center
UH Rehab & Sports Med - Warrensville 4480 Richmond Road Warrensville Heights, OH 44122	Outpatient Health Center
UH Mayfield Village Health Center 730 SOM Center Road Suite 110 Mayfield Village, OH 44143	Outpatient Health Center
UH University Suburban Health Center 1611 South Green Road South Euclid, OH 44121	Outpatient Health Center
UH Hudson Health Center 5778 Darrow Road Hudson, OH 44236	Outpatient Health Center
UH Madison Clinic 701 North Lake Street Madison, OH 44057	Outpatient Health Center
UH Ashtabula Medical Arts Center 2131 Lake Avenue Ashtabula, OH 44004	Outpatient Health Center
UH Cedars on the Green 2054 So Green Road South Euclid, OH 44141	Outpatient Health Center
UH Otis Moss 8819 Quincy Avenue Cleveland, OH 44106	Outpatient Health Center
UH Bedford Medical Office Center 50 Blaine Avenue Bedford, OH 44146	Outpatient Health Center
UH Centre Pointe Bldg - Solon Health Ctr 34055 Solon Road Solon, OH 44139	Outpatient Health Center
UH Aurora Health Center 55 North Chillicothe Road Aurora, OH 44202	Outpatient Health Center
UH Park East 3619 Park East Drive Beachwood, OH 44122	Outpatient Health Center
UH JCC - Jewish Community Center 26001 South Woodland Road Beachwood, OH 44122	Outpatient Health Center
UH SCC at Medina 970 East Washington Street Medina, OH 44256	Outpatient Health Center

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)
UH Park West Surgical Center 1 Park West Blvd Akron, OH 44320	Outpatient Health Center
MEDICAL ARTS CENTER 3 6525 POWERS BLVD PARMA, OH 44129	Outpatient Health Center
SURGICENTER 6505 POWERS BLVD PARMA, OH 44129	Outpatient Health Center
SEASON OF LIFE HOSPICE 9511 W PLEASANT VALLEY RD PARMA, OH 44129	Outpatient Health Center
WELLPOINTE PAVILLION 303 E ROYALTON RD BROADVIEW HTS, OH 44147	Outpatient Health Center
RIDGE PARK SQUARE 7575 HORTHCLIFF AVE BROOKLYN, OH 44144	Outpatient Health Center
HEALTH EDUCATION CENTER 7300 STATE RD PARMA, OH 44129	Outpatient Health Center
MEDICARE ARTS CENTER 4 6115 POWERS BLVD PARMA, OH 44129	Outpatient Health Center
COMMUNITY EXPRESS CARE OF PARMA HOSPITAL 8191 COLUMBIA RD OLMSTEAD FALLS, OH 44138	Outpatient Health Center
COMMUNITY EXPRESS CARE OF PARMA HOSPITAL 6160 BRECKSVILLE RD INDEPENDENCE, OH 44131	Outpatient Health Center
COMMUNITY EXPRESS CARE OF PARMA HOSPITAL 6476 YORK RD PARMA HEIGHTS, OH 44130	Outpatient Health Center
EMH AVON CAMPUS 1997 HEALTHWAY ROAD AVON, OH 44011	Outpatient Health Center
EMH AMHERST CAMPUS 254 CLEVELAND ROAD AMHERST, OH 44001	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

2014

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 Domestic Organizations and Domestic Governments.

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 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 . . . . . ▶ 37

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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 Domestic Organizations and Domestic Governments.

(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
Ace Mentor Program of America1100 Superior Ave Cleveland, OH 44114	27-1547626	501(c)3	50,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Achievement Centers for Children4255 Northfield Rd Hghlnd Hills, OH 44128	34-0714766	501(c)3	5,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Avenue Cleveland,OH 44106	25-1798733	501(c)3	20,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Hargerstown, MD 21740	13-5613797	501(c)3	129,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Domestic Organizations and Domestic Governments.

(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 National Red Cross 3747 Euclid Avenue Cleveland,OH 44115	53-0196605	501(c)3	13,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Foundation4630 Richmond Road Cleveland,OH 44128	58-1341679	501(c)3	19,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 University10900 Euclid Avenue Cleveland,OH 44106	34-1018992	501(c)3	35,352,186				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 and Colitis Foundation of America4700 Rockside Road Independence, OH 44131	13-6193105	501(c)3	10,600				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Clinic Educational Foundation1422 Euclid Cleveland,OH 44115	34-0714553	501(c)3	6,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Avenue Cleveland,OH 44114	51-0164315	501(c)3	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 School of Science and Medicine2075 Stokes Blvd Cleveland,OH 44106	38-3740643	501(c)3	23,750				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cystic Fibrosis Foundation 5410 Transport Cleveland,OH 44125	58-1315123	501(c)3	17,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Free Clinic of Greater Cleveland12201 Euclid Avenue Cleveland,OH 44106	13-1930701	501(c)3	25,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Gathering Place23300 Commerce Park Dr Cleveland,OH 44122	34-1879035	501(c)3	75,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Avenue Cleveland, OH 44115	34-0827748	501(c)3	14,750				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Lifebanc4775 Richmond Road Cleveland,OH 44128	34-1525159	501(c)3	12,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 NE Division 5425 Warner Cleveland,OH 44125	13-1846366	501(c)3	22,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Cleveland,OH 44115	23-7304942	501(c)3	6,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 of Cleveland10415 Euclid Avenue Cleveland,OH 44111	34-1269123	501(c)3	325,335				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Suicide Prevention Education Alliance29425 Chargrin Blvd Cleveland,OH 44122	34-1724365	501(c)3	30,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Northeast Ohio26210 Emery Road Cleveland,OH 44128	34-1793460	501(c)3	88,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Leukemia and Lymphoma Society Inc5700 Brecksville Independence, OH 44131	13-5644916	501(c)3	15,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Indiana University107 S Indiana Ave Bloomington,IN 47405	35-6001673	501(c)3	75,000				Scholarships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
University of Kentucky100 WDFunkh Lexington, KY 40506	61-6001218	501(c)3	75,000				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Rutgers University611 George St New Brunswick, NJ 08901	46-2354111	501(c)3	175,000				Scholarships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
University of Southern CaliforniaSuite UGB203 Los Angeles,CA 90089	95-1642394	501(c)3	75,000				Scholarships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Memorial Sloan Kettering Cancer Center1275 York Ave New York, NY 10065	13-1924236	501(c)3	75,000				Scholarships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Albert Einstein College of Medicine1300 Morris Park Ave Bronx, NY 10461	13-2937352	501(c)3	70,000				Scholarships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Stanford University450 Serra Mall Stanford, CA 94305	94-1156365	501(c)3	200,000				Scholarships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Duke University324 Blackwell St Durham, NC 27701	56-0532129	501(c)3	25,000				Scholarships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Johns Hopkins University 3910 Keswick Road Baltimore, MD 21211	52-0595110	501(c)3	46,340				Scholarships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Ohio State University26450 County Road Fayette,OH 43521	34-6401876	501(c)3	85,000				Scholarships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Washington University School of Medicine Washington University St Louis, MO 63130	43-1519670	501(c)3	25,000				Scholarships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Children's Hospital Corporation300 Longwood Ave Boston, MA 02115	04-2774441	501(c)3	75,000				Scholarships

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF PENNSYLVANIAUNIV OF PA PHILADELPHIA,PA 19104	23-1352685	501(c)3	212,500				SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF CALIFORNIA SAN FRANCISCOUCSF BOX 0248 SAN FRANCISCO,CA 94143	94-6036493	501(C)(3)	187,500				SCHOLARSHIPS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320166055

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.**

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

OMB No 1545-0047

2014

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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		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 in column(B) 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 2014 - Harlin G Adelman ($70,910-SERP) - Michael R Anderson, M D (No payments received in 2014) - William L Annable ($59,915-SERP) - Eric Bieber, M D (No payments received in 2014) - Peter Brumleve (No payments received in 2014) - Sherri L Bishop ($105,812-SERP) - Robert G David ($44,526-SERP) - Patricia M Depompei (No payments received in 2014) - Ronald E Dziedzicki ($379,849-SERP) - John V Foley (No payments received in 2014) - Phyllis Hall ($388,068-SERP) - Richard Hanson (No payments received in 2014) - Steven M Jones ($23,639-SERP) - Susan V Juris ($56,044-SERP) - Elliot A Kellman ($120,724-SERP) - Catherine S Koppelman ($70,449-SERP) - Nathan Levitan, M D ($146,588-SERP) - Keith Maitland ($38,494-SERP) - Janet L Miller ($99,696-SERP) - Michael L Nochomovitz, M D ($117,447-SERP) - Donnie Perkins ($7,787-SERP) - Fred C Rothstein, M D ($196,750-SERP) - Sonia Salvino (No payments received in 2014) - Steven D Standley ($100,874-SERP) - Michael A Szubski ($160,731-SERP) - Donald Sheldon (No payments received in 2014) - Paul G Tait ($82,510-SERP) - Nancy Tinsley (No payments received in 2014) - Cheryl Wahl (No payments received in 2014) - William Young (No payments received in 2014) - Thomas F Zenty III ($340,933-SERP)
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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 UHHS - William L Annable MD, Chief Quality Off	(I) (II)	367,768 0	152,405 0	70,266 0	12,991 0	13,979 0	617,409 0	0 0
1 UHHS - Elliot A Kellman, Chief HRO (Thru 6/14)	(I) (II)	443,180 0	250,638 0	272,180 0	46,405 0	16,674 0	1,029,077 0	70,600 0
2 UHHS - Janet L Miller Esq, Secretary, CLO	(I) (II)	480,643 0	249,247 0	146,144 0	47,455 0	10,243 0	933,732 0	69,877 0
3 UHHS - Vasu Pandrangi MD, Ex Off Dir	(I) (II)	0 899,253	0 0	0 11,430	0 0	0 3,988	0 914,671	0 0
4 UHHS - Fred C Rothstein MD, Ex Off Dir (Thru 5/14)	(I) (II)	663,391 0	418,380 0	206,596 0	46,352 0	22,121 0	1,356,840 0	114,835 0
5 UHHS - Steven D Standley, Chief Admin Off	(I) (II)	483,179 0	254,898 0	108,092 0	44,912 0	13,681 0	904,762 0	70,004 0
6 UHHS - Michael A Szubski, Treasurer, CFO	(I) (II)	634,581 0	401,212 0	179,337 0	173,656 0	29,640 0	1,418,426 0	0 0
7 UHHS - Thomas F Zenty III, CEO/Ex Off Dir	(I) (II)	1,135,724 0	716,315 0	362,034 0	43,886 0	10,625 0	2,268,584 0	152,189 0
8 UHCMC - Michael Anderson MD, Chief Medical Off	(I) (II)	406,545 0	83,355 0	2,751 0	94,946 0	30,068 0	617,665 0	0 0
9 UHCMC - Patricia DePompei, Pres RB&C/Macdonald	(I) (II)	412,450 0	128,043 0	3,030 0	91,099 0	28,029 0	662,651 0	0 0
10 UHCMC - Ronald E Dziedzicki BSN, Chief Support Serv Off	(I) (II)	414,728 0	128,043 0	385,049 0	42,876 0	15,723 0	986,419 0	0 0
11 UHCMC - Catherine S Koppelman R, Chief Nursing Off	(I) (II)	343,524 0	120,442 0	137,738 0	47,199 0	19,373 0	668,276 0	0 0
12 UHCMC - Nathan Levitan MD, Pres Seidman Cancer Ctr	(I) (II)	551,722 0	172,264 0	155,529 0	44,656 0	18,955 0	943,126 0	0 0
13 UHCMC - Sonia Salvino, Treasurer/VP Finance	(I) (II)	262,756 0	80,560 0	1,317 0	64,367 0	19,738 0	428,738 0	0 0
14 UHCMC - Warren Selman MD, Director/Ex Officio	(I) (II)	790,980 0	41,350 0	61,441 0	13,798 0	28,562 0	936,131 0	0 0
15 UHMG - Harlin G Adelman, Assistant Secretary	(I) (II)	296,811 0	117,546 0	71,900 0	76,803 0	24,021 0	587,081 0	0 0
16 UHMG - Phyllis Hall, VP & Treasurer	(I) (II)	329,382 0	116,408 0	392,320 0	38,374 0	21,988 0	898,472 0	0 0
17 UHMG - Clifford V Harding MD, Dept Chair Pathology/Director	(I) (II)	223,752 0	91,631 0	35,942 0	8,119 0	3,906 0	363,350 0	0 0
18 UHMG - Michael Konstan MD, Dept Chair Pediatrics/Director	(I) (II)	287,687 0	37,350 0	40,350 0	14,313 0	10,625 0	390,325 0	0 0
19 UHMG - Cliff Megerian MD, Dept Chair Otolaryngology/Dir	(I) (II)	603,317 0	37,350 0	45,983 0	13,770 0	28,095 0	728,515 0	0 0

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 UHMG - Michael Nochomovitz MD, Pres /Director	(I)	646,909	230,902	127,212	46,389	11,037	1,062,449	100,251
	(II)	0	0	0	0	0	0	0
1 UHMG - Robert Ronis, Dept Chair Psy/Dir Thru 5/14	(I)	179,147	93,881	26,563	7,296	1,761	308,648	0
	(II)	0	0	0	0	0	0	0
2 UHMG - Richard A Walsh MD, Dept Chair Medicine/Director	(I)	374,932	85,481	58,606	14,177	13,898	547,094	0
	(II)	0	0	0	0	0	0	0
3 UHLSF - Don M Landek, President	(I)	166,523	11,949	10,954	34,553	13,660	237,639	0
	(II)	0	0	0	0	0	0	0
4 AMC - Richard Hanson, Ex Officio Director	(I)	585,522	324,102	5,896	138,350	29,729	1,083,599	0
	(II)	0	0	0	0	0	0	0
5 AMC - Susan V Juris, Pres /Ex Officio Director	(I)	342,527	116,351	63,959	42,870	27,783	593,490	0
	(II)	0	0	0	0	0	0	0
6 AMC - Richard Stein, Ex Officio Direct (Thru 5/14)	(I)	0	0	0	0	0	0	0
	(II)	418,255	0	3,870	34,578	25,619	482,322	0
7 UHREG - Laurie Delgado, UH Reg President	(I)	297,115	103,969	1,619	0	25,872	428,575	0
	(II)	0	0	0	0	0	0	0
8 UHREG - David Rapkin MD, Chief of Staff/Director	(I)	0	0	0	0	0	0	0
	(II)	315,533	0	2,541	1,607	29,296	348,977	0
9 UHREG - Joseph Shawl MD, Vice Chief of Staff/Director	(I)	0	0	0	0	0	0	0
	(II)	189,321	0	1,806	23,401	30,399	244,927	0
10 CMC - Robert David, Ex Officio Direct (Thru 5/14)	(I)	321,780	127,441	45,604	75,727	27,017	597,569	0
	(II)	0	0	0	0	0	0	0
11 CMC - Arpan Desai MD, Director	(I)	0	0	0	0	0	0	0
	(II)	426,716	0	2,215	7,025	28,469	464,425	0
12 GMC - M Steven Jones, Pres /Ex Officio Director	(I)	360,570	118,561	28,075	99,495	13,384	620,085	0
	(II)	0	0	0	0	0	0	0
13 GMC - John Tumbush MD, Ex Officio Director	(I)	0	0	0	0	0	0	0
	(II)	182,137	0	1,945	0	1,574	185,656	0
14 UHGMC - Raimantas Drublionis MD, Ex Officio Director	(I)	0	0	0	0	0	0	0
	(II)	365,939	0	728	18,122	1,659	386,448	0
15 HCS - Keith Maitland, Pres /Director	(I)	221,492	88,527	40,583	41,728	30,599	422,929	0
	(II)	0	0	0	0	0	0	0
16 UHACO - Eric J Bieber MD, Pres/Chair/Direc (Thru 10/14)	(I)	506,270	219,211	2,865	139,218	27,006	894,570	0
	(II)	0	0	0	0	0	0	0
17 UHACO - Elizabeth Hammack, Secretary	(I)	179,391	15,922	5,793	3,760	16,454	221,320	0
	(II)	0	0	0	0	0	0	0
18 UHRBC - Brent Carson, Treas /Director	(I)	214,010	66,752	1,897	35,610	28,715	346,984	0
	(II)	0	0	0	0	0	0	0
19 UHRBC - Marilee Gallagher MD, Director	(I)	0	0	0	0	0	0	0
	(II)	327,921	0	9,845	0	7,142	344,908	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
41 UHRBC - Richard Grossberg MD, Director	(I)	271,419	20,000	920	7,800	28,490	328,629	0
	(II)	0	0	0	0	0	0	0
1 UHRBC - Ken Lakota, Director	(I)	120,672	9,193	3,448	3,912	27,542	164,767	0
	(II)	0	0	0	0	0	0	0
2 UHRBC - James Underwood MD, Director	(I)	0	0	0	0	0	0	0
	(II)	175,374	0	688	0	28,133	204,195	0
3 UHRBC - Drew Hertz MD, Vice Pres	(I)	146,654	17,490	493	4,630	1,174	170,441	0
	(II)	0	0	0	0	0	0	0
4 UHCCO - David Cogan MD, Director	(I)	0	0	0	0	0	0	0
	(II)	281,485	18,599	8,626	0	14,061	322,771	0
5 UHCCO - James Covielo MD, Director	(I)	189,381	0	684	0	20,827	210,892	0
	(II)	0	0	0	0	0	0	0
6 UHCCO - Sean Hoynes MD, Director	(I)	0	0	0	0	0	0	0
	(II)	302,604	0	1,143	0	30,715	334,462	0
7 UHCCO - George Kikano MD, Former Director	(I)	145,493	0	24,737	3,763	1,553	175,546	0
	(II)	0	0	0	0	0	0	0
8 UHCCO - William Steiner II MD, President/Director	(I)	0	0	0	0	0	0	0
	(II)	237,229	7,500	2,506	0	12,480	259,715	0
9 UHHS - Sherri Bishop, Chief Development Off	(I)	347,062	271,619	109,327	116,572	31,978	876,558	0
	(II)	0	0	0	0	0	0	0
10 UHHS - Peter S Brumleve, Chief Marketing Off	(I)	408,671	163,251	48,985	100,005	13,759	734,671	0
	(II)	0	0	0	0	0	0	0
11 UHHCS - Kevin P Cunningham, Former Key Employee	(I)	145,873	13,553	460	8,318	19,731	187,935	0
	(II)	0	0	0	0	0	0	0
12 UHHS - John V Foley, Chief Information Off	(I)	417,627	162,023	14,427	83,099	25,360	702,536	0
	(II)	0	0	0	0	0	0	0
13 GMC - Jason E Glowczewski, Former Key Employee	(I)	163,535	10,562	645	10,605	21,363	206,710	0
	(II)	0	0	0	0	0	0	0
14 AMC - Alan Hirsch MD, CMO, Ahuja	(I)	314,417	24,773	12,830	32,642	27,007	411,669	0
	(II)	0	0	0	0	0	0	0
15 UHCMC - Carl Lufter, Former Key Employee	(I)	171,637	12,726	14,634	17,688	14,794	231,479	0
	(II)	0	0	0	0	0	0	0
16 UHHS - Donnie Perkins, Former Key Employee	(I)	189,371	15,000	12,832	7,220	1,281	225,704	0
	(II)	0	0	0	0	0	0	0
17 UHHS - Cheryl Wahl, Chief Compliance Officer	(I)	243,358	77,853	1,036	57,409	10,763	390,419	0
	(II)	0	0	0	0	0	0	0
18 UHHS - William A Young, President SJMC	(I)	333,514	90,637	1,722	65,123	28,737	519,733	0
	(II)	0	0	0	0	0	0	0
19 UHHS - Heidi Gartland, Former Key Employee	(I)	243,949	79,618	1,784	61,582	22,838	409,771	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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61 CHCO - John Schaeffer MD, Director	(I)	0	0	0	0	0	0	0
	(II)	300,757	129,563	0	0	7,837	438,157	0
1 CHCO - Donald Sheldon MD, Director/President/CEO	(I)	0	0	0	0	0	0	0
	(II)	367,496	0	25,962	53,107	19,972	466,537	0
2 CHCO - James Simone, VP Fin/CFO/Treas (Thru 3/14)	(I)	56,417	0	220,153	2,083	28,722	307,375	0
	(II)	0	0	0	0	0	0	0
3 EMH - Francis Gardner, VP Gen Coun/Secre (Thru 12/14)	(I)	205,026	0	8,188	20,617	2,129	235,960	0
	(II)	0	0	0	0	0	0	0
4 PMC - Terrence Deis, President/CEO (Thru 8/14)	(I)	304,804	0	1,875	23,149	28,315	358,143	0
	(II)	0	0	0	0	0	0	0
5 PMC - Nancy Tinsley, President	(I)	244,816	53,911	1,256	67,212	19,178	386,373	0
	(II)	0	0	0	0	0	0	0
6 RSL - Kathi O'Connor, President	(I)	144,559	0	2,900	338	32,696	180,493	0
	(II)	0	0	0	0	0	0	0
7 HCS - Cathy Sila MD, Director/Secretary/Treasurer	(I)	248,764	0	32,261	7,500	2,803	291,328	0
	(II)	0	0	0	0	0	0	0
8 UHCCO - Carla Harwell MD, Director	(I)	148,209	0	11,048	4,585	17,853	181,695	0
	(II)	0	0	0	0	0	0	0
9 UHHS - Thomas Snowberger, Chief Human Resource Officer	(I)	240,226	250,000	20,675	39,740	11,440	562,081	0
	(II)	0	0	0	0	0	0	0
10 UHLSF - Todd Harford, Director	(I)	134,539	9,805	6,481	3,899	8,167	162,891	0
	(II)	0	0	0	0	0	0	0
11 UHMG - Mitchell Machtay MD, Director	(I)	402,777	96,281	39,433	0	29,609	568,100	0
	(II)	0	0	0	0	0	0	0
12 UHMG - Jeffrey Peters MD, Director	(I)	693,624	450,817	4,289	139,269	9,876	1,297,875	0
	(II)	0	0	0	0	0	0	0
13 AMC - Amy Ray MD, Ex Off Director	(I)	130,248	0	10,020	4,148	28,332	172,748	0
	(II)	0	0	0	0	0	0	0
14 UHMG - Pablo R Ros MD, Fmr Key Employee	(I)	530,493	39,350	63,896	14,079	18,730	666,548	0
	(II)	0	0	0	0	0	0	0
15 EMHAmherCHCO - J Cooksey, Former Key Employee	(I)	179,107	33,362	4,347	1,544	19,700	238,060	0
	(II)	0	0	0	0	0	0	0
16 RSL - David Cook, Former Officer	(I)	274,850	0	1,400	23,478	19,404	319,132	0
	(II)	0	0	0	0	0	0	0
17 UHMG - Bahman Guyuron MD, Surgeon, Plastic Surgery	(I)	1,064,322	158,630	113,846	12,125	18,456	1,367,379	0
	(II)	0	0	0	0	0	0	0
18 UHMG - Christopher Furey MD, Orthopaedic Surgeon	(I)	954,896	0	68,019	12,730	24,928	1,060,573	0
	(II)	0	0	0	0	0	0	0
19 UHMG - Jason D Eubanks, Orthopaedic Surgeon	(I)	856,089	0	74,343	13,124	12,738	956,294	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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
81 UHMG - Nicholas U Ahn MD, Orthopaedic Surgeon	(I)	759,080	0	105,241	12,796	23,129	900,246	0
	(II)	0	0	0	0	0	0	0
1 UHHS - Paul Tait, CHIEF STRATEGIC PLANNING OFF	(I)	388,248	239,227	87,436	35,921	27,186	778,018	58,785
	(II)	0	0	0	0	0	0	0
2 UHMG - Soon J Park, Physician	(I)	1,070,754	0	44,306	0	17,772	1,132,832	0
	(II)	0	0	0	0	0	0	0
3 AmherstEMHCHCO - C Wray, Former Key Employee	(I)	173,092	0	5,491	19,115	28,170	225,868	0
	(II)	0	0	0	0	0	0	0
4 AmherstEMHCHCO - D Miller, Former Key Employee	(I)	211,826	0	12,363	23,809	15,509	263,507	0
	(II)	0	0	0	0	0	0	0
5 AmherstEMHCHCO - D McDonald, Former Key Employee	(I)	226,121	0	5,443	6,252	27,200	265,016	0
	(II)	0	0	0	0	0	0	0
6 PMC - Sharon Thomas, Former Key Employee	(I)	179,303	0	2,076	1,635	12,653	195,667	0
	(II)	0	0	0	0	0	0	0
7 PMC - Mike Mainwaring, Former Key Employee	(I)	199,190	0	660	22,948	29,205	252,003	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

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

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) 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 Benefiting 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) Joseph Talerico	See Part V	29,352	See Part V		No
(2) David Nedrich	See Part V	39,786	See Part V		No
(3) Ronald Dziedzicki	See Part V	53,381	See Part V		No
(4) Robert Ronis	See Part V	65,191	See Part V		No

Part V Supplemental Information

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

Return Reference	Explanation
Additional Information For Schedule L Part IV Responses	Line 1 Joseph Talerico Relationship Between Interested Person and Organization Family Member of Joseph Talerico, PMC Director Description of Transaction A family member of Joseph Talerico is employed by PMC Line 2 David Nedrich Relationship Between Interested Person and Organization Family Member of David Nedrich, PMC Chairman and Director Description of Transaction A family member of David Nedrich is employed by PMC Line 3 Ronald Dziedzicki Relationship Between Interested Person and Organization Family Member of Ronald Dziedzicki UHCMC COO and Director Description of Transaction A family member of Ronald Dziedzicki is employed by UHCMC Line 4 Robert Ronis Relationship Between Interested Person and Organization Family Member of Robert Ronis UHMG Director Description of Transaction A family member of Robert Ronis is employed by UHCMC 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

2014

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	33	74,575	Appraisals
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	151	7,201,558	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	X	50	1,265	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Miscellaneous)	X	14	66,932	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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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 990-EZ 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

2014

Open to Public Inspection

Name of the organization	Employer identification number
University Hospitals Health System Inc Group Return	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" and/or the "System" 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 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 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 Parma Community General Hospital (PMC) - 34-0827442 dba UH Parma Medical Center 3605 Warrensville Center Rd - MSC 9155 Shaker Hts, OH 44122 Royalton Senior Living, Inc (RSL) - 56-2314071 3605 Warrensville Center Rd - MSC 9155 Shaker Hts, OH 44122 EMH Regional Medical Center (UHEMC) - 34-0714612 dba UH Elyria Medical Center 3605 Warrensville Center Rd - MSC 9155 Shaker Hts, OH 44122 Amherst Hospital Association, Inc (Amherst) - 34-0067060 3605 Warrensville Center Rd - MSC 9155 Shaker Hts, OH 44122 Comprehensive Health Care of Ohio, Inc (CHCO) - 34-1492733 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
From 990, Part V, Line 2A	University Hospitals Health System, Inc acts as a common pay agent for the various entities that comprise the System As a result the number of employees reported on Form W-3 will be different than what is shown in Part V Line 2a because this Group Return does not encompass all entities for which the Parent acts as a common pay agent

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 Craig Parker (UHGMC Director) and Mr Willard Raymond (UHGMC Director) have a business relationship Mr Lee Koury (UHCMC Director) and Mr Gregory Skoda (UHCMC Director) have a business relationship MR FRED C ROTHSTEIN, M D (UHCMC/UHMG Officer & Director) AND MR MICHAEL FEUER (UHCMC/UHMG DIRECTOR) HAVE A BUSINESS RELATIONSHIP Mr James Wert (UHCMC Director) and Mr William O'Neill (UHCMC Director) have a business relationship Mr Paul Carleton (UHCMC Director and Officer/UHMG Director) and Mr Charles Halberg (UHCMC/UHMG Director) have a business relationship Form 990, Part VI, Section A, Line 4 On January 1, 2014, University Hospitals Health System, Inc became the sole member of Parma Community General Hospital Association and Comprehensive Health Care of Ohio As a result of these transactions, the appropriate articles of incorporation were amended for all necessary entities

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 Audit and Compliance Committee has been delegated authority by the University Hospitals Health System Inc 's Board of Directors to review and approve Form 990 The compensation committee reviewed certain information about the CEO compensation disclosures in the Form 990 The Governance and Community Benefit Committee reviewed and approved the Community Benefit Section of the Form 990 (Schedule H) The Audit and Compliance Committee receives a complete copy of the return 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 articles, code of regulations, and conflict of interest policy may be made available upon request Form 990, Part VII, Section A The following individuals are disclosed as Directors, Officer, and Key Employees on different entities within the group return -Terrence Deis is disclosed with compensation on Form 990, Part VII, Section A as an officer of PMC He also is a Former Officer of RSL -David Cook is disclosed with compensation on Form 990, Part VII, Section A as a Former Key Officer of RSL He is also a Former Key Employee of PMC -Francis Gardner is disclosed with compensation on Form 990, Part VII, Section A as an officer of EMH He is also a Former Key Employee of CHCO -Kathi O'Connor is disclosed with compensation on Form 990, Part VII, Section as an officer of RSL She is also a Former Key Employee of PMC

Return Reference	Explanation
Form 990, Part XI, Line 9, Change in Net Assets	Net Change in Temporarily Restricted Net Assets $31,488,000 Net Change in Permanently Restricted Net Assets $20,838,000 Equity Transfer ($37,667,000) Investments in Subsidiaries $154,867,000 Additional Minimum Liability ($208,023,0000) NA Released for PPE $14,838,000 Other Changes ($241,659,000) Total to Form 990, Part XI, Line 9 ($265,318,000)

Return Reference	Explanation
Form 990, Parts VIII, IX, and X	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 PLEASE REFER TO THE AUDITED FINANCIAL STATEMENTS ATTACHED TO THIS RETURN AND THE SEPARATELY FILED FORM 990 FOR THE UH PARENT FOR ADDITIONAL INFORMATION Form 990, Parts VIII, IX, and X Reconciliation of Group Presentation Part VIII UH Group and UH Parent Eliminations UH Group UH Parent (Without UH Combined Parent) Line 1H 57,902,200 (28,514,000) - 29,388,200 Line 2G 2,594,754,000 (190,239,000) +171,567,000 2,576,082,000 Line 3 36,124,000 (22,002,000) - 14,122,000 Line 6 - (653,000) 653,000 - Line 7A 22,892,000 (22,892,000) - - Line 8C (48,000) - - (48,000) Line 9 14,000 - - 14,000 Line 11E 295,636,000 (5,598,000) - 290,038,000 Line 12 3,007,274,200 (269,898,000) +172,220,000 2,909,596,200 *Total revenue reported on line 12 of $3,001,249,000 consisted of $XXXX exempt function expense, $XXX of unrelated business revenue, and $XXX of revenue excluded from tax under sections 512-514 Part IX UH Group and UH Parent Eliminations UH Group UH Parent (Without UH Combined Parent) Line 1 35,750,000 - - 35,750,000 Line 5 17,444,000 (12,635,000) - 4,809,000 Line 6 2,429,000 (42,000) - 2,387,000 Line 7 1,118,547,000 (100,253,000) - 1,018,294,000 Line 8 61,843,000 (696,000) - 61,147,000 Line 9 122,408,000 (6,025,000) - 116,383,000 Line 10 73,093,000 (8,123,000) - 64,970,000 Line 11b 1,286,000 (1,277,000) - 9,000 Line 11c 1,071,000 (359,000) - 712,000 Line 11e 103,000 - - 103,000 Line 11g 222,636,000 (29,460,000) +171,567,000 364,743,000 Line 12 17,785,000 (13,685,000) - 4,100,000 Line 13 472,661,000 (8,227,000) - 464,434,000 Line 14 50,718,000 (42,150,000) - 8,568,000 Line 16 124,590,000 (8,466,000) - 116,124,000 Line 17 9,769,000 (1,694,000) - 8,075,000 Line 20 47,614,000 (46,006,000) - 1,608,000 Line 22 118,591,000 (30,027,000) - 88,564,000 Line 23 28,623,000 1,386,000 - 30,009,000 Line 24 95,566,000 (32,680,000) - 62,886,000 Line 25 2,622,527,000 (340,419,000) +171,567,000 2,453,675,000 *Total functional expenses reported on line 25 of $2,622,527,000 consisted of $2,592,531,000 program service expenses, $17,444,000 of management and general expenses, and $12,552,000 of fundraising expenses Part X UH Group and UH Parent Eliminations UH Group UH Parent (Without UH Combined Parent) Line 2 166,858,000 (141,905,000) - 24,953,000 Line 3 23,266,000 (6,062,000) - 17,204,000 Line 4 464,827,000 (49,054,000) - 415,773,000 Line 7 345,000 - - 345,000 Line 8 41,985,000 - - 41,985,000 Line 9 44,404,000 (36,286,000) - 8,118,000 Line 10c 1,359,282,000 (335,099,000) - 1,024,183,000 Line 11 397,818,000 (397,766,000) - 52,000 Line 12 843,246,000 (843,222,000) - 24,000 Line 13 365,542,000 (1,537,049,000) +1,421,389,000 249,882,000 Line 15 158,126,000 (22,257,000) - 135,869,000 Line 16 3,865,699,000 (3,368,700,000) +1,421,389,000 1,918,388,000 Line 17 366,809,000 (241,885,000) - 124,924,000 Line 19 639,000 (162,000) - 477,000 Line 20 1,167,092,000 (1,166,496,000) - 596,000 Line 23 341,000 21,000 - 362,000 Line 25 582,378,000 (476,198,000) - 106,180,000 Line 26 2,117,259,000 (1,884,720,000) - 232,539,000 Line 27 1,138,389,000 (1,138,734,000) +1,421,389,000 1,421,044,000 Line 28 254,092,000 (5,060,000) - 249,032,000 Line 29 355,959,000 (340,186,000) - 15,773,000 Line 33 1,748,440,000 (1,483,980,000) +1,421,389,000 1,685,849,000 Line 34 3,865,699,000 (3,368,700,000) +1,421,389,000 1,918,388,000

Return Reference	Explanation
Tax Exempt Bond Information	THE 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 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 -2014 Cuyahoga County, Ohio Bonds, Issue Price $100,361,458

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

OMB No 1545-0047

2014

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
(1) PARMA HOSPITAL HEALTH CARE FOUNDATION 7007 POWERS BLVD PARMA, OH 44129 34-1626664	FOUNDATION	OH	501(C)(3)	I	NA	Yes	

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) 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	

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	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	Yes	
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	Yes	
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 Ins	CJ	N/A	C corp			100 000 %	Yes
University Hospitals Holdings Inc 11100 Euclid Ave Cleveland, OH 44106 34-1768931	Holding Compa	OH	N/A	C corp			100 000 %	Yes
University Hospitals Physician Services 11100 Euclid Ave Cleveland, OH 44106 34-1768929	Physician Adm	OH	N/A	C corp				
University Primary Care Practices Inc 11100 Euclid Ave Cleveland, OH 44106 34-1768928	Physicians Gr	OH	N/A	C corp				
University Hospitals Health System MCO 11100 Euclid Ave Cleveland, OH 44106 34-1843674	Workers Comp	OH	N/A	C corp				
UHHS Provder & Ceentral Verification Org 11100 Euclid Ave Cleveland, OH 44106 34-1908517	Medical Mgmt	OH	N/A	C corp				
Cedar Brainard Surgery Center Inc 11100 Euclid Ave Cleveland, OH 44106 20-4957632	Holding Compa	OH	N/A	C corp				
University Hospitals Health Care Enterpr 11100 Euclid Ave Cleveland, OH 44106 34-1510005	Medical Mgmt	OH	N/A	C corp				
BMH Development Corp 158 West Main Street Conneaut, OH 44030 34-1346212	Land Developm	OH	N/A	C corp			100 000 %	
Conneaut Health Enterprises Inc PO Box 648 Conneaut, OH 44060 34-1503949	Inactive	OH	N/A	C corp			100 000 %	
Center for Orthopedics Inc 3605 Warrensville Center Road MSC Shaker Heights, OH 44122 34-1665082	PHYSICIANS GR	OH	N/A	C Corp			100 000 %	
Comprehensive Ventures Unlimited Inc 3605 Warrensville Center Road MSC Shaker Heights, OH 44122 34-1596060	PHYSICIAN ADM	OH	N/A	C Corp			100 000 %	
North Ohio Heart Inc 3605 Warrensville Center Road MSC Shaker Heights, OH 44122 27-2574020	PHYSICIANS GR	OH	N/A	C Corp			100 000 %	
Powers Professional Corporation 3605 Warrensville Center Road MSC Shaker Heights, OH 44122 34-1735290	HOLDING COMPA	OH	N/A	C Corp			100 000 %	
PRL Corporation 3605 Warrensville Center Road MSC Shaker Heights, OH 44122 34-1499245	PHYSICIANS GR	OH	N/A	C Corp			100 000 %	

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**							
Powers Investment Corp 11100 Euclid Avenue Cleveland, OH 44106	INACTIVE	OH	N/A	C Corp			100 000 %	
University Hospitals Network Services 11100 Euclid Avenue Cleveland, OH 44106	INACTIVE	OH	N/A	C CORP				
University Hospitals Accountable Care 3605 Warrensville Center Road Shaker Heights, OH 44122 27-3970270	ACCOUNT CARE	OH	N/A	C Corp				
EMH Professional Services Inc 3605 Warrensville Center Road Shaker Heights, OH 44122 34-1778419	PHYSICIAN GR	OH	N/A	C CORP			100 000 %	
University Hospitals House Calls Inc 11100 Euclid Avenue Cleveland, OH 44106	INACTIVE	OH	N/A	C Corp				

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
EMH Regional Medical CenterNorth Ohio Heart	o	92,331	General Ledger
EMH Regional Medical CenterUH Health System	p	8,040,705	General Ledger
EMH Regional Medical CenterUH Health System	s	3,000,000	General Ledger
Parma Community General HospitalPowers Profe	p	158,346	General Ledger
Parma Community General HospitalUH Health Sy	p	6,440,599	General Ledger
Parma Community General HospitalUH Health Sy	s	2,500,000	General Ledger
Powers Professional CorporationParma Communi	q	354,000	General Ledger
UH Ahuja Medical CenterUH Cleveland Medical	c	1,002,952	General Ledger
UH Ahuja Medical CenterUH Cleveland Medical	p	24,214,722	General Ledger
UH Ahuja Medical CenterUH Cleveland Medical	s	148,275	General Ledger
UH Ahuja Medical CenterUH Health System	m	847,558	General Ledger
UH Ahuja Medical CenterUH Health System	o	516,489	General Ledger
UH Ahuja Medical CenterUH Health System	p	7,642,584	General Ledger
UH Ahuja Medical CenterUH Health System	s	176,410,336	General Ledger
UH Ahuja Medical CenterUH Laboratory Service	l	394,410	General Ledger
UH Ahuja Medical CenterUH Laboratory Service	p	394,410	General Ledger
UH Ahuja Medical CenterUH Medical Group	a	2,732	General Ledger
UH Ahuja Medical CenterUH Medical Group	p	153,812	General Ledger
UH Ahuja Medical CenterUH Medical Group	q	154,567	General Ledger
UH Ahuja Medical CenterUH Medical Practices	m	184,466	General Ledger
UH Ahuja Medical CenterUH Medical Practices	p	95,782	General Ledger
UH Ahuja Medical CenterUH Physician Services	p	112,124	General Ledger
UH Ahuja Medical CenterUH Regional Hospitals	i	254,017	General Ledger
UH Ahuja Medical CenterUH Regional Hospitals	p	211,692	General Ledger
UH Ahuja Medical CenterUH Regional Hospitals	q	495,467	General Ledger

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Cleveland Medical CenterUH Ahuja Medical	l	451,179	General Ledger
UH Cleveland Medical CenterUH Ahuja Medical	o	120,279	General Ledger
UH Cleveland Medical CenterUH Ahuja Medical	q	28,440,118	General Ledger
UH Cleveland Medical CenterUH Ahuja Medical	r	333,163	General Ledger
UH Cleveland Medical CenterUH Conneaut Medic	q	617,731	General Ledger
UH Cleveland Medical CenterUH Conneaut Medic	r	149,381	General Ledger
UH Cleveland Medical CenterUH Geauga Medical	l	513,978	General Ledger
UH Cleveland Medical CenterUH Geauga Medical	q	3,559,804	General Ledger
UH Cleveland Medical CenterUH Geauga Medical	r	1,562,072	General Ledger
UH Cleveland Medical CenterUH Geneva Medical	l	73,828	General Ledger
UH Cleveland Medical CenterUH Geneva Medical	q	1,631,056	General Ledger
UH Cleveland Medical CenterUH Geneva Medical	r	334,157	General Ledger
UH Cleveland Medical CenterUH Health System	a	4,149,721	General Ledger
UH Cleveland Medical CenterUH Health System	c	85,082,577	General Ledger
UH Cleveland Medical CenterUH Health System	ı	1,727,290	General Ledger
UH Cleveland Medical CenterUH Health System	m	7,822,549	General Ledger
UH Cleveland Medical CenterUH Health System	o	2,811,131	General Ledger
UH Cleveland Medical CenterUH Health System	p	197,424,391	General Ledger
UH Cleveland Medical CenterUH Health System	s	1,371,915,070	General Ledger
UH Cleveland Medical CenterUH Homecare Servı	q	56,830	General Ledger
UH Cleveland Medical CenterUH Laboratory Ser	l	149,069	General Ledger
UH Cleveland Medical CenterUH Laboratory Ser	o	172,734	General Ledger
UH Cleveland Medical CenterUH Laboratory Ser	q	18,124,888	General Ledger
UH Cleveland Medical CenterUH Laboratory Ser	r	440,492	General Ledger
UH Cleveland Medical CenterUH Medical Group	a	11,769	General Ledger

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Cleveland Medical CenterUH Medical Group	i	219,627	General Ledger
UH Cleveland Medical CenterUH Medical Group	l	1,896,452	General Ledger
UH Cleveland Medical CenterUH Medical Group	o	333,258	General Ledger
UH Cleveland Medical CenterUH Medical Group	q	9,924,867	General Ledger
UH Cleveland Medical CenterUH Medical Practi	m	780,284	General Ledger
UH Cleveland Medical CenterUH Medical Practi	p	731,044	General Ledger
UH Cleveland Medical CenterUH Regional Hospi	l	528,518	General Ledger
UH Cleveland Medical CenterUH Regional Hospi	q	5,768,994	General Ledger
UH Conneaut Medical CenterUH Cleveland Medic	p	211,612	General Ledger
UH Conneaut Medical CenterUH Geauga Medical	p	94,232	General Ledger
UH Conneaut Medical CenterUH Geneva Medical	q	246,676	General Ledger
UH Conneaut Medical CenterUH Health System	m	72,276	General Ledger
UH Conneaut Medical CenterUH Health System	o	69,633	General Ledger
UH Conneaut Medical CenterUH Health System	p	550,595	General Ledger
UH Conneaut Medical CenterUH Health System	S	27,828,715	General Ledger
UH Conneaut Medical CenterUH Medical Practic	s	123,884	General Ledger
UH Geauga Medical CenterUH Cleveland Medical	a	113,970	General Ledger
UH Geauga Medical CenterUH Cleveland Medical	c	224,294	General Ledger
UH Geauga Medical CenterUH Cleveland Medical	p	1,687,762	General Ledger
UH Geauga Medical CenterUH Cleveland Medical	s	281,840	General Ledger
UH Geauga Medical CenterUH Conneaut Medical	p	212,233	General Ledger
UH Geauga Medical CenterUH Conneaut Medical	q	212,233	General Ledger
UH Geauga Medical CenterUH Geneva Medical Ce	p	123,904	General Ledger
UH Geauga Medical CenterUH Geneva Medical Ce	q	123,904	General Ledger
UH Geauga Medical CenterUH Health System	a	115	General Ledger

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Geauga Medical CenterUH Health System	m	687,069	General Ledger
UH Geauga Medical CenterUH Health System	o	194,367	General Ledger
UH Geauga Medical CenterUH Health System	p	5,994,430	General Ledger
UH Geauga Medical CenterUH Health System	s	121,394,341	General Ledger
UH Geauga Medical CenterUH Medical Group	p	113,406	General Ledger
UH Geauga Medical CenterUH Medical Group	q	131,714	General Ledger
UH Geauga Medical CenterUH Medical Practices	m	288,241	General Ledger
UH Geauga Medical CenterUH Physician Service	p	293,394	General Ledger
UH Geauga Medical CenterUH Regional Hospital	p	592,155	General Ledger
UH Geauga Medical CenterUH Regional Hospital	q	592,713	General Ledger
UH Geneva Medical CenterUH Cleveland Medical	c	138,847	General Ledger
UH Geneva Medical CenterUH Cleveland Medical	p	923,621	General Ledger
UH Geneva Medical CenterUH Cleveland Medical	s	220,021	General Ledger
UH Geneva Medical CenterUH Conneaut Medical	l	109,224	General Ledger
UH Geneva Medical CenterUH Conneaut Medical	m	109,224	General Ledger
UH Geneva Medical CenterUH Conneaut Medical	p	229,055	General Ledger
UH Geneva Medical CenterUH Conneaut Medical	q	255,429	General Ledger
UH Geneva Medical CenterUH Health System	a	15,780	General Ledger
UH Geneva Medical CenterUH Health System	m	116,572	General Ledger
UH Geneva Medical CenterUH Health System	o	102,774	General Ledger
UH Geneva Medical CenterUH Health System	p	992,923	General Ledger
UH Geneva Medical CenterUH Health System	s	34,776,474	General Ledger
UH Geneva Medical CenterUH Medical Practices	s	126,545	General Ledger
UH Geneva Medical CenterUH Physician Service	p	50,533	General Ledger
UH Health SystemEMH Regional Medical Center	o	1,624,512	General Ledger

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Health SystemEMH Regional Medical Center	q	493,068	General Ledger
UH Health SystemEMH Regional Medical Center	r	3,021,046	General Ledger
UH Health SystemParma Community General Hosp	o	1,305,357	General Ledger
UH Health SystemParma Community General Hosp	q	475,091	General Ledger
UH Health SystemParma Community General Hosp	r	2,504,381	General Ledger
UH Health SystemUH Ahuja Medical Center	l	13,575,837	General Ledger
UH Health SystemUH Ahuja Medical Center	o	39,484,460	General Ledger
UH Health SystemUH Ahuja Medical Center	q	11,339,142	General Ledger
UH Health SystemUH Ahuja Medical Center	r	61,178,445	General Ledger
UH Health SystemUH Cleveland Medical Center	a	1,900,826	General Ledger
UH Health SystemUH Cleveland Medical Center	b	45,056,928	General Ledger
UH Health SystemUH Cleveland Medical Center	i	14,332,636	General Ledger
UH Health SystemUH Cleveland Medical Center	l	205,408,223	General Ledger
UH Health SystemUH Cleveland Medical Center	o	583,689,497	General Ledger
UH Health SystemUH Cleveland Medical Center	q	456,252,548	General Ledger
UH Health SystemUH Cleveland Medical Center	R	820,629,623	General Ledger
UH Health SystemUH Conneaut Medical Center	l	3,140,572	General Ledger
UH Health SystemUH Conneaut Medical Center	o	7,888,930	General Ledger
UH Health SystemUH Conneaut Medical Center	q	3,212,484	General Ledger
UH Health SystemUH Conneaut Medical Center	r	8,962,312	General Ledger
UH Health SystemUH Geauga Medical Center	l	8,523,623	General Ledger
UH Health SystemUH Geauga Medical Center	o	34,089,151	General Ledger
UH Health SystemUH Geauga Medical Center	q	14,820,767	General Ledger
UH Health SystemUH Geauga Medical Center	R	44,482,260	General Ledger
UH Health SystemUH Geneva Medical Center	l	4,150,771	General Ledger

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Health SystemUH Geneva Medical Center	o	10,281,355	General Ledger
UH Health SystemUH Geneva Medical Center	q	3,358,792	General Ledger
UH Health SystemUH Geneva Medical Center	r	11,405,275	General Ledger
UH Health SystemUH Home Care Services	i	65,013	General Ledger
UH Health SystemUH Home Care Services	l	1,797,745	General Ledger
UH Health SystemUH Home Care Services	o	15,048,841	General Ledger
UH Health SystemUH Home Care Services	q	5,317,832	General Ledger
UH Health SystemUH Home Care Services	r	14,715,888	General Ledger
UH Health SystemUH Laboratory Services Found	l	1,685,554	General Ledger
UH Health SystemUH Laboratory Services Found	o	5,758,683	General Ledger
UH Health SystemUH Laboratory Services Found	q	527,475	General Ledger
UH Health SystemUH Laboratory Services Found	r	8,981,812	General Ledger
UH Health SystemUH Medical Group	a	318,902	General Ledger
UH Health SystemUH Medical Group	l	14,281,964	General Ledger
UH Health SystemUH Medical Group	o	140,912,547	General Ledger
UH Health SystemUH Medical Group	q	38,792,221	General Ledger
UH Health SystemUH Medical Group	r	31,540,469	General Ledger
UH Health SystemUH Regional Hospitals	i	188,730	General Ledger
UH Health SystemUH Regional Hospitals	l	10,730,400	General Ledger
UH Health SystemUH Regional Hospitals	o	34,386,212	General Ledger
UH Health SystemUH Regional Hospitals	q	18,509,856	General Ledger
UH Health SystemUH Regional Hospitals	r	33,980,909	General Ledger
UH Home Care ServicesUH Cleveland Medical Ce	m	538,122	General Ledger
UH Home Care ServicesUH Cleveland Medical Ce	p	819,375	General Ledger
UH Home Care ServicesUH Cleveland Medical Ce	s	299,364	General Ledger

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Home Care ServicesUH Health System	p	2,299,432	General Ledger
UH Home Care ServicesUH Health System	s	35,270,438	General Ledger
UH Laboratory Service FoundationUH Ahuja Med	p	987,179	General Ledger
UH Laboratory Service FoundationUH Cleveland	p	9,534,412	General Ledger
UH Laboratory Service FoundationUH Cleveland	s	9,616,395	General Ledger
UH Laboratory Service FoundationUH Conneaut	p	101,228	General Ledger
UH Laboratory Service FoundationUH Geauga Me	P	560,691	General Ledger
UH Laboratory Service FoundationUH Health Sy	p	1,647,873	General Ledger
UH Laboratory Service FoundationUH Health Sy	s	14,601,276	General Ledger
UH Laboratory Service FoundationUH Medical P	P	79,676	General Ledger
UH Laboratory Service FoundationUH Regional	p	750,177	General Ledger
UH Laboratory Services FoundationUH Ahuja Me	l	987,222	General Ledger
UH Laboratory Services FoundationUH Conneaut	l	101,228	General Ledger
UH Laboratory Services FoundationUH Geauga M	l	560,691	General Ledger
UH Laboratory Services FoundationUH Geneva M	l	200,799	General Ledger
UH Laboratory Services FoundationUH Regional	q	744,652	General Ledger
UH Medical GroupUH Ahuja Medical Center	l	161,630	General Ledger
UH Medical GroupUH Ahuja Medical Center	m	158,980	General Ledger
UH Medical GroupUH Ahuja Medical Center	p	155,812	General Ledger
UH Medical GroupUH Ahuja Medical Center	q	153,162	General Ledger
UH Medical GroupUH Cleveland Medical Center	a	11,769	General Ledger
UH Medical GroupUH Cleveland Medical Center	m	15,740,128	General Ledger
UH Medical GroupUH Cleveland Medical Center	p	47,924,947	General Ledger
UH Medical GroupUH Cleveland Medical Center	s	4,714,277	General Ledger
UH Medical GroupUH Geauga Medical Center	l	534,194	General Ledger

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Medical GroupUH Geauga Medical Center	m	534,194	General Ledger
UH Medical GroupUH Geauga Medical Center	p	114,330	General Ledger
UH Medical GroupUH Geauga Medical Center	q	114,330	General Ledger
UH Medical GroupUH Geneva Medical Center	l	199,937	General Ledger
UH Medical GroupUH Geneva Medical Center	m	190,479	General Ledger
UH Medical GroupUH Health System	m	1,311,278	General Ledger
UH Medical GroupUH Health System	o	108,626	General Ledger
UH Medical GroupUH Health System	p	11,845,517	General Ledger
UH Medical GroupUH Health System	s	221,865,864	General Ledger
UH Medical GroupUH Laboratory Services Found	l	124,336	General Ledger
UH Medical GroupUH Laboratory Services Found	m	124,336	General Ledger
UH Medical GroupUH Laboratory Services Found	p	133,174	General Ledger
UH Medical GroupUH Laboratory Services Found	q	130,562	General Ledger
UH Medical GroupUH Medical Practices	m	1,832,426	General Ledger
UH Medical GroupUH Medical Practices	o	861,089	General Ledger
UH Medical GroupUH Medical Practices	p	117,266	General Ledger
UH Medical GroupUH Physician Services	a	168,809	General Ledger
UH Medical GroupUH Physician Services	m	331,586	General Ledger
UH Medical GroupUH Physician Services	o	86,248	General Ledger
UH Medical GroupUH Physician Services	p	512,473	General Ledger
UH Medical GroupUH Regional Hospitals	l	59,526	General Ledger
UH Medical GroupUH Regional Hospitals	m	454,004	General Ledger
UH Medical GroupUH Regional Hospitals	p	156,039	General Ledger
UH Medical GroupUH Regional Hospitals	q	550,958	General Ledger
UH Medical PracticesUH Ahuja Medical Center	l	2,148,354	General Ledger

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Medical PracticesUH Cleveland Medical Cen	l	2,512,566	General Ledger
UH Medical PracticesUH Cleveland Medical Cen	q	986,797	General Ledger
UH Medical PracticesUH Cleveland Medical Cen	r	2,779,541	General Ledger
UH Medical PracticesUH Conneaut Medical Cent	l	370,749	General Ledger
UH Medical PracticesUH Geauga Medical Center	l	2,466,980	General Ledger
UH Medical PracticesUH Geneva Medical Center	l	610,408	General Ledger
UH Medical PracticesUH Medical Group	l	2,040,078	General Ledger
UH Medical PracticesUH Medical Group	q	431,246	General Ledger
UH Medical PracticesUH Regional Hospitals	l	3,180,492	General Ledger
UH Medical PracticesUH Regional Hospitals	q	177,281	General Ledger
UH Physician ServicesUH Ahuja Medical Center	q	59,382	General Ledger
UH Physician ServicesUH Conneaut Medical Cen	a	2,540	General Ledger
UH Physician ServicesUH Geauga Medical Cente	q	139,664	General Ledger
UH Physician ServicesUH Geneva Medical Group	a	2,540	General Ledger
UH Physician ServicesUH Laboratory Services	a	29,853	General Ledger
UH Physician ServicesUH Medical Group	a	197,633	General Ledger
UH Physician ServicesUH Medical Group	ı	479,052	General Ledger
UH Physician ServicesUH Medical Group	l	275,210	General Ledger
UH Physician ServicesUH Medical Group	q	3,090,471	General Ledger
UH Physician ServicesUH Regional Hospitals	l	70,999	General Ledger
UH Regional Hospitals UH Ahuja Medical Cente	ı	182,252	General Ledger
UH Regional Hospitals UH Ahuja Medical Cente	p	189,776	General Ledger
UH Regional HospitalsUH Ahuja Medical Center	ı	61,425	General Ledger
UH Regional HospitalsUH Ahuja Medical Center	p	310,603	General Ledger
UH Regional HospitalsUH Cleveland Medical Ce	a	2,217	General Ledger

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UH Regional HospitalsUH Cleveland Medical Ce	c	109,089	General Ledger
UH Regional HospitalsUH Cleveland Medical Ce	p	5,386,021	General Ledger
UH Regional HospitalsUH Cleveland Medical Ce	S	619,213	General Ledger
UH Regional HospitalsUH Conneaut Medical Cen	p	220,328	General Ledger
UH Regional HospitalsUH Conneaut Medical Cen	q	220,324	General Ledger
UH Regional HospitalsUH Geauga Medical Cente	p	750,822	General Ledger
UH Regional HospitalsUH Geauga Medical Cente	q	719,008	General Ledger
UH Regional HospitalsUH Geneva Medical Cente	p	154,807	General Ledger
UH Regional HospitalsUH Geneva Medical Cente	q	154,807	General Ledger
UH Regional HospitalsUH Health System	a	18,540	General Ledger
UH Regional HospitalsUH Health System	m	395,251	General Ledger
UH Regional HospitalsUH Health System	o	236,401	General Ledger
UH Regional HospitalsUH Health System	P	8,740,337	General Ledger
UH Regional HospitalsUH Health System	S	86,719,463	General Ledger
UH Regional HospitalsUH Laboratory Services	r	119,533	General Ledger
UH Regional HospitalsUH Laboratory Services	s	119,533	General Ledger
UH Regional HospitalsUH Medical Group	p	67,229	General Ledger
UH Regional HospitalsUH Medical Practices	m	93,817	General Ledger
UH Regional HospitalsUH Medical Practices	p	165,689	General Ledger
UH Regional HospitalsUH Physician Services	p	354,156	General Ledger