

Form 990-T

EXTENDED TO NOVEMBER 16, 2020

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0047

2019Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations OnlyA ☐ Check box if
address changedB Exempt under section
☒ 501(c)(3) ☐ 408(e) ☐ 408A ☐ 529(a)Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.

3605 WARRENSVILLE CENTER ROAD

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

SHAKER HEIGHTS, OH 44122

D Employer identification number
(Employees' trust, see
instructions)

34-0714775

E Unrelated business activity code
(See instructions)

523000

C Book value of all assets
at end of year

4,606,270,000.

F Group exemption number (See instructions.)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Enter the number of the organization's unrelated trades or businesses. ☐ 1 Describe the only (or first) unrelatedtrade or business here ▶ **INVESTMENT IN LIMITED PARTNERSHIPS**. If only one, complete Parts I-V. If more than one,
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or
business, then complete Parts III-V.I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶J The books are in care of ▶ **MICHAEL A. SZUBSKI** Telephone number ▶ (216) 844-1000**Part I Unrelated Trade or Business Income**

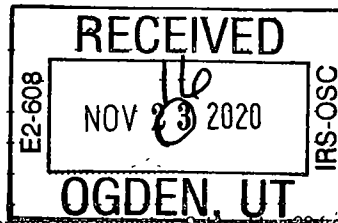
	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a	2,145.	2,145.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5	334,179.	334,179.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	336,324.	336,324.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	48,965.
19 Taxes and licenses	19	59,877.
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	268,004.
28 Total deductions. Add lines 14 through 27	28	376,846.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-40,522.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31	-40,522.

SEE STATEMENT 2

SEE STATEMENT 3



SCANNED MAY 25 2021

45 Received In
Batching Ogden
DEC 31 2020

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-40,522.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 4	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	-40,522.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-40,522.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-40,522.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line B	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	119,893.
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	119,893.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	119,893.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 119,893. Refunded	56	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here CAYMAN ISLANDS	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$ -		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

CFO Title

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

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

REBECCA LYONS

Rebecca Lyons

11/11/2020

P01487105

Firm's name DELOITTE TAX LLP

Firm's EIN 86-1065772

250 EAST 5TH STREET SUITE 1900

Firm's address CINCINNATI, OH 45202

Phone no. (513) 784-7100

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**(b) Total deductions**

Enter here and on page 1, Part I, line 6, column (B)

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A) 0.	
Total dividends-received deductions included in column 8		Enter here and on page 1, Part I, line 7, column (B) 0.	

Form 990-T (2019)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
ABBOTT CAPITAL PRIVATE EQUITY FUND IV LP - ORDINARY BUSINESS INCOME (LOSS)	-729.
ABBOTT CAPITAL PRIVATE EQUITY FUND IV LP - OTHER PORTFOLIO INCOME (LOSS)	1.
AG REALTY VALUE FUND X LP - ORDINARY BUSINESS INCOME (LOSS)	-1,115.
AG REALTY VALUE FUND X LP - NET RENTAL REAL ESTATE INCOME	-22,225.
ALMANAC REALTY SECURITIES VII, L.P. - ORDINARY BUSINESS INCOME (LOSS)	37,993.
CARLYLE U.S. EQUITY OPPORTUNITY FUND II, L.P. - INTEREST INCOME	2.
CENTERBRIDGE SPECIAL CREDIT PARTNERS AIV I, L.P. - ORDINARY BUSINESS INCOME	11,586.
CENTERBRIDGE SPECIAL CREDIT PARTNERS AIV I, L.P. - INTEREST INCOME	221.
H.I.G. ADVANTAGE BUYOUT FUND, L.P. - INTEREST INCOME	74.
NEO CAPITAL FUND, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-64.
NEO CAPITAL FUND, L.P. - NET RENTAL REAL ESTATE INCOME	4.
NEO CAPITAL FUND, L.P. - OTHER NET RENTAL INCOME (LOSS)	-26.
NEO CAPITAL FUND, L.P. - INTEREST INCOME	16.
NEO CAPITAL FUND, L.P. - DIVIDEND INCOME	19.
NEO CAPITAL FUND, L.P. - OTHER PORTFOLIO INCOME (LOSS)	-713.
NEO CAPITAL FUND, L.P. - OTHER INCOME (LOSS)	260.
PINEBRIDGE PEP IV U.S. BUYOUT, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-23.
PREMIER HEALTHCARE ALLIANCE, L.P. - ORDINARY BUSINESS INCOME (LOSS)	290,195.
ADAMS STREET PARTNERSHIP FUND - 2002 U.S. FUND, L.P. - ORDINARY BUSINESS IN	10,203.
BRINSON PARTNERSHIP FUND - 2001 PRIMARY FUND, L.P. - ORDINARY BUSINESS INCOM	-2,062.
BRINSON PARTNERSHIP FUND - 2003 PRIMARY FUND, L.P. - ORDINARY BUSINESS INCOM	-393.
BRINSON PARTNERSHIP FUND - 2004 PRIMARY FUND, L.P. - ORDINARY BUSINESS INCOM	8,990.
DYSPHAGIA LIMITED LIABILITY COMPANY VITALSTIM LLC - ORDINARY BUSINESS INCOME	1,974.
GREENSPRING GLOBAL PARTNERS IX-B LP - INTEREST INCOME	1.
TA XIII-B, LP - OTHER PORTFOLIO INCOME (LOSS)	-10.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	334,179.

FORM 990-T

INTEREST PAID

STATEMENT 2

DESCRIPTION

AMOUNT

FROM K-1: CEOF II DE I AIV, LP	616.
FROM K-1: CEOF II DE V AIV, LP	1,358.
FROM K-1: H.I.G. ADVANTAGE BUYOUT FUND, LP	46,720.
FROM K-1: NEO CAPITAL FUND, LP	6.
FROM K-1: GREENSPRING GLOBAL PARTNERS IX-B LP	1.
FROM K-1: TAX XIII-B	264.

TOTAL TO FORM 990-T, PAGE 1, LINE 18

48,965.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

TAX REVIEW FEES	79,670.
FROM K-1: NEO CAPITAL FUND, LP	15.
FROM K-1: PINEBRIDGE PEP IV US BUYOUT, LP	189.
INVESTMENT MANAGEMENT FEES	2,005.
FROM K-1: ABBOTT CAPITAL PRIVATE EQUITY FUND IV LP	13.
FROM K-1: CARLYLE U.S. EQUITY OPPORTUNITY FUND II, L.P.	27,435.
FROM K-1: H.I.G. ADVANTAGE BUYOUT, L.P.	156,201.
FROM K-1: NEO CAPITAL FUND, L.P.	525.
FROM K-1: TA XIII-B	1,951.

TOTAL TO FORM 990-T, PAGE 1, LINE 27

268,004.

FORM 990-T

CONTRIBUTIONS

STATEMENT 4

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

50% CASH ONLY	N/A	4,529,086.
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TOTAL TO FORM 990-T, PAGE 2, LINE 34

4,529,086.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 5

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

FOR TAX YEAR 2017

FOR TAX YEAR 2018

4,470,084

TOTAL CARRYOVER

4,470,084

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

4,529,086

TOTAL CONTRIBUTIONS AVAILABLE

8,999,170

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS CONTRIBUTIONS

8,999,170

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

8,999,170

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

8

Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

2019

Attachment Sequence No. **12A**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification no.

34-0714775

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

34-0714775

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.