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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- [x] 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 A SZUBSKI

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3605 WARRENSVILLE CENTER ROAD

City or town, state or province, country, and ZIP or foreign postal code
SHAKER HEIGTHS, OH 44122

D Employer identification number
90-0059117

E Telephone number
(216) 844-1000

G Gross receipts $ 3,450,060,000

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

H(a) Is this a group return for subordinates? [x] Yes [ ] No

H(b) Are all subordinates included? [ ] Yes [x] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 3829

I Tax-exempt status: [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www UHhospitals org

K Form of organization: [x] 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	274
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	198
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	26,283
6	Total number of volunteers (estimate if necessary)	6	3,920
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,226,937
b	Net unrelated business taxable income from Form 990-T, line 34	7b	513,528

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	57,902,200	98,098,000
9	Program service revenue (Part VIII, line 2g)	2,594,754,000	3,054,424,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,016,000	43,396,000
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	295,602,000	253,143,000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,007,274,200	3,449,061,000
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	35,750,000	2,728,000
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)	1,395,764,000	1,687,298,000
16a	Professional fundraising fees (Part IX, column (A), line 11e)	103,000	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶12,766,000		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,190,910,000	1,400,268,000
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,622,527,000	3,090,294,000
19	Revenue less expenses Subtract line 18 from line 12	384,747,200	358,767,000

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,865,699,000	4,320,716,000
21	Total liabilities (Part X, line 26)	2,117,259,000	2,235,987,000
22	Net assets or fund balances Subtract line 21 from line 20	1,748,440,000	2,084,729,000

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2016-11-15

MICHAEL A SZUBSKI CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [x] 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) [x] 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 SURGICAL 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 $ 2,876,577,000 including grants of $ 2,728,000) (Revenue $ 3,304,634,962)

COMMITMENT TO THE COMMUNITY REMAINS AT THE CORE OF THE SYSTEM'S MISSION TO HEAL TO TEACH TO DISCOVER IN 2015, UNIVERSITY HOSPITALS DEDICATED MORE THAN $275 MILLION TO COMMUNITY BENEFIT PROGRAMS IN NORTHEAST OHIO CONSISTING OF - EDUCATION AND TRAINING = $62 MILLION - RESEARCH = $21 MILLION - CHARITY CARE = $41 MILLION - MEDICAID SHORTFALL = $120 MILLION - COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = $49 MILLION - HOSPITAL CARE ASSURANCE PROGRAM (HCAP) RECEIPTS = ($18 MILLION) REFER TO SCHEDULE H FOR FURTHER DETAIL ON HOW THE SYSTEM MEASURES AND REPORTS COMMUNITY BENEFIT COMMUNITY BENEFIT FOR 2015 TOTALED $275 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 2015 PROVISION FOR BAD DEBT OF $40 MILLION REPRESENTS REVENUES FOR SERVICES PROVIDED THAT ARE DEEMED UNCOLLECTIBLE THE UH HEALTH SYSTEM PROVIDES WORK DIRECTLY FOR MORE THAN 25,000 EMPLOYEES AND PHYSICIANS DURING 2015, THE SYSTEM ACQUIRED THREE NEW MEDICAL CENTERS, ROBINSON HEALTH SYSTEM, INC D/B/A UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER ("PORTAGE"), SAMARITAN REGIONAL HEALTH SYSTEM D/B/A UNIVERSITY HOSPITALS SAMARITAN MEDICAL CENTER ("SAMARITAN"), AND UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER ("ST JOHN") 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, PORTAGE, SAMARITAN, AND ST JOHN PROVIDE AN EXPANDED FOOTPRINT ADDING COUNTIES SUCH AS PORTAGE, ASHLAND, AND RICHLAND 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 CLEVELAND 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 CLEVELAND 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 2015 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 ▶** 2,876,577,000

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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or 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**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,791		
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	26,283		
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
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	274		
	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	198		
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?			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?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?			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?			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?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			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*				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 A SZUBSKI 3605 WARRENSVILLE CENTER RD Shaker Heights, OH 44122 (216) 767-8007

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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								48,503,909	5,941,529	6,014,847

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 ▶ 1,930

			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
AMERISOURCEBBERGEN CORPORATION, PO BOX 27550 CHICAGO, IL 60673	PHARMACEUTICAL SVCS	156,804,709
OWENS AND MINOR INC, 7905 COCHRAN RD GLENWILLOW, OH 44139	MEDICAL SUPPLIES	85,491,728
MEDTRONIC, 4642 COLLECTION CENTER DR CHICAGO, IL 60693	MEDICAL SUPPLIES	16,629,944
PHILIPS HEALTHCARE, PO BOX 100355 ATLANTA, GA 30384	MEDICAL EQUIPMENT	16,604,904
ALLSCRIPTS, 24630 NETWORK PLACE CHICAGO, IL 60673	INFORMATION TECH	15,992,008

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 ▶ 1,439

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	1,723,000			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	44,086,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	52,289,000			
	g	Noncash contributions included in lines 1a-1f $		8,817,334			
	h	**Total.** Add lines 1a-1f		98,098,000			
Program Service Revenue			Business Code				
	2a	NET PROGRAM SERVICE REVENUE LESS BAD DEBT/CONTRACT	900099	2,971,935,000	2,969,057,962	2,877,038	
	b	IP UPPER PAYMENT LIMITED PROGRAM	900099	28,434,000	28,434,000		
	c	PROG SVC RENTAL INCOME	532000	19,151,000	19,151,000		
	d	CARE ASSURANCE	900099	16,844,000	16,844,000		
	e	ENHANCED MCO PROGRAM	900099	15,960,000	15,960,000		
	f	All other program service revenue		2,100,000	2,100,000		
	g	**Total.** Add lines 2a-2f		3,054,424,000			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		26,258,000		349,899	25,908,101
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	540,000				
	b	Less rental expenses					
	c	Rental income or (loss)	540,000 / 0				
	d	Net rental income or (loss)		540,000			540,000
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	17,138,000				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	17,138,000				
	d	Net gain or (loss)		17,138,000			17,138,000
	8a	Gross income from fundraising events (not including $ 1,723,000 of contributions reported on line 1c) See Part IV, line 18	a 500,000				
	b	Less direct expenses	b 995,000				
	c	Net income or (loss) from fundraising events		-495,000			-495,000
	9a	Gross income from gaming activities See Part IV, line 19	a 14,000				
	b	Less direct expenses	b 4,000				
	c	Net income or (loss) from gaming activities		10,000			10,000
	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	MEMBERSHIP SUBSTITUTION	900099	126,858,000	126,858,000		
	b	JV INCOME	900099	19,180,000	19,180,000		
	c	MEANINGFUL USE	900099	10,150,000	10,150,000		
	d	All other revenue		96,900,000	96,900,000		
	e	**Total.** Add lines 11a-11d		253,088,000			
	12	**Total revenue.** See Instructions		3,449,061,000	3,304,634,962	3,226,937	43,101,101

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	2,728,000	2,728,000		
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	30,917,000	13,362,000	17,555,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	156,000	156,000		
7 Other salaries and wages	1,236,450,000	1,154,884,000	74,193,000	7,373,000
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,851,000	59,080,000	3,771,000	
9 Other employee benefits	268,506,000	249,636,000	16,110,000	2,760,000
10 Payroll taxes	88,418,000	83,113,000	5,305,000	
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,397,000	2,247,000	144,000	6,000
c Accounting	1,255,000	1,180,000	75,000	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
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)	167,571,000	157,493,000	10,056,000	22,000
12 Advertising and promotion	16,651,000	15,402,000	999,000	250,000
13 Office expenses	591,272,000	554,857,000	35,476,000	939,000
14 Information technology	67,688,000	63,626,000	4,061,000	1,000
15 Royalties	0			
16 Occupancy	157,174,000	147,638,000	9,430,000	106,000
17 Travel	10,830,000	9,871,000	650,000	309,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	48,448,000	45,541,000	2,907,000	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	137,049,000	128,815,000	8,223,000	11,000
23 Insurance	39,246,000	36,891,000	2,355,000	
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 OTHER PURCHASED SERVICES	50,018,000	47,017,000	3,001,000	
b TAXES	41,762,000	39,256,000	2,506,000	
c CWRU AFFILIATION	23,804,000	22,376,000	1,428,000	
d DUES AND MEMBERSHIPS	5,818,000	5,289,000	338,000	191,000
e All other expenses	39,285,000	36,119,000	2,368,000	798,000
25 **Total functional expenses.** Add lines 1 through 24e	3,090,294,000	2,876,577,000	200,951,000	12,766,000
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		166,858,000	2	187,882,000
	3	Pledges and grants receivable, net		23,266,000	3	49,641,000
	4	Accounts receivable, net		464,827,000	4	439,490,000
	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		345,000	7	0
	8	Inventories for sale or use		41,985,000	8	55,136,000
	9	Prepaid expenses and deferred charges		44,404,000	9	24,327,000
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,197,910,000			
	b	Less accumulated depreciation	10b 1,638,362,000	1,359,282,000	10c	1,559,548,000
	11	Investments—publicly traded securities		397,818,000	11	1,116,438,000
	12	Investments—other securities See Part IV, line 11		843,246,000	12	290,999,000
	13	Investments—program-related See Part IV, line 11		365,542,000	13	430,818,000
	14	Intangible assets		0	14	4,000,000
	15	Other assets See Part IV, line 11		158,126,000	15	162,437,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,865,699,000	16	4,320,716,000
Liabilities	17	Accounts payable and accrued expenses		366,809,000	17	405,201,000
	18	Grants payable		0	18	0
	19	Deferred revenue		639,000	19	13,518,000
	20	Tax-exempt bond liabilities		1,167,092,000	20	1,316,604,000
	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		341,000	23	2,593,000
	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		582,378,000	25	498,071,000
	26	**Total liabilities.** Add lines 17 through 25		2,117,259,000	26	2,235,987,000
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		1,138,389,000	27	1,390,737,000
	28	Temporarily restricted net assets		254,092,000	28	334,025,000
	29	Permanently restricted net assets		355,959,000	29	359,967,000
		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		1,748,440,000	33	2,084,729,000
	34	Total liabilities and net assets/fund balances		3,865,699,000	34	4,320,716,000

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	3,449,061,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,090,294,000
3	Revenue less expenses Subtract line 2 from line 1	3	358,767,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,748,440,000
5	Net unrealized gains (losses) on investments	5	-34,064,000
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	11,586,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,084,729,000

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 90-0059117

Name: University Hospitals Health System Inc Group Return

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHHS - Alfred M Rankin Jr Chair (end 5/15)/Director	20	X		X				0	0	0
UHHS - Andrew Banks Director	20	X						0	0	0
UHHS - Arthur F Anton Director	20	X						0	0	0
UHHS - Brian Hall Director	20	X						0	0	0
UHHS - Catherine M Kilbane Director	20	X						0	0	0
UHHS - Christopher M Connor Director	20	X						0	0	0
UHHS - Craig Arnold Director	20	X						0	0	0
UHHS - Ernest Novak Director	20	X						0	0	0
UHHS - Heather Ettinger Director	20	X						0	0	0
UHHS - Henry L Meyer III Director	20	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHHS - Jerry Sue Thornton Ph D Director	20	X						0	0	0
UHHS - Joseph Lopez Director (end 5/15)	20	X						0	0	0
UHHS - Katherine A Asbeck Director	20	X						0	0	0
UHHS - Kenneth Hardy Director	20	X						0	0	0
UHHS - Les C Vinney Director (end 5/15)	20	X						0	0	0
UHHS - M Ann Harlan Director	20	X						0	0	0
UHHS - Mark Plush DIRECTOR	20	X						0	0	0
UHHS - Monte Ahuja Director	20	X						0	0	0
UHHS - Paul Clark Director	20	X						0	0	0
UHHS - Richard W Pogue Director	20	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHHS - Robert Salata MD Director	2 0	X						0	0	0
UHHS - Sandra Pianalto VC(end 5/15)/Chair(beg 5/15)	2 0	X		X				0	0	0
UHHS - Sheldon G Adelman Director	2 0	X						0	0	0
UHHS - Thomas A Selden Ex Officio Director	2 0	X						0	0	0
UHHS - Thomas F Zenty III CEO/Ex Officio Director	50 0	X		X				3,039,296	0	416,490
UHHS - Vasu Pandrangi MD Ex Officio Director	2 0 50 0	X						0	807,358	10,662
UHHS - Ralph Della Ratta Director	2 0	X						0	0	0
UHHS - Christopher Hyland DIRECTOR	2 0	X						0	0	0
UHHS - Christopher Gorman Director (beg 5/15)	2 0	X						0	0	0
UHHS - Dee Haslam Director (beg 5/15)	2 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - Carole A Carr Director (end 5/15)	2 0	X						0	0	0
UHCMC - Charles Halberg Director	2 0	X						0	0	0
UHCMC - Chrıstopher Hyland Director/Chair	2 0	X		X				0	0	0
UHCMC - David Camiener Director	2 0	X						0	0	0
UHCMC - David Goldberg Director	2 0	X						0	0	0
UHCMC - David M Reynolds Director	2 0	X						0	0	0
UHCMC - James W Wert Director	2 0	X						0	0	0
UHCMC - Eddıe Taylor Jr Director/Vice Chaır	2 0	X		X				0	0	0
UHCMC - Fred C Rothstein MD President/Ex Off (END 12/15)	50 0	X		X				1,732,837	0	71,913
UHCMC - Gena C Lovett Director (end 1/15)	2 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - Gregory Skoda Director	20	X						0	0	0
UHCMC - Hilton O Smith Director (end 5/15)	20	X						0	0	0
UHCMC - Jacqueline Woods Director	20	X						0	0	0
UHCMC - Jerry Kelsheimer Director/Vice Chair	20	X		X				0	0	0
UHCMC - Joel Adelman Director	20	X						0	0	0
UHCMC - John C Morley Director (end 5/15)	20	X						0	0	0
UHCMC - Julie Adler Raskind Director	20	X						0	0	0
UHCMC - Kenneth C Ricci Director	20	X						0	0	0
UHCMC - Lee Koury Director	20	X						0	0	0
UHCMC - Mairan Shaughnessy Director	20	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - Michael Feuer Director	20	X						0	0	0
UHCMC - Pamela B Davis MD PhD Ex Officio Director	20	X						0	0	0
UHCMC - Patrick S Mullin Director	20	X						0	0	0
UHCMC - Paul H Carleton Director	20	X						0	0	0
UHCMC - Raymond K Lee Director	20	X						0	0	0
UHCMC - Thomas F Zenty III Ex Officio Director	20	X						0	0	0
UHCMC - Warren Selman MD Ex Officio Director	20	X						0	0	0
UHCMC - William J O'Neill Jr Director (end 5/15)	20	X						0	0	0
UHCMC - Jill Clark Ex Officio Director	20	X						0	0	0
UHCMC - John Skory Director	20	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - Stuart Kline Director (beg 5/15)	20	X						0	0	0
UHCMC - Stephen Schultz Director (beg 5/15)	20	X						0	0	0
AHUJA - Daniel N Zelman Director	20	X						0	0	0
AHUJA - Enid B Rosenberg Director	20	X						0	0	0
AHUJA - John Monkis Chair/Director	20	X		X				0	0	0
AHUJA - Neil Sethi MD Director/Vice Chair (beg 5/15)	20	X		X				0	0	0
AHUJA - Reggie Rucker Director (end 10/15)	20	X						0	0	0
AHUJA - Alton Richard Doody Director	20	X						0	0	0
AHUJA - Richard A Hanson Ex Officio Director (end 5/15)	20	X						0	0	0
AHUJA - Robert A Glick Secretary/Treasurer/Director	20	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AHUJA - Sheldon G Adelman Director/Vice Chair (end 5/15)	2 0	X		X				0	0	0
AHUJA - Susan V Juris President/Ex Officio Director	50 0	X		X				555,508	0	71,846
AHUJA - Susan R Hurwitz Director	2 0	X						0	0	0
AHUJA - Deborah A Lauer Director	2 0	X						0	0	0
AHUJA - Thomas W Seitz Director/Vice Chair (beg 5/15)	2 0	X		X				0	0	0
AHUJA - Amy J Ray MD Ex Officio Director	50 0	X						140,453	0	54,660
AHUJA - Irwin G Haber Director (beg 5/15)	2 0	X						0	0	0
GEAUGA - B Paige Hoiser Orvis Director	2 0	X						0	0	0
GEAUGA - Darrell L McNair Director/Vice Chair	2 0	X		X				0	0	0
GEAUGA - Davina Gosnell PhD Ex Off Director (end 5/15)	2 0	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEAUGA-Denise Dee Dee Miller Treasurer/Director	2 0	X		X				5,339	0	898
GEAUGA - Gregory Robinson Director	2 0	X						0	0	0
GEAUGA - Jack Male Director	2 0	X						0	0	0
GEAUGA - James F Patterson Director (end 5/15)	2 0	X						0	0	0
GEAUGA - John I Fitts Vice Chair/Director	2 0	X		X				0	0	0
GEAUGA - John Tumbush MD Ex Officio Director (end 5/15)	2 0 50 0	X						0	307,119	14,643
GEAUGA - John W Waldeck Jr Secretary/Director	2 0	X		X				0	0	0
GEAUGA - Steven M Jones President/Ex Officio Director	50 0	X		X				585,821	0	122,522
GEAUGA - P James Kamer Jr Chair/Director	2 0	X		X				0	0	0
GEAUGA - Pete C Miller Director	2 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEAUGA - Richard A Hanson Ex Officio Director (end 5/15)	2 0	X						0	0	0
GEAUGA - Thomas Benda Director	2 0	X						0	0	0
GEAUGA - Barbara Knecht Director	2 0	X						0	0	0
GEAUGA - Tracy Jemison Director (beg 5/15)	2 0	X						0	0	0
GEAUGA - Judah Friedman MD Ex Officio Director (beg 5/15)	2 0 50 0	X						0	416,666	25,311
GEAUGA - Barbara Ann Broome Ex Officio Director (beg 5/15)	2 0	X						0	0	0
ELYRIA - Pricilla Waldheger Director	2 0	X						0	0	0
ELYRIA - Ray Frank Director	2 0	X						0	0	0
ELYRIA - Ashok Ramadugu MD Director	2 0	X						0	0	0
ELYRIA - Gregory Elek Director (end 6/15)	2 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELYRIA - Donald Sheldon MD President (end 9/15)	50 0	X		X				626,334	0	108,824
ELYRIA - Jonathan M Beckett Director	2 0	X						0	0	0
ELYRIA - Brian Hoagland Chair/Director	2 0	X		X				0	0	0
ELYRIA - Lynn Miggins Director/Vice Chair (beg 1/15)	2 0	X		X				0	0	0
ELYRIA - Robert Olesen Director	50 0	X						48,020	0	5,790
ELYRIA - Joan Reidy Director	2 0	X						0	0	0
ELYRIA - Spencer Ryan Secretary/Director	2 0	X		X				0	0	0
ELYRIA - Frederick Dengel MD Director (end 11/15)	2 0	X						0	0	0
ELYRIA - Michael A Suzbski Director	2 0	X						0	0	0
ELYRIA - Paul G Tait Director	2 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELYRIA - Rev Janet Long Director/Vice Chair (beg 1/15)	2 0	X		X				0	0	0
ELYRIA - Robert White Director	2 0	X						0	0	0
ELYRIA - William Larchian MD Director (beg 5/15)	2 0 50 0	X						0	438,260	16,337
ELYRIA - Charlotte Wray President (beg 10/15)/Director	50 0	X		X				240,865	0	66,191
PARMA - John Bundy Director	2 0	X						0	0	0
PARMA - Matthew Frantz DO Director (end 5/15)	2 0	X						0	0	0
PARMA - Douglas Keller Director/Vice Chair (beg 9/15)	2 0	X		X				0	0	0
PARMA - Alex Koler Director/Treasurer (beg 7/15)	2 0	X		X				0	0	0
PARMA - Jack Krise Jr Director/Vice Chair (beg 9/15)	2 0	X		X				0	0	0
PARMA - Sharon Martin Director/Assistant Treasurer	2 0	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PARMA - Joann Mason Director/Secretary	20	X		X				0	0	0
PARMA - Eric Moore Director/Member at Large	20	X		X				0	0	0
PARMA - David Nedrich Chair/Director	20	X		X				0	0	0
PARMA - Thomas O'Donnell Director/Vice Chair (end 8/15)	20	X		X				0	0	0
PARMA - Jacqueline Patton Director/Member at Large	20	X		X				0	0	0
PARMA - Louis Ripepi Director	20	X						0	0	0
PARMA - Nino Sentti Director	20	X						0	0	0
PARMA - C Anthony Stavole Director	20	X						0	0	0
PARMA - Joseph Talerico Director/2nd VC (end 7/15)	20	X		X				0	0	0
PARMA - Donna Thomas Director	20	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PARMA - Michael Barkoukis MD Director	20	X						0	0	0
PARMA - Therese Safranek Director	20	X						0	0	0
PARMA - Michael A Suzbski Director	20	X						0	0	0
PARMA - Paul G Tait Director	20	X						0	0	0
PARMA - Jennifer L Wurst MD Director (beg 5/15)	50 0	X						0	176,230	31,262
SJMC - Paul G Tait Director (end 11/15)	20	X						0	0	0
SJMC - Robert C Smith Chair/Director	20	X		X				0	0	0
SJMC - Melissa Rogers Secretary (end 11/15)	20	X		X				0	0	0
SJMC - Ronald W Dees Treasurer (end 11/15)	20	X		X				0	0	0
SJMC - Thomas F Zenty III Director (end 11/15)	20	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SJMC - Sr Judith Ann Karam Director (end 11/15)	2 0	X						0	0	0
SJMC - Richard A Hanson Director/Secretary (beg 11/15)	2 0 50 0	X		X				1,142,283	0	200,091
SJMC - Rosemarie Carfagna Director (beg 11/15)	2 0	X						0	0	0
SJMC - Diane Davle Director (beg 11/15)	2 0	X						0	0	0
SJMC - Judge Patricia Gaughan Director (beg 11/15)	2 0	X						0	0	0
SJMC - Donald Esch Director (beg 11/15)	2 0	X						0	0	0
SJMC - Dennis Claugh Director (beg 11/15)	2 0	X						0	0	0
SJMC - Vivian Yates RN PhD Director (beg 11/15)	2 0	X						0	0	0
SJMC - Robert Stern MD Ex Officio Director(beg 11/15)	2 0 50 0	X						160,337	0	13,103
UHRH - Brock Milstein Director	2 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHRH - David E Jerome Director	2 0	X						0	0	0
UHRH - David Rapkin MD Ex Officio Director (end 5/15)	2 0 50 0	X						0	440,502	39,428
UHRH - James Judd Director	2 0	X						0	0	0
UHRH - Judy Grieg Director	2 0	X						0	0	0
UHRH - Mark Plush Chair/Director	2 0	X		X				0	0	0
UHRH - Mary Ann P Correnti Vice Chair/Director	2 0	X		X				0	0	0
UHRH - Peter R Brumbergs Director	2 0	X						0	0	0
UHRH - Philip Ridolfi Director	2 0	X						0	0	0
UHRH - Richard A Hanson Ex Officio Director (end 5/15)	2 0	X						0	0	0
UHRH - Samuel Ake Secretary/Director	2 0	X		X				0	0	0

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UHRH - Stamy Paul Director	2 0	X						0	0	0
UHRH - Timothy Morgan Director	2 0	X						0	0	0
UHRH - Wendolyn Grant Director (end 5/15)	2 0	X						0	0	0
UHRH - Robert G David President/Ex Officio Director	2 0 50 0	X		X				507,189	0	119,475
UHRH - Joseph I Shawi MD Ex Officio Director	2 0 50 0	X						0	275,994	44,021
GENEVA - Craig Parker Director	2 0	X						0	0	0
GENEVA - Gary L Pasqualone Chair/Director	2 0	X		X				0	0	0
GENEVA - James Crawford Director (end 5/15)	2 0	X						0	0	0
GENEVA - Morgan R Griffiths Jr Director	2 0	X						0	0	0
GENEVA - Raimantas Drublionis MD Ex Officio Director (end 5/15)	2 0 50 0	X						0	456,391	15,755

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GENEVA - Richard A Hanson Director/Secretary/Treasurer	20	X		X				0	0	0
GENEVA - Richard L Dana Vice Chair/Director	20	X		X				0	0	0
GENEVA - Robert Taylor Director	20	X						0	0	0
GENEVA - Willard Raymond Director	20	X						0	0	0
GENEVA - Steven M Jones President/Ex Officio Director	20	X		X				0	0	0
GENEVA - Lauren A Gardner Director (beg 5/15)	20	X						0	0	0
GENEVA - Peter Ghobrial MD Ex Officio Director (beg 5/15)	20	X						0	0	0
GENEVA - Angela L Brannon Ex Officio Director (beg 5/15)	20	X						0	0	0
CONNEAUT - Arpan Desai MD Ex Officio Director (end 5/15)	20 50 0	X						0	163,599	26,327
CONNEAUT - Charles Deck Director	20	X						0	0	0

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CONNEAUT - Gerald V Eighmy Director	20	X						0	0	0
CONNEAUT - James B Supplee Director (end 5/15)	20	X						0	0	0
CONNEAUT - Joseph A Moroski Director	20	X						0	0	0
CONNEAUT - Lori E McLaughlin Vice Chair/Director	20	X		X				0	0	0
CONNEAUT - Mike Skufca DDS Director	20	X						0	0	0
CONNEAUT - Rev Timothy Kraus Chair/Director	20	X		X				0	0	0
CONNEAUT - Richard A Hanson Secretary/Treasurer (end 5/15)	20	X		X				0	0	0
CONNEAUT - Terry Atkinson Director	20	X						0	0	0
CONNEAUT - Steven M Jones President/Ex Officio Director	20	X		X				0	0	0
CONNEAUT - Christopher Brecht Director (beg 5/15)	20	X						0	0	0

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CONNEAUT - Michael Legeza Director (beg 5/15)	20	X						0	0	0
CONNEAUT - Abirammy Sundaramoorthy Director (beg 5/15)	20	X						0	0	0
SAMARITAN - Danny L Boggs President/Ex Officio Director	50 0	X		X				343,745	0	38,658
SAMARITAN - Harold Keener Director/Chair (end 4/15)	20	X		X				0	0	0
SAMARITAN - Anne Beer Director/Vice Chair(beg 11/15)	20	X		X				0	0	0
SAMARITAN - Thomas Gillman Director	20	X						0	0	0
SAMARITAN-Michael Martin MD Ex Officio Director	20	X						0	0	0
SAMARITAN - Paul Myers Ex Officio Director	20	X						0	0	0
SAMARITAN - Michael Stencel Director	20 50 0	X						0	241,300	15,031
SAMARITAN - Polly Chandler Director	20	X						0	0	0

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SAMARITAN - Ralph Kelsey Director	20	X						0	0	0
SAMARITAN - Tim Cowen Director/Chair (beg 4/15)	20	X		X				0	0	0
SAMARITAN - Tom Mcgee Director	20	X						0	0	0
SAMARITAN - Annette Shaw Director/Secretary (beg 11/15)	20	X		X				0	0	0
SAMARITAN - Patricia Dawson Director	20	X						0	0	0
SAMARITAN - Joyce Hunt Director	20	X						0	0	0
SAMARITAN - Michael J Kelly Sr Director	20	X						0	0	0
SAMARITAN - Donald Sheldon Director (beg 11/15)	20	X						0	0	0
SAMARITAN - Roger Snyder MD Director (beg 1/15)	20	X						0	0	0
SAMARITAN - Susan Heimann Director (beg 10/15)	20	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAMARITAN - Andrew Stein MD Director (beg 10/15)	2 0	X						0	0	0
SAMARITAN - Karin Schwan Ex Officio Director(beg 10/15)	2 0	X						0	0	0
SAMARITAN - Mary L Gnest Treasurer/EX OFF Dir(beg11/15)	50 0	X		X				206,799	0	29,889
PORTAGE - Carole Beaty Director	2 0	X						0	0	0
PORTAGE - Stephen Colecchi VC (beg 1/15)/Ex Officio	50 0	X		X				447,773	0	55,186
PORTAGE - Marjorie Conner Director	2 0	X						0	0	0
PORTAGE - Michael Deluke Dir/Asst Secretary (beg 1/15)	2 0	X		X				0	0	0
PORTAGE - David Dix Director	2 0	X						0	0	0
PORTAGE - Marlene Dorsey Director	2 0	X						0	0	0
PORTAGE - Joseph Giulitto Director (end 12/15)	2 0	X						0	0	0

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PORTAGE - Leigh Herington Director (end 6/15)	20	X						0	0	0
PORTAGE - Robert Howard Director (end 8/15)	20	X						0	0	0
PORTAGE - Gordon Ober Chair/Director	20	X		X				0	0	0
PORTAGE - Martin Paul Secretary/Director	20	X		X				0	0	0
PORTAGE - Deborah Petrone Treasurer/Director	20	X		X				0	0	0
PORTAGE - Rosemary Rhodes Director (end 6/15)	20	X						0	0	0
PORTAGE - Timothy Toppen Director	20	X						0	0	0
PORTAGE - Roger Tsai MD Director/Vice Chair(end 12/15)	20	X		X				0	0	0
PORTAGE - Patricia M DePompei RN Director (beg 6/15)	20	X						0	0	0
PORTAGE - Cliff Megerian MD Director (beg 6/15)	20	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PORTAGE - Thomas Snowberger Director (beg 6/15)	20	X						0	0	0
RHA - Jim Bear Director	20	X						0	0	0
RHA - Trey Mann Director	20	X						0	0	0
RHA - Connie Bennett President/Director	20	X		X				0	0	0
RHA - Marilyn Paul Secretary/Treasurer/Director	20	X		X				0	0	0
UHMG - Paul H Carleton Director	20	X						0	0	0
UHMG - Pamela B Davis MD PhD Director	20	X						0	0	0
UHMG - Patricia M DePompei RN Director	20	X						0	0	0
UHMG - Michael Feuer Director	20	X						0	0	0
UHMG - Charles Halberg Director	20	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHMG - Clifford V Harding Director	50 0	X						342,831	0	20,001
UHMG - Robert Haynie MD Director (end 5/15)	2 0	X						0	0	0
UHMG - Michael Konstan MD Director (end 3/15)	50 0	X						299,243	0	36,131
UHMG - Mitchell Machtay MD Director	50 0	X						505,166	0	53,845
UHMG - Cliff Megerian MD President/Director	50 0	X		X				864,933	0	152,607
UHMG - William O'Neill Jr Director (end 5/15)	2 0	X						0	0	0
UHMG - Jeffrey Peters MD Director	2 0	X						0	0	0
UHMG - Fred C Rothstein MD Chair/Director	2 0	X		X				0	0	0
UHMG - Michael A Szubski Director	2 0	X						0	0	0
UHMG - Richard A Walsh MD Director (end 6/15)	50 0	X						524,622	0	22,394

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHMG - Thomas Snowberger Director (beg 1/15)	2 0	X						0	0	0
UHMG - Michele Walsh MD Director (beg 5/15)	50 0	X						181,059	0	6,556
UHMG - Raymond Onders MD Director (beg 11/15)	50 0	X						470,956	0	36,705
UHMG - Robert Salata MD Director (beg 7/15)	50 0	X						156,714	0	25,561
UHMG - Warren Selman MD Director (beg 5/15)	50 0	X						876,927	0	48,882
UHMG - Patricia Thomas MD Director (beg 5/15)	2 0	X						0	0	0
UHLSF - Ronald E Dziedzicki BSN Chair/Secretary/Director	2 0	X		X				0	0	0
UHLSF - Sonia Salvino Treasurer/Director	2 0	X		X				0	0	0
UHLSF - Todd Harford Director	2 0 50 0	X						175,809	0	22,901
UHHCS - Keith Maitland President/Director	50 0	X		X				363,937	0	56,596

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHHCS - Richard A Hanson Chair/Vice President/Director	2 0	X		X				0	0	0
UHHCS - Cathy Sila MD Secretary/Treasurer/Director	2 0 50 0	X		X				322,620	0	37,523
CHCO - Robert White Director	2 0	X						0	0	0
CHCO - Donald Sheldon MD CEO/President/Director	2 0	X		X				0	0	0
CHCO - Frederick Dengel MD Director (end 11/15)	2 0	X						0	0	0
CHCO - Brian Hoagland Director	2 0	X						0	0	0
CHCO - Rev Janet Long Treasurer/Director	2 0	X		X				0	0	0
CHCO - Michael A Suzbski Director	2 0	X						0	0	0
CHCO - Paul G Tait Director (beg 1/15)	2 0	X						0	0	0
CHCO - Lynn Miggins Director (beg 1/15)	2 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHCO - Joan Reidy Director (beg 1/15)	20	X						0	0	0
CHCO - Jonathan M Beckett Director (beg 1/15)	20	X						0	0	0
CHCO - Spencer Ryan Director (beg 1/15)	20	X						0	0	0
CHCO - Ray Frank Director (beg 1/15)	20	X						0	0	0
CHCO - Gregory Elek Director (beg 6/15)	20	X						0	0	0
CHCO - Pricilla Waldheger MD Director (beg 1/15)	20	X						0	0	0
CHCO - Robert Olesen Director (beg 1/15)	20	X						0	0	0
AMHERST - Paul Rigda Director	20	X						0	0	0
AMHERST - Chris Mead Director	20	X						0	0	0
AMHERST - Donald Sheldon MD CEO/President/Director	20	X		X				0	0	0

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(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			
AMHERST - Kevin Flanigan Chair/Director	20	X		X				0	0	0
AMHERST - Florencio Yuzon MD Director	20	X						0	0	0
RSL - David Nednch Director	20	X						0	0	0
RSL - Thomas O'Donnell Director/Chair (end 7/15)	20	X		X				0	0	0
RSL - Douglas Keller Director/Chair (beg 7/15)	20	X		X				0	0	0
RSL - Alex Koler Secretary/Treasurer/Director	20	X		X				0	0	0
RSL - Nino Seritti Director (beg 7/15)	20	X						0	0	0
ACO - Michael A Szubski Treasurer/Director	20	X		X				0	0	0
ACO - Paul G Tait Chair/Director	20	X		X				0	0	0
ACO - Karen Monheim MD Director	20	X						0	191,590	14,914

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ACO - Jeffrey Peters MD Director (beg 5/15)	20	X						0	0	0
ACO - Todd Zieger Director (beg 5/15)	20	X						0	0	0
CCO - Ann Ranney Director	20	X						0	0	0
CCO - David Cogan MD Director (end 5/15)	20	X						0	0	0
CCO - Fred C Rothstein MD Director	20	X						0	0	0
CCO - James Coviello MD Director	20	X						0	233,302	21,410
CCO - Karen Monheim MD Director	20	X						0	0	0
CCO - Keith Maitland RPh Director	20	X						0	0	0
CCO - Paul G Tait Chair/Director	20	X		X				0	0	0
CCO - Richard A Hanson Director	20	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CCO - Sean Hoynes MD Director	20	X						0	352,894	45,982
CCO - Cathy Annable RN Director	20	X						0	0	0
CCO - Peter DeGolia MD Director	20 50	X						210,273	0	35,170
CCO - Carla Harwell MD Director	20 50	X						176,450	0	35,945
CCO - Pablo Ros MD Director	20 50	X						624,936	0	55,490
CCO - Jeffrey Peters MD Director (beg 5/15)	20	X						0	0	0
CCO - Donald Sheldon MD Director (beg 5/15)	20	X						0	0	0
CCO - Todd Zieger Director (beg 5/15)	20	X						0	0	0
RCC - Brent Carson Treasurer/Director	20 50	X		X				348,866	0	100,239
RCC - Patricia M DePompei RN MSN Director	20	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RCC - Marilee Gallagher MD Director	2 0	X						0	450,096	21,156
RCC - Richard Grossberg MD Director	2 0 50 0	X						275,638	0	42,690
RCC - Dinah Kolesar Director	2 0	X						0	0	0
RCC - Ken Lakota Director	2 0	X						148,279	0	37,548
RCC - James Underwood MD Director	2 0	X						0	180,771	37,118
RCC - Lloyd Yeh MD Director	2 0	X						0	0	0
RCC - Paul G Tait President/Chair/Director	2 0 50 0	X		X				1,086,460	0	71,468
ECC - Richard A Hanson Chair/Director	2 0	X		X				0	0	0
ECC - Susan V Juris President/Director	2 0	X		X				0	0	0
ECC - Bradley Bond Secy/Treasurer/Director	2 0 50 0	X		X				553,765	0	112,664

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MEDNET - Michael A Suzbski Treasurer/Director	2 0	X		X				0	0	0
Geauga-George W Tim Taylor DIRECTOR	2 0	X						0	0	0
UHHS - Janet L Miller Esq Secretary, Chief Legal Officer	50 0			X				1,909,737	0	59,019
UHHS - Michael A Szubski Treasurer, CFO	50 0			X				1,318,149	0	218,204
UHHS - Steven D Standley Chief Adminsitrative Officer	50 0			X				1,245,665	0	60,562
UHHS - William L Annable MD Chief Quality Officer	50 0			X				869,105	0	22,476
UHHS - Jeffrey Peters MD Chief Operating Officer	50 0			X				1,344,353	0	307,918
UHHS - Thomas Snowberger Chief Human Resource Officer	50 0			X				730,518	0	134,938
UHCMC - Catherine S Koppelman RN Chief Nursing Off (end 8/15)	50 0			X				899,159	0	44,913
UHCMC - Jane Dus Chief Nursing Off (beg 11/15)	50 0			X				308,374	0	70,150

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - Ronald E Dziedzicki BSN Chief Operating Officer	50 0			X				652,544	0	43,226
UHCMC - Janet L Miller Esq Secretary/Chief Legal Officer	2 0			X				0	0	0
UHCMC - Michael R Anderson Chief Medical Officer	50 0			X				599,759	0	127,681
UHCMC - Nathan Levitan MD President Seidman Cancer cntr	50 0			X				895,525	0	61,708
UHCMC - Patricia M DePompei RN M President RB&C & MacDonald	50 0			X				556,389	0	133,567
UHCMC - Sonia Salvino Treasurer	50 0			X				440,653	0	106,880
PARMA - Nancy Tinsley President	50 0			X				388,496	0	103,447
SJMC - William A Young President (end 12/15)	50 0			X				483,876	0	104,391
SJMC - Allen R Tracy Treasurer (beg 11/15)	50 0			X				397,667	0	88,001
PORTAGE - Carl Ebner Asst Treasurer (end 11/15)	50 0			X				254,858	0	22,932

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHMG - Harlin G Adelman Assistant Secretary	2 0 50 0			X				518,062	0	100,930
UHMG - Janet L Miller Esq Secretary	2 0			X				0	0	0
UHLSF - Don M Landek President	50 0			X				194,952	0	34,510
RSL - Kathi O'Connor President	2 0 50 0			X				193,544	0	38,097
RSL - David A Cook Vice President (end 7/15)	2 0 50 0			X				342,839	0	60,742
ACO - Elizabeth R Hammack Secretary	2 0 50 0			X				234,703	0	40,168
ACO - William Steiner II MD PhD President	2 0			X				0	335,002	15,966
CCO - Michael A Szubski Treasurer	2 0			X				0	0	0
CCO - Elizabeth R Hammack Secretary	2 0			X				0	0	0
CCO - William Steiner II MD PhD President	2 0			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RCC - Drew Hertz MD Vice President	2 0 50 0			X				469,572	0	40,598
RCC - Elizabeth R Hammack Secretary	2 0 50 0			X				0	0	0
UHHS - Sherri Bishop Chief Development Officer	50 0				X			740,646	0	160,249
UHHS - Kim F Bixenstine Chief Compliance Officer	50 0				X			834,455	0	62,973
PORTAGE - Linda Breedlove VP, Patient Care Services	50 0				X			234,375	0	5,194
PORTAGE - Stephen Francis VP, Medical Affairs	50 0				X			215,315	0	29,238
SJMC - MICHAEL DOBROVICH SJMC CHIEF CLINICAL OFFICER	50 0				X			450,349	0	13,443
SJMC - CAROL STERBA SJMC VP PHYSICIAN RELATIONS	50 0				X			43,098	0	0
SJMC - CHERYL O'MALLEY SJMC VP PRESS-CNO	50 0				X			181,572	0	12,016
UHMG - Soon J Park Chief of cardiac surgery	50 0					X		1,294,884	0	58,608

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHMG - James E Voos Orthopaedic surgeon	50 0					X		997,136	0	25,905
UHMG - Christopher G Furey Orthopaedic surgeon	50 0					X		1,022,906	0	41,582
UHMG - Jason D Eubanks Orthopaedic surgeon	50 0					X		925,468	0	44,401
UHMG - Alan H Markowitz Cardiothoracic surgeon	50 0					X		983,531	0	39,340
UHMG - Robert Ronis Former Director	50 0						X	243,542	0	29,758
UHMG - Michael Nochomovitz Former Officer/Director	2 0 50 0						X	1,156,396	0	30,688
AHUJA - Richard L Stein Former Ex Officio Director	2 0 50 0						X	0	474,455	47,965
PARMA - Terrence Deis Former Officer/Director	50 0						X	336,855	0	33,947
CCO - George E Kikano FORMER DIRECTOR	2 0 50 0						X	39,889	0	4,153
UHHS - Elliot A Kellman Former Officer	50 0						X	645,269	0	21,593

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHMG - Phyllis Hall Former Officer	2 0 50 0						X	389,580	0	19,149
ELYRIA - Francis Gardner Former Officer	50 0						X	265,051	0	9,867
UHHS - John V Foley FORMER KEY EMPLOYEE	50 0						X	626,351	0	42,800
UHHS - Peter S Brumleve FORMER KEY EMPLOYEE	50 0						X	966,215	0	50,486
UHHS - Cheryl Wahl FORMER KEY EMPLOYEE	50 0						X	215,814	0	20,012
UHHS - Heidi Gartland FORMER KEY EMPLOYEE	50 0						X	383,021	0	72,102
UHCMC - Carl H Lufter FORMER KEY EMPLOYEE	50 0						X	211,203	0	29,979
GEAUGA - Jason E Glowczewski FORMER KEY EMPLOYEE	50 0						X	194,846	0	32,112
UHHCS - Kevin P Cunningham FORMER KEY EMPLOYEE	50 0						X	178,818	0	28,574
PARMA - Mike Mainwaring FORMER KEY EMPLOYEE	50 0						X	268,920	0	81,767

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PARMA - Sharon Thomas FORMER KEY EMPLOYEE	50 0						X	229,726	0	40,016
AHUJA - Alan Hirsch FORMER KEY EMPLOYEE	50 0						X	411,155	0	53,967
ELYRIA - Douglas McDonald FORMER KEY EMPLOYEE	50 0						X	276,941	0	66,130

TY 2015 Affiliate Listing

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

TY 2015 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 2015 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

2015

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 . . . . . _____

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 (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						

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Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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	Yes	
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) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. 0			
e From 2014. 0			
f **Total** of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2015 distributable amount			0
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2015 from Section D, line 7 $ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2015 distributable amount			0
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c	0		
8 Breakdown of line 7			
a			
b			
c Excess from 2013. 0			
d From 2014. 0			
e From 2015. 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 LIMITATION WOULD NOT ALLOW COMPLETION OF SCHEDULE A PUBLIC CHARITY CLASSIFICATION OF EACH GROUP MEMBER IS SHOWN BELOW AMHERST HOSPITAL ASSOCIATION, INC - 34-0067060 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 EMH REGIONAL MEDICAL CENTER - 34-0714612 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 PARMA COMMUNITY GENERAL HOSPITAL - 34-0827442 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 ROBINSON HEALTH SYSTEM, INC - 46-1382538 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 SAMARITAN REGIONAL HOSPITAL - 34-0714535 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 UHHS - HEATHER HILL REHABILITATION HOSPITAL INC (UHECC) - 34-1465745 DBA UNIVERSITY HOSPITALS EXTENDED CARE CAMPUS 170(B)(1)(A)(III) 12340 BASS LAKE ROAD CHARDON, OH 44024 UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER - 26-4827222 170(B)(1)(A)(III) 3999 RICHMOND ROAD BEACHWOOD, OH 44122 UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (UHCMC) - 34-1567805 170(B)(1)(A)(III) 11100 EUCLID AVE CLEVELAND, OH 44106 UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CMC) - 34-0714550 170(B)(1)(A)(III) 158 WEST MAIN ROAD CONNEAUT, OH 44030 UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER (GMC) - 34-0816492 170(B)(1)(A)(III) 13207 RAVENNA ROAD CHARDON, OH 44024 UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (UHGMC) - 34-0714461 170(B)(1)(A)(III) 870 WEST MAIN STREET GENEVA, OH 44041 UH REGIONAL HOSPITALS - 34-1924226 170(B)(1)(A)(III) 27100 CHARDON ROAD RICHMOND HEIGHTS, OH 44143 UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER - 34-1260978 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 ROYALTON SENIOR LIVING, INC - 56-2314071 509(A)(2) 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION INC - 27-3970270 509(A)(2) 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION - 90-0794903 509(A)(2) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS RAINBOW CARE CONNECTION INC - 46-1074672 509(A)(2) 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 BMH PROFESSIONAL CORPORATION (BMHPC) - 34-1749966 509(A)(3) - TYPE I ORGANIZATION 158 WEST MAIN ROAD CONNEAUT, OH 44030 PART I LINE 11G (I) NAME OF SUPPORTED ORGANIZATION UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (II) EIN OF SUPPORTED ORGANIZATION 34-0714550 (III) TYPE OF ORG (DESCRIBED ON LINES 1-9 ABOVE OR IRC SECTION) 170 (B)(1)(A)(III) (IV) IS THE SUPPORTED ORG LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT $0 MEMORIAL HOSPITAL HEALTH FOUNDATION - 34-1810018 509(A)(3) - TYPE I ORGANIZATION 11100 EUCLID AVENUE CLEVELAND, OH 44106 PART I LINE 11G (I) NAME OF SUPPORTED ORGANIZATION UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (II) EIN OF SUPPORTED ORGANIZATION 34-0714461 (III) TYPE OF ORG (DESCRIBED ON LINES 1-9 ABOVE OR IRC SECTION) 170(B)(1)(A)(III) (IV) IS THE SUPPORTED ORG LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT $0 ROBINSON HEALTH AFFILIATES 34-1499719 509(A)(3) - TYPE I ORGANIZATION 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTSTS, OH 44122 PART I LINE 11G (I) NAME OF SUPPORTED ORGANIZATION ROBINSON HEALTH SYSTEM, INC (II) EIN OF SUPPORTED ORGANIZATION 46-1382538 (III) TYPE OF ORG (DESCRIBED ON LINES 1-9 ABOVE OR IRC SECTION) 170(B)(1)(A)(III) (IV) IS THE SUPPORTED ORG LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT $0 UNIVERSITY MEDNET (UMI) - 34-0750341 509(A)(3) - TYPE I ORGANIZATION 23001 EUCLID AVENUE CLEVELAND, OH 44117 PART I LINE 11G (I) NAME OF SUPPORTED ORGANIZATION UNIVERSITY HOSPITALS HEALTH SYSTEM, INC (II) EIN OF SUPPORTED ORGANIZATION 34-0714775 (III) TYPE OF ORG (DESCRIBED ON LINES 1-9 ABOVE OR IRC SECTION) 509(A)(3) - TYPE II ORGANIZATION (IV) IS THE SUPPORTED ORG LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT $0 UNIVERSITY HOSPITALS HOME CARE SERVICES, INC (HCS) - 34-1527536 509(A)(3) - TYPE I ORGANIZATION 4901 GALAXY PARKWAY WARRENSVILLE HEIGHTS, OH 44128 PART I LINE 11G (I) NAME OF SUPPORTED ORGANIZATION UNIVERSITY HOSPITALS HEALTH SYSTEM, INC (II) EIN OF SUPPORTED ORGANIZATION 34-0714775 (III) TYPE OF ORG (DESCRIBED ON LINES 1-9 ABOVE OR IRC SECTION) 509(A)(3) - TYPE II ORGANIZATION (IV) IS THE SUPPORTED ORG LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT $0 COMPREHENSIVE HEALTH CARE OF OHIO, INC - 34-1492733 509(A)(3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 11G (I) NAME OF SUPPORTED ORGANIZATION EMH REGIONAL MEDICAL CENTER (II) EIN OF SUPPORTED ORGANIZATION 34-0714612 (III) TYPE OF ORG (DESCRIBED ON LINES 1-9 ABOVE OR IRC SECTION) 170(B)(1)(A)(III) (IV) IS THE SUPPORTED ORG LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT $0 SAMARITAN HOSPITAL HOSPITALITY SHOP 34-0808574 509(A)(3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 11G (I) NAME OF SUPPORTED ORGANIZATION SAMARITAN REGIONAL HEALTH SYSTEM (II) EIN OF SUPPORTED ORGANIZATION 34-0714535 (III) TYPE OF ORG (DESCRIBED ON LINES 1-9 ABOVE OR IRC SECTION) 170(B)(1)(A)(III) (IV) IS THE SUPPORTED ORG LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT $19,739 UHHS HEATHER HILL INC (HHI)- 34-0771884 509(A)(3) - TYPE II ORGANIZATION 12340 BASS LAKE ROAD CHARDON, OH 44024 PART I LINE 11G (I) NAME OF SUPPORTED ORGANIZATION UHHS - HEATHER HILL REHABILITATION HOSPITAL INC DBA UNIVERSITY HOSPITALS EXTENDED CARE CAMPUS (II) EIN OF SUPPORTED ORGANIZATION 34-1465745 (III) TYPE OF ORG (DESCRIBED ON LINES 1-9 ABOVE OR IRC SECTION) 170(B)(1)(A)(III) (IV) IS THE SUPPORTED ORG LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT $0 UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF) - 34-1720429 509(A)(3) - TYPE II ORGANIZATION 11100 EUCLID AVENUE CLEVELAND, OH 44106 PART I LINE 11G (I) NAME OF SUPPORTED ORGANIZATION UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (II) EIN OF SUPPORTED ORGANIZATION 34-1567805 (III) TYPE OF ORG (DESCRIBED ON LINES 1-9 ABOVE OR IRC SECTION) 170(B)(1)(A)(III) (IV) IS THE SUPPORTED ORG LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT $1,698,000 UNIVERSITY HOSPITALS MEDICAL GROUP, INC (UHMG) - 20-4881619 509(A)(3) - TYPE II ORGANIZATION 11100 EUCLID AVENUE CLEVELAND, OH 44106 PART I LINE 11G (I) NAME OF SUPPORTED ORGANIZATION UNIVERSITY HOSPITALS HEALTH SYSTEM, INC CARE ORGANIZATION (II) EIN OF SUPPORTED ORGANIZATION 34-0714775 (III) TYPE OF ORG (DESCRIBED ON LINES 1-9 ABOVE OR IRC SECTION) 509(A)(3) - TYPE II ORGANIZATION (IV) IS THE SUPPORTED ORG LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT $0 Schedule A, Part III, Section A-C 2011 2012 2013 2014 2015 Total Line 1 $1,996,502 $1,995,195 $2,045,868 $2,275,000 - $8,312,565 Line 2 - - - - - - Line 3 - - - - - - Line 4 - - - - - - Line 5 - - - - - - Line 6 $1,996,502 $1,995,195 $2,045,868 $2,275,000 - $8,312,565 Line 7a - - - - - - Line 7b - - - - - - Line 7c - - - - - - Line 8 - - - - - $8,312,565 Line 9 $1,996,502 $1,995,195 $2,045,868 $2,275,000 - $8,312,565 Line 10a - - - - - - Line 10b - - - - - - Line 10c - - - - - - Line 11 - - - - - - Line 12 $39,444 $32,762 $33,290 - $9,000 $114,496 Line 13$2,035,946 $2,027,957 $2,079,158 $2,275,000 $9,000 $8,427,061 Line 15 99% Line 16 99% SCHEDULE A, PART IV, SECTION B, TYPE I SUPPORTING ORGANIZATIONS LINE 1 YES LINE 2 YES THE FOLLOWING GROUP SUBORDINATES RESPONDED YES -UNIVERSITY HOSPITALS HOME CARE SERVICES, INC UNIVERSITY HOSPITALS HOME CARE SERVICES, INC ("UH HOME CARE") IS ORGANIZED AS A SUPPORTING ORGANIZATION OF UNIVERSITY HOSPITALS HEALTH SYSTEM, INC ("UHHS") BY SUPPORTING UHHS, UH HOME CARE INDIRECTLY SUPPORTS ALL HEALTH CARE DELIVERING ENTITIES THROUGHOUT THE HEALTH SYSTEM THE FOLLOWING GROUP SUBORDINATES RESPONDED NO - UNIVERSITY MEDNET THIS ENTITY IS CURRENTLY INACTIVE - BMH PROFESSIONAL CORPORATION THIS ENTITY IS CURRENTLY INACTIVE - MEMORIAL HOSPITAL HEALTH FOUNDATION THIS ENTITY IS CURRENTLY INACTIVE - ROBINSON HEALTH AFFILIATES, INC SCHEDULE A, PART IV, SECTION C, TYPE II SUPPORTING ORGANIZATIONS LINE 1 YES THE FOLLOWING GROUP SUBORDINATES RESPONDED YES - HEATHER HILL, INC THE FOLLOWING GROUP SUBORDINATES RESPONDED NO - COMPREHENSIVE HEALTH CARE OF OHIO COMPREHENSIVE HEALTH CARE OF OHIO ("CHCO") IS A SUPPORTING ORGANIZATION OF EMH REGIONAL MEDICAL CENTER AS STATED IN ITS ARTICLES UNIVERSITY HOSPITALS HEALTH SYSTEM, INC ("UHHS") IS THE SOLE MEMBER OF CHCO CHCO IS SUPERVISED, DIRECTED AND CONTROLLED BY UHHS -SAMARITAN HOSPITAL HOSPITALITY SHOP SAMARITAN HOSPITAL HOSPITALITY SHOP ("SHHS") IS A SUPPORTING ORGANIZATION OF SAMARITAN REGIONAL HEALTH SYSTE

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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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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-
2					
3					
4					
5					
6					

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)	1,932	4,248
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	219,667	427,818
c	Total lobbying expenditures (add lines 1a and 1b)	221,599	432,066
d	Other exempt purpose expenditures	1,291,556,715	3,089,861,934
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,291,778,314	3,090,294,000
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h	Subtract line 1g from line 1a If zero or less, enter -0-		
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) 2012	(b) 2013	(c) 2014	(d) 2015	(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	175,388	173,650	293,718	432,066	1,074,822
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	4,108	947	2,029	4,248	11,332

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 on 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 limitiation would not allow completion of Part II-B It is presented below 1a - No 1b - Yes 1c - No 1d - Yes $135,603 1e - No 1f - Yes $145,195 1g - Yes $62,956 1h - No 1i - No 1j - Yes $343,754 2a - No

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TY 2015 Affiliated Group Schedule

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

Affiliated Group Business Name:	University Hospitals Clevela
Address. Either US or Foreign Type:	11100 Euclid Avenue Cleveland, OH 44106
EIN:	34-1567805
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	1,932
Total Direct Lobbying:	219,667
Total Lobbying Expenditures:	221,599
Other Exempt Purpose Expenditures:	1,291,556,715
Total Exempt Purpose Expenditures:	1,291,778,314
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:	122
Total Direct Lobbying:	10,951
Total Lobbying Expenditures:	11,073
Other Exempt Purpose Expenditures:	105,295,968
Total Exempt Purpose Expenditures:	105,307,041
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:	35
Total Direct Lobbying:	3,110
Total Lobbying Expenditures:	3,145
Other Exempt Purpose Expenditures:	26,544,150
Total Exempt Purpose Expenditures:	26,547,295
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:	172
Total Direct Lobbying:	15,490
Total Lobbying Expenditures:	15,662
Other Exempt Purpose Expenditures:	126,384,927
Total Exempt Purpose Expenditures:	126,400,589
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:	49
Total Direct Lobbying:	4,373
Total Lobbying Expenditures:	4,422
Other Exempt Purpose Expenditures:	35,968,173
Total Exempt Purpose Expenditures:	35,972,595
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:	56
Total Direct Lobbying:	5,048
Total Lobbying Expenditures:	5,104
Other Exempt Purpose Expenditures:	45,447,702
Total Exempt Purpose Expenditures:	45,452,806
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:	26
Total Direct Lobbying:	2,320
Total Lobbying Expenditures:	2,346
Other Exempt Purpose Expenditures:	28,241,575
Total Exempt Purpose Expenditures:	28,243,921
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:	394
Total Direct Lobbying:	35,449
Total Lobbying Expenditures:	35,843
Other Exempt Purpose Expenditures:	377,217,991
Total Exempt Purpose Expenditures:	377,253,834
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:	31
Total Direct Lobbying:	2,755
Total Lobbying Expenditures:	2,786
Other Exempt Purpose Expenditures:	159,851,034
Total Exempt Purpose Expenditures:	159,853,820
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:	242
Total Direct Lobbying:	21,745
Total Lobbying Expenditures:	21,987
Other Exempt Purpose Expenditures:	158,431,418
Total Exempt Purpose Expenditures:	158,453,405
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:	1
Total Lobbying Expenditures:	1
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	1
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	1
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	University Hospitals Coordin
Address. Either US or Foreign Type:	3605 Warrensville Center Rd Shaker Hts, OH 44122
EIN:	90-0794903
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,030,000
Total Exempt Purpose Expenditures:	1,030,000
Lobbying Nontaxable Amount:	178,000
Grassroots Nontaxable Amount:	44,500
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:	226
Total Direct Lobbying:	20,299
Total Lobbying Expenditures:	20,525
Other Exempt Purpose Expenditures:	179,719,425
Total Exempt Purpose Expenditures:	179,739,950
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:	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:	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:	259
Total Direct Lobbying:	23,320
Total Lobbying Expenditures:	23,579
Other Exempt Purpose Expenditures:	195,418,598
Total Exempt Purpose Expenditures:	195,442,177
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:	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

Affiliated Group Business Name:	ROBINSON HEALTH SYSTEM INC
Address. Either US or Foreign Type:	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122
EIN:	46-1382538
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	204
Total Direct Lobbying:	18,299
Total Lobbying Expenditures:	18,503
Other Exempt Purpose Expenditures:	117,117,862
Total Exempt Purpose Expenditures:	117,136,365
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:	ROBINSON HEALTH AFFILIATES
Address. Either US or Foreign Type:	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122
EIN:	34-1499719
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	24
Total Direct Lobbying:	2,188
Total Lobbying Expenditures:	2,212
Other Exempt Purpose Expenditures:	23,731,785
Total Exempt Purpose Expenditures:	23,733,997
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:	ST JOHN MEDICAL CENTER
Address. Either US or Foreign Type:	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122
EIN:	34-1260978
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	290
Total Direct Lobbying:	26,093
Total Lobbying Expenditures:	26,383
Other Exempt Purpose Expenditures:	146,093,968
Total Exempt Purpose Expenditures:	146,120,351
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:	SAMARITAN REGIONAL HEALTH SY
Address. Either US or Foreign Type:	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122
EIN:	34-0714535
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	186
Total Direct Lobbying:	16,699
Total Lobbying Expenditures:	16,885
Other Exempt Purpose Expenditures:	71,723,032
Total Exempt Purpose Expenditures:	71,739,917
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:	SAMARITAN HOSPITAL HOSPITALI
Address. Either US or Foreign Type:	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122
EIN:	34-0808574
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	11
Total Lobbying Expenditures:	11
Other Exempt Purpose Expenditures:	89,518
Total Exempt Purpose Expenditures:	89,529
Lobbying Nontaxable Amount:	17,906
Grassroots Nontaxable Amount:	4,477
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," on 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

2015

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" on 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on Form 990, Part VIII, line 1 ▶ $ 480,000

(ii) Assets included in Form 990, Part X ▶ $ 1,207,000

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 on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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	139,020,000	126,970,000	123,867,000	118,803,000	107,300,000
b Contributions		12,050,000	3,103,000	5,064,000	11,503,000
c Net investment earnings, gains, and losses	9,266,000	5,680,000	4,020,000	3,938,000	4,198,000
d Grants or scholarships					
e Other expenditures for facilities and programs	1,919,000	5,680,000	4,020,000	3,938,000	4,198,000
f Administrative expenses					
g End of year balance	146,367,000	139,020,000	126,970,000	123,867,000	118,803,000

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

- a Board designated or quasi-endowment ▶ 11 840 %
- b Permanent endowment ▶ 88 160 %
- c Temporarily restricted endowment ▶ 0 %

The percentages on 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" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		109,569,000		109,569,000
b Buildings		1,702,856,000	724,404,000	978,452,000
c Leasehold improvements		33,523,000	22,076,000	11,447,000
d Equipment		1,213,240,000	860,592,000	352,648,000
e Other		138,722,000	31,290,000	107,432,000
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,559,548,000

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on 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	290,999,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	290,999,000	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on 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	153,285,000	F
(2) INVESTMENT IN AFFILIATES	88,712,000	C
(3) INVESTMENTS - PROGRAM RELATED	188,821,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	430,818,000	

Part IX Other Assets. Complete if the organization answered 'Yes' on 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' on 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)* ▶	498,071,000

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' on 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' on 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 2,486 ORIGINAL WORKS OF ART, MANY DONATED OVER THE YEARS ARTWORK INCLUDES PAINTINGS, PHOTOS, SCULPTURES AND THE LIKE THE UH ART COLLECTION HAS BEEN ESTABLISHED TO ENCOURAGE REFLECTION, AND TO DELIGHT, UPLIFT AND COMFORT OUR PATIENTS, VISITORS, AND EMPLOYEES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
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, 2015 and 2014, University Hospitals Health System, Inc does not have any uncertain tax positions

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	30,488,000
DUE TO THIRD PARTIES	31,165,000
OTHER CURRENT LIABILITIES	26,693,000
OTHER LIABILITIES	25,315,000
ACCRUED WORKERS COMP LIABILITY	15,938,000
INTEREST RATE SWAP LIABILITY	70,342,000
SELF INSURED LIABILITY	32,792,000
DUE TO AFFILIATES	-125,143,000
EMPLOYEE HEALTH PLAN	13,638,000
PENSION LIABILITY	328,657,000
PROFESSIONAL LIABILITY - CURRENT	11,475,000
PROFESSIONAL LIABILITY - WRA	36,711,000

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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" on 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

2015

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" on 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	InfoCision Management Corp 3656 Massillon Rd Uniontown, OH 44685	PHONE SOLIC		No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

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

Part II Fundraising Events.
Complete if the organization answered "Yes" on 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 Golf Outing (event type)	(b) Event #2 Five Star Gala (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	69,000	1,657,000	497,000	2,223,000
	2 Less Contributions	48,000	1,296,000	379,000	1,723,000
	3 Gross income (line 1 minus line 2)	21,000	361,000	118,000	500,000
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	12,000	90,000	47,000	149,000
	8 Entertainment				
	9 Other direct expenses	13,000	706,000	127,000	846,000
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				995,000
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-495,000

Part III Gaming.
Complete if the organization answered "Yes" on 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 Noncash 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 activity 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
University Hospitals Health System Inc
Group Return

Employer identification number
90-0059117

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☑ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 250 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the 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)			40,957,243		40,957,243	1 400 %
b Medicaid (from Worksheet 3, column a)			616,399,444	514,629,540	101,769,904	3 470 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			657,356,687	514,629,540	142,727,147	4 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,951,816	910,537	8,041,279	0 270 %
f Health professions education (from Worksheet 5)			87,544,239	25,361,566	62,182,673	2 120 %
g Subsidized health services (from Worksheet 6)			16,433,321	11,157,582	5,275,739	0 180 %
h Research (from Worksheet 7)			58,630,236	38,107,009	20,523,227	0 700 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			36,099,671		36,099,671	1 230 %
j **Total.** Other Benefits			207,659,283	75,536,694	132,122,589	4 500 %
k **Total.** Add lines 7d and 7j			865,015,970	590,166,234	274,849,736	9 370 %

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			35,122		35,122	
10	**Total**			35,122		35,122	

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	82,042,025		
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	545,745,172	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	592,638,724	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-46,893,552	
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? **12**

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): 19

			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 15			
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 16			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance 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) SEE SUPPLEMENTAL INFORMATION			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION			
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 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 19 (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): 10

			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	Yes	
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	Yes	
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		No
	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 ___			
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		
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		
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		
7	Did the hospital facility make its CHNA report widely available to the public?	7		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
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		
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ___			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

B

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance 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 100 % 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		No
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) SEE SUPPLEMENTAL INFORMATION			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION			
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 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 19 (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): 11

			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 15			
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 16			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

C

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
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) SEE SUPPLEMENTAL INFORMATION			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION			
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)*

C

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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 19 (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 D

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

			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 13			
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		No
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

D

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance 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 0 %			
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) HTTP //WWW SAMARITANHOSPITAL ORG			
c	☐ A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW SAMARITANHOSPITAL ORG			
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)*

D

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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 19 (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

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? **77**

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

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 2015 TOTALED $275 MILLION AS COMPARED TO THE 2014 COMMUNITY BENEFIT TOTAL OF $266 MILLION THE 2015 COMMUNITY BENEFIT NUMBER CONSISTED OF CHARITY CARE ($41 MILLION), MEDICAID SHORTFALL ($120 MILLION), RESEARCH ($21 MILLION), EDUCATION AND TRAINING ($62 MILLION), AND COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT ($49 MILLION), LESS HOSPITAL CARE ASSURANCE PROGRAM ("HCAP") ($18 MILLION) TO MEASURE AND REPORT COMMUNITY BENEFIT, THE SYSTEM HAS FOLLOWED INTERNAL REVENUE SERVICE GUIDELINES AS SUCH, THE INFORMATION FOR 2015 REPRESENTS THE REVISED REQUIREMENT TO OFFSET VARIOUS COMMUNITY BENEFIT PROGRAMS WITH RELATED REVENUE RECEIVED FOR 2015, THIS REVENUE OFFSET WAS $39 MILLION THE 2014 INFORMATION PROVIDED ABOVE ($266 MILLION) INCLUDED A REVENUE OFFSET OF $31 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 $16,433,321 THE TOTAL AMOUNT OF ASSOCIATED DIRECT OFFSETTING REVENUE IS $11,157,582 THE TOTAL AMOUNT OF NET COMMUNITY BENEFIT EXPENSE INCLUDED IN LINE 7G IS $5,275,739

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

Form and Line Reference	Explanation
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 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 $76,970,000 AND $61,772,000 FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, 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 11 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 OVER 25,000 EMPLOYEES AND PHYSICIANS UH SUPPORTS THE ECONOMY AS WELL AS STATE AND LOCAL GOVERNMENTS SYSTEM EMPLOYEES PAID MORE THAN $73 MILLION ANNUALLY IN STATE AND LOCAL INCOME TAXES DURING 2015 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 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 2015 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW UHHOSPITALS ORG

Form and Line Reference	Explanation
Part VI, Line 3	REPORTING GROUP A - 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 HOSPITAL 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 REPORTING GROUP B - PORTAGE 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 PORTAGE FINANCIAL ASSISTANCE PROGRAM ("ASSISTANCE PROGRAM") IN A VARIETY OF WAYS AT TIME OF ADMISSION, PORTAGE NOTIFIES INDIVIDUALS ABOUT THE ASSISTANCE PROGRAM SIGNAGE FOR THE ASSISTANCE PROGRAM AND CONTACT INFORMATION FOR OUR FINANCIAL COUNSELORS CAN BE FOUND IN VARIOUS LOCATIONS SUCH AS THE EMERGENCY DEPARTMENT REPORTING GROUP D INFORMATION RELATED TO THE CHARITY PROGRAM AT SAMARITAN IS PROVIDED IN A NUMBER OF WAYS BROCHURES ARE PROVIDED AT EACH POINT OF ADMISSION ALONG WITH THE PUBLICLY POSTED INFORMATION NOTICES EACH STATEMENT SENT LISTS THE FEDERAL POVERTY GUIDELINES AND WHAT INFORMATION IS NEEDED TO QUALIFY AN APPLICATION FOR FREE CARE IS ON THE BACK OF EACH STATEMENT SENT TO PATIENTS

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 REPORTING GROUP A UH CLEVELAND MEDICAL CENTER UH CLEVELAND MEDICAL CENTERS SERVICE AREA EXTENDS INTO EIGHT PRIMARY SERVICE AREA COUNTIES ASHTABULA, CUYAHOGA, GEAUGA, LAKE, LORAIN, MEDINA, PORTAGE AND SUMMIT, AND SEVEN SECONDARY SERVICE AREA COUNTIES ASHLAND, ERIE, HURON, MAHONING, ST ARK, TRUMBULL AND WAYNE KEY FINDINGS FROM ANALYSES OF THE PRIMARY SERVICE AREA COUNTIES A RE AS FOLLOWS POVERTY AND UNEMPLOYMENT IN THE AREA CREATE BARRIERS TO ACCESS (TO HEALTH S ERVICES, HEALTHY FOOD AND OTHER NECESSITIES) AND THUS CONTRIBUTE TO POOR HEALTH RACIAL AN D ETHNIC MINORITIES ARE MORE LIKELY TO LACK ECONOMIC AND SOCIAL RESOURCES AND BE AT RISK F OR POOR HEALTH WHILE THE BASIC DEMOGRAPHY IN CUYAHOGA COUNTY DID NOT SEE SIGNIFICANT CHAN GES FROM 2010 TO 2013, THE ECONOMIC SITUATIONS FOR MANY RESIDENTS DID WITHIN MOST MARKET AREA COUNTIES, AVERAGE INCOMES DECLINED THE PROPORTION OF ECONOMICALLY VULNERABLE RESIDEN TS IN MANY COUNTIES IN UH CLEVELAND MEDICAL CENTERS MARKET AREAS INCREASED FROM 2010 TO 20 13 FOR MOST COUNTIES IN UH CLEVELAND MEDICAL CENTERS PRIMARY AND SECONDARY MARKET AREAS, THE PROPORTION OF HOUSEHOLDS WITH CHILDREN LIVING UNDER THE POVERTY LINE INCREASED FROM 20 10 TO 2013 LIKEWISE, THE PROPORTION OF ALL PEOPLE LIVING UNDER THE POVERTY LINE ALSO INCR EASED DURING THAT TIME THE LARGEST SHIFTS IN THE HOSPITALS PRIMARY MARKET AREA IN THESE O CCURRED IN CUYAHOGA AND PORTAGE COUNTIES UH RAINBOW BABIES & CHILDRENS HOSPITAL UH RB&CS SERVICE AREA EXTENDS INTO EIGHT PRIMARY SERVICE AREA (PSA) COUNTIES ASHTABULA, CUYAHOGA, GEAUGA, LAKE, LORAIN, MEDINA, PORTAGE AND SUMMIT, AND SEVEN SECONDARY SERVICE AREA (SSA) C OUNTIES ASHLAND, ERIE, HURON, MAHONING, STARK, TRUMBULL AND WAYNE KEY FINDINGS FROM ANAL YSES OF THE PSA AND SSA COUNTIES ARE AS FOLLOWS POVERTY AND UNEMPLOYMENT IN THE AREA CREA TE BARRIERS TO ACCESS (TO HEALTH SERVICES, HEALTHY FOOD AND OTHER NECESSITIES) AND THUS CO NTRIBUTE TO POOR HEALTH RACIAL AND ETHNIC MINORITIES ARE MORE LIKELY TO LACK ECONOMIC AND SOCIAL RESOURCES AND BE AT RISK FOR POOR HEALTH UH GEAUGA MEDICAL CENTER - GEAUGAS SERVI CE AREA EXTENDS INTO THREE PRIMARY SERVICE AREA COUNTIES GEAUGA, ASHTABULA AND LAKE, AND SIX SECONDARY SERVICE AREA COUNTIES CUYAHOGA, GEAUGA, ASHTABULA, LAKE, PORTAGE AND TRUMBU LL KEY FINDING FROM ANALYSES OF THAT POPULATION ARE AS FOLLOWS POVERTY AND UNEMPLOYMENT IN THE AREA CREATE BARRIERS TO ACCESS (TO HEALTH SERVICES, HEALTHY FOOD AND OTHER NECESSIT IES) AND THUS CONTRIBUTE TO POOR HEALTH RACIAL AND ETHNIC MINORITIES ARE MORE LIKELY TO L ACK ECONOMIC AND SOCIAL RESOURCES AND BE AT RISK FOR POOR HEALTH THESE ISSUES ARE MOST PR OMINENT IN ASHTABULA COUNTY AT 19 7%, ASHTABULA COUNTY HAD A HIGHER POVERTY RATE IN 2013 THAN STATE AND NATIONAL AVERAGES, ASHTABULA COUNTY ALSO HAD AN UNEMPLOYMENT RATE THAT WAS HIGHER THAN STATE AND NATIONAL AVERAGES IN APRIL 2015, THE GREATEST PROPORTIONS OF HOUSEHO LDS WITH INCOMES LESS THAN $25,000 IN 2010 WERE LOCATED IN ASHTABULA COUNTY UH AHUJA MEDI CAL CENTER - AHUJAS SERVICE AREA EXTENDS INTO FIVE COUNTIES CUYAHOGA, GEAUGA, LAKE, PORTA GE AND SUMMIT KEY FINDINGS FROM ANALYSES OF THAT POPULATION ARE AS FOLLOWS POVERTY AND U NEMPLOYMENT IN THE AREA CREATE BARRIERS TO ACCESS (TO HEALTH SERVICES, HEALTHY FOOD AND OT HER NECESSITIES) AND THUS CONTRIBUTE TO POOR HEALTH FROM 2010 TO 2013 THE AVERAGE (MEDIAN) INCOME DECREASED BY 4 6% IN CUYAHOGA COUNTY, 2% IN SUMMIT COUNTY AND 3 7% IN PORTAGE COU NTY CUYAHOGA COUNTY, SUMMIT COUNTY AND ESPECIALLY PORTAGE COUNTY, SAW MODEST INCREASES IN THE PROPORTION OF ECONOMICALLY VULNERABLE CITIZENS AND FAMILIES FROM 2010 TO 2013 THE PR OPORTION OF HOUSEHOLDS LIVING BELOW THE POVERTY LINE INCREASED BY 1 3 PERCENTAGE POINTS (F ROM 13 1% TO 14 4%) FROM 2010 TO 2013 IN CUYAHOGA COUNTY AND 1 2 PERCENTAGE POINTS (FROM 1 0 1 % TO 11 3%) IN SUMMIT COUNTY PORTAGE COUNTY SAW A GREATER INCREASE IN THE PROPORTION OF FAMILIES LIVING BENEATH THE POVERTY LINE (UP 2 5% POINTS TO 11 0%) FROM 2010 TO 2013 U H REGIONAL HOSPITALS - RICHMOND CAMPUS - UH RICHMOND MEDICAL CENTERS SERVICE AREA EXTENDS INTO TWO COUNTIES CUYAHOGA AND LAKE KEY FINDINGS ARE AS FOLLOWS POVERTY AND UNEMPLOYMEN T IN THE AREA CREATE BARRIERS TO ACCESS (TO HEALTH SERVICES, HEALTHY FOOD AND OTHER NECESS ITIES) AND THUS CONTRIBUTE TO POOR HEALTH RACIAL AND ETHNIC MINORITIES ARE MORE LIKELY TO LACK ECONOMIC AND SOCIAL RESOURCES AND BE AT RISK FOR POOR HEALTH UH REGIONAL HOSPITALS BEDFORD CAMPUS - UH BEDFORD MEDICAL CENTERS SERVICE AREA EXTENDS INTO TWO COUNTIES CUYAHO GA AND SUMMIT KEY FINDINGS ARE AS FOLLOWS POVERTY AND UNEMPLOYMENT IN THE AREA CREATE BA RRIERS TO ACCESS (TO HEALTH SERVICES, HEALTHY FOOD

Form and Line Reference	Explanation
PART VI, LINE 4	AND OTHER NECESSITIES) AND THUS CONTRIBUTE TO POOR HEALTH RACIAL AND ETHNIC MINORITIES A RE MORE LIKELY TO LACK ECONOMIC AND SOCIAL RESOURCES AND BE AT RISK FOR POOR HEALTH UH GE NEVA MEDICAL CENTER - AS A CRITICAL ACCESS HOSPITAL, UH GENEVA MEDICAL CENTERS SERVICE ARE A IS CENTERED IN THREE MUNICIPALITIES IN ASHTABULA COUNTY ASHTABULA, GENEVA AND JEFFERSON , AND MADISON IN LAKE COUNTY KEY FINDINGS FROM ANALYSES OF THAT POPULATION ARE AS FOLLOWS POVERTY AND UNEMPLOYMENT IN THE AREA CREATE BARRIERS TO ACCESS (TO HEALTH SERVICES, HEAL THY FOOD AND OTHER NECESSITIES) AND THUS CONTRIBUTE TO POOR HEALTH THE NUMBER OF HOUSEHOL DS IN ASHTABULA COUNTY INCREASED BY 1 2% FROM 2010 TO 2013 HOWEVER, THE AVERAGE (MEDIAN) INCOME HAS DECREASED IN ASHTABULA COUNTY BY 12 1% FROM 2010 TO 2013 AS THE ASHTABULA COUN TY POPULATION AGED, ITS PROPORTION OF HOUSEHOLDS WITH SOCIAL SECURITY AND RETIREMENT INCOM E INCREASED BY 2 7% FROM 2010 TO 2013 THE PROPORTION OF ASHTABULA COUNTY HOUSEHOLDS LIVIN G BELOW THE POVERTY LINE INCREASED FROM 2010 TO 2013 ONE IN FOUR RESIDENTS OF ASHTABULA C OUNTY LIVED UNDER THE POVERTY LINE IN 2013 (19 7%, AN INCREASE FROM 15 9% IN 2010) THE UN EMPLOYMENT RATE IN ASHTABULA COUNTY IS THE 28TH HIGHEST IN OHIO AND WAS 5 6% IN APRIL OF 2 015 UH CONNEAUT MEDICAL CENTER - AS A CRITICAL ACCESS HOSPITAL, UH CONNEAUT MEDICAL CENTE RS SERVICE AREA IS CENTERED IN THREE MUNICIPALITIES IN ASHTABULA COUNTY CONNEAUT, ASHTABU LA AND KINGSVILLE KEY FINDINGS FROM ANALYSES OF THAT POPULATION ARE AS FOLLOWS POVERTY A ND UNEMPLOYMENT IN THE AREA CREATE BARRIERS TO ACCESS (TO HEALTH SERVICES, HEALTHY FOOD AN D OTHER NECESSITIES) AND THUS CONTRIBUTE TO POOR HEALTH THE NUMBER OF HOUSEHOLDS IN ASHTA BULA COUNTY INCREASED BY 1 2% FROM 2010 TO 2013 HOWEVER, THE AVERAGE (MEDIAN) INCOME HAS DECREASED IN ASHTABULA COUNTY BY 12 1% FROM 2010 TO 2013 AS THE ASHTABULA COUNTY POPULATI ON AGED, ITS PROPORTION OF HOUSEHOLDS WITH SOCIAL SECURITY AND RETIREMENT INCOME INCREASED BY 2 7% FROM 2010 TO 2013 THE PROPORTION OF ASHTABULA COUNTY HOUSEHOLDS LIVING BELOW THE POVERTY LINE INCREASED FROM 2010 TO 2013 ONE IN FOUR RESIDENTS OF ASHTABULA COUNTY LIVED UNDER THE POVERTY LINE IN 2013 (19 7%, AN INCREASE FROM 15 9% IN 2010) THE UNEMPLOYMENT RATE IN ASHTABULA COUNTY IS THE 28TH HIGHEST IN OHIO AND WAS 5 6% IN APRIL OF 2015 UH ELY RIA MEDICAL CENTER - UH ELYRIA MEDICAL CENTERS SERVICE AREA EXTENDS INTO 15 MUNICIPALITIES WITHIN LORAIN COUNTY KEY FINDINGS FROM ANALYSES OF THAT POPULATION ARE AS FOLLOWS POVER TY AND UNEMPLOYMENT IN THE AREA CREATE BARRIERS TO ACCESS (TO HEALTH SERVICES, HEALTHY FOO D AND OTHER NECESSITIES) AND THUS CONTRIBUTE TO POOR HEALTH THE NUMBER OF HOUSEHOLDS IN L ORAIN COUNTY INCREASED BY 0 8% FROM 2010 TO 2013 HOWEVER, THE AVERAGE INCOME HAS DECREASE D IN LORAIN COUNTY BY 4 7% FROM 2010 TO 2013 AS THE LORAIN COUNTY POPULATION AGES, ITS PR OPORTION OF HOUSEHOLDS WITH SOCIAL SECURITY AND RETIREMENT INCOME INCREASES, BUT THE MEAN RETIREMENT INCOME DECREASED BY 3 7% DURING THAT SAME TIME PERIOD THE PROPORTION OF LORAIN COUNTY RESIDENTS WITH RELATED CHILDREN LIVING BELOW THE POVERTY LINE INCREASED BY 2 9% FR OM 2010 TO 2013 DURING THAT TIME, FEWER HAD COMMERCIAL HEALTH INSURANCE AND MORE HAD GOVE RNMENT-PROVIDED COVERAGE THE UNEMPLOYMENT RATE IN LORAIN COUNTY IS THE 24TH HIGHEST IN OH IO AND WAS 6 4% IN MARCH OF 2015 UH PARMA MEDICAL CENTER - UH PARMA MEDICAL CENTERS SERVI CE AREA EXTENDS INTO 12 MUNICIPALITIES WITHIN CUYAHOGA COUNTY AND TWO MUNICIPALITIES OUTSI DE OF THE COUNTY (MEDINA AND SUMMIT COUNTIES) KEY FINDINGS FROM ANALYSES OF THAT POPULATI ON ARE AS FOLLOWS POVERTY AND UNEMPLOYMENT IN THE AREA CREATE BARRIERS TO ACCESS (TO HEAL TH SERVICES, HEALTHY FOOD AND OTHER NECESSITIES) AND THUS CONTRIBUTE TO POOR HEALTH THE P OPULATION OF THE UH PARMA MEDICAL CENTER SERVICE AREA IS ALSO AN AGING POPULATION THE NUM BER OF HOUSEHOLDS IN CUYAHOGA COUNTY DECREASED BY 0 4% FROM 2010 TO 2013 THE AVERAGE HOUS EHOLD INCOME DECREASED AT A MUCH GREATER

Form and Line Reference	Explanation
Part VI, Line 5	REPORTING GROUP A, B, C, AND D - 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 CLEVELAND 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	REPORTING GROUP A, B, C, AND D - 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	REPORTING GROUP A, B, C, AND D - N/A

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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?
12

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	UH CLEVELAND MEDICAL CENTER 11100 Euclid Avenue Cleveland, OH 44106 http //www uhhospitals org/case	X	X		X		X	X		IP Psych /IP Rehab / Skilled Nursing Lvl 1 Trauma Cntr	A1
2	UH Rainbow Babies & Children's Hospit 11100 Euclid Avenue Cleveland, OH 44106 http //www uhhospitals org/rainbow	X	X	X	X		X	X		Lvl 1 Trauma Ctr	A2
3	UH Geauga Medical Center 13207 Ravenna Road Chardon, OH 44024 http //www uhhospitals org/geauga	X	X					X		IP Psychiatric Unit	A3
4	UH Ahuja Medical Center 3999 Richmond Road Beachwood, OH 44122 http //www uhhospitals org/ahuja	X	X					X			A4
5	UH Regional Hospitals 27100 Chardon Road Richmond Heights, OH 44143 http //www uhhospitals org	X	X		X			X			A5
6	UH Geneva Medical Center 870 West Main Street Geneva, OH 44041 http //www uhhospitals org/geneva	X				X		X			A6
7	UH Conneaut Medical Center 158 West Main Road Conneaut, OH 44030 http //www uhhospitals org/conneaut	X				X		X			A7
8	UH PARMA MEDICAL CENTER 7007 POWERS BLVD PARMA, OH 44129 http //www uhhospitals org/parma	X	X					X			A8
9	UH ELYRIA MEDICAL CENTER 630 EAST RIVER STREET ELYRIA, OH 44035 http //www uhhospitals org/elyria	X	X					X			A9
10	UH ROBINSON MEMORIAL HOSPITAL 6847 NORTH CHESTNUT STREET RAVENNA, OH 44266 www uhhospitals org/uh-portage-medical	X	X		X			X			B10

Form 990 Schedule H, Part V Section A. Hospital Facilities

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?
12

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
11	UH ST JOHN MEDICAL CENTER 29000 CENTER RIDGE ROAD WESTLAKE, OH 441455275 www uhhospitals org/uh-st-john-medical	X	X		X			X			C11
12	UH SAMARITAN HOSPITAL 1025 CENTER STREET ASHLAND, OH 44805 http //www samaritanhospital org/	X	X					X			D12

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

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

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

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

_____

	Name and address	Type of Facility (describe)
1	UH Chagrin Highlands Medical Center 3909 Orange Place Orange Village, OH 44122	Outpatient Health Center
1	UH Westlake Medical Center - A 960 Clague Road Westlake, OH 44145	Outpatient Health Center & surgical center
2	UH Landerbrook Health Center 5885 Landerbrook Drive Mayfield Heights, OH 44124	Outpatient Health Center
3	UH Twinsburg Health Center 8819 Commons Blvd Suite 100 Twinsburg, OH 44087	Outpatient Health Center
4	UH Sharon Health Center 5133 Ridge Rd Wadsworth, OH 44281	Outpatient Health Center
5	UH Mentor Health Center 9000 Mentor Avenue Mentor, OH 44060	Outpatient Health Center & Surgical Center
6	UH Concord Health Center 7500 Auburn Road PainsvilleConcord JED, OH 44077	Outpatient Health Center
7	UH Ahuja Medical Office Building 1000 Auburn Dr Beachwood, OH 44122	Outpatient Health Center
8	UH Lyndhurst Surgery Center 29017 Cedar Road Lyndhurst, OH 44124	Outpatient Health Center
9	UH ST John Medical Office Building 29000 Center Ridge Road Westlake, OH 44145	Outpatient Health Center
10	UH Medina Health Center 4001 Carrick Dr Medina, OH 44256	Outpatient Health Center
11	UH Health Center-Landerbrook 5850 Landerbrook Drive Mayfield Heights, OH 44124	Outpatient Health Center
12	UH Adult Sleep Lab East 3628 Park East Dr Beachwood, OH 44122	Outpatient Health Center
13	UH Crocker Corp Ctr 2055 Crocker Road Westlake, OH 44145	Outpatient Health Center
14	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)
16	UH Geauga Physical Therapy 12460 Lake Bass Road Chardon, OH 44024	Outpatient Health Center
1	UH Rehab & Sports Med - Warrensville 4480 Richmond Road Warrensville Heights, OH 44122	Outpatient Health Center
2	UH Mayfield Village Health Center 730 SOM Center Road Suite 110 Mayfield Village, OH 44143	Outpatient Health Center
3	UH University Suburban Health Center 1611 South Green Road South Euclid, OH 44121	Outpatient Health Center
4	UH Hudson Health Center 5778 Darrow Road Hudson, OH 44236	Outpatient Health Center
5	UH Madison Clinic 701 North Lake Street Madison, OH 44057	Outpatient Health Center
6	UH Ashtabula Medical Arts Center 2131 Lake Avenue Ashtabula, OH 44004	Outpatient Health Center
7	UH Cedars on the Green 2054 So Green Road South Euclid, OH 44141	Outpatient Health Center
8	UH Otis Moss 8819 Quincy Avenue Cleveland, OH 44106	Outpatient Health Center
9	UH Bedford Medical Office Center 50 Blaine Avenue Bedford, OH 44146	Outpatient Health Center
10	UH Centre Pointe Bldg - Solon Health Ctr 34055 Solon Road Solon, OH 44139	Outpatient Health Center
11	UH Aurora Health Center 55 North Chillicothe Road Aurora, OH 44202	Outpatient Health Center
12	UH Park East 3619 Park East Drive Beachwood, OH 44122	Outpatient Health Center
13	UH JCC - Jewish Community Center 26001 South Woodland Road Beachwood, OH 44122	Outpatient Health Center
14	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)
31	UH Park West Surgical Center 1 Park West Blvd Akron, OH 44320	Outpatient Health Center
1	MEDICAL ARTS CENTER 3 6525 POWERS BLVD PARMA, OH 44129	CANCER CENTER
2	SURGICENTER 6505 POWERS BLVD PARMA, OH 44129	AMBULATORY SURGERY CENTER
3	SEASON OF LIFE HOSPICE 9511 W PLEASANT VALLEY RD PARMA, OH 44129	RESIDENTIAL HOSPICE
4	WELLPOINTE PAVILLION 303 E ROYALTON RD BROADVIEW HTS, OH 44147	DIAGNOSTIC AND THERAPY CENTER
5	RIDGE PARK SQUARE 7575 HORTHCLIFF AVE BROOKLYN, OH 44144	DIAGNOSTIC IMAGING
6	HEALTH EDUCATION CENTER 7300 STATE RD PARMA, OH 44129	HEALTH EDUCATION, CHILD AND ELDER CENTER
7	MEDICARE ARTS CENTER 4 6115 POWERS BLVD PARMA, OH 44129	DIAGNOSTIC IMAGING
8	COMMUNITY EXPRESS CARE OF PARMA HOSPITAL 8191 COLUMBIA RD OLMSTEAD FALLS, OH 44138	IN-STORE CLINIC
9	COMMUNITY EXPRESS CARE OF PARMA HOSPITAL 6160 BRECKSVILLE RD INDEPENDENCE, OH 44131	IN-STORE CLINIC
10	COMMUNITY EXPRESS CARE OF PARMA HOSPITAL 6476 YORK RD PARMA HEIGHTS, OH 44130	IN-STORE CLINIC
11	EMH AVON CAMPUS 1997 HEALTHWAY ROAD AVON, OH 44011	IMAGING, LAB REHABILITATION SERVICES, FITNESS CENTER
12	EMH AMHERST CAMPUS 254 CLEVELAND ROAD AMHERST, OH 44001	IMAGING, LAB, 24 HOUR ER
13	UH Bainbridge Health Center 8185 E Washington St Chagrin Falls, OH 44023	Outpatient Health Center
14	UH Chesterland Health Center 8055 Mayfield Rd Chesterland, OH 44026	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)
46	UH Fairlawn Health Center 3800 Embassy Pkwy Akron, OH 44033	outpatient health center
1	UH Geauga Health Center 13221 Ravenna Rd Chardon, OH 44024	OUTPATIENT HEALTH CENTER
2	UH Independence Health Center 6150 Oak Tree Blvd Independence, OH 44131	OUTPATIENT HEALTH CENTER
3	Westlake Family Health Center 26908 Detroit Road Westlake, OH 44145	Outpatient Health Center
4	UH Kent Health Center 401 DEVON PLACE KENT, OH 44240	Outpatient Health Center
5	UH Mantua Health Center 10803 Main St MANTUA, OH 44255	Outpatient Health Center
6	UH Sheffield Health Center 5001 Transportation Drive Sheffield Lake, OH 44054	Outpatient Health Center
7	UH Streetsboro Health Center 9318 State Route 14 Streetsboro, OH 44241	Outpatient Health Center
8	UH Walden Health Center 700 Walden Pl Aurora, OH 44202	OUTPATIENT HEALTH CENTER
9	CENTER FOR WOUND CARE LABORATORY SERVICE 133 E BROAD STREET ELYRIA, OH 44035	Ancillary Services
10	UH St John - Sheffield Village 5323 Meadow Lane Sheffield Village, OH 44035	ANCILLARY SERVICES
11	UH St John - North Ridgeville 34960 Center Ridge Road North Ridgeville, OH 44039	ANCILLARY SERVICES
12	UH ELYRIA MEDICAL CNTR GATES PHLEBOTOMY 133 E Broad St ELYRIA, OH 44035	ANCILLARY SERVICES
13	Elyria Family Practice Laboratory SVCS 5319 Meadow Ln Elyria, OH 44035	ANCILLARY SERVICES
14	Grafton Family Care Laboratory Services 489 Main St GRAFTON, OH 44044	ANCILLARY SERVICES

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)
61	NORTH ROYALTON LABORATORY SVCS 14200 Ridge Rd North Royalton, OH 44131	ANCILLARY SERVICES
1	UH Euclid Health Center Laboratory SVCS 18599 Lakeshore Blvd CLEVELAND, OH 44119	ANCILLARY SERVICES
2	UH Parma Outpatient Center 6305 Powers Blvd PARMA, OH 44129	ANCILLARY SERVICES
3	Kettering Samaritan Health Center 546 North Union Street ASSHLAND, OH 44842	ANCILLARY SERVICES
4	Samaritan Professional Park 2212 Mifflin Avenue ASHLAND, OH 44805	ANCILLARY SERVICES
5	Samaritan Baney Rd Outpatient Facility 1941 Baney Road ASHLAND, OH 44805	ANCILLARY SERVICES
6	UH Elyria Medical CNTR Physical TherapY 39000 Center Ridge Road North Ridgeville, OH 44039	PHYSICAL THERAPY
7	UH Parma Medical Center Physical Therapy 8555 Day Drive PARMA, OH 44129	PHYSICAL THERAPY
8	UH Parma Medical Center Physical Therapy 11409 State Road North Royalton, OH 44133	PHYSICAL THERAPY
9	St John Medical Center Physical Therapy 36908 Detroit Road Westlake, OH 44145	PHYSICAL THERAPY
10	Samaritan Health & Rehab Center 2163 Claremont Avenue ASHLAND, OH 44805	PHYSICAL THERAPY
11	UH Adult Sleep Lab Orange 3840 Orange Place BEACHWOOD, OH 44122	SLEEP CENTER
12	Firelands Regional Medical Center 1912 Hayes Ave SOUTH CAMPUS SANDUSKY, OH 44870	RAINBOW SPECIALTY CLINIC
13	Pediatric Ophthalmology Rainbow Specialt 6001 Landerhaven Dr Mayfield Heights, OH 44124	RAINBOW SPECIALTY CLINIC
14	UH Rainbow Physicians and Surgeons 4137 Boardman Canfield Rd CANFIELD, OH 44406	RAINBOW SPECIALTY CLINIC

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)
76	UH St John Advanced Wound Care 29160 Center Ridge Road WESTLAKE,OH 44145	WOUND CARE
1	UH St John Medical Center 29160 Center Ridge Rd Suite R WESTLAKE,OH 44145	OUTREACH

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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," on 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

2015

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" on 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 . . . . . ▶ 23

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" on 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 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	10,000				General Support
American Heart Association PO Box 1590 Hargerstown,MD 21740	13-5613797	501(c)3	165,000				General Support
Arthritis Foundation 4630 Richmond Road CLEVELAND,OH 44128	58-1341679	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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Autism Speaks 4700 ROCKSIDE RD INDEPENDENCE,OH 44131	20-2329938	501(c)3	10,000				General Support
Cleveland State University FDTN 2121 EUCLID AVE UN 501 CLEVELAND,OH 44115	34-1316665	501(c)3	10,000				General Support
Cuyahoga Community College Foundation 700 CARNEGIE AVE CLEVELAND,OH 44115	23-7320719	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 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 Blvd 5 CLEVELAND,OH 44125	58-1315123	501(c)3	13,000				General Support
Epilepsy Association 2831 PROSPECT AVE CLEVELAND,OH 44115	23-7198807	501(c)3	10,000				General Support
Flying Horse Farms 5260 STATE RT 95 MOUNT GILEAD,OH 43338	20-3498125	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 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 Place 23300 Commerce Park Dr CLEVELAND,OH 44122	34-1879035	501(c)3	55,000				General Support
Greater Cleveland Food Bank 15500 S WATERLOO RD CLEVELAND,OH 44110	34-1292848	501(c)3	10,000				General Support
Leukemia & Lymphoma Society 5700 BRECKSVILLE Rd Brecksville,OH 44141	13-5644916	501(c)3	11,000				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 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
Lifebanc 4775 Richmond Road CLEVELAND,OH 44128	34-1525159	501(c)3	7,500				General Support
March of Dimes NE Division 5425 Warner Rd CLEVELAND,OH 44125	13-1846366	501(c)3	15,000				General Support
MEDWISH 17325 EUCLID AVE CLEVELAND,OH 44112	34-1903712	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 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
National Multiple Sclerosis 6155 ROCKSIDE RD INDEPENDENCE,OH 44131	34-0801307	501(c)3	10,000				General Support
Northern OH Hemophilia Foundation 4807 ROCKSIDE RD CLEVELAND,OH 44131	34-1018501	501(c)3	6,700				General Support
Ohio Cancer Research 50 W BROAD ST STE 1132 COLUMBUS,OH 43215	31-1038309	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 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
Project Love 5244 MAYFIELD RD STE 2 LYNDHURST,OH 44124	34-1795459	501(c)3	10,000				General Support
Ronald McDonald House of Cleveland 10415 Euclid Avenue CLEVELAND,OH 44111	34-1269123	501(c)3	325,335				General Support
Suicide Prevention Education Alliance (LifeAct) 29425 CHAGRIN BLVD STE 203 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 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 Ohio 26210 Emery Road CLEVELAND,OH 44128	34-1793460	501(c)3	95,000				General Support
United Way 1331 EUCLID AVE CLEVELAND,OH 44115	34-6516654	501(c)3	53,000				General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on 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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 on 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 2015 - Harlin G Adelman ($73,373 - SERP) - William L Annable ($65,047 - SERP) - Sherri Bishop ($111,805 - SERP) - Kim F Bixenstine ($372,487 - SERP) - Bradley C Bond ($59,934 - SERP) - Peter S Brumleve ($276,989 - SERP) - Brent Carson ($39,532 - SERP) - Robert G David ($53,445 - SERP) - Terrence Deis ($19,959 - SERP) - Ronald E Dziedzicki ($69,505 - SERP) - Francis Gardner ($16,760 - SERP) - Heidi Gartland ($42,861 - SERP) - Phyllis Hall ($141,438 - SERP) - Richard A Hanson ($112,617 - SERP) - Steven M Jones ($54,590 - SERP) - Susan Juris ($59,531 - SERP) - Catherine Koppelman ($225,117 - SERP) - Nathan Levitan ($148,788 - SERP) - Keith Maitland ($39,735 - SERP) - Janet Miller ($111,906 - SERP/$681,055 Nonqualified Plan/$52,967 - SERP) - Michael L Nochomovitz ($342,938 - SERP) - Fred C Rothstein ($210,183 - SERP) - Sonia Salvino ($44,277 - SERP) - Steven D Standley ($113,524 - SERP) - Michael A Szubski ($180,477 - SERP) - Paul G Tait ($97,636 - SERP) - Cheryl Wahl ($82,888 - SERP) - Thomas F Zenty III ($374,548 - 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 UHHS - Thomas F Zenty III CEO/Ex Officio Director	(I)	1,192,014	1,445,865	401,417	404,902	11,588	3,455,786	0
	(II)	0	0	0	0	0	0	0
1 UHHS - Vasu Pandrangi MD Ex Officio Director	(I)	0	0	0	0	0	0	0
	(II)	779,972	0	27,386	8,976	1,686	818,020	0
2 UHHS - Janet L Miller Esq Secretary, Chief Legal Officer	(I)	504,857	1,231,709	173,171	46,819	12,200	1,968,756	734,022
	(II)	0	0	0	0	0	0	0
3 UHHS - Michael A Szubski Treasurer, CFO	(I)	654,865	475,927	187,357	189,847	28,357	1,536,353	120,009
	(II)	0	0	0	0	0	0	0
4 UHHS - Steven D Standley Chief Adminsitrative Officer	(I)	515,724	608,558	121,383	46,060	14,502	1,306,227	0
	(II)	0	0	0	0	0	0	0
5 UHHS - William L Annable MD Chief Quality Officer	(I)	382,353	403,795	82,957	7,950	14,526	891,581	0
	(II)	0	0	0	0	0	0	0
6 UHHS - Jeffrey Peters MD Chief Operating Officer	(I)	888,464	452,019	3,870	294,854	13,064	1,652,271	0
	(II)	0	0	0	0	0	0	0
7 UHHS - Thomas Snowberger Chief Human Resource Officer	(I)	503,238	118,175	109,105	119,620	15,318	865,456	0
	(II)	0	0	0	0	0	0	0
8 UHCMC - Fred C Rothstein MD President/Ex Off (END 12/15)	(I)	674,687	827,137	231,013	46,975	24,938	1,804,750	0
	(II)	0	0	0	0	0	0	0
9 UHCMC - Catherine S Koppelman R Chief Nursing Off (end 8/15)	(I)	226,976	375,807	296,376	25,573	19,340	944,072	0
	(II)	0	0	0	0	0	0	0
10 UHCMC - Jane Dus Chief Nursing Off (beg 11/15)	(I)	249,049	57,995	1,330	55,671	14,479	378,524	0
	(II)	0	0	0	0	0	0	0
11 UHCMC - Ronald E Dziedzicki BSN Chief Operating Officer	(I)	440,975	130,636	80,933	25,950	17,276	695,770	0
	(II)	0	0	0	0	0	0	0
12 UHCMC - Michael R Anderson Chief Medical Officer	(I)	422,416	174,749	2,594	97,606	30,075	727,440	0
	(II)	0	0	0	0	0	0	0
13 UHCMC - Nathan Levitan MD President Seidman Cancer cntr	(I)	564,257	173,231	158,037	45,416	16,292	957,233	0
	(II)	0	0	0	0	0	0	0
14 UHCMC - Patricia M DePompei RN President RB&C & MacDonald	(I)	422,433	130,636	3,320	109,173	24,394	689,956	0
	(II)	0	0	0	0	0	0	0
15 UHCMC - Sonia Salvino Treasurer	(I)	296,665	98,238	45,750	90,113	16,767	547,533	27,159
	(II)	0	0	0	0	0	0	0
16 AHUJA - Susan V Juris President/Ex Officio Director	(I)	347,747	139,124	68,637	46,186	25,660	627,354	0
	(II)	0	0	0	0	0	0	0
17 AHUJA - Amy J Ray MD Ex Officio Director	(I)	123,930	0	16,523	26,678	27,982	195,113	0
	(II)	0	0	0	0	0	0	0
18 GEAUGA - John Tumbush MD Ex Officio Director (end 5/15)	(I)	0	0	0	0	0	0	0
	(II)	191,769	0	115,350	13,093	1,550	321,762	0
19 GEAUGA - Steven M Jones President/Ex Officio Director	(I)	365,307	162,363	58,151	108,590	13,932	708,343	37,817
	(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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GEAUGA - Judah Friedman **21** MD Ex Officio Director (beg 5/15)	(I)	0	0	0	0	0	0	0
	(II)	375,124	40,740	802	0	-25,311	-441,977	0
1 ELYRIA - Donald Sheldon MD President (end 9/15)	(I)	500,811	118,331	7,192	97,177	11,647	735,158	0
	(II)	0	0	0	0	-0	-0	0
2 ELYRIA - William Larchian MD Director (beg 5/15)	(I)	0	0	0	0	0	0	0
	(II)	432,320	0	5,940	0	-16,337	-454,597	0
3 ELYRIA - Charlotte Wray President (beg 10/15)/Director	(I)	207,251	32,526	1,088	45,589	20,602	307,056	0
	(II)	0	0	0	0	-0	-0	0
4 PARMA - Jennifer L Wurst MD Director (beg 5/15)	(I)	0	0	0	0	0	0	0
	(II)	175,745	0	485	2,775	-28,487	-207,492	0
5 PARMA - Nancy Tinsley President	(I)	306,820	80,059	1,617	73,083	30,364	491,943	0
	(II)	0	0	0	0	-0	-0	0
6 SJMC - Richard A Hanson Director/Secretary (beg 11/15)	(I)	603,877	416,211	122,195	170,107	29,984	1,342,374	72,163
	(II)	0	0	0	0	-0	-0	0
7 SJMC - Robert Stern MD Ex Officio Director(beg 11/15)	(I)	146,575	0	13,762	4,469	8,634	173,440	0
	(II)	0	0	0	0	-0	-0	0
8 SJMC - William A Young President (end 12/15)	(I)	336,517	145,438	1,921	75,760	28,631	588,267	0
	(II)	0	0	0	0	-0	-0	0
9 SJMC - Allen R Tracy Treasurer (beg 11/15)	(I)	294,163	99,144	4,360	74,533	13,468	485,668	0
	(II)	0	0	0	0	-0	-0	0
10 UHRH - David Rapkin MD Ex Officio Director (end 5/15)	(I)	0	0	0	0	0	0	0
	(II)	427,461	10,000	3,041	9,467	-29,961	-479,930	0
11 UHRH - Robert G David President/Ex Officio Director	(I)	330,882	121,734	54,573	96,074	23,401	626,664	35,322
	(II)	0	0	0	0	-0	-0	0
12 UHRH - Joseph I Shawi MD Ex Officio Director	(I)	0	0	0	0	0	0	0
	(II)	213,583	0	62,411	14,514	-29,507	-320,015	0
GENEVA - Raimantas **13** Drublionis M Ex Officio Director (end 5/15)	(I)	0	0	0	0	0	0	0
	(II)	336,988	0	119,403	14,096	-1,659	-472,146	0
14 CONNEAUT - Arpan Desai MD Ex Officio Director (end 5/15)	(I)	0	0	0	0	0	0	0
	(II)	162,585	0	1,014	9,018	-17,309	-189,926	0
15 SAMARITAN - Danny L Boggs President/Ex Officio Director	(I)	283,768	57,479	2,498	30,900	7,758	382,403	0
	(II)	0	0	0	0	-0	-0	0
16 SAMARITAN - Michael Stencel Director	(I)	0	0	0	0	0	0	0
	(II)	221,381	18,731	1,188	7,273	-7,758	-256,331	0
17 SAMARITAN - Mary L Gnest Treasurer/EX OFF Dir (beg11/15)	(I)	171,104	33,715	1,980	24,103	5,786	236,688	0
	(II)	0	0	0	0	-0	-0	0
18 PORTAGE - Stephen Colecchi VC (beg 1/15)/Ex Officio	(I)	426,448	0	21,325	41,453	13,733	502,959	0
	(II)	0	0	0	0	-0	-0	0
19 PORTAGE - Carl Ebner Asst Treasurer (end 11/15)	(I)	244,568	0	10,290	18,000	4,932	277,790	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 UHMG - Clifford V Harding Director	(I)	222,512	85,506	34,813	15,855	4,146	362,832	0
	(II)	0	0	0	0	0	0	0
1 UHMG - Michael Konstan MD Director (end 3/15)	(I)	188,903	86,906	23,434	32,513	3,618	335,374	0
	(II)	0	0	0	0	0	0	0
2 UHMG - Mitchell Machtay MD Director	(I)	362,043	95,906	47,217	26,945	26,900	559,011	0
	(II)	0	0	0	0	0	0	0
3 UHMG - Cliff Megenan MD President/Director	(I)	726,350	95,906	42,677	129,514	23,093	1,017,540	0
	(II)	0	0	0	0	0	0	0
4 UHMG - Richard A Walsh MD Director (end 6/15)	(I)	374,203	89,606	60,813	7,950	14,444	547,016	0
	(II)	0	0	0	0	0	0	0
5 UHMG - Michele Walsh MD Director (beg 5/15)	(I)	171,502	0	9,557	5,147	1,409	187,615	0
	(II)	0	0	0	0	0	0	0
6 UHMG - Raymond Onders MD Director (beg 11/15)	(I)	432,358	0	38,598	7,950	28,755	507,661	0
	(II)	0	0	0	0	0	0	0
7 UHMG - Robert Salata MD Director (beg 7/15)	(I)	144,870	1,000	10,844	24,400	1,161	182,275	0
	(II)	0	0	0	0	0	0	0
8 UHMG - Warren Selman MD Director (beg 5/15)	(I)	788,336	27,150	61,441	34,870	14,012	925,809	0
	(II)	0	0	0	0	0	0	0
9 UHMG - Harlin G Adelman Assistant Secretary	(I)	301,931	140,556	75,575	77,159	23,771	618,992	41,135
	(II)	0	0	0	0	0	0	0
10 UHLSF - Todd Harford Director	(I)	160,045	9,861	5,903	14,293	8,608	198,710	0
	(II)	0	0	0	0	0	0	0
11 UHLSF - Don M Landek President	(I)	167,195	11,667	16,090	19,974	14,536	229,462	0
	(II)	0	0	0	0	0	0	0
12 UHHCS - Keith Maitland President/Director	(I)	225,087	95,781	43,069	26,905	29,691	420,533	0
	(II)	0	0	0	0	0	0	0
13 UHHCS - Cathy Sila MD Secretary/Treasurer/Director	(I)	288,796	0	33,824	34,599	2,924	360,143	0
	(II)	0	0	0	0	0	0	0
14 RSL - Kathi O'Connor President	(I)	154,743	37,203	1,598	11,744	26,353	231,641	0
	(II)	0	0	0	0	0	0	0
15 RSL - David A Cook Vice President (end 7/15)	(I)	281,792	58,364	2,683	46,543	14,199	403,581	0
	(II)	0	0	0	0	0	0	0
16 ACO - Karen Monheim MD Director	(I)	0	0	0	0	0	0	0
	(II)	115,502	0	76,088	0	14,914	206,504	0
17 ACO - Elizabeth R Hammack Secretary	(I)	206,762	21,286	6,655	16,112	24,056	274,871	0
	(II)	0	0	0	0	0	0	0
18 ACO - William Steiner II MD P President	(I)	0	0	0	0	0	0	0
	(II)	331,856	0	3,146	0	15,966	350,968	0
19 CCO - James Coviello MD Director	(I)	0	0	0	0	0	0	0
	(II)	232,668	0	634	0	21,410	254,712	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61CCO - Sean Hoynes MD Director	(I)	0	0	0	0	0	0	0
	(II)	291,321	0	61,573	16,133	- 29,849	- 398,876	0
1CCO - Peter DeGolia MD Director	(I)	193,822	0	16,451	14,172	20,998	245,443	0
	(II)	0	0	0	0	- 0	- 0	0
2CCO - Carla Harwell MD Director	(I)	164,678	0	11,772	10,683	25,262	212,395	0
	(II)	0	0	0	0	- 0	- 0	0
3CCO - Pablo Ros MDDirector	(I)	530,360	27,150	67,426	35,306	20,184	680,426	0
	(II)	0	0	0	0	- 0	- 0	0
4RCC - Brent Carson Treasurer/Director	(I)	232,192	75,281	41,393	71,532	28,707	449,105	26,121
	(II)	0	0	0	0	- 0	- 0	0
5RCC - Manlee Gallagher MD Director	(I)	0	0	0	0	0	0	0
	(II)	300,970	0	149,126	13,142	- 8,014	- 471,252	0
6 RCC - Richard Grossberg MD Director	(I)	274,228	0	1,410	17,283	25,407	318,328	0
	(II)	0	0	0	0	- 0	- 0	0
7RCC - Ken LakotaDirector	(I)	132,073	13,972	2,234	11,711	25,837	185,827	0
	(II)	0	0	0	0	- 0	- 0	0
8 RCC - James Underwood MD Director	(I)	0	0	0	0	0	0	0
	(II)	179,899	0	872	11,617	- 25,501	- 217,889	0
9RCC - Paul G Tait President/Chair/Director	(I)	431,906	500,654	153,900	44,255	27,213	1,157,928	0
	(II)	0	0	0	0	- 0	- 0	0
10RCC - Drew Hertz MD Vice President	(I)	342,525	22,486	104,561	38,939	1,659	510,170	0
	(II)	0	0	0	0	- 0	- 0	0
11ECC - Bradley Bond Secy/Treasurer/Director	(I)	343,871	148,694	61,200	83,894	28,770	666,429	0
	(II)	0	0	0	0	- 0	- 0	0
12UHHS - Sherri Bishop Chief Development Officer	(I)	356,657	268,569	115,420	128,384	31,865	900,895	74,769
	(II)	0	0	0	0	- 0	- 0	0
13UHHS - Kim F Bixenstine Chief Compliance Officer	(I)	317,414	140,289	376,752	45,159	17,814	897,428	0
	(II)	0	0	0	0	- 0	- 0	0
14 PORTAGE - Linda Breedlove VP, Patient Care Services	(I)	232,546	0	1,829	0	5,194	239,569	0
	(II)	0	0	0	0	- 0	- 0	0
15 PORTAGE - Stephen Francis VP, Medical Affairs	(I)	212,815	0	2,500	24,000	5,238	244,553	0
	(II)	0	0	0	0	- 0	- 0	0
16UHMG - Soon J Park Chief of cardiac surgery	(I)	1,069,822	215,000	10,062	33,995	24,613	1,353,492	0
	(II)	0	0	0	0	- 0	- 0	0
17UHMG - James E Voos Orthopaedic surgeon	(I)	995,030	0	2,106	1,500	24,405	1,023,041	0
	(II)	0	0	0	0	- 0	- 0	0
18 UHMG - Christopher G Furey Orthopaedic surgeon	(I)	954,887	0	68,019	17,046	24,536	1,064,488	0
	(II)	0	0	0	0	- 0	- 0	0
19UHMG - Jason D Eubanks Orthopaedic surgeon	(I)	851,303	0	74,165	32,898	11,503	969,869	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
81UHMG - Alan H Markowitz Cardiothoracic surgeon	(I)	797,813	100,000	85,718	24,450	14,890	1,022,871	0
	(II)	0	0	0	0	0	0	0
1UHHS - Elliot A Kellman Former Officer	(I)	139	201,776	443,354	18,173	3,420	666,862	0
	(II)	0	0	0	0	0	0	0
2UHMG - Robert Ronis Former Director	(I)	187,510	27,150	28,882	27,818	1,940	273,300	0
	(II)	0	0	0	0	0	0	0
3UHMG - Phyllis Hall Former Officer	(I)	49,117	0	340,463	1,500	17,649	408,729	0
	(II)	0	0	0	0	0	0	0
4 UHMG - Michael Nochomovitz Former Officer/Director	(I)	0	0	1,156,396	21,032	9,656	1,187,084	0
	(II)	0	0	0	0	0	0	0
5AHUJA - Richard L Stein Former Ex Officio Director	(I)	0	0	0	0	0	0	0
	(II)	340,216	0	134,239	19,708	28,257	522,420	0
6ELYRIA - Francis Gardner Former Officer	(I)	0	36,732	228,319	9,792	75	274,918	0
	(II)	0	0	0	0	0	0	0
7PARMA - Terrence Deis Former Officer/Director	(I)	0	0	336,855	6,899	27,048	370,802	0
	(II)	0	0	0	0	0	0	0
8CCO - George E Kikano FORMER DIRECTOR	(I)	33,712	0	6,177	3,774	379	44,042	0
	(II)	0	0	0	0	0	0	0
9UHHS - John V Foley FORMER KEY EMPLOYEE	(I)	424,394	197,577	4,380	17,034	25,766	669,151	0
	(II)	0	0	0	0	0	0	0
10UHHS - Peter S Brumleve FORMER KEY EMPLOYEE	(I)	319,226	272,178	374,811	36,098	14,388	1,016,701	0
	(II)	0	0	0	0	0	0	0
11UHHS - Cheryl Wahl FORMER KEY EMPLOYEE	(I)	78,001	85,440	52,373	16,651	3,361	235,826	0
	(II)	0	0	0	0	0	0	0
12UHHS - Heidi Gartland FORMER KEY EMPLOYEE	(I)	251,105	87,377	44,539	58,407	13,695	455,123	28,327
	(II)	0	0	0	0	0	0	0
13UHCMC - Carl H Lufter FORMER KEY EMPLOYEE	(I)	185,825	12,800	12,578	14,611	15,368	241,182	0
	(II)	0	0	0	0	0	0	0
GEAUGA - Jason E **14**Glowczewski FORMER KEY EMPLOYEE	(I)	176,795	17,518	533	13,103	19,009	226,958	0
	(II)	0	0	0	0	0	0	0
UHHCS - Kevin P **15**Cunningham FORMER KEY EMPLOYEE	(I)	157,565	14,665	6,588	11,180	17,394	207,392	0
	(II)	0	0	0	0	0	0	0
16PARMA - Mike Mainwaring FORMER KEY EMPLOYEE	(I)	207,108	60,363	1,449	53,192	28,575	350,687	0
	(II)	0	0	0	0	0	0	0
17PARMA - Sharon Thomas FORMER KEY EMPLOYEE	(I)	183,695	43,764	2,267	26,354	13,662	269,742	0
	(II)	0	0	0	0	0	0	0
18AHUJA - Alan Hirsch FORMER KEY EMPLOYEE	(I)	338,003	29,625	43,527	25,813	28,154	465,122	0
	(II)	0	0	0	0	0	0	0
19 ELYRIA - Douglas McDonald FORMER KEY EMPLOYEE	(I)	233,942	41,708	1,291	40,173	25,957	343,071	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
101 SJMC - MICHAEL DOBROVICH SJMC CHIEF CLINICAL OFFICER	(I) (II)	331,157 0	113,664 0	5,528 0	0 0	13,443 0	463,792 0	0 0
1SJMC - CHERYL O'MALLEY SJMC VP PRESS-CNO	(I) (II)	140,530 0	39,625 0	1,417 0	0 0	12,016 0	193,588 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

2015

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) David Nedrich	See Part V	51,545	See Part V		No
(2) Joseph Talerico	See Part V	47,995	See Part V		No
(3) Ronald Dziedzicki	See Part V	56,115	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 DAVID NEDRICH RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF DAVID NEDRICH, PARMA DIRECTOR DESCRIPTION OF TRANSACTION A FAMILY MEMBER OF DAVID NEDRICH IS EMPLOYED BY PARMA LINE 2 JOSEPH TALERICO RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF JOSEPH TALERICO, PARMA DIRECTOR DESCRIPTION OF TRANSACTION A FAMILY MEMBER OF JOSEPH TALERICO IS EMPLOYED BY PARMA LINE 3 RONALD DZIEDZICKI RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF RONALD DZIEDZICKI, UHCMC DIRECTOR DESCRIPTION OF TRANSACTION A FAMILY MEMBER OF RONALD DZIEDZICKI 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

2015

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	16	479,999	Appraisals
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		504	FMV
5 Clothing and household goods	X		11,830	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	185	6,671,826	Med Value Transfer
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	1	970,655	APPRAISAL
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	16	76,124	FMV
20 Drugs and medical supplies	X	1	235,000	VALUATION ENGAGEMENT
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Miscellaneous)	X	209	371,396	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: 3

		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

2015

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 "UHOR THE "SYSTEM" UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (UHCMC) - 34-1567805 11100 EUCLID AVE CLEVELAND, OH 44106 UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC (AHUJA) - 26-4827222 11100 EUCLID AVENUE CLEVELAND, OH 44106 UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CONNEAUT) - 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 (GEAUGA) - 34-0816492 13207 RAVENNA ROAD CHARDON, OH 44024 UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (GENEVA) - 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 D/B/A 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 (MEDNET) - 34-0750341 23001 EUCLID AVENUE CLEVELAND, OH 44117 UNIVERSITY HOSPITALS HOME CARE SERVICES, INC (UHHCS) - 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 (ACO)- 27-3970270 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122 UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION (CCO) - 90-0794903 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122 UNIVERSITY HOSPITALS RAINBOW CARE CONNECTION INC (RCC) - 46-1074672 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122 PARMA COMMUNITY GENERAL HOSPITAL (PARMA) - 34-0827442 D/B/A 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 (ELYRIA) - 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 ROBINSON HEALTH SYSTEM, INC (PORTAGE) - 46-1382538 D/B/A UH PORTAGE MEDICAL CENTER 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122 ROBINSON HEALTH AFFILIATES, INC (RHA) - 34-1499719 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122 SAMARITAN HOSPITAL HOSPITALITY SHOP (SHHS) - 34-0808574 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122 SAMARITAN REGIONAL HEALTH SYSTEM (SAMARITAN) - 34-0714535 D/B/A UH SAMARITAN MEDICAL CENTER 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122 UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER (SJMC OR ST JOHN) - 34-1260978 D/B/A UH ST JOHN MEDICAL CENTER 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122 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	UHHS 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 w ill be different than w hat is show n in Part V Line 2a because this Group Return does not encompass all entities for w hich 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 (GENEVA DIRECTOR) AND MR WILLARD RAYMOND (GENEVA DIRECTOR) HAVE A BUSINESS RELATIONSHIP MR FRED C ROTHSTEIN, M D (UHCMC/UHMG DIRECTOR) AND MR MICHAEL FEUER (UHCMC/UHMG DIRECTOR) HAVE A BUSINESS RELATIONSHIP MR LEE KOURY (UHCMC DIRECTOR) AND MR GREGORY SKODA (UHCMC DIRECTOR) HAVE A BUSINESS RELATIONSHIP MR JAMES WERT (UHCMC DIRECTOR) AND MR WILLIAM O'NEILL (UHCMC DIRECTOR) HAVE A BUSINESS RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 4 ON JUNE 1, 2015, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC ("UHHS") BECAME THE SOLE MEMBER OF ROBINSON HEALTH SYSTEM, INC D/B/A UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER ON NOVEMBER 2, 2015, UHHS BECAME THE SOLE MEMBER OF SAMARITAN REGIONAL HEALTH SYSTEM D/B/A UNIVERSITY HOSPITALS SAMARITAN MEDICAL CENTER ON NOVEMBER 12, 2015, UHHS BECAME THE SOLE MEMBER OF UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER 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 UHHS BOARD OF DIRECTORS TO REVIEW AND APPROVE FORM 990 THE COMPENSATION COMMITTEE REVIEWED THE COMPENSATION SECTIONS OF THE FORM 990 THE GOVERNANCE AND COMMUNITY BENEFIT COMMITTEE REVIEWED AND APPROVED THE COMMUNITY BENEFIT SECTION OF THE FORM 990 (SCHEDULE H) THE UHHS BOARD OF DIRECTORS 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 FOUR CONFLICT OF INTEREST POLICIES THE FIRST RELATES TO ALL EMPLOYEES AND AFFILIATED PHYSICIANS, THE SECOND RELATES TO UH AND ALL ITS SUBSIDIARIES AND APPLIES TO ALL DIRECTORS, OFFICERS, SUBSTANTIAL CONTRIBUTORS AND RELATED PARTIES, THE THIRD APPLIES TO PHYSICIANS AND OTHER LICENSED PRACTITIONERS IN ADDITION, UH HAS A SEPARATE BOARD DISCLOSURE OF INTEREST POLICY UH REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICIES UH MANAGEMENT, ALL DIRECTORS, AND ALL PHYSICIANS AND ADVANCED PRACTICE PROFESSIONALS 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 THEY 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 AND KEY PERSONNEL 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, PHYSICIANS AND LICENSED PRACTITIONERS

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS APPROVED BY THE UHHS BOARD OF DIRECTORS 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 COMPENSATION RELATED TO ENTITIES ACQUIRED BY UHHS DURING 2015 WAS PREVIOUSLY SET THESE ENTITIES WILL FOLLOW UHHS POLICY FOR THE 2016 TAX YEAR

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 w w w 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 -Richard Walsh IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS A DIRECTOR OF UHMG HE ALSO IS A FORMER OFFICER OF UHCMC -Robert david IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS A DIRECTOR OF UHrh HE ALSO IS A FORMER OFFICER OF GENEVA and CONNEAUT -Nancy Tinsley IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS An officer OF parma sHE ALSO IS A FORMER OFFICER OF UHlsf

Return Reference	Explanation
Form 990, Part XI, Line 9, Change in Net Assets	NET ASSETS RELEASED FROM RESTRICTION ($26,990,000) CHANGE IN BENEFICIAL INTEREST FND ($8,082,000) INVESTMENT IN SUBSIDIARIES 33,019,000 MEMBER SUBSTITUTION 57,981,000 ADDITIONAL MINIMUM LIABILITY 39,867,000 EQUITY TRANSFERS ($119,601,000) OTHER CHANGES IN FUND BALANCE 35,392,000 ---------- TOTAL 11,586,000

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 98,098,000 (5,128,000) +2,907,000 95,877,000 LINE 2G 3,054,424,000 (271,542,000)+240,958,000 3,023,840,000 LINE 3 26,258,000 (25,856,000) - 402,000 LINE 6 540,000 (595,000) - (55,000) LINE 7A 17,138,000 (17,061,000) - 77,000 LINE 8C (495,000) - - (495,000) LINE 9 10,000 - - 10,000 LINE 11E 253,088,000 53,625,000 - 306,713,000 LINE 12 3,449,061,000 (266,557,000)+243,865,000 3,426,369,000 *TOTAL REVENUE REPORTED ON LINE 12 OF $3,449,061,000 CONSISTED OF $3,307,512,000 EXEMPT FUNCTION REVENUE, $0 OF UNRELATED BUSINESS REVENUE, AND $43,451,000 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 2,728,000 (1,652,000) - 1,076,000 LINE 5 30,917,000 (17,555,000) - 13,362,000 LINE 6 156,000 (56,000) - 100,000 LINE 7 1,236,450,000 (122,003,000) - 1,114,447,000 LINE 8 62,851,000 (5,654,000) - 57,197,000 LINE 9 268,506,000 (22,301,000) - 246,205,000 LINE 10 88,418,000 (10,635,000) - 77,783,000 LINE 11B 2,397,000 (1,393,000) - 1,004,000 LINE 11C 1,255,000 (625,000) - 630,000 LINE 11G 167,571,000 (27,841,000) - 139,730,000 LINE 12 16,651,000 (13,392,000) - 3,259,000 LINE 13 591,272,000 (6,070,000) - 585,202,000 LINE 14 67,688,000 (53,586,000) - 14,102,000 LINE 16 157,174,000 (14,579,000) - 142,595,000 LINE 17 10,830,000 (1,426,000) - 9,404,000 LINE 20 48,448,000 (46,230,000) - 2,218,000 LINE 22 137,049,000 (36,755,000) - 100,294,000 LINE 23 39,246,000 5,056,000 - 44,302,000 LINE 24 160,687,000 (25,488,000) +240,958,000 376,157,000 LINE 25 3,090,294,000 (402,185,000) +240,958,000 2,929,067,000 *TOTAL FUNCTIONAL EXPENSES REPORTED ON LINE 25 OF $3,090,294,000 CONSISTED OF $2,876,577,000 PROGRAM SERVICE EXPENSES, $200,951,000 OF MANAGEMENT AND GENERAL EXPENSES, AND $12,766,000 OF FUNDRAISING EXPENSES PART X UH GROUP AND UH PARENT ELIMINATIONS UH GROUP UH PARENT (WITHOUT UH COMBINED PARENT) LINE 2 187,882,000 (136,018,000) - 51,864,000 LINE 3 49,641,000 (8,579,000) - 41,062,000 LINE 4 439,490,000 62,314,000 - 501,804,000 LINE 8 55,136,000 697,000 - 55,833,000 LINE 9 24,327,000 (13,523,000) - 10,804,000 LINE 10C 1,559,548,000 (382,982,000) - 1,176,566,000 LINE 11 1,116,438,000 (1,109,341,000) - 7,097,000 LINE 12 290,999,000 (290,999,000) - - LINE 13 430,818,000 (1,859,531,000)+1,597,228,000 168,515,000 LINE 14 4,000,000 - - 4,000,000 LINE 15 162,437,000 (42,522,000) - 119,915,000 LINE 16 4,320,716,000 (3,780,484,000)+1,597,228,000 2,137,460,000 LINE 17 405,201,000 (219,998,000) - 185,203,000 LINE 19 13,518,000 (440,000) - 13,078,000 LINE 20 1,316,604,000 (1,316,364,000) - 240,000 LINE 23 2,593,000 - - 2,593,000 LINE 25 498,071,000 (518,482,000) - (20,411,000) LINE 27 1,390,737,000 (1,372,563,000)1,597,228,000 1,615,402,000 LINE 28 334,025,000 (15,900,000) - 318,125,000 LINE 29 359,967,000 (336,737,000) - 23,230,000 LINE 33 2,084,729,000(1,725,200,000) +1,597,228,000 1,956,757,000 LINE 34 4,320,716,000(3,780,484,000)+1,597,228,000 2,137,460,000

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 ORGANIZATION THE SYSTEM HAS THE FOLLOWING TAX-EXEMPT BOND ISSUES OUTSTANDING -2003 CUYAHOGA COUNTY, OHIO BONDS ISSUE PRICE $14,389,000 -2007 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE $290,313,879 -2010 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE $94,797,375 -2010 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE $71,125,000 -2012 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE $189,782,379 -2012 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE $40,710,000 -2012 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE $55,371,387 -2012 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE $23,775,000 -2013 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE $124,142,966 -2014 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE $100,361,458 -2015 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE $20,000,000 -2015 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE $100,000,000 -2015 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE $91,000,000

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

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
(1) KELLY COMMERCIAL VENTURES LLC	REAL ESTATE	OH			ST JOHN MED

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	SUPPORT HOSP	OH	501(C)(3)	11A-TYPE I	PARMA MED CR	Yes	
(2)SAMARITAN HOSPITAL FOUNDATION 663 East Main St Ashland, OH 44805 34-1783215	SUPPORT HOSP	OH	501(c)(3)	11A-TYPE I	SAM REG HS	Yes	
(3)ROBINSON MEMORIAL HOSPITAL FOUNDATION 6847 N CHESTNUT ST RAVENNA, OH 44266 34-1510544	SUPPORT HOSP	OH	501(C)(3)	11D-III-O	ROB HEAL SYS	Yes	
(4)ELYRIA MEDICAL CENTER FOUNDATION 630 EAST RIVER STREET ELYRIA, OH 44035 61-1579760	SUPPORT HOSP	OH	501(C)(3)	11D-III-O	EMH REG MED	Yes	
(5)SAMARITAN PROFESSIONAL CORPORATION 1025 CENTER STREET ASHLAND, OH 44805 34-1856531	SUPPORT HOSP	OH	501(C)(3)	3	SAM REG HS	Yes	
(6)AUXILIARY OF ROBINSON MEMORIAL HOSPITAL 6847 N CHESTNUT STREET RAVENNA, OH 44266 34-0771932	SUPPORT HOSP	OH	501(C)(3)	11D-III-FI	ROB HEAL SYS	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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SAM REG PAIN MGMT 1025 Center St Ashland, OH 44805 46-2286785	Medical Svcs	OH	SAM REG HOSP	Related	236,722	152,388		No	0		No	51 000 %

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, 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		No
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 II - Identification of Related Tax-Exempt Organizations

(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	No
PARMA HOSPITAL HEALTH CARE FOUNDATION 7007 POWERS BLVD PARMA, OH 44129 34-1626664	SUPPORT HOSP	OH	501(C)(3)	11A-TYPE I	PARMA MED CR	Yes	
SAMARITAN HOSPITAL FOUNDATION 663 East Main St Ashland, OH 44805 34-1783215	SUPPORT HOSP	OH	501(c)(3)	11A-TYPE I	SAM REG HS	Yes	
ROBINSON MEMORIAL HOSPITAL FOUNDATION 6847 N CHESTNUT ST RAVENNA, OH 44266 34-1510544	SUPPORT HOSP	OH	501(C)(3)	11D-III-O	ROB HEAL SYS	Yes	
ELYRIA MEDICAL CENTER FOUNDATION 630 EAST RIVER STREET ELYRIA, OH 44035 61-1579760	SUPPORT HOSP	OH	501(C)(3)	11D-III-O	EMH REG MED	Yes	
SAMARITAN PROFESSIONAL CORPORATION 1025 CENTER STREET ASHLAND, OH 44805 34-1856531	SUPPORT HOSP	OH	501(C)(3)	3	SAM REG HS	Yes	
AUXILIARY OF ROBINSON MEMORIAL HOSPITAL 6847 N CHESTNUT STREET RAVENNA, OH 44266 34-0771932	SUPPORT HOSP	OH	501(C)(3)	11D-III-FI	ROB HEAL SYS	Yes	

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
(1) Western Reserve Assurance Co Ltd SPC PO Box 1051 GEROGE TOWN Grand Cayman KY1 - 1102 CJ 98-0462740	Insurance	CJ	UHHS	C corp			100 000 %	Yes	
(1) University Hospitals Holdings Inc 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 34-1768931	Holding Compa	OH	UHHS	C corp			100 000 %	Yes	
(2) University Hospitals Physician Services 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 34-1768929	Physician Adm	OH	UH HOLDINGS	C corp			100 000 %	Yes	
(3) University Primary Care Practices Inc 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 34-1768928	Phys Group	OH	UH HOLDINGS	C corp			100 000 %	Yes	
(4) University Hospitals Health System MCO 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 34-1843674	Workers Comp	OH	UH HOLDINGS	C corp			100 000 %	Yes	
(5) UHHS Provider & Central Verification Org 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 34-1908517	Medical Mgmt	OH	UH HOLDINGS	C corp			100 000 %	Yes	
(6) Cedar Brainard Surgery Center Inc 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 20-4957632	Holding Compa	OH	UH HEAL CR ENT	C corp			100 000 %	Yes	
(7) University Hospitals Health Care Enterpr 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 34-1510005	Medical Mgmt	OH	UH HOLDINGS	C corp			100 000 %	Yes	
(8) BMH Development Corp 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 34-1346212	Land Developm	OH	UH CON MED CTR	C corp			100 000 %	Yes	
(9) Center for Orthopedics Inc 3605 Warrensville Cntr Rd Shaker Heights, OH 44122 34-1665082	PHYSICIANS GR	OH	COMP VENT UNLIM	C Corp			100 000 %	Yes	
(10) Comprehensive Ventures Unlimited Inc 3605 Warrensville Cntr Rd Shaker Heights, OH 44122 34-1596060	PHYSICIAN ADM	OH	COMP HEAL CR OH	C Corp			100 000 %	Yes	
(11) North Ohio Heart Inc 3605 Warrensville Cntr Rd Shaker Heights, OH 44122 27-2574020	PHYSICIANS GR	OH	COMP HEAL CR OH	C Corp			100 000 %	Yes	
(12) Powers Professional Corporation 3605 Warrensville Cntr Rd Shaker Heights, OH 44122 34-1735290	HOLDING COMPA	OH	PARMA COMM HOSP	C Corp			100 000 %	Yes	
(13) PRL Corporation 3605 Warrensville Cntr Rd Shaker Heights, OH 44122 34-1499245	PHYSICIANS GR	OH	PARMA COMM HOSP	C Corp			100 000 %	Yes	
(14) University Hospitals Network Services 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122	INACTIVE	OH	NA	C CORP			100 000 %	Yes	

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
(16) University Hospitals Accountable Care OR 3605 Warrensville Center Road Shaker Heights, OH 44122 81-3836118	ACCOUNT CARE	OH	UH HOLDINGS	C Corp			100 000 %	Yes	
(1) EMH Professional Services Inc 3605 Warrensville Center Road Shaker Heights, OH 44122 34-1778419	PHYSICIAN GR	OH	COMP VENT UNLIM	C CORP			100 000 %	Yes	
(2) University Hospitals House Calls Inc 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 45-4395029	INACTIVE	OH	UH MED GROUP	C Corp			100 000 %	Yes	
(3) Health Design Plus 1755 Georgetown Rd Hudson, OH 44236 34-1593929	Third Party Adm	OH	UH HOLDINGS	C CORP			100 000 %	Yes	
(4) Quality Care Network 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 81-1081563	Medical mgmt	OH	UH HOLDINGS	C corp			100 000 %	Yes	
(5) St John Medical Group Inc 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 45-3245403	Physician Adm	OH	ST JOHN MED	C Corp			100 000 %	Yes	
(6) Westshore Primary Care Associates 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 34-1675567	Physician Adm	OH	ST JOHN MED	C Corp			100 000 %	Yes	
(7) GATES MEDICAL CENTER INC 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122 34-1596059		OH	COMP VENT UNLIM	C CORP			100 000 %	Yes	
(8) COMMUNITY MEDICAL GROUP LLC 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122		OH	UH ACT CARE ORG	C CORP			100 000 %	Yes	
(9) UNIVERSITY HOSPITALS CANCER HOSPITAL 3605 Warrensville Cntr Rd Shaker Hghts, OH 44122		OH	UHHS	C CORP			100 000 %	Yes	

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
(1)	UH Cleveland Medical CenterUH Health System	a	6,003,914	General Ledger
(1)	UH Geauga Medical CenterUH Health System	a	10	General Ledger
(2)	UH Geneva Medical CenterUH Health System	a	1,315	General Ledger
(3)	UH Health SystemUH Cleveland Medical Center	a	598,680	General Ledger
(4)	UH Medical PracticesUH Laboratory Service Fo	a	1,720	General Ledger
(5)	UH Health SystemUH Cleveland Medical Center	b	8,108,497	General Ledger
(6)	UH Ahuja Medical CenterUH Cleveland Medical	c	693,072	General Ledger
(7)	UH Cleveland Medical CenterUH Health System	c	10,915,641	General Ledger
(8)	UH Geauga Medical CenterUH Cleveland Medical	c	304,971	General Ledger
(9)	UH Cleveland Medical CenterUH Health System	i	150,361	General Ledger
(10)	UH Geneva Medical CenterUH Conneaut Medical	i	510,039	General Ledger
(11)	UH Health SystemUH Cleveland Medical Center	i	1,720,690	General Ledger
(12)	Comprehensive Health CareElyria Medical Cent	l	198,319	General Ledger
(13)	North Ohio HeartElyria Medical Center	l	110,940	General Ledger
(14)	Powers Prof CorpParma Medical Center	l	51,499	General Ledger
(15)	PRL CorporationParma Medical Center	l	55,624	General Ledger
(16)	UH Cleveland Medical CenterParma Medical Cen	l	144,710	General Ledger
(17)	UH Cleveland Medical CenterUH Medical Group	l	292,142	General Ledger
(18)	UH Health SystemElyria Medical Center	l	2,113,034	General Ledger
(19)	UH Health SystemParma Medical Center	l	1,876,523	General Ledger
(20)	UH Health SystemUH Ahuja Medical Center	l	1,119,106	General Ledger
(21)	UH Health SystemUH Cleveland Medical Center	l	10,362,088	General Ledger
(22)	UH Health SystemUH Conneaut Medical Center	l	261,128	General Ledger
(23)	UH Health SystemUH Geauga Medical Center	l	682,644	General Ledger
(24)	UH Health SystemUH Geneva Medical Center	l	346,139	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
(26)	UH Health SystemUH Laboratory Service Founda	I	141,243	General Ledger
(1)	UH Health SystemUH Medical Group	I	2,317,702	General Ledger
(2)	UH Health SystemUH Regional Hospitals	I	877,830	General Ledger
(3)	UH Health SystemUH UH Homecare Services	I	151,131	General Ledger
(4)	UH Laboratory Service FoundationParma Medica	I	60,918	General Ledger
(5)	UH Laboratory Service FoundationUH Geauga Me	I	54,223	General Ledger
(6)	UH Medical GroupUH Geauga Medical Center	I	72,748	General Ledger
(7)	UH Medical PracticesParma Medical Center	I	94,908	General Ledger
(8)	UH Medical PracticesUH Ahuja Medical Center	I	213,668	General Ledger
(9)	UH Medical PracticesUH Cleveland Medical Cen	I	2,512,566	General Ledger
(10)	UH Medical PracticesUH Geauga Medical Center	I	217,470	General Ledger
(11)	UH Medical PracticesUH Geneva Medical Center	I	109,467	General Ledger
(12)	UH Medical PracticesUH Medical Group	I	146,957	General Ledger
(13)	UH Medical PracticesUH Regional Hospitals	I	221,829	General Ledger
(14)	UH Physician ServicesUH Medical Group	I	96,983	General Ledger
(15)	Comprehensive Health CareElyria Medical Cent	m	198,319	General Ledger
(16)	Elyria Medical CenterUH Homecare Services	m	348,926	General Ledger
(17)	Elyria Medical CenterUH Health System	m	567,669	General Ledger
(18)	Parma Medical CenterUH Health System	m	2,773,613	General Ledger
(19)	Parma Medical CenterUH UH Homecare Services	m	291,774	General Ledger
(20)	UH Ahuja Medical CenterUH Health System	m	87,700	General Ledger
(21)	UH Cleveland Medical CenterUH Health System	m	893,894	General Ledger
(22)	UH Geauga Medical CenterUH Health System	m	74,214	General Ledger
(23)	UH Laboratory Service FoundationParma Medica	m	64,248	General Ledger
(24)	UH Laboratory Service FoundationUH Ahuja Med	m	56,605	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
(51)	UH Laboratory Service FoundationUH Cleveland	m	185,752	General Ledger
(1)	UH Laboratory Service FoundationUH Geauga Me	m	50,322	General Ledger
(2)	UH Laboratory Service FoundationUH Health Sy	m	1,280,195	General Ledger
(3)	UH Medical GroupUH Cleveland Medical Center	m	1,393,758	General Ledger
(4)	UH Medical GroupUH Geauga Medical Center	m	72,748	General Ledger
(5)	UH Medical GroupUH Health System	m	21,294,241	General Ledger
(6)	UH Regional HospitalsUH Cleveland Medical Ce	m	204,486	General Ledger
(7)	UH Regional HospitalsUH Health System	m	6,874,896	General Ledger
(8)	Elyria Medical CenterNorth Ohio Heart	o	1,003,118	General Ledger
(9)	Parma Medical CenterPowers Prof Corp	o	255,113	General Ledger
(10)	UH Ahuja Medical CenterUH Health System	o	61,624	General Ledger
(11)	UH Cleveland Medical CenterElyria Medical Ce	o	174,211	General Ledger
(12)	UH Cleveland Medical CenterParma Medical Cen	o	70,233	General Ledger
(13)	UH Cleveland Medical CenterUH Health System	o	378,444	General Ledger
(14)	UH Cleveland Medical CenterUH Laboratory Ser	o	176,975	General Ledger
(15)	UH Health SystemElyria Medical Center	o	6,667,186	General Ledger
(16)	UH Health SystemParma Medical Center	o	6,132,485	General Ledger
(17)	UH Health SystemUH Homecare Services	o	1,354,991	General Ledger
(18)	UH Health SystemUH Ahuja Medical Center	o	4,527,718	General Ledger
(19)	UH Health SystemUH Cleveland Medical Center	o	23,547,335	General Ledger
(20)	UH Health SystemUH Conneaut Medical Center	o	857,606	General Ledger
(21)	UH Health SystemUH Geauga Medical Center	o	3,893,424	General Ledger
(22)	UH Health SystemUH Geneva Medical Center	o	1,146,548	General Ledger
(23)	UH Health SystemUH Laboratory Service Founda	o	301,807	General Ledger
(24)	UH Health SystemUH Medical Group	o	3,406,445	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
(76)	UH Health SystemUH Regional Hospitals	o	3,488,192	General Ledger
(1)	UH Medical GroupUH Cleveland Medical Center	o	237,000	General Ledger
(2)	UH Medical GroupUH Medical Practices	o	91,085	General Ledger
(3)	Elyria Medical CenterPowers Prof Corp	p	148,558	General Ledger
(4)	Elyria Medical CenterUH Cleveland Medical Ce	p	377,059	General Ledger
(5)	Elyria Medical CenterUH Health System	p	343,758	General Ledger
(6)	Homecare ServicesUH Health System	p	183,991	General Ledger
(7)	Parma Medical CenterUH Cleveland Medical Cen	p	183,000	General Ledger
(8)	Parma Medical CenterUH Health System	p	721,342	General Ledger
(9)	UH Homecare Services ServicesUH Cleveland M	p	66,586	General Ledger
(10)	UH Ahuja Medical CenterUH Cleveland Medical	p	263,420	General Ledger
(11)	UH Ahuja Medical CenterUH Health System	p	949,104	General Ledger
(12)	UH Ahuja Medical CenterUH Regional Hospitals	p	126,753	General Ledger
(13)	UH Cleveland Medical CenterUH Health System	p	26,620,128	General Ledger
(14)	UH Cleveland Medical CenterUH Medical Practi	p	124,855	General Ledger
(15)	UH Conneaut Medical CenterUH Health System	p	126,611	General Ledger
(16)	UH Geauga Medical CenterUH Cleveland Medical	p	211,453	General Ledger
(17)	UH Geauga Medical CenterUH Health System	p	970,598	General Ledger
(18)	UH Geauga Medical CenterUH Regional Hospital	p	120,405	General Ledger
(19)	UH Geneva Medical CenterUH Health System	p	177,657	General Ledger
(20)	UH Geneva Medical CenterUH Regional Hospital	p	75,992	General Ledger
(21)	UH Laboratory Service FoundationUH Cleveland	p	506,494	General Ledger
(22)	UH Laboratory Service FoundationUH Health Sy	p	124,500	General Ledger
(23)	UH Medical GroupUH Cleveland Medical Center	p	6,344,737	General Ledger
(24)	UH Medical GroupUH Health System	p	1,179,098	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
(101)	UH Regional HospitalsUH Ahuja Medical Center	p	84,230	General Ledger
(1)	UH Regional HospitalsUH Cleveland Medical Ce	p	261,578	General Ledger
(2)	UH Regional HospitalsUH Health System	p	596,364	General Ledger
(3)	UH Homecare Services ServicesElyria Medical	q	56,617	General Ledger
(4)	UH Regional HospitalsUH Ahuja Medical Cente	q	130,453	General Ledger
(5)	UH Ahuja Medical CenterUH Regional Hospitals	q	85,161	General Ledger
(6)	UH Cleveland Medical CenterElyria Medical Ce	q	473,977	General Ledger
(7)	UH Cleveland Medical CenterParma Medical Cen	q	306,397	General Ledger
(8)	UH Cleveland Medical CenterUH Ahuja Medical	q	504,402	General Ledger
(9)	UH Cleveland Medical CenterUH Geauga Medical	q	360,898	General Ledger
(10)	UH Cleveland Medical CenterUH Geneva Medical	q	107,769	General Ledger
(11)	UH Cleveland Medical CenterUH Laboratory Ser	q	1,199,437	General Ledger
(12)	UH Cleveland Medical CenterUH Medical Group	q	523,684	General Ledger
(13)	UH Cleveland Medical CenterUH Regional Hospi	q	389,142	General Ledger
(14)	UH Geneva Medical CenterUH Conneaut Medical	q	505,454	General Ledger
(15)	UH Health SystemElyria Medical Center	q	2,442,867	General Ledger
(16)	UH Health SystemParma Medical Center	q	2,488,422	General Ledger
(17)	UH Health SystemUH Homecare Services	q	477,599	General Ledger
(18)	UH Health SystemUH Ahuja Medical Center	q	1,480,037	General Ledger
(19)	UH Health SystemUH Cleveland Medical Center	q	38,217,407	General Ledger
(20)	UH Health SystemUH Conneaut Medical Center	q	342,778	General Ledger
(21)	UH Health SystemUH Geauga Medical Center	q	1,871,721	General Ledger
(22)	UH Health SystemUH Geneva Medical Center	q	366,778	General Ledger
(23)	UH Health SystemUH Medical Group	q	3,002,787	General Ledger
(24)	UH Health SystemUH Regional Hospitals	q	1,537,214	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
(126)	UH Medical PracticesUH Cleveland Medical Cen	q	986,797	General Ledger
(1)	UH Physician ServicesUH Medical Group	q	164,373	General Ledger
(2)	UH Regional HospitalsUH Geauga Medical Cente	q	142,025	General Ledger
(3)	UH Regional HospitalsUH Geneva Medical Cente	q	87,186	General Ledger
(4)	UH Ahuja Medical CenterUH Medical Group	a	233	General Ledger
(5)	UH Cleveland Medical CenterUH Geauga Medical	r	138,752	General Ledger
(6)	UH Health SystemElyria Medical Center	r	2,744,014	General Ledger
(7)	UH Health SystemParma Medical Center	r	2,619,557	General Ledger
(8)	UH Health SystemUH Homecare Services	r	1,603,607	General Ledger
(9)	UH Health SystemUH Ahuja Medical Center	r	4,690,738	General Ledger
(10)	UH Health SystemUH Cleveland Medical Center	r	41,376,292	General Ledger
(11)	UH Health SystemUH Conneaut Medical Center	r	670,777	General Ledger
(12)	UH Health SystemUH Geauga Medical Center	r	4,071,687	General Ledger
(13)	UH Health SystemUH Geneva Medical Center	r	1,277,795	General Ledger
(14)	UH Health SystemUH Laboratory Service Founda	r	1,161,491	General Ledger
(15)	UH Health SystemUH Medical Group	r	1,405,069	General Ledger
(16)	UH Health SystemUH Regional Hospitals	r	2,343,963	General Ledger
(17)	UH Medical PracticesUH Cleveland Medical Cen	r	2,779,541	General Ledger
(18)	UH Physician ServicesUH Medical Group	a	17,185	General Ledger
(19)	Homecare ServicesUH Health System	s	3,889,522	General Ledger
(20)	Parma Medical CenterUH Health System	s	242,176	General Ledger
(21)	UH Ahuja Medical CenterUH Health System	s	18,310,323	General Ledger
(22)	UH Cleveland Medical CenterUH Health System	s	142,104,583	General Ledger
(23)	UH Conneaut Medical CenterUH Health System	s	2,433,195	General Ledger
(24)	UH Geauga Medical CenterUH Health System	s	12,817,434	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
(151)	UH Geneva Medical CenterUH Health System	s	3,623,364	General Ledger
(1)	UH Laboratory Service FoundationUH Cleveland	s	799,314	General Ledger
(2)	UH Medical GroupUH Health System	s	942,121	General Ledger
(3)	UH Regional HospitalsUH Health System	s	551,046	General Ledger
(4)	UH Medical GroupUH Physician Services	a	15,521	General Ledger