

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016**

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

**C** Name of organization  
University Hospitals Health System Inc  
Group Return  
% MICHAEL 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 HEIGHTS, OH 44122

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

**D** Employer identification number  
90-0059117

**E** Telephone number  
(216) 844-1000

**G** Gross receipts \$ 3,535,456,000

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ 3829

- I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527
- J** Website: ▶ www.UHhospitals.org
- K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation

**M** State of legal domicile  
OH

**Part I Summary**

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	271
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	158
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	25,183
<b>6</b> Total number of volunteers (estimate if necessary)	4,561
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	3,226,454
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	170,692

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	98,098,000	94,505,000
<b>9</b> Program service revenue (Part VIII, line 2g)	3,054,424,000	3,242,727,000
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	43,396,000	25,211,000
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	253,143,000	172,861,000
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,449,061,000	3,535,304,000
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3 )	2,728,000	3,567,000
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,687,298,000	1,830,038,000
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶13,824,000		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,400,268,000	1,443,483,000
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,090,294,000	3,277,088,000
<b>19</b> Revenue less expenses Subtract line 18 from line 12	358,767,000	258,216,000

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	4,320,716,000	5,161,844,000
<b>21</b> Total liabilities (Part X, line 26)	2,235,987,000	2,928,339,000
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	2,084,729,000	2,233,505,000

**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 2017-11-15

MICHAEL A SZUBSKI CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name ROBERT VUILLEMOT	Preparer's signature ROBERT VUILLEMOT	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN 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	

**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 \$ 3,053,522,000 including grants of \$ 3,567,000 ) (Revenue \$ 3,415,634,000 )  
See Additional Data

**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 ▶ 3,053,522,000

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b> 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		No
<b>4 Section 501(c)(3) organizations.</b> 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	Yes	
<b>5</b> 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		No
<b>6</b> 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		No
<b>7</b> 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		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
<b>9</b> 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		No
<b>10</b> 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	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</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	Yes	
<b>c</b> 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	Yes	
<b>d</b> 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	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b> 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	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</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	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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		No
<b>15</b> 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		No
<b>16</b> 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		No
<b>17</b> 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)		No
<b>18</b> 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	Yes	
<b>19</b> 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		No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	Yes	
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	Yes	
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (271); 1b Enter the number of voting members included in line 1a, above, who are independent (158); 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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 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); 7b 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: 8a The governing body? (Yes); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (Yes); 16b 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? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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: [X] Own website, [ ] Another's website, [X] 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											

<b>1b Sub-Total</b>			
<b>1c Total from continuation sheets to Part VII, Section A</b>			
<b>1d Total (add lines 1b and 1c)</b>	43,149,312	6,013,933	6,370,461

**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 ► 1,932

<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Yes	No
<b>4</b> 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		Yes	
<b>5</b> 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			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
AMERISOURCEBERGEN CORPORATION, PO BOX 27550 CHICAGO, IL 60673	PHARMACEUTICAL SVCS	156,976,187
OWENS AND MINOR INC, 7905 COCHRAN RD GLENWILLOW, OH 44139	MEDICAL SUPPLIES	84,161,212
MEDTRONIC USA INC, 4642 COLLECTION CENTER DR CHICAGO, IL 60693	MEDICAL SUPPLIES	22,548,705
PHILIPS HEALTHCARE, PO BOX 100355 ATLANTA, GA 30384	MEDICAL EQUIPMENT	14,769,335
FFF ENTERPRISES INC, 1601 OLD GREENSBORO ROAD KERNERSVILLE, NC 27284	PHARMACEUTICAL SUPPL	22,498,010

**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 ► 863



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>	291,000				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	47,760,000				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	46,454,000				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		3,570,516				
	<b>h Total.</b> Add lines 1a-1f . . . . .		94,505,000				
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> NET PROGRAM SERVICE REVENUE LESS BAD DEBT CONTRACT	900099	3,158,643,000	3,158,643,000			
	<b>b</b> IP UPPER PAYMENT LIMITED PROGRAM	900099	29,970,000	29,970,000			
	<b>c</b> PROG SVC RENTAL INCOME	532000	19,008,000	19,008,000			
	<b>d</b> CARE ASSURANCE	900099	17,845,000	17,845,000			
	<b>e</b> ENHANCED MCO PROGRAM	900099	15,161,000	15,161,000			
	<b>f</b> All other program service revenue		2,100,000	2,100,000			
<b>g Total.</b> Add lines 2a-2f . . . . .		3,242,727,000					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		28,085,000		3,226,454	24,858,546	
	<b>4</b> Income from investment of tax-exempt bond proceeds		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)	0	0			
		<b>d</b> Net rental income or (loss) . . . . .		0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . .		-2,874,000			-2,874,000
	<b>8a</b> Gross income from fundraising events (not including \$ 291,000 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	106,000				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	152,000			
		<b>c</b> Net income or (loss) from fundraising events . . . . .		-46,000			-46,000
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0				
<b>b</b> Less direct expenses . . . . .		<b>b</b>	0				
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue	Business Code						
<b>11a</b> OTHER REVENUE	900099	98,479,000	98,479,000				
<b>b</b> CWRU AFFILIATION	900099	44,300,000	44,300,000				
<b>c</b> JV INCOME	900099	19,116,000	19,116,000				
<b>d</b> All other revenue . . . . .		11,012,000	11,012,000				
<b>e Total.</b> Add lines 11a-11d . . . . .		172,907,000					
<b>12 Total revenue.</b> See Instructions . . . . .		3,535,304,000	3,415,634,000	3,226,454	21,938,546		

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,567,000	3,567,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	26,797,000	11,831,000	14,966,000	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	555,000	555,000		
<b>7</b> Other salaries and wages.	1,472,254,000	1,375,431,000	88,341,000	8,482,000
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	54,901,000	51,607,000	3,294,000	
<b>9</b> Other employee benefits.	179,953,000	166,966,000	10,797,000	2,190,000
<b>10</b> Payroll taxes.	95,578,000	89,843,000	5,735,000	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	1,551,000	1,458,000	93,000	
<b>c</b> Accounting.	1,232,000	1,158,000	74,000	
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	107,631,000	101,172,000	6,459,000	
<b>12</b> Advertising and promotion.	18,074,000	15,889,000	1,084,000	1,101,000
<b>13</b> Office expenses.	632,570,000	593,665,000	37,954,000	951,000
<b>14</b> Information technology.	74,125,000	69,672,000	4,448,000	5,000
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	154,639,000	145,261,000	9,278,000	100,000
<b>17</b> Travel.	9,621,000	8,781,000	577,000	263,000
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	0			
<b>20</b> Interest.	47,408,000	44,564,000	2,844,000	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	136,662,000	128,456,000	8,200,000	6,000
<b>23</b> Insurance.	31,408,000	29,524,000	1,884,000	
<b>24</b> 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.)				
<b>a</b> OTHER PURCHASED SERVICES	89,799,000	83,942,000	5,388,000	469,000
<b>b</b> TAXES	41,168,000	38,698,000	2,470,000	
<b>c</b> DUES AND MEMBERSHIPS	6,651,000	6,052,000	399,000	200,000
<b>d</b> EARLY EXTINGUISHMENT OF DEBT	8,156,000	7,667,000	489,000	
<b>e</b> All other expenses	82,788,000	77,763,000	4,968,000	57,000
<b>25</b> Total functional expenses. Add lines 1 through 24e.	3,277,088,000	3,053,522,000	209,742,000	13,824,000
<b>26</b> 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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	187,882,000	<b>2</b>	248,937,000
	<b>3</b> Pledges and grants receivable, net . . . . .	49,641,000	<b>3</b>	45,154,000
	<b>4</b> Accounts receivable, net . . . . .	439,490,000	<b>4</b>	668,150,000
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	55,136,000	<b>8</b>	58,352,000
	<b>9</b> Prepaid expenses and deferred charges . . . . .	24,327,000	<b>9</b>	27,512,000
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,270,882,000		
	<b>b</b> Less accumulated depreciation	1,676,313,000		
		1,559,548,000	<b>10c</b>	1,594,569,000
	<b>11</b> Investments—publicly traded securities . . . . .	1,116,438,000	<b>11</b>	1,140,985,000
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	290,999,000	<b>12</b>	307,456,000
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	430,818,000	<b>13</b>	480,224,000
	<b>14</b> Intangible assets . . . . .	4,000,000	<b>14</b>	7,887,000
<b>15</b> Other assets See Part IV, line 11 . . . . .	162,437,000	<b>15</b>	582,618,000	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,320,716,000	<b>16</b>	5,161,844,000	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	405,201,000	<b>17</b>	401,417,000
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	13,518,000	<b>19</b>	1,597,000
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,316,604,000	<b>20</b>	1,119,566,000
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,593,000	<b>23</b>	215,705,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
<b>25</b> 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	498,071,000	<b>25</b>	1,190,054,000	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,235,987,000	<b>26</b>	2,928,339,000	
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	1,390,737,000	<b>27</b>	1,527,011,000
	<b>28</b> Temporarily restricted net assets . . . . .	334,025,000	<b>28</b>	339,120,000
	<b>29</b> Permanently restricted net assets	359,967,000	<b>29</b>	367,374,000
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	2,084,729,000	<b>33</b>	2,233,505,000
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	4,320,716,000	<b>34</b>	5,161,844,000

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	3,535,304,000
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	3,277,088,000
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	258,216,000
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	2,084,729,000
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	31,427,000
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-140,867,000
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,233,505,000

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?                      If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>	Yes	
<p><b>b</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</p>	<b>3b</b>	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 90-0059117

**Name:** University Hospitals Health System Inc  
Group Return

Form 990 (2016)

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## Form 990, Part III, Line 4a:

COMMITMENT TO THE COMMUNITY REMAINS AT THE CORE OF THE SYSTEM'S MISSION TO HEAL TO TEACH TO DISCOVER IN 2016, UNIVERSITY HOSPITALS DEDICATED MORE THAN \$304 MILLION TO COMMUNITY BENEFIT PROGRAMS IN NORTHEAST OHIO CONSISTING OF - EDUCATION AND TRAINING = \$66 MILLION - RESEARCH = \$20 MILLION - CHARITY CARE = \$45 MILLION - MEDICAID SHORTFALL = \$145 MILLION - COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = \$46 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 2016 TOTALED \$304 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 2016 PROVISION FOR BAD DEBT OF \$45 MILLION REPRESENTS REVENUES FOR SERVICES PROVIDED THAT ARE DEEMED UNCOLLECTIBLE THE SYSTEM HAS A BROAD PRESENCE THROUGHOUT NORTHEAST OHIO, WITH SPECIAL EMPHASIS ON AREAS SUCH AS CUYAHOGA, LORAIN, GAUGA, 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 THE UH HEALTH SYSTEM PROVIDES WORK DIRECTLY FOR MORE THAN 26,000 EMPLOYEES AND PHYSICIANS 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 SHAKER HTS 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 ITS CITIZENS AND TO BE A POSITIVE ECONOMIC FORCE IN THE REGION FOR MORE DETAILED INFORMATION ON THE SYSTEM'S COMMUNITY BENEFIT OR TO VIEW THE 2016 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT [WWW.UHHOSPITALS.ORG](http://WWW.UHHOSPITALS.ORG)

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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 - Adelman Sheldon G ..... Director	2 0 ..... 0 0	X						0	0	0
UHHS - Anton Arthur F ..... Director	2 0 ..... 0 0	X						0	0	0
UHHS - Arnold Craig A ..... Director	2 0 ..... 0 0	X						0	0	0
UHHS - Asbeck Katherine A ..... Director	2 0 ..... 0 0	X						0	0	0
UHHS - Banks Andrew ..... Director	2 0 ..... 0 0	X						0	0	0
UHHS - Clark Paul ..... Director	2 0 ..... 0 0	X						0	0	0
UHHS - Connor Christopher M ..... Director	2 0 ..... 0 0	X						0	0	0
UHHS - Della Ratta Ralph ..... Director	2 0 ..... 0 0	X						0	0	0
UHHS - Ettinger Heather ..... Director	2 0 ..... 0 0	X						0	0	0
UHHS - Gorman Christopher M ..... Director	2 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHHS - Hall Brian E ..... Director	20 ..... 00	X						0	0	0
UHHS - Hardy Kenneth D ..... Director	20 ..... 00	X						0	0	0
UHHS - Harlan M Ann ..... Director	20 ..... 00	X						0	0	0
UHHS - Haslam Dee ..... Director	20 ..... 00	X						0	0	0
UHHS - Hyland Christopher J ..... Director	20 ..... 00	X						0	0	0
UHHS - Kilbane Catherine M ..... Director (end 5/2016)	20 ..... 00	X						0	0	0
UHHS - Lacey William ..... Director (beg 5/2016)	20 ..... 00	X						0	0	0
UHHS - Meyer Henry L III ..... Director	20 ..... 00	X						0	0	0
UHHS - Novak Ernest J Jr ..... Director	20 ..... 00	X						0	0	0
UHHS - Pandrangi Vasu MD ..... Ex Officio Director	20 ..... 50	X						0	903,303	12,189

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHHS - Pianalto Sandra ..... Chair/Director	2 0 ..... 0 0	X		X				0	0	0
UHHS - Plush Mark J ..... Director (end 5/2016)	2 0 ..... 0 0	X						0	0	0
UHHS - Pogue Richard W ..... Director (end 5/2016)	2 0 ..... 0 0	X						0	0	0
UHHS - Rankin Alfred M Jr ..... Director	2 0 ..... 0 0	X						0	0	0
UHHS - Salata Robert A MD ..... Director	2 0 ..... 0 0	X						0	0	0
UHHS - Smith Robert C ..... Director (beg 5/2016)	2 0 ..... 0 0	X						0	0	0
UHHS - Thornton Jerry Sue PhD ..... Director	2 0 ..... 0 0	X						0	0	0
UHHS - Young William A Jr ..... Ex Officio Direct (BEG 1/2016)	50 0 ..... 0 0	X						105,622	0	11,399
UHHS - Zenty Thomas F III ..... CEO/Ex Officio Director	50 0 ..... 0 0	X		X				3,349,708	0	431,743
UHCMC - Adelman Joel E ..... Director	2 0 ..... 0 0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - Adler-Raskind Julie ..... Director	20 ..... 00	X						0	0	0
UHCMC - Baum Robin I ..... Ex Officio Direct (BEG 5/2016)	20 ..... 00	X						0	0	0
UHCMC - Camiener David A ..... Director	20 ..... 00	X						0	0	0
UHCMC - Carleton Paul H ..... Director (END 5/2016)	20 ..... 00	X						0	0	0
UHCMC - Clark Jill ..... Ex Officio Direct (END 5/2016)	20 ..... 00	X						0	0	0
UHCMC - Davis Pamela B MD Phd ..... Ex Officio Direct (END 9/2016)	20 ..... 00	X						0	0	0
UHCMC - Feuer Michael ..... Director (END 5/2016)	20 ..... 00	X						0	0	0
UHCMC - Goldberg David ..... Director	20 ..... 00	X						0	0	0
UHCMC - Hallberg Charles E ..... Director	20 ..... 00	X						0	0	0
UHCMC - Hamilton Jeffrey D ..... Director (BEG 5/2016)	20 ..... 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - Hyland Christopher J ..... Chair/Director	2 0 ..... 0 0	X		X				0	0	0
UHCMC - Kelsheimer Jerry L ..... Vice Chair/Director	2 0 ..... 0 0	X		X				0	0	0
UHCMC - Kline Stuart F ..... Director	2 0 ..... 0 0	X						0	0	0
UHCMC - Koury Lee M ..... Director	2 0 ..... 0 0	X						0	0	0
UHCMC - Lee Raymond K ..... Director	2 0 ..... 0 0	X						0	0	0
UHCMC - Mullin Patrick S ..... Director (END 5/2016)	2 0 ..... 0 0	X						0	0	0
UHCMC - Reynolds David M ..... Director	2 0 ..... 0 0	X						0	0	0
UHCMC - Ricci Kenneth C ..... Director	2 0 ..... 0 0	X						0	0	0
UHCMC - Ros Pablo R MD ..... Ex Officio Direct (BEG 5/2016)	50 0 ..... 0 0	X						674,811	0	55,792
UHCMC - Schultz Stephen A ..... Director	2 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - Selman Warren R MD ..... Ex Officio Direct (END 5/2016)	20 ..... 00	X						0	0	0
UHCMC - Shaughnessy Marian K ..... Director	20 ..... 00	X						0	0	0
UHCMC - Simon Daniel I MD ..... President (beg 1/2016)/Ex Offi	50 ..... 00	X		X				894,231	0	366,913
UHCMC - Skoda Gregory J ..... Director	20 ..... 00	X						0	0	0
UHCMC - Skory John E ..... Director	20 ..... 00	X						0	0	0
UHCMC - Taylor Eddie Jr ..... Vice Chair/Director	20 ..... 00	X		X				0	0	0
UHCMC - Wert James W ..... Director	20 ..... 00	X						0	0	0
UHCMC - Woods Jacqueline F ..... Director	20 ..... 00	X						0	0	0
AHUJA - Glick Robert A ..... Director	20 ..... 00	X						0	0	0
AHUJA - Haber Irwin G ..... Director	20 ..... 00	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			
AHUJA - Hurwitz Susan R ..... Director	20 ..... 00	X						0	0	0
AHUJA - Juris Susan V ..... President/Ex Officio Director	50 ..... 00	X		X				550,683	0	60,533
AHUJA - Kline Andrew L ..... Director (BEG 9/2016)	20 ..... 00	X						0	0	0
AHUJA - Lauer Deborah A ..... Director	20 ..... 00	X						0	0	0
AHUJA - Morikis John G ..... Chair (end 5/2016)/Director	20 ..... 00	X		X				0	0	0
AHUJA - Ray Amy J MD ..... Ex Officio Direct (END 5/2016)	00 ..... 50	X						180,129	0	57,164
AHUJA - Rosenberg Enid B ..... Director	20 ..... 00	X						0	0	0
AHUJA - Seitz Thomas W ..... Vice Chair/Director	20 ..... 00	X		X				0	0	0
AHUJA - Sethi Neil MD ..... Chair (beg 5/2016)/Director	20 ..... 00	X		X				0	0	0
AHUJA - Shapiro Eric MD ..... Ex Officio Direct (BEG 5/2016)	20 ..... 00	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			
AHUJA - Sharpnack Patricia DNP RN ..... Ex Officio Direct (BEG 5/2016)	20 ..... 00	X						0	0	0
AHUJA - Zelman Daniel N ..... Director	20 ..... 00	X						0	0	0
GEAUGA - Balogh Scott ..... Director (BEG 5/2016)	20 ..... 00	X						0	0	0
GEAUGA - Benda Thomas W ..... Director	20 ..... 00	X						0	0	0
GEAUGA - Broome Barbara Ann ..... Ex Officio Director	20 ..... 00	X						0	0	0
GEAUGA - Fitts John T ..... Chair (beg 5/2016)/Director	20 ..... 00	X		X				0	0	0
GEAUGA - Friedman Judah D MD ..... Ex Officio Director	20 ..... 500	X						0	440,615	35,133
GEAUGA - Hoiser-Orvis B Paige ..... Director	20 ..... 00	X						0	0	0
GEAUGA - Jemison Tracy ..... Director	20 ..... 00	X						0	0	0
GEAUGA - Jones M Steven ..... President/Ex Officio Director	500 ..... 00	X		X				953,632	0	50,063

**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			
GEAUGA - Knecht Barbara L ..... Director	2 0 ..... 0 0	X						0	0	0
GEAUGA - Male John Jack R ..... Director	2 0 ..... 0 0	X						0	0	0
GEAUGA - Markowitz Dale H ..... Director	2 0 ..... 0 0	X						0	0	0
GEAUGA - McNair Darrell L ..... Vice Chair/Director	2 0 ..... 0 0	X		X				0	0	0
GEAUGA - Miller Denise Dee Dee ..... Treasurer/Director	2 0 ..... 0 0	X		X				0	0	0
GEAUGA - Miller Pete C ..... Director	2 0 ..... 0 0	X						0	0	0
GEAUGA - Robinson Gregory C ..... Director	2 0 ..... 0 0	X						0	0	0
GEAUGA - Taylor George Tim W ..... Director (END 5/2016)	2 0 ..... 0 0	X						0	0	0
GEAUGA - Waldeck John Jack W Jr ..... Secretary/Director	2 0 ..... 0 0	X		X				0	0	0
ELYRIA - Frank Ray ..... Director (END 5/2016)	2 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELYRIA - Hoagland Brian ..... Chair (end 5/2016)/Director	20 ..... 00	X		X				0	0	0
ELYRIA - Larchian William MD ..... Director	20 ..... 50	X						0	369,591	26,559
ELYRIA - Long Rev Janet ..... Chair (beg 5/2016)/Director	20 ..... 00	X		X				0	0	0
ELYRIA - Miggins Lynn ..... Vice Chair (beg 5/2016)/Direct	20 ..... 00	X		X				0	0	0
ELYRIA - Olesen Robert ..... Director (END 5/2016)	20 ..... 00	X						45,697	0	15,996
ELYRIA - Ramadugu Ashok MD ..... Director (END 12/2016)	20 ..... 00	X						0	0	0
ELYRIA - Reidy Joan ..... Director	20 ..... 00	X						0	0	0
ELYRIA - Ryan Spencer ..... Director	20 ..... 00	X						0	0	0
ELYRIA - Szubski Michael A ..... Director	20 ..... 00	X						0	0	0
ELYRIA - Tait Paul G ..... Director	20 ..... 00	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			
ELYRIA - Waldheger Priscilla MD ..... Director	20 ..... 00	X						0	0	0
ELYRIA - White Robert ..... Director	20 ..... 00	X						0	0	0
ELYRIA - Wray Charlotte ..... President/Ex Officio Director	20 ..... 00	X		X				343,134	0	96,052
PARMA - Bundy John H ..... Director	20 ..... 00	X						0	0	0
PARMA - Burma Gerald M MD ..... Director (BEG 5/2016)	20 ..... 00	X						0	0	0
PARMA - DeSouza Lesley ..... Director (BEG 5/2016)	20 ..... 00	X						0	0	0
PARMA - Geist Kent ..... Director (BEG 5/2016)	20 ..... 00	X						0	0	0
PARMA - Keller Douglas J ..... Second Vice Chair/Director	20 ..... 00	X		X				0	0	0
PARMA - Koler Alex I ..... Treasurer (end 5/2016)/Directo	20 ..... 00	X		X				0	0	0
PARMA - Krise Jack C Jr ..... First Vice Chair/Director	20 ..... 00	X		X				0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PARMA - Martin Sharon M ..... Asst Secretary/Director	20 ..... 00	X		X				0	0	0
PARMA - Mason JoAnn ..... Secretary/Director	20 ..... 00	X		X				0	0	0
PARMA - Moore Eric J ..... Director	20 ..... 00	X						0	0	0
PARMA - Nedrich David ..... Chair/Director	20 ..... 00	X		X				0	0	0
PARMA - Patton Jacqueline ..... Director (END 5/2016)	20 ..... 00	X						0	0	0
PARMA - Ripepi Louis D Jr ..... Director	20 ..... 00	X						0	0	0
PARMA - Safranek Theresa M ..... Director	20 ..... 00	X						0	0	0
PARMA - Seritti Nino ..... Director	20 ..... 00	X						0	0	0
PARMA - Stavole C Anthony ..... Director (END 5/2016)	20 ..... 00	X						0	0	0
PARMA - Szubski Michael A ..... Director	20 ..... 00	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			
PARMA - Tait Paul G ..... Director	2 0 ..... 0 0	X						0	0	0
PARMA - Thomas Donna ..... Director	2 0 ..... 0 0	X						0	0	0
PARMA - Wittine Andrea D ..... Director (BEG 5/2016)	2 0 ..... 0 0	X						0	0	0
PARMA - Wurst Jennifer MD ..... Director	2 0 ..... 50 0	X						0	179,235	29,156
PARMA - Zanin Claudio ..... Director	2 0 ..... 0 0	X						0	0	0
ST JOHN - Carfagna Rosemarie ..... Director	2 0 ..... 0 0	X						0	0	0
ST JOHN - Clough Dennis ..... Director	2 0 ..... 0 0	X						0	0	0
ST JOHN - David Robert G ..... Pres/EX OFC DIR (BEG 4/2016)	50 0 ..... 0 0	X		X				516,744	0	114,222
ST JOHN - Davie Diane ..... Director	2 0 ..... 0 0	X		X				0	0	0
ST JOHN - Esch Donald ..... Director	2 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ST JOHN - Gaughan Hon Patricia A ..... Director	20 ..... 00	X						0	0	0
ST JOHN - Smith Robert C ..... Chair/Director	20 ..... 00	X		X				0	0	0
ST JOHN - Stern Robert MD ..... Ex Officio Director	50 ..... 00	X						154,750	0	12,573
ST JOHN - Yates Vivian RN PhD ..... Ex Officio Director	20 ..... 00	X						0	0	0
REGIONAL - Brumbergs Peter R ..... Director	20 ..... 00	X						0	0	0
REGIONAL - Correnti Mary Ann P ..... Chair (beg 5/2016)/Director	20 ..... 00	X		X				0	0	0
REGIONAL - David Robert G ..... President (end 4/2016)/Ex OfC	20 ..... 00	X		X				0	0	0
REGIONAL - Greig Judith C RN ..... Director	20 ..... 00	X						0	0	0
REGIONAL - Hanff Polly M ..... Director (BEG 5/2016)	20 ..... 00	X						0	0	0
REGIONAL - Hanson Richard A ..... Pres (5/2016 to 6/2016)/Ex Off	20 ..... 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REGIONAL - Jasper John J MD ..... Ex Officio DirecT (BEG 5/2016)	20 ..... 500	X						0	495,259	17,066
REGIONAL - Jerome David E ..... Director	20 ..... 000	X						0	0	0
REGIONAL - Judd James Dell O ..... Director	20 ..... 000	X						0	0	0
REGIONAL - Levine David B ..... Director (BEG 5/2016)	20 ..... 000	X						0	0	0
REGIONAL - Miller Marcia J ..... Director (BEG 5/2016)	20 ..... 000	X						0	0	0
REGIONAL - Milstein Brock ..... Director (END 5/2016)	20 ..... 000	X						0	0	0
REGIONAL - Monter Brian ..... President (beg 6/2016)/Ex Offi	20 ..... 000	X		X				0	0	0
REGIONAL - Morgan Timothy M ..... Director	20 ..... 000	X						0	0	0
REGIONAL - Paul Stamy S ..... Director	20 ..... 000	X						0	0	0
REGIONAL - Plush Mark J ..... Chair (end 5/2016)/Director	20 ..... 000	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REGIONAL - Polito Maria Ann ..... Ex Officio Direct (BEG 5/2016)	20 ..... 00	X						0	0	0
REGIONAL - Ridolfi Philip C ..... Director (END 5/2016)	20 ..... 00	X						0	0	0
REGIONAL - Shaw Joseph MD ..... Ex OFFICIO Direct (END 5/2016)	20 ..... 00	X						0	3,600	11,245
REGIONAL - Siracusa Anthony ..... Director (BEG 5/2016)	20 ..... 00	X						0	0	0
REGIONAL - Smith Gen M ..... Director (BEG 5/2016)	20 ..... 00	X						0	0	0
GENEVA - Dana Richard L ..... Vice Chair/Director	20 ..... 00	X		X				0	0	0
GENEVA - Gardner Lauren A ..... Director	20 ..... 00	X						0	0	0
GENEVA - Ghobrial Peter MD ..... Ex Officio Director	50 ..... 00	X						423,662	0	61,774
GENEVA - Griffiths Morgan R Jr ..... Director	20 ..... 00	X						0	0	0
GENEVA - Hanson Richard A ..... President (END 9/2016)/Ex Offi	20 ..... 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GENEVA - Jones M Steven ..... President (BEG 9/2016)/Ex Offi	2 0 ..... 0 0	X		X				0	0	0
GENEVA - Linbergh John L ..... Director (END 9/2016)	2 0 ..... 0 0	X						0	0	0
GENEVA - Parker Craig A ..... Director	2 0 ..... 0 0	X						0	0	0
GENEVA - Pasqualone Gary L Esq ..... Chair/Director	2 0 ..... 0 0	X		X				0	0	0
GENEVA - Raymond Willard A ..... Director	2 0 ..... 0 0	X						0	0	0
GENEVA - Taylor Robert ..... Director (END 5/2016)	2 0 ..... 0 0	X						0	0	0
GENEVA - Varckette Steve ..... Director (BEG 5/2016)	2 0 ..... 0 0	X						0	0	0
CONNEAUT - Deck Charles V ..... Vice Chair (beg 5/2016)/Direct	2 0 ..... 0 0	X		X				0	0	0
CONNEAUT - Eighmy Gerald V ..... Director (END 5/2016)	2 0 ..... 0 0	X						0	0	0
CONNEAUT - Hanson Richard A ..... President (END 9/2016)/Ex Offi	2 0 ..... 0 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CONNEAUT - Hockaday James E ..... Director (BEG 5/2016)	20 ..... 00	X						0	0	0
CONNEAUT - Jones M Steven ..... President (BEG 9/2016)/Ex Offi	20 ..... 00	X		X				0	0	0
CONNEAUT - Kraus Rev Timothy ..... Chair (end 5/2016)/Director	20 ..... 00	X		X				0	0	0
CONNEAUT - Legeza Michael D ..... Director	20 ..... 00	X						0	0	0
CONNEAUT - McLaughlin Lori E ..... Chair (beg 5/2016)/Director	20 ..... 00	X		X				0	0	0
CONNEAUT - Moroski Joseph A ..... Director	20 ..... 00	X						0	0	0
CONNEAUT - Newcomb Christopher M ..... Director (BEG 5/2016)	20 ..... 00	X						0	0	0
CONNEAUT - Skufca Michael DDS ..... Director	20 ..... 00	X						0	0	0
CONNEAUT - Sundaramoorthy Abirammy ..... Ex Officio Director	20 ..... 50	X						0	282,437	14,790
SAMARITAN - Boggs Danny L ..... President (end 10/2016)/Ex Off	50 ..... 00	X		X				292,844	0	30,494

**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			
SAMARITAN - Chandler Polly ..... Director	2 0 ..... 0 0	X						0	0	0
SAMARITAN - Cowen Tim ..... Chair/Director	2 0 ..... 0 0	X		X				0	0	0
SAMARITAN - Dawson Patricia Power ..... Director	2 0 ..... 0 0	X						0	0	0
SAMARITAN - Gilman Thomas R ..... Director	2 0 ..... 0 0	X						0	0	0
SAMARITAN - Heimann Susan ..... Director	2 0 ..... 0 0	X						0	0	0
SAMARITAN - Hunt Joyce Anne ..... Director	2 0 ..... 0 0	X						0	0	0
SAMARITAN - Kelly Michael J Sr ..... Director	2 0 ..... 0 0	X						0	0	0
SAMARITAN - Kelsay Ralph J ..... Director	2 0 ..... 0 0	X						0	0	0
SAMARITAN - Martin Michael MD ..... Ex Officio Director	2 0 ..... 0 0	X						0	0	0
SAMARITAN - McGee Thomas ..... Director	2 0 ..... 0 0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAMARITAN - McNeil Karen ..... President (beg 10/2016)/Ex Off	20 ..... 00	X		X				0	0	0
SAMARITAN - Myers Paul R ..... Ex Officio Director	20 ..... 00	X						0	0	0
SAMARITAN - Schwan Karin RN ..... Ex Officio Director	50 ..... 00	X						145,099	0	987
SAMARITAN - Shaw Annette ..... Secretary/Director	20 ..... 00	X		X				0	0	0
SAMARITAN - Sheldon Donald S MD ..... Director	50 ..... 00	X						723,044	0	32,507
SAMARITAN - Snyder Roger MD ..... Director	20 ..... 50	X						0	234,691	3,886
SAMARITAN - Stein Andrew MD ..... Director	20 ..... 00	X						0	0	0
SAMARITAN - Stencel Michael MD ..... Director	20 ..... 50	X						0	263,181	2,586
PORTAGE - Beaty Carol ..... Director (BEG 5/2016)	20 ..... 00	X						0	0	0
PORTAGE - Conner Marjorie ..... Director	20 ..... 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PORTAGE - DeLuxe Michael ..... Director	20 ..... 00	X						0	0	0
PORTAGE - DePompei Patricia M ..... Director	20 ..... 00	X						0	0	0
PORTAGE - Dix David ..... Director	20 ..... 00	X						0	0	0
PORTAGE - Dorsey Marlene PhD ..... Director	20 ..... 00	X						0	0	0
PORTAGE - Hanson Richard A ..... President CommHosp/Ex Officio	20 ..... 00	X		X				0	0	0
PORTAGE - Jones M Steven ..... President/Ex OFC (BEG 5/2016)	20 ..... 00	X		X				0	0	0
PORTAGE - Megerian Cliff MD ..... Director	20 ..... 00	X						0	0	0
PORTAGE - Ober Gordon ..... Chair (end 5/2016)/Director	20 ..... 00	X		X				0	0	0
PORTAGE - Paul Martin ..... Secretary/Director	20 ..... 00	X		X				0	0	0
PORTAGE - Petrone Deborah ..... Treasurer/Director	20 ..... 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PORTAGE - Snowberger Thomas D ..... Director	20 ..... 00	X						0	0	0
PORTAGE - Toppen Timothy ..... Chair (beg 5/2016)/Director	20 ..... 00	X		X				0	0	0
RHA - Mann Trey ..... Director	20 ..... 00	X						0	0	0
RHA - Paul Martin ..... Secretary/Treasurer/Director	20 ..... 00	X		X				0	0	0
UHMG - Camiener David A ..... Director (BEG 5/2016)	20 ..... 00	X						0	0	0
UHMG - Carleton Paul H ..... Director (END 5/2016)	20 ..... 00	X						0	0	0
UHMG - Davis Pamela B MD Phd ..... Ex Ofc DirectOR (END 11/2016)	20 ..... 00	X						0	0	0
UHMG - DePompei Patricia M ..... Director	20 ..... 00	X						0	0	0
UHMG - Feuer Michael ..... Director (END 5/2016)	20 ..... 00	X						0	0	0
UHMG - Hallberg Charles E ..... Director	20 ..... 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHMG - Harding Clifford V MD ..... Director	50 0 ..... 0 0	X						333,283	0	20,577
UHMG - Machtay Mitchell MD ..... Director	50 0 ..... 0 0	X						470,872	0	61,034
UHMG - Megerian Cliff MD ..... President/Ex Officio Director	50 0 ..... 0 0	X		X				1,059,007	0	391,530
UHHS - Ahuja Monte ..... Director	2 0 ..... 0 0	X						0	0	0
UHMG - Onders Raymond MD ..... Ex OFC DIR (END 11/2016)	50 0 ..... 0 0	X						686,990	0	47,956
UHMG - Peters Jeffrey H MD ..... Director	2 0 ..... 0 0	X						0	0	0
UHMG - Rothstein Fred C MD ..... Ex Ofc Direct (BEG 11/2016)	50 0 ..... 0 0	X						827,332	0	20,473
UHMG - Sabik Joseph MD ..... Ex Ofc DIRECT (BEG 11/2016)	2 0 ..... 0 0	X						0	0	0
UHMG - Salata Robert A MD ..... Ex Officio Director	50 0 ..... 0 0	X						444,238	0	34,185
UHMG - Selman Warren R MD ..... Director	50 0 ..... 0 0	X						943,584	0	50,278

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			
UHMG - Shaughnessy Marian K ..... Director (BEG 5/2016)	2 0 ..... 0 0	X						0	0	0
UHMG - Simon Daniel I MD ..... Chair (beg 1/2016)/Ex Officio	2 0 ..... 0 0	X		X				0	0	0
UHMG - Snowberger Thomas D ..... Director	2 0 ..... 0 0	X						0	0	0
UHMG - Szubski Michael A ..... Secretary/Treasurer/Director	2 0 ..... 0 0	X		X				0	0	0
UHMG - Thomas Patricia MD FACP ..... Ex Ofc DIRECT (END 11/2016)	2 0 ..... 0 0	X						0	0	0
UHMG - Walsh Michelle MD ..... Ex Ofc DIRECT (END 11/2016)	50 0 ..... 0 0	X						264,283	0	13,433
UHMG - Zoltanski Joan MD ..... Director (BEG 5/2016)	2 0 ..... 0 0	X						0	0	0
UHLSF - Harford Todd ..... Director	50 0 ..... 0 0	X						179,575	0	22,392
HOME CARE - Maitland Keith R RPh ..... Chair/Vice President/Director	50 0 ..... 0 0	X		X				346,025	0	48,970
HOME CARE - Sila Cathy MD ..... Secretary/Treasurer/Director	50 0 ..... 0 0	X		X				326,706	0	38,674

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 - Larchian William MD ..... Director	2 0 ..... 0 0	X						0	0	0
CHCO - Long Rev Janet ..... Chair (beg 5/2016)/Director	2 0 ..... 0 0	X		X				0	0	0
CHCO - Miggins Lynn ..... Vice Chair/Secretary/Director	2 0 ..... 0 0	X		X				0	0	0
CHCO - Ramadugu Ashok MD ..... Director (END 12/2016)	2 0 ..... 0 0	X						0	0	0
CHCO - Reidy Joan ..... Director	2 0 ..... 0 0	X						0	0	0
CHCO - Ryan Spencer ..... Director	2 0 ..... 0 0	X						0	0	0
CHCO - Szubski Michael A ..... Director	2 0 ..... 0 0	X						0	0	0
CHCO - Tait Paul G ..... Director	2 0 ..... 0 0	X						0	0	0
CHCO - Waldheger Pricilla MD ..... Director	2 0 ..... 0 0	X						0	0	0
CHCO - White Robert ..... Director	2 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHCO - Wray Charlotte ..... President/Ex Officio Director	20 ..... 00	X		X				0	0	0
AMHERST - Sheldon Donald S MD ..... President/Ex Officio Director	20 ..... 00	X		X				0	0	0
AMHERST - Yuzon Florencio MD ..... Director	20 ..... 00	X						0	0	0
RSL - Keller Douglas J ..... Chair/Director	20 ..... 00	X						0	0	0
RSL - Koler Alex I ..... Secretary/Treasurer/Director	20 ..... 00	X						0	0	0
RSL - Seritti Nino ..... Director	20 ..... 00	X						0	0	0
ACO - Monheim Karen M MD ..... Director	20 ..... 50	X						0	108,973	16,775
ACO - Tait Paul G ..... Chair/Director	20 ..... 00	X		X				0	0	0
ACO - Zeiger Todd MD ..... Director (END 5/2016)	20 ..... 00	X						0	0	0
CCO - Annable Cathy J S MD ..... Director	20 ..... 00	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			
CCO - Coviello James MD ..... Director	20 ..... 50	X						0	261,286	21,114
CCO - DeGolia Peter MD ..... Director	00 ..... 50	X						206,836	0	36,124
CCO - Hanson Richard A ..... Director	20 ..... 00	X						0	0	0
CCO - Harwell Carla MD ..... Director	20 ..... 50	X						186,999	0	39,953
CCO - Hoynes Sean MD ..... Director	20 ..... 50	X						0	319,706	40,855
CCO - Monheim Karen M MD ..... Director	20 ..... 00	X						0	0	0
CCO - Martland Keith R RPh ..... Director	20 ..... 00	X						0	0	0
CCO - Peters Jeffrey H MD ..... Vice Chair/Director	20 ..... 00	X		X				0	0	0
CCO - Ranney Ann P ..... Director	20 ..... 00	X						0	0	0
CCO - Ros Pablo R MD ..... Director	20 ..... 00	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
CCO - Sheldon Donald S MD ..... Director	20 ..... 00	X						0	0	0	
CCO - Tait Paul G ..... Chair/Director	20 ..... 00	X		X				0	0	0	
RCC - Carson Brent ..... Treasurer/Director	50 ..... 00	X		X				374,173	0	100,449	
RCC - DePompei Patricia M ..... Director	20 ..... 00	X						0	0	0	
RCC - Gallagher Marilee MD ..... Director	20 ..... 50	X						0	237,303	19,133	
RCC - Grossberg Richard MD ..... Director	20 ..... 50	X						294,933	0	44,159	
RCC - Lakota Ken ..... Director	50 ..... 00	X						146,895	0	35,719	
RCC - Tait Paul G ..... Chair/Director	20 ..... 00	X		X				0	0	0	
RCC - Underwood James MD ..... Director	20 ..... 50	X						0	161,599	33,615	
RCC - Yeh Lloyd MD ..... Director	20 ..... 00	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ECC - Hanson Richard A ..... Chair/Director	20 ..... 00	X		X				0	0	0
ECC - Juris Susan V ..... President/Director	20 ..... 00	X		X				0	0	0
ECC - Bond Bradley C ..... Secretary/Treasurer/Director	50 ..... 00	X		X				559,576	0	156,142
SAM SHOP - Boggs Danny L ..... Director	20 ..... 00	X		X				0	0	0
SAM SHOP - Legg Alyce ..... Director	50 ..... 00	X		X				145,829	0	2,027
UHCMC - STROSACKER ROBYN MD ..... CHIEF MEDICAL OFF (BEG 6/2016)	00 ..... 50	X		X				172,290	0	44,759
AHUJA - DOODY ALTON RICHARD ..... DIRECTOR	20 ..... 00	X						0	0	0
GEAUGA - KAMER P JAMES JR ..... CHAIR (END 5/2016) DIRECTOR	20 ..... 00	X		X				0	0	0
ELYRIA - BECKETT JONATHAN M ..... DIRECTOR (END 5/2016)	20 ..... 00	X						0	0	0
PARMA - BARKOUKIS MICHAEL T MD ..... DIRECTOR (END 1/2016)	20 ..... 00	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			
PARMA - BOYKO TIMOTHY A ESQ ..... DIRECTOR (BEG 5/2016)	20 ..... 00	X						0	0	0
REGIONAL - ADAMEK PETER M MD ..... EX OFFICIO DIRECT (BEG 5/2016)	20 ..... 00	X						0	0	0
REGIONAL - AKE SAMUEL E ..... SECRETARY/DIRECTOR	20 ..... 00	X		X				0	0	0
GENEVA - BRANNON ANGELA L ..... EX OFFICIO DIRECTOR	20 ..... 00	X						0	0	0
GENEVA - CONWAY KESHA ..... DIRECTOR (BEG 5/2016)	20 ..... 00	X						0	0	0
CONNEAUT - ATKINSON TERRY ..... DIRECTOR (END 5/2016)	20 ..... 00	X						0	0	0
CONNEAUT - BRECHT CHRISTOPHER E ..... DIRECTOR	20 ..... 00	X						0	0	0
SAMARITAN - BEER ANNE ..... VICE CHAIR/DIRECTOR	20 ..... 00	X		X				0	0	0
RHA - BEAR JIM ..... DIRECTOR	20 ..... 00	X						0	0	0
RHA - BENNETT CONNIE ..... PRESIDENT/DIRECTOR	20 ..... 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHLSF - DZIEDZICKI RONALD E ..... CHAIR/SECRETARY/DIRECTOR	20 ..... 00	X		X				0	0	0
UHLSF - SALVINO SONIA ..... TREASURER/DIRECTOR	20 ..... 00	X		X				0	0	0
HOME CARE - HANSON RICHARD A ..... PRESIDENT/DIRECTOR	20 ..... 00	X		X				0	0	0
RSL - NEDRICH DAVID ..... DIRECTOR	20 ..... 00	X						0	0	0
ACO - PETERS JEFFREY H MD ..... DIRECTOR	20 ..... 00	X						0	0	0
ACO - SZUBSKI MICHAEL A ..... TREASURER/DIRECTOR	20 ..... 00	X		X				0	0	0
RCC - KOLESAR DINAH ..... DIRECTOR	20 ..... 00	X						0	0	0
CHCO - BALLINGER MARCIA PHD ..... DIRECTOR (BEG 5/2016)	20 ..... 00	X						0	0	0
CHCO - BECKETT JONATHAN M ..... DIRECTOR (BEG 5/2016)	20 ..... 00	X						0	0	0
CHCO - BRAGG DAN A ..... DIRECTOR (BEG 5/2016)	20 ..... 00	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 - CORCORAN KEVIN ..... DIRECTOR (BEG 5/2016)	20 ..... 00	X						0	0	0
CHCO - MERCADO PHILIP C ..... DIRECTOR (BEG 5/2016)	20 ..... 00	X						0	0	0
ELYRIA - BALLINGER MARCIA PHD ..... DIRECTOR (BEG 5/2016)	20 ..... 00	X						0	0	0
ELYRIA - BRAGG DAN A ..... DIRECTOR (BEG 5/2016)	20 ..... 00	X						0	0	0
ELYRIA - CORCORAN KEVIN ..... DIRECTOR (BEG 5/2016)	20 ..... 00	X						0	0	0
ELYRIA - MERCADO PHILIP C ..... DIRECTOR (BEG 5/2016)	20 ..... 00	X						0	0	0
PORTAGE - GUILITTO JUDGE JOSEPH ..... DIRECTOR (END 5/2016)	20 ..... 00	X						0	0	0
CHCO - HOAGLAND BRIAN ..... CHAIR/DIRECTOR (END 2/2016)	20 ..... 00	X		X				0	0	0
CHCO - FRANK RAY ..... CHAIR/DIRECTOR (END 5/2016)	20 ..... 00	X		X				0	0	0
UHHS - Annable William L MD ..... Chief Quality Officer	50 ..... 00			X				612,078	0	22,750

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHHS - Miller Janet L Esq ..... Secretary, Chief Legal Officer	50 0 ..... 0 0			X				936,526	0	47,016
UHHS - Peters Jeffrey H MD ..... Chief Operating Officer	50 0 ..... 0 0			X				1,363,829	0	521,347
UHHS - Standley Steven D ..... Chief Adminstrative Officer	50 0 ..... 0 0			X				912,119	0	40,482
UHHS - Snowberger Thomas D ..... Chief Human Resource Officer	50 0 ..... 0 0			X				727,211	0	344,066
UHHS - Tait Paul G ..... Chief Strategy Officer	50 0 ..... 0 0			X				886,511	0	64,093
UHHS - Szubski Michael A ..... Treasurer, Chief Financial Off	50 0 ..... 0 0			X				1,323,176	0	416,048
UHCMC - Dziejdzicki Ronald E BSN ..... Chief Operating Officer	50 0 ..... 0 0			X				714,984	0	54,077
UHCMC - DePompei Patricia M ..... President RB&C	50 0 ..... 0 0			X				545,847	0	129,198
UHCMC - Blake Jean D RN ..... Chief Nursing Officer (beg 5/1	50 0 ..... 0 0			X				424,144	0	53,161
UHCMC - Dus Jane ..... Chief Nursing Officer (end 5/1	50 0 ..... 0 0			X				446,336	0	27,561

**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 - Miller Janet L Esq ..... Secretary/Chief Legal Officer	2 0 ..... 0 0			X				0	0	
UHCMC - Anderson Michael R MD ..... Chief Medical Officer (end 6/2)	50 0 ..... 0 0			X				590,646	0	39,300
UHCMC - Levitan Nathan MD ..... President Seidman Cancer Cente	50 0 ..... 0 0			X				869,675	0	58,461
UHCMC - Salvino Sonia ..... Treasurer	50 0 ..... 0 0			X				474,542	0	106,705
PARMA - Tinsley Nancy ..... President (end 9/2016)	50 0 ..... 0 0			X				614,148	0	47,821
PARMA - Sink Kristi M ..... Interim President (beg 9/2016)	50 0 ..... 0 0			X				166,635	0	23,238
ST JOHN - Hanson Richard A ..... Secretary	50 0 ..... 0 0			X				1,174,310	0	198,135
ST JOHN - Tracy Allen R ..... Treasurer	50 0 ..... 0 0			X				421,398	0	85,185
SAMARITAN - Griest Mary L ..... Treasurer	50 0 ..... 0 0			X				184,242	0	2,547
UHMG - Adelman Harlin G Esq ..... Assist Secretary (END 11/2016)	50 0 ..... 0 0			X				500,759	0	96,158

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		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHMG - Miller Janet L Esq ..... Secretary (END 11/2016)	2 0 ..... 0 0			X				0	0	0
UHLSF - Landek Don M ..... President	50 0 ..... 0 0			X				188,908	0	29,712
ACO - Hammack Elizabeth R ..... Secretary	50 0 ..... 0 0			X				228,847	0	38,060
ACO - Steiner William II MD PhD ..... President	2 0 ..... 50 0			X				0	326,505	13,576
CCO - Steiner William II MD PhD ..... President	2 0 ..... 0 0			X				0	0	0
CCO - Hammack Elizabeth R ..... Secretary	2 0 ..... 0 0			X				0	0	0
CCO - Szubski Michael A ..... Treasurer	2 0 ..... 0 0			X				0	0	0
RCC - Hammack Elizabeth R ..... Secretary	2 0 ..... 0 0			X				0	0	0
RCC - Hertz Andrew R MD ..... Vice President	2 0 ..... 50 0			X				394,493	0	23,251
UHHS - Bishop Sherr ..... Chief Development Officer	50 0 ..... 0 0				X			694,134	0	185,512



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHHS - Bixenstine Kim F ..... Chief Compliance Officer	50 0 ..... 0 0				X			514,968	0	52,271
UHMG - Park Soon J ..... Chief of Cardiac Surgery	50 0 ..... 0 0					X		1,402,384	0	60,490
UHMG - Voos James E ..... Orthopedic SurgEON	50 0 ..... 0 0					X		1,047,690	0	39,846
UHMG - Sontich John K ..... Chief Orthopedic Trauma	50 0 ..... 0 0					X		1,005,091	0	33,071
UHMG - Furey Christopher G ..... Chief Spine Center	50 0 ..... 0 0					X		1,001,416	0	42,879
UHMG - Eubanks Jason D ..... Orthopedic SurgEON	50 0 ..... 0 0					X		926,577	0	44,521
GENEVA - Drublionis Raimantas MD ..... Former Director	2 0 ..... 0 0						X	0	328,561	11,814
UHCMC - Koppelman Catherine S RN ..... Former Officer	2 0 ..... 0 0						X	423,608	0	13,117
PORTAGE - Colecchi Stephen ..... Former Officer	2 0 ..... 0 0						X	540,975	0	42,929
PORTAGE - Ebner Carl ..... Former Officer	2 0 ..... 0 0						X	316,455	0	15,918

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			
UHMG - Walsh Richard A MD ..... Former Director	2 0 ..... 0 0						X	225,622	0	21,903
RSL - Cook David A ..... Former Officer	2 0 ..... 0 0						X	392,300	0	34,506
REGIONAL - RAPKIN DAVID MD ..... EX OFFICIO DIRECTOR	2 0 ..... 50 0						X	0	455,677	40,930
GEAUGA - TUMBUSH JOHN MD ..... EX OFFICIO DIRECTOR	2 0 ..... 50 0						X	0	204,282	10,003
UHMG - Ronis Robert ..... Former Director/Key Employee	2 0 ..... 0 0						X	308,662	0	30,572
UHMG - Konstan Michael MD ..... Former Director	2 0 ..... 0 0						X	166,281	0	32,541
PORTAGE - Breedlove Linda ..... Former Key Employee	50 0 ..... 0 0						X	334,711	0	29,628
PORTAGE - Francis Stephen ..... Former Key Employee	50 0 ..... 0 0						X	151,677	0	13,409
ST JOHN - Dobrovich Michael ..... SJMC Former Key Employee	2 0 ..... 0 0						X	0	438,129	25,750
UHHS - O'Malley Cheryl ..... SJMC Former Key Employee	50 0 ..... 0 0						X	234,140	0	36,066

**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 - Gartland Heidi ..... Former Key Employee	50 0 ..... 0 0						X	386,714	0	76,382
UHCMC - Lufter Carl H Jr ..... former key employee	50 0 ..... 0 0						X	210,091	0	27,527
UHHS - Brumleve Peter S ..... Former Key Employee	2 0 ..... 0 0						X	532,356	0	21,625
UHHS - Mainwaring Michael ..... Parma Former Key Employee	50 0 ..... 0 0						X	308,880	0	54,155

**TY 2016 Affiliate Listing**

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

**TY 2016 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
Heather Hill Inc	11100 Euclid Avenue Cleveland, OH 44106	34-0771884	UNIV
University Hospitals Laboratory Ser	11100 Euclid Avenue Cleveland, OH 44106	34-1720429	UNIV
UH Rainbow Care Connection	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 Hospital Association Inc	630 EAST RIVER STREET ELYRIA, OH 44035	34-0067060	UNIV
EMH Regional Medical Center	630 EAST RIVER STREET ELYRIA, OH 44035	34-0714612	UNIV
Comprehensive Health Care of OH	630 EAST RIVER STREET ELRYIA, OH 44035	34-1492733	UNIV
Parma Community General Hospital	7007 POWERS BLVD PARMA, OH 44129	34-0827442	UNIV
Royalton Senior Living Inc	7007 POWERS BLVD PARMA, OH 44129	56-2314071	UNIV
University Hospitals St John Medica	6935 TREELINE DRIVE BRECKSVILLE, OH 44141	34-1260978	UNIV
ROBINSON HEALTH SYSTEM INC	3605 WARRENSVILLE CENTER RD SHAKER HEIGHTS, OH 44122	46-1382538	UNIV

**TY 2016 Affiliate Listing**

<b>Name</b>	<b>Address</b>	<b>EIN</b>	<b>Name control</b>
SAMARITAN REGIONAL HEALTH SYSTEM	1025 CENTER ST ASHLAND, OH 44805	34-0714535	UNIV
SAMARITAN HOSPITAL HOSPITALITY SHOP	3605 WARRENSVILLE CENTER RD SHAKER HEIGHTS, OH 44122	34-0808574	UNIV
ROBINSON HEALTH AFFILIATES INC	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	34-1499719	UNIV
UNIVERSITY HOSPITALS HEALTH SYSTEM	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	34-0714775	UNIV

**SCHEDULE A**  
(Form 990 or 990EZ)

**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](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - 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 4
  - 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		<b>11a</b>	
		<b>11b</b>	
		<b>11c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
		<b>1</b>	No
<b>2</b>	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? <i>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.</i>		
		<b>2</b>	No

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		
		<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		<b>1</b>	No
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		<b>2</b>	No
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		<b>3</b>	No

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>		
		<b>2a</b>	
<b>b</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? <i>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.</i>		
		<b>2b</b>	
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
		<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		<b>3b</b>	

**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)
<b>1</b> Net short-term capital gain	0	
<b>2</b> Recoveries of prior-year distributions	0	
<b>3</b> Other gross income (see instructions)	0	
<b>4</b> Add lines 1 through 3	0	
<b>5</b> Depreciation and depletion	0	
<b>6</b> 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)	0	
<b>7</b> Other expenses (see instructions)	0	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	0	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	0
<b>2</b> Enter 85% of line 1	<b>2</b>	0
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	0
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	0
<b>5</b> Income tax imposed in prior year	<b>5</b>	0
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	0
<b>7</b> <input type="checkbox"/> 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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	0
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	0
<b>4</b> Amounts paid to acquire exempt-use assets	0
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	0
<b>6</b> Other distributions (describe in Part VI) See instructions	0
<b>7 Total annual distributions.</b> Add lines 1 through 6	0
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
<b>9</b> Distributable amount for 2016 from Section C, line 6	0
<b>10</b> Line 8 amount divided by Line 9 amount	0 %

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			0
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)		0	
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . . 0			
<b>d</b> From 2014. . . . . 0			
<b>e</b> From 2015. . . . . 0			
<b>f Total</b> of lines 3a through e	0		
<b>g</b> Applied to underdistributions of prior years		0	
<b>h</b> Applied to 2016 distributable amount			0
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
<b>4</b> Distributions for 2016 from Section D, line 7 \$ 0			
<b>a</b> Applied to underdistributions of prior years		0	
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4	0		
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c	0		
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . . 0			
<b>c</b> Excess from 2014. . . . . 0			
<b>d</b> Excess from 2015. . . . . 0			
<b>e</b> Excess from 2016. . . . . 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**

## 990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A Supplemental Information	<p>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 UNIVERSITY HOSPITALS PARMA MEDICAL CENTER - 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 4 4122 SAMARITAN REGIONAL HOSPITAL HEALTH SYSTEM - 34-0714535 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER - 26-4827222 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (UHCMC) - 34-1567805 170(B)(1)(A)(I II) 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CMC) - 34-0714550 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS GEauga MEDICAL CENTER (GMC) - 3 4-0816492 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HEIGHTS, OH 44 122 UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (UHGM C) - 34-0714461 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HEIGHTS, OH 44122 UH REGIONAL HOSPITALS - 34-1 924226 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HEIGHTS, OH 44122 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 ROBINSON HEALTH AFFILIATES 34-1499719 509(A)(3) - TYPE I ORGANIZATION 3605 WARRENSVILLE CENTER RD MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) NAME OF SUPPORTED ORGANIZATION ROBINSON HEALTH SYSTEM, INC (II) EIN OF SUPPORTED ORGANIZATION 46-1382538 (III) TYPE OF ORG (DESCRIBED ON LINES 1-10 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 HOME CARE SERVICES, INC (UHHCS) - 34-1527536 509(A)(3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) NAME OF SUPPORTED ORGANIZATION UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
<p>Schedule A Supplemental Information</p>	<p>(II) EIN OF SUPPORTED ORGANIZATION 34-1567805 (III) TYPE OF ORG (DESCRIBED ON LINES 1-10 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 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 12G (I) NAME OF SUPPORTED ORGANIZATION EMH REGIONAL MEDICAL CENTER (II) EIN OF SUPPORTED ORGANIZATION 34-0714612 (III) TYPE OF ORG (DESCRIBED ON LINES 1-10 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 12G (I) NAME OF SUPPORTED ORGANIZATION SAMARITAN REGIONAL HEALTH SYSTEM (II) EIN OF SUPPORTED ORGANIZATION 34-0714535 (III) TYPE OF ORG (DESCRIBED ON LINES 1-10 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 HEATHER HILL INC (HHI) - 34-0771884 509(A)(3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER ROAD MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) NAME OF SUPPORTED ORGANIZATION UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (II) EIN OF SUPPORTED ORGANIZATION 34-1567805 (III) TYPE OF ORG (DESCRIBED ON LINES 1-10 ABOVE OR IRC SECTION) 170(B) (1)(A)(II) (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 3605 WARRENSVILLE ROAD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) NAME OF SUPPORTED ORGANIZATION UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (II) EIN OF SUPPORTED ORGANIZATION 34-1567805 (III) TYPE OF ORG (DESCRIBED ON LINES 1-10 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 \$859,835 UNIVERSITY HOSPITALS MEDICAL GROUP, INC (UHMG) - 20-4881619 509 (A)(3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) NAME OF SUPPORTED ORGANIZATION UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (II) EIN OF SUPPORTED ORGANIZATION 34-1567805 (III) TYPE OF ORG (DESCRIBED ON LINES 1-10 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 Schedule A Part III, Section A-C</p> <p>2012 2013 2014 2015 2016 Total Line 1 - - - - - Line 2 1,995,195 2,045,868 2,275,000 - - 6,316,063 Line 3 - - - - - Line 4 - - - - - Line 5 - - - - - Line 6 1,995,195 2,045,868 2,275,000 - - 6,316,063 Line 7a - - - - - Line 7b - - - - - Line 7c - - - - - Line 8 - - - - - 6,316,063 Line 9 1,995,195 2,045,868 2,275,000</p>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
<p>Schedule A Supplemental Information</p>	<p>- - 6,316,063 Line 10a - - - - - Line 10b - - - - - Line 10c - - - - - Line 11 - - - - - Line 12 32,762 33,290 -            9,000 2,799,749 2,874,801 Line 13 2,027,957 2,079,158 2,27 5,000 9,000 2,799,749 9,190,864 Line 15 69%            Line 16 99% 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 SYSTEM (SAMARITAN) AS STATED IN ITS ARTICLES SHHS IS OWNED AND CONTROLLED            BY SAMARITAN UNIVERSITY HOSPITALS HEALTH SYSTEM, INC ("UHHS") IS THE SOLE MEMBER OF            SAMARITAN SAMARITAN IS SUPERVISED, DIRECTED AND CONTROLLED BY UHHS -UNIVERSITY HOSPITALS            LABORATORY SERVICES FOUNDATION UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION            ("UHLSF") ACTS AS A SUPPORTING ORGANIZATION TO UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER            ("UHCMC") ARTICLES OF INCORPORATION PROVIDE UHCMC WITH SUPERVISION, DIRECTION AND CONTROL            OVER UHLSF -UNIVERSITY HOSPITALS MEDICAL GROUP, INC UNIVERSITY HOSPITALS MEDICAL GROUP, INC            ("UHMG") ACTS AS A SUPPORTING ORGANIZATION TO UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER            ("UHCMC") THE CONTROL AND MANAGEMENT OF UHMG IS VESTED IN THE SAME PERSONS THAT CONTROL            AND MANAGE ITS SUPPORTED ORGANIZATION BECAUSE BOTH ENTITIES ARE PART OF AN INTEGRATED            HEALTHCARE SYSTEM CONTROLLED BY A COMMON PARENT, UNIVERSITY HOSPITALS HEALTH SYSTEM            -UNIVERSITY HOSPITALS HOMECARE SERVICES, INC UNIVERSITY HOSPITALS HOMECARE SERVICES INC            ("UHHCS") ACTS AS A SUPPORTING ORGANIZATION TO UNIVERSITY HOSPITALS CLEVELAND MEDICAL            CENTER ("UHCMC") THE CONTROL AND MANAGEMENT OF UHMG IS VESTED IN THE SAME PERSONS THAT            CONTROL AND MANAGE ITS SUPPORTED ORGANIZATION BECAUSE BOTH ENTITIES ARE PART OF AN            INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY A COMMON PARENT, UNIVERSITY HOSPITALS HEALTH            SYSTEM</p>



Schedule A Form 990 or 990-E 2016

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

**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 University Hospitals Health System Inc Group Return	<b>Employer identification number</b> 90-0059117
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**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)	7,591	16,179
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	253,037	541,296
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	260,628	557,475
<b>d</b> Other exempt purpose expenditures	492,530,326	3,290,833,751
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	492,790,954	3,291,391,226
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		
<b>i</b> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	173,650	293,718	432,066	282,398	1,181,832
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	947	2,029	4,248	8,225	15,449

**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)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			206,788
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			167,680
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			107,191
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b> 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?	<b>5</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

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

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B	Software limitation would not allow completion of Part II-B It is presented below 1a - No 1b - Yes 1c - No 1d - Yes \$206,788 1e - No 1f - Yes \$167,680 1g - Yes \$107,191 1h - No 1i - No 1j - Yes \$481,659 2a - No

### TY 2016 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:** 7,591

**Total Direct Lobbying:** 253,037

**Total Lobbying Expenditures:** 260,628

**Other Exempt Purpose Expenditures:** 1,408,673,850

**Total Exempt Purpose Expenditures:** 1,408,934,478

**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:** 524

**Total Direct Lobbying:** 17,457

**Total Lobbying Expenditures:** 17,981

**Other Exempt Purpose Expenditures:** 113,689,479

**Total Exempt Purpose Expenditures:** 113,707,460

**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:** 138  
**Total Direct Lobbying:** 4,594  
**Total Lobbying Expenditures:** 4,732  
**Other Exempt Purpose Expenditures:** 28,798,314  
**Total Exempt Purpose Expenditures:** 28,803,046  
**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 Geauga  
**Address. Either US or Foreign Type:** 13207 Ravenna Rd  
Chardon, OH 44024  
**EIN:** 34-0816492  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 713  
**Total Direct Lobbying:** 23,758  
**Total Lobbying Expenditures:** 24,471  
**Other Exempt Purpose Expenditures:** 135,946,287  
**Total Exempt Purpose Expenditures:** 135,970,758  
**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:** 201

**Total Direct Lobbying:** 8,690

**Total Lobbying Expenditures:** 8,891

**Other Exempt Purpose Expenditures:** 38,461,804

**Total Exempt Purpose Expenditures:** 38,470,695

**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 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:** 292

**Total Direct Lobbying:** 9,726

**Total Lobbying Expenditures:** 10,018

**Other Exempt Purpose Expenditures:** 61,706,189

**Total Exempt Purpose Expenditures:** 61,716,207

**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:** 218  
**Total Direct Lobbying:** 7,274  
**Total Lobbying Expenditures:** 7,492  
**Other Exempt Purpose Expenditures:** 40,300,192  
**Total Exempt Purpose Expenditures:** 40,307,684  
**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:** 1,653  
**Total Direct Lobbying:** 55,108  
**Total Lobbying Expenditures:** 56,761  
**Other Exempt Purpose Expenditures:** 424,505,745  
**Total Exempt Purpose Expenditures:** 424,562,506  
**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 Health  
**Address. Either US or Foreign Type:** 11100 Euclid Ave  
Cleveland, OH 44106  
**EIN:** 34-0714775  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 363  
**Total Direct Lobbying:** 12,087  
**Total Lobbying Expenditures:** 12,450  
**Other Exempt Purpose Expenditures:** 150,599,306  
**Total Exempt Purpose Expenditures:** 150,611,756  
**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:** 988  
**Total Direct Lobbying:** 32,952  
**Total Lobbying Expenditures:** 33,940  
**Other Exempt Purpose Expenditures:** 168,026,858  
**Total Exempt Purpose Expenditures:** 168,060,798  
**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:** 7,756  
**Total Exempt Purpose Expenditures:** 7,757  
**Lobbying Nontaxable Amount:** 1,551  
**Grassroots Nontaxable Amount:** 388  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** University Hospitals Coordin  
**Address. Either US or Foreign Type:** 3605 Warrensville Center Rd  
Shaker Hts, OH 44122  
**EIN:** 90-0794903  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 13  
**Total Direct Lobbying:** 429  
**Total Lobbying Expenditures:** 442  
**Other Exempt Purpose Expenditures:** 1,229,749  
**Total Exempt Purpose Expenditures:** 1,230,191  
**Lobbying Nontaxable Amount:** 198,019  
**Grassroots Nontaxable Amount:** 49,505  
**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:** 843  
**Total Direct Lobbying:** 28,100  
**Total Lobbying Expenditures:** 28,943  
**Other Exempt Purpose Expenditures:** 180,544,239  
**Total Exempt Purpose Expenditures:** 180,573,182  
**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:** 4

**Total Direct Lobbying:** 134

**Total Lobbying Expenditures:** 138

**Other Exempt Purpose Expenditures:** 1,230,054

**Total Exempt Purpose Expenditures:** 1,230,192

**Lobbying Nontaxable Amount:** 198,019

**Grassroots Nontaxable Amount:** 49,505

**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:** 4

**Total Direct Lobbying:** 147

**Total Lobbying Expenditures:** 151

**Other Exempt Purpose Expenditures:** 1,230,040

**Total Exempt Purpose Expenditures:** 1,230,191

**Lobbying Nontaxable Amount:** 198,019

**Grassroots Nontaxable Amount:** 49,505

**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:** 955  
**Total Direct Lobbying:** 31,820  
**Total Lobbying Expenditures:** 32,775  
**Other Exempt Purpose Expenditures:** 201,392,573  
**Total Exempt Purpose Expenditures:** 201,425,348  
**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:** 550  
**Total Direct Lobbying:** 18,340  
**Total Lobbying Expenditures:** 18,890  
**Other Exempt Purpose Expenditures:** 112,309,375  
**Total Exempt Purpose Expenditures:** 112,328,265  
**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:** 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:** 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:** 762  
**Total Direct Lobbying:** 25,407  
**Total Lobbying Expenditures:** 26,169  
**Other Exempt Purpose Expenditures:** 150,675,829  
**Total Exempt Purpose Expenditures:** 150,701,998  
**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:** 367  
**Total Direct Lobbying:** 12,220  
**Total Lobbying Expenditures:** 12,587  
**Other Exempt Purpose Expenditures:** 71,412,162  
**Total Exempt Purpose Expenditures:** 71,424,749  
**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

<b>Affiliated Group Business Name:</b>	SAMARITAN HOSPITAL HOSPITALI
<b>Address. Either US or Foreign Type:</b>	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122
<b>EIN:</b>	34-0808574
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	15
<b>Total Lobbying Expenditures:</b>	15
<b>Other Exempt Purpose Expenditures:</b>	93,950
<b>Total Exempt Purpose Expenditures:</b>	93,965
<b>Lobbying Nontaxable Amount:</b>	18,793
<b>Grassroots Nontaxable Amount:</b>	4,698
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0



**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**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 ▶ \$ 192,000

(ii) Assets included in Form 990, Part X ▶ \$ 1,856,000

**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
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	171,701,000	170,124,000			
<b>b</b> Contributions . . . . .	6,813,000	7,350,000			
<b>c</b> Net investment earnings, gains, and losses	9,481,000	493,000			
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	6,778,000	6,266,000			
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	181,217,000	171,701,000			

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 9 740 %
  - b** Permanent endowment ▶ 74 970 %
  - c** Temporarily restricted endowment ▶ 15 290 %
- 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 |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> related organizations . . . . .  | Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		142,588,000		142,588,000
<b>b</b> Buildings		1,771,080,000	728,827,000	1,042,253,000
<b>c</b> Leasehold improvements		32,280,000	17,981,000	14,299,000
<b>d</b> Equipment . . . . .		1,280,740,000	896,829,000	383,911,000
<b>e</b> Other . . . . .		44,194,000	32,676,000	11,518,000
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,594,569,000

**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	307,456,000	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	307,456,000	

**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	157,985,000	F
(2) INVESTMENT IN AFFILIATES	131,225,000	C
(3) INVESTMENTS - PROGRAM RELATED	191,014,000	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶	480,224,000	

**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
(1) OTHER ASSETS	582,618,000
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶	582,618,000

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	1,190,054,000

**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.

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

**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.

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

**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
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 90-0059117

**Name:** University Hospitals Health System Inc  
Group Return

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

1 (a) Description of Liability	(b) Book Value
RESEARCH INST OPTION LIABILITY	28,305,000
DUE TO THIRD PARTIES	24,724,000
OTHER CURRENT LIABILITIES	29,107,000
OTHER LIABILITIES	26,565,000
INTEREST RATE SWAP LIABILITY	61,198,000
SELF INSURED LIABILITY	26,891,000
DUE TO AFFILIATES	1,000
PENSION LIABILITY	415,298,000
PROFESSIONAL LIABILITY	10,043,000
PROFESSIONAL LIABILITY - WRA	37,553,000

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

<b>1</b> <b>(a)</b> Description of Liability	<b>(b)</b> Book Value
INTER-COMPANY PAYABLES	503,824,000
ACCRUED WORKERS COMPENSATION	13,841,000
EMPLOYEE HEALTH PLAN	12,704,000

## Supplemental Information

Return Reference	Explanation
Form 990, Schedule D, Part III, Line 4	THE UH ART COLLECTION INCLUDES APPROXIMATELY 2,600 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



## Supplemental Information

Return Reference	Explanation
Form 990, Schedule D, Part V, Line 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUND VARIES DEPENDING ON DONOR STIPULATIONS ALL SPENDING OF ENDOWMENT EARNINGS ARE DONE SO IN ACCORDANCE WITH DONOR INTENT AND APPLICABLE LAW ENDOWMENTS ARE HELD ON THE BOOKS OF THE PARENT ORGANIZATION OF THE GROUP MEMBERS SPENDING ALLOCATIONS ARE MADE TO THE PROPER UH ENTITY BY THE PARENT TO COMPLY WITH DONOR WISHES

## Supplemental Information

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, 2016 and 2015, University Hospitals Health System, Inc does not have any uncertain tax positions

## Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V	

**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](http://www.irs.gov/form990).

OMB No 1545-0047

# 2016

**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.
- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 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?		(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
		Yes	No			
1 InfoCision Management Corp 3505 Springside Drive Akron, OH 44333	PHONE SOLIC		No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				▶		

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>MH Gala</b> (event type)	<b>Imagine Concert</b> (event type)	<b>3</b> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	175,000	83,000	139,000	397,000
<b>2</b>	Less Contributions . . . . .	136,000	63,000	92,000	291,000
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	39,000	20,000	47,000	106,000
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	2,000			2,000
	<b>7</b> Food and beverages . . . . .	30,000	37,000	47,000	114,000
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	18,000	6,000	12,000	36,000
<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				152,000
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-46,000

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	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
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

**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  
 Name of the organization  
 University Hospitals Health System Inc  
 Group Return

**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](http://www.irs.gov/form990).**

**Employer identification number**  
 90-0059117

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> 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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> 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		
<b>4</b> 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"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> 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**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)			44,600,392		44,600,392	1 480 %
<b>b</b> Medicaid (from Worksheet 3, column a)			659,535,241	532,512,757	127,022,484	4 220 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			704,135,633	532,512,757	171,622,876	5 700 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			10,288,928	469,768	9,819,160	0 330 %
<b>f</b> Health professions education (from Worksheet 5)			91,262,834	25,574,046	65,688,788	2 180 %
<b>g</b> Subsidized health services (from Worksheet 6)			27,705,565	21,164,446	6,541,119	0 220 %
<b>h</b> Research (from Worksheet 7)			56,927,447	36,553,974	20,373,473	0 680 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			29,989,891	60,000	29,929,891	0 990 %
<b>j Total.</b> Other Benefits			216,174,665	83,822,234	132,352,431	4 400 %
<b>k Total.</b> Add lines 7d and 7j			920,310,298	616,334,991	303,975,307	10 100 %

**Part III 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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other			129,856		129,856	
<b>10 Total</b>			129,856		129,856	

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	568,730,138
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	615,206,489
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-46,476,351
<b>8</b> 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:  <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes
<b>b</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.	<b>9b</b>	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				



**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)  
A 1-911

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ **19**

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .	<b>1</b>	No
<b>2</b>	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 . . . . .	<b>2</b>	No
<b>3</b>	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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	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 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 . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____	<b>10</b>	No
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	Yes
<b>11</b>	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		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	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 1-911

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	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	Yes	
<b>a</b>	<input checked="" type="checkbox"/> 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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C) <b>c</b> <input type="checkbox"/> Asset level <b>d</b> <input checked="" type="checkbox"/> Medical indigency <b>e</b> <input checked="" type="checkbox"/> Insurance status <b>f</b> <input checked="" type="checkbox"/> Underinsurance discount <b>g</b> <input checked="" type="checkbox"/> Residency <b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	Yes	
<b>15</b>	Explained the method for applying for financial assistance? 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)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

A 1-911

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	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? . . . . .	Yes	
<b>18</b>	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 <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		No
<b>20</b>	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) <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	Yes	
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A 1-911

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**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? . . . . .

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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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)  
B 10 AND 12

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ **10**

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b>	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 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</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 . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____		No
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	Yes	
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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 10 AND 12

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	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	Yes	
<b>a</b>	<input checked="" type="checkbox"/> 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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Asset level <b>d</b> <input checked="" type="checkbox"/> Medical indigency <b>e</b> <input checked="" type="checkbox"/> Insurance status <b>f</b> <input checked="" type="checkbox"/> Underinsurance discount <b>g</b> <input checked="" type="checkbox"/> Residency <b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	Yes	
<b>15</b>	Explained the method for applying for financial assistance? 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)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

B 10 AND 12

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	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? . . . . .	Yes	
<b>18</b>	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 <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		No
<b>20</b>	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) <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	Yes	
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

B 10 AND 12

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

- 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d  The hospital facility used a prospective Medicare or Medicaid method

**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? . . . . .

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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

**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? 50

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

**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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	PLEASE REFER TO SCHEDULE H, PART V, LINE 13A-H

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 7	<p>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 2016 TOTALED \$304 MILLION AS COMPARED TO THE 2015 COMMUNITY BENEFIT TOTAL OF \$275 MILLION THE 2016 COMMUNITY BENEFIT NUMBER CONSISTED OF CHARITY CARE (\$45 MILLION), MEDICAID SHORTFALL (\$145 MILLION), RESEARCH (\$20 MILLION), EDUCATION AND TRAINING (\$66 MILLION), AND COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT (\$46 MILLION), LESS HOSPITAL CARE ASSURANCE PROGRAM ("HCAP") (\$17 MILLION) TO MEASURE AND REPORT COMMUNITY BENEFIT, THE SYSTEM HAS FOLLOWED INTERNAL REVENUE SERVICE GUIDELINES AS SUCH, THE INFORMATION FOR 2016 REPRESENTS THE REVISED REQUIREMENT TO OFFSET VARIOUS COMMUNITY BENEFIT PROGRAMS WITH RELATED REVENUE RECEIVED FOR 2016, THIS REVENUE OFFSET WAS \$37 MILLION THE 2015 INFORMATION PROVIDED ABOVE (\$275 MILLION) INCLUDED A REVENUE OFFSET OF \$39 MILLION</p>

**990 Schedule H, Supplemental Information**

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 \$27,705,565 THE TOTAL AMOUNT OF ASSOCIATED DIRECT OFFSETTING REVENUE IS \$21,164,446 THE TOTAL AMOUNT OF NET COMMUNITY BENEFIT EXPENSE INCLUDED IN LINE 7G IS \$6,541,119

**990 Schedule H, Supplemental Information**

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



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 2	<p>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 \$89,142,000 AND \$76,970,000 FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015, 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</p>

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2	<p>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 \$80 MILLION IN STATE AND LOCAL INCOME TAXES DURING 2016 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 ENDEAVORS 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 2016 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT <a href="http://WWW.UHHOSPITALS.ORG">WWW.UHHOSPITALS.ORG</a></p>

**990 Schedule H, Supplemental Information**

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

## Form and Line Reference

## Explanation

PART VI, LINE 4

THE COMMUNITY SERVED BY EACH HOSPITAL FACILITY IS DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF THE HOSPITAL'S INPATIENTS THE PRIMARY SERVICE AREA ("PSA") IS THE GEOGRAPHIC AREA FROM WHICH THE MAJORITY OF THE HOSPITAL'S INPATIENTS ORIGINATE THE SECONDARY SERVICE AREA ("SSA") IS WHERE AN ADDITIONAL POPULATION OF THE HOSPITAL'S INPATIENTS RESIDE REPORTING GROUP A UH CLEVELAND MEDICAL CENTER THE COMMUNITY SERVED BY UH CLEVELAND MEDICAL CENTER IS DEFINED BASED ON THE geographic origins of the hospital's inpatients The primary service area ("psa") is the geographic area from which the majority of the hospital's patients originate The secondary service area ("ssa") is where an additional population of the hospital's inpatients reside THE PSA IS COMPRISED OF EIGHT COUNTIES IN OHIO ASHTABULA, CUYAHOGA, GEauga, LAKE, LORAIN, MEDINA, PORTAGE AND SUMMIT THE SSA IS COMPRISED OF ANOTHER SEVEN OHIO COUNTIES ASHLAND, ERIE, HURON, MAHONING, STARK, TRUMBULL AND WAYNE IN 2013, THE HOSPITALS PSA INCLUDED ABOUT 2,868,000 PERSONS AND ITS SSA INCLUDED A POPULATION OF APPROXIMATELY 1,119,000 PERSONS FOR A TOTAL SERVICE AREA POPULATION OF APPROXIMATELY 4 MILLION WITH APPROXIMATELY 1.2 MILLION RESIDENTS, CUYAHOGA COUNTY ACCOUNTED FOR NEARLY 32% OF THE HOSPITALS PSA POPULATION IN 2013, APPROXIMATELY 42% OF THE HOSPITALS INPATIENTS ORIGINATED FROM THE PSA CUYAHOGA COUNTY ACCOUNTED FOR APPROXIMATELY 71% OF THE HOSPITALS DISCHARGES IN 2013 UH RAINBOW BABIES & CHILDRENS HOSPITAL THE COMMUNITY SERVED BY UH RB&C IS DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF THE HOSPITALS INPATIENTS THE PRIMARY SERVICE AREA ("PSA") IS THE GEOGRAPHIC AREA FROM WHICH THE MAJORITY OF THE HOSPITAL'S PATIENTS ORIGINATE THE secondary service area ("ssa") is where an additional population of the hospital's inpatients reside THE PSA IS COMPRISED OF EIGHT OHIO COUNTIES ASHTABULA, CUYAHOGA, GEauga, LAKE, LORAIN, MEDINA, PORTAGE AND SUMMIT THE SSA IS COMPRISED OF ANOTHER SEVEN OHIO COUNTIES ASHLAND, ERIE, HURON, MAHONING, STARK, TRUMBULL AND WAYNE UH RAINBOW BABIES & CHILDRENS HOSPITALS MARKET AREAS LIE WITHIN 15 COUNTIES IN NORTHEAST OHIO, WITH THE STRONG MAJORITY OF 2013 DISCHARGES (95.4%) BEING RESIDENTS OF THE HOSPITALS PRIMARY MARKET AREA, WHICH INCLUDES ALL OF ASHTABULA, CUYAHOGA, GEauga, LAKE, LORAIN, MEDINA, PORTAGE AND SUMMIT COUNTIES IN TERMS OF POPULATION, UH RAINBOW BABIES & CHILDRENS HOSPITALS LARGEST COUNTY IN ITS MARKET AREA IS CUYAHOGA, WHICH CONTAINS 31.7% OF THE POPULATION WITHIN THE HOSPITALS MARKET AREA THE HOSPITAL HAD 8,958 DISCHARGES IN 2013 OF THOSE DISCHARGES, 60.4% WERE RESIDENTS OF CUYAHOGA COUNTY LORAIN COUNTY WAS HOME TO 11.2% OF UH RAINBOW BABIES & CHILDRENS HOSPITALS DISCHARGES IN 2013 IN 2014, UH RAINBOW BABIES & CHILDRENS HOSPITAL HAD 31,457 VISITS TO THE EMERGENCY ROOM, 98.2% WERE RESIDENTS FROM THE HOSPITALS PRIMARY MARKET AREA, AND 0.8% WERE RESIDENTS FROM ITS SECONDARY MARKET AREA ONLY 1% OF EMERGENCY ROOM VISITS WERE FROM PATIENTS RESIDING OUTSIDE OF THE HOSPITALS MARKET AREA UH GEauga MEDICAL CENTER - THE COMMUNITY SERVED BY THE HOSPITAL IS DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF THE HOSPITALS INPATIENTS THE PRIMARY SERVICE AREA ("PSA") IS THE GEOGRAPHIC AREA FROM WHICH THE MAJORITY OF THE HOSPITALS PATIENTS ORIGINATE THE SECONDARY SERVICE AREA ("SSA") IS WHERE AN ADDITIONAL POPULATION OF THE HOSPITAL'S INPATIENTS RESIDE THE PSA IS COMPRISED OF SEVEN ZIP CODES IN ASHTABULA, GEauga AND LAKE COUNTIES IN OHIO THE SSA IS COMPRISED OF 20 ZIP CODES IN ASHTABULA, CUYAHOGA, GEauga, LAKE, PORTAGE AND TRUMBULL COUNTIES IN 2013, THE PSA AND SSA WERE HOME TO APPROXIMATELY 306,932 PERSONS, ALMOST ALL OF WHOM LIVE IN ASHTABULA, GEauga AND LAKE COUNTIES IN 2013, MORE THAN 76% OF THE HOSPITALS INPATIENTS LIVED IN THE SPECIFIED ZIP CODES UH AHUJA MEDICAL CENTER - THE COMMUNITIES SERVED BY UH AHUJA MEDICAL CENTER ARE DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF THE HOSPITALS INPATIENTS THE PRIMARY SERVICE AREA ("PSA") IS THE GEOGRAPHIC AREA FROM WHICH THE MAJORITY OF THE HOSPITALS PATIENTS ORIGINATE THE SECONDARY SERVICE AREA ("SSA") IS WHERE AN ADDITIONAL POPULATION OF THE HOSPITALS INPATIENTS RESIDE THE PSA IS COMPRISED OF THREE ZIP CODES IN CUYAHOGA AND SUMMIT COUNTIES IN OHIO THE SSA IS COMPRISED OF FIVE ZIP CODES, ALSO IN CUYAHOGA AND SUMMIT COUNTIES IN 2013, THE PSA AND SSA WERE HOME TO APPROXIMATELY 187,023 PERSONS IN 2013, MORE THAN 82% OF THE HOSPITALS INPATIENTS LIVED IN THE SPECIFIED ZIP CODES UH REGIONAL HOSPITALS - RICHMOND CAMPUS - THE COMMUNITIES SERVED BY UH REGIONAL HOSPITALS - RICHMOND CAMPUS ARE DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF THE HOSPITALS 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 HOSPITALS INPATIENTS RESIDE THE PSA IS COMPRISED OF EIGHT ZIP CODES IN CUYAHOGA AND LAKE COUNTIES IN OHIO THE SSA IS COMPRISED OF FIVE ZIP

Form and Line Reference	Explanation
PART VI, LINE 4	<p>CODES, ALSO IN CUYAHOGA AND LAKE COUNTIES IN 2013, THE PSA AND SSA WERE HOME TO APPROXIMATELY 304,409 PERSONS IN 2013, MORE THAN 81% OF THE HOSPITALS INPATIENTS LIVED IN THE SPECIFIED ZIP CODES UH REGIONAL HOSPITALS BEDFORD CAMPUS - THE COMMUNITIES SERVED BY UH REGIONAL HOSPITALS - BEDFORD CAMPUS ARE DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF THE HOSPITAL INPATIENTS THE PRIMARY SERVICE AREA (PSA) IS THE GEOGRAPHIC AREA FROM WHICH THE MAJORITY OF THE HOSPITALS PATIENTS ORIGINATE THE SECONDARY SERVICE AREA (SSA) IS WHERE AN ADDITIONAL POPULATION OF THE HOSPITALS INPATIENTS RESIDE THE PSA IS COMPRISED OF THREE ZIP CODES IN CUYAHOGA AND SUMMIT COUNTIES IN OHIO THE SSA IS COMPRISED OF FIVE ZIP CODES, ALSO IN CUYAHOGA AND SUMMIT COUNTIES IN 2013, THE PSA AND SSA WERE HOME TO APPROXIMATELY 187,023 PERSONS IN 2013, MORE THAN 82% OF THE HOSPITALS INPATIENTS LIVED IN THE SPECIFIED ZIP CODES UH GENEVA MEDICAL CENTER - AS A CRITICAL ACCESS HOSPITAL, THE COMMUNITY SERVED BY UH GENEVA MEDICAL CENTER INCLUDES FOUR MUNICIPALITIES (TWO IN ITS PRIMARY MARKET AREA AND TWO IN ITS SECONDARY MARKET AREA) IN 2013, THE HOSPITAL HAD 1,022 DISCHARGED PATIENTS OF THOSE, 627 WERE IN THE HOSPITALS PRIMARY MARKET (61.4%) AND 203 WERE IN THE HOSPITALS SECONDARY MARKET (19.9%) OF THE FOUR MUNICIPALITIES THAT MAKE UP THE HOSPITALS MARKET AREA, ASHTABULA HAS THE LARGEST POPULATION, COMPRISING 43.2% OF THE TOTAL POPULATION OF THE MARKET AREA, BUT ONLY 17.2% OF THE HOSPITALS PATIENT POPULATION THE MUNICIPALITY WITH THE HIGHEST PROPORTION OF THE HOSPITALS DISCHARGES IN 2013 WAS GENEVA (44.1%), A RELATIVELY SMALL MUNICIPALITY OF 14,766 RESIDENTS THREE OF THE MUNICIPALITIES THAT COMPRISE THE HOSPITALS MARKET AREA ARE IN NORTHERN ASHTABULA COUNTY, OHIO THE FOURTH MUNICIPALITY IS IN IN NORTHERN LAKE COUNTY UH CONNEAUT MEDICAL CENTER - AS A CRITICAL ACCESS HOSPITAL, UH CONNEAUT MEDICAL CENTERS MARKET AREA INCLUDES THREE MUNICIPALITIES (ONE IN ITS PRIMARY MARKET AREA AND TWO IN ITS SECONDARY MARKET AREA) IN 2013, UH CONNEAUT MEDICAL CENTER HAD 415 DISCHARGED PATIENTS OF THOSE, 356 WERE IN THE MEDICAL CENTERS PRIMARY OR SECONDARY MARKET (83.6%) IN 2013, 62.9% OF UH CONNEAUT MEDICAL CENTERS DISCHARGES WERE RESIDENTS OF ITS PRIMARY MARKET AREA, 20.7% WERE RESIDENTS OF ITS SECONDARY MARKET AREA OF THE THREE MUNICIPALITIES WHICH MAKE UP UH CONNEAUT MEDICAL CENTERS MARKET AREA, ASHTABULA HAS THE LARGEST POPULATION ASHTABULA COMPRISES 62.8% OF THE TOTAL POPULATION OF THE HOSPITALS MARKET AREA HOWEVER, PROPORTIONATELY FEWER (16.4%) OF UH CONNEAUT MEDICAL CENTERS DISCHARGES IN 2013 WERE ASHTABULA RESIDENTS INSTEAD, THE MUNICIPALITY WITH THE HIGHEST PROPORTION OF UH CONNEAUT MEDICAL CENTERS DISCHARGES IN 2013 WAS CONNEAUT, A RELATIVELY SMALL MUNICIPALITY OF 16,875 RESIDENTS UH CONNEAUT MEDICAL CENTERS THREE MUNICIPALITIES THAT COMPRISE ITS MARKET AREA AS ARE ALL IN NORTHERN ASHTABULA COUNTY, OHIO UH ELYRIA MEDICAL CENTER - UH ELYRIA MEDICAL CENTER IS LOCATED IN THE CITY OF ELYRIA IN LORAIN COUNTY, OHIO LORAIN COUNTY AMASSES A LAND AREA OF NEARLY 493 SQUARE MILES, WITH APPROXIMATELY 612 PERSONS PER SQUARE MILE LORAIN COUNTY IS CONSIDERED A RURAL, RUSTBELT COMMUNITY COMPRISING CITIES, VILLAGES AND TOWNSHIPS WHILE SOME CITIES, SUCH AS AVON, AVON LAKE AND NORTH RIDGEVILLE, ARE EXPERIENCING BUSY GROWTH, OTHERS SUCH AS ELYRIA AND LORAIN HAVE SEEN BUSINESSES CLOSE IN THE PAST SEVERAL YEARS, RESULTING IN JOB LOSS AND PEOPLE LEAVING THE COUNTY AS ILLUSTRATED IN THIS GRAPHIC, UH ELYRIA MEDICAL CENTERS MARKET AREA IN LORAIN AND ERIE COUNTIES INCLUDES 15 MUNICIPALITIES (FOUR IN ITS PRIMARY MARKET AREA AND 11 IN ITS SECONDARY MARKET AREA) IN 2013, 94.9% OF UH ELYRIA MEDICAL CENTERS DISCHARGES WERE IN EITHER ITS PRIMARY (71.5%) OR SECONDARY (23.3%) MARKET AREAS IN 2013, JUST UNDER HALF (45.2%) OF THE POPULATION IN UH ELYRIA MEDICAL CENTERS MARKET AREA LIVED IN ITS PRIMARY MARKET AREA MOST OF THE REMAINING 52% LIVED IN ITS SECONDARY MARKET AREA ALTHOUGH</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 5	<p>REPORTING GROUP A AND B - 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 FOUR UH HEALTH CLINICS ARE LOCATED IN AREAS DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) THESE CLINICS INCLUDE THE DOUGLAS MOORE HEALTH CLINIC, WOMEN'S HEALTH CENTER, RAINBOW AMBULATORY PRACTICE, AND FAMILY MEDICINE CLINIC, ALL LOCATED ON THE CAMPUS OF UH CASE MEDICAL CENTER HRSA ALSO DESIGNATES MEDICALLY UNDERSERVED AREAS (MUAS) AND MEDICALLY UNDERSERVED POPULATIONS (MUPS) BASED ON SPECIFIC CRITERIA TWENTY-FIVE AREAS WITHIN THE UH SERVICE AREA INCLUDING CUYAHOGA, LORAIN, AND SUMMIT COUNTIES QUALIFY AS MUAS, WHILE ONE POPULATION IN KENT, PORTAGE COUNTY IS A DESIGNATED MUP CUYAHOGA COUNTY ALONE ACCOUNTS FOR 20 MUAS LOCATED IN 13 ZIP CODES, REPRESENTING 12 TOWNS THE UH SYSTEM'S TWO CRITICAL ACCESS HOSPITALS IN ASHTABULA COUNTY SIT IN APPALACHIA, AS DESIGNATED BY THE APPALACHIAN REGIONAL COMMISSION UH IS COMMITTED TO TRAINING THE NEXT GENERATION OF PHYSICIANS, NURSES, SPECIALISTS AND OTHER ALLIED HEALTH CARE PROVIDERS ANNUALLY MANY OF THESE STUDENTS AND TRAINEES COMPLETE THEIR EDUCATION AND TAKE THEIR KNOWLEDGE AND EXPERTISE TO OTHER PARTS OF THE STATE OR COUNTRY, THEREBY BENEFITING OTHER COMMUNITIES UH WORKS TO INCREASE HEALTH AND MEDICAL KNOWLEDGE THROUGH GOVERNMENT AND NON-PROFIT FUNDED RESEARCH THE SHARED KNOWLEDGE DERIVED FROM THESE EFFORTS IMPROVES THE HEALTH AND WELL-BEING OF PEOPLE THROUGHOUT THE NATION AND THE WORLD WHEN THEY LEAD TO NEW STANDARDS OF CARE, NEW MEDICAL DEVICES, OR BREAKTHROUGHS IN TACKLING DISEASES AS INDICATED IN THE ABOVE RESPONSE TO PART VI, LINE 4, UH HAS MADE SIGNIFICANT INVESTMENTS IN ACCESS TO CARE FOR LOW INCOME AND VULNERABLE RESIDENTS WITHIN THE COUNTIES UH SERVES</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 6	REPORTING GROUP A AND B - 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

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7	REPORTING GROUP A AND B - 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**

<b>Section A. Hospital Facilities</b>		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>12</b>											
Name, address, primary website address, and state license number											
1	UH CLEVELAND MEDICAL CENTER 11100 Euclid Avenue Cleveland, OH 44106 <a href="http://www.uhhospitals.org/case">http://www.uhhospitals.org/case</a>	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 <a href="http://www.uhhospitals.org/rainbow">http://www.uhhospitals.org/rainbow</a>	X	X	X	X		X	X		Lvl 1 Trauma Ctr	A2
3	UH Geauga Medical Center 13207 Ravenna Road Chardon, OH 44024 <a href="http://www.uhhospitals.org/geauga">http://www.uhhospitals.org/geauga</a>	X	X					X		IP Psychiatric Unit	A3
4	UH Ahuja Medical Center 3999 Richmond Road Beachwood, OH 44122 <a href="http://www.uhhospitals.org/ahuja">http://www.uhhospitals.org/ahuja</a>	X	X					X			A4
5	UH Regional Hospitals 27100 Chardon Road Richmond Heights, OH 44143 <a href="http://www.uhhospitals.org">http://www.uhhospitals.org</a>	X	X		X			X			A5
6	UH Geneva Medical Center 870 West Main Street Geneva, OH 44041 <a href="http://www.uhhospitals.org/geneva">http://www.uhhospitals.org/geneva</a>	X				X		X			A6
7	UH Conneaut Medical Center 158 West Main Road Conneaut, OH 44030 <a href="http://www.uhhospitals.org/conneaut">http://www.uhhospitals.org/conneaut</a>	X				X		X			A7
8	UH PARMA MEDICAL CENTER 7007 POWERS BLVD PARMA, OH 44129 <a href="http://www.uhhospitals.org/parma">http://www.uhhospitals.org/parma</a>	X	X					X			A8
9	UH ELYRIA MEDICAL CENTER 630 EAST RIVER STREET ELYRIA, OH 44035 <a href="http://www.uhhospitals.org/elyria">http://www.uhhospitals.org/elyria</a>	X	X					X			A9
10	UH PORTAGE MEDICAL CENTER 6847 NORTH CHESTNUT STREET RAVENNA, OH 44266 <a href="http://www.uhhospitals.org/uh-portage-medical">www.uhhospitals.org/uh-portage-medical</a>	X	X		X			X			B11

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

<b>Section A. Hospital Facilities</b>		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>12</b>											
Name, address, primary website address, and state license number											
11	UH ST JOHN MEDICAL CENTER 29000 CENTER RIDGE ROAD WESTLAKE, OH 441455275 www.uhhospitals.org/uh-st-john-medical	X	X		X			X			A10
12	UH SAMARITAN HOSPITAL 1025 CENTER STREET ASHLAND, OH 44805 http://www.samaritanhospital.org/	X	X					X			B12

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 3J	<p>REPORTING GROUP A AND B - IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2015 AND 2016 CHNAS EXAMINE ECONOMIC INDICATORS, SUCH AS POVERTY, UNEMPLOYMENT, STATE BUDGET DEVELOPMENTS, HOUSEHOLD INCOME AND HEALTH STATUS INDICATORS FROM SOURCES SUCH AS COUNTY HEALTH RANKINGS, THE COMMUNITY HEALTH STATUS INDICATORS PROJECT, THE OHIO DEPARTMENT OF HEALTH, THE U S CENTERS FOR DISEASE CONTROL AND PREVENTIONS (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2015 AND 2016 CHNAS UNIVERSITY HOSPITALS HEALTH SYSTEM, INC RETAINED THE CENTER FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED THE CENTER FOR HEALTH AFFAIRS IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS THE CENTER ADVOCATES ON BEHALF OF 34 HOSPITALS IN SIX COUNTIES CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS</p>

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 5 - REPORTING GROUP A	<p>UH CLEVELAND MEDICAL CENTER THE UH CLEVELAND MEDICAL CENTER CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN MARKET AREA COUNTIES, A SERIES OF FOCUS GROUPS WITH CITY OF CLEVELAND RESIDENTS AND COMMUNITY LEADERS, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH AND CLEVELAND DEPARTMENT OF PUBLIC HEALTH OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS THE 2015 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS DEMOGRAPHICS OF UH CLEVELAND MEDICAL CENTERS PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITALS PRIMARY AND SECOND MARKET AREAS (E G POVERTY, UNEMPLOYMENT), COMMUNITY ISSUES (E G ENVIRONMENTAL CONCERNS AND CRIME), HEALTH STATUS INDICATORS (E G MORBIDITY RATES FOR VARIOUS DISEASES AND CONDITIONS AND MORTALITY RATES FOR LEADING CAUSES OF DEATH), HEALTH ACCESS INDICATORS (E G UNINSURED RATES, AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND USE OF EMERGENCY DEPARTMENTS), HEALTH DISPARITIES INDICATORS AND AVAILABILITY OF HEALTH CARE FACILITIES AND RESOURCES UH RAINBOW BABIES AND CHILDREN'S HOSPITAL - UH RAINBOW BABIES &amp; CHILDRENS HOSPITAL, IN COLLABORATION WITH UH CLEVELAND MEDICAL CENTER, UH REGIONAL HOSPITALS, UH PARMA MEDICAL CENTER AND UH AHUJA MEDICAL CENTER, SOLICITED THE INPUT OF INDIVIDUALS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY AND INDIVIDUALS IN LEADERSHIP ROLES IN PUBLIC HEALTH THIS INCLUDED A SERIES OF FOCUS GROUPS, INTERVIEWS AND MAIL SURVEYS PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS ON MAY 21, 2015, UH COMMISSIONED A QUALITATIVE RESEARCH STUDY THAT INCLUDED (1) ONE 90-MINUTE FOCUS GROUP WITH A TOTAL OF 26 COMMUNITY AGENCY LEADERS AND STAFF, REPRESENTING HEALTH CARE SERVICES, SOCIAL SERVICES, RELIGIOUS ORGANIZATIONS, GOVERNMENT AGENCIES, AND OTHERS, AND (2) TWO 90-MINUTE FOCUS GROUPS WITH A TOTAL OF 28 COMMUNITY RESIDENTS SELECTED AT RANDOM FROM SPECIFIC ZIP CODES IN THE GREATER UNIVERSITY CIRCLE AREA THE FOCUS GROUPS WERE FACILITATED BY AN INDEPENDENT MODERATOR, AUDIO-RECORDED AND HANDWRITTEN COMMUNITY RESIDENT PARTICIPANTS REFLECTED A MIX OF AGES, FROM 21 TO 64 IN TOTAL, 61% WERE FEMALE, 39% MALE THE MAJORITY (81%) WERE AFRICAN-AMERICAN, 15% SELF-CLASSIFIED AS WHITE AND 4% AS OTHER PARTICIPANTS REPORTED A WIDE RANGE OF EDUCATIONAL BACKGROUNDS AND REPRESENTED 10 ZIP CODES FROM THE COMMUNITY THE ASSESSMENT CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS AND MEASURES OF HEALTH CARE ACCESS) THE 2015 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS DEMOGRAPHICS OF UH RAINBOW BABIES &amp; CHILDRENS HOSPITAL</p>

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 5 - REPORTING GROUP A	<p>S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITALS PRIMARY AND SEC ONDARY MARKET AREAS (E G POVERTY, UNEMPLOYMENT), COMMUNITY ISSUES (E G ENVIRONMENTAL CONCERNS AND CRIME), HEALTH STATUS INDICATORS (E G MORBIDITY RATES FOR VARIOUS DISEASES AND CONDITIONS, AND MORTALITY RATES FOR LEADING CAUSES OF DEATH), HEALTH ACCESS INDICATORS (E G UNINSURED RATES, AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND USE OF EMERGENCY DEPART MENTS), HEALTH DISPARITIES INDICATORS AND AVAILABILITY OF HEALTH CARE FACILITIES AND RESOU RCES UH GEUGA MEDICAL CENTER UH GEUGA MEDICAL CENTERS 2015 ASSESSMENT TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDO MIZED MAIL SURVEY OF HOUSEHOLDS IN GEUGA COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON I NTERVIEWS WITH COMMUNITY LEADERS COMMUNITY LEADERS FROM THE GEUGA COUNTY HEALTH DISTRICT AND THE LAKE COUNTY HEALTH DISTRICT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL G OVERNMENT PUBLIC HEALTH AGENCIES PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS THE 2015 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS DEMOGRAPHICS OF UH GEUGA MEDICAL CENTERS PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITALS PRIMARY AND SECONDARY MARKET AREAS (E G POVERTY, UNEMPLOYMENT), COMMUNITY ISSUES (E G ENVIRONMENTAL CONCERNS AND CRIME), HEALTH STATUS INDICATORS (E G MORBIDITY RATES FOR VARIOUS DISEASES AND CONDITIONS, AND MORTALITY RATES FOR LEADIN G CAUSES OF DEATH), HEALTH ACCESS INDICATORS (E G UNINSURED RATES, AMBULATORY CARE SENSIT IVE (ACS) DISCHARGES AND USE OF EMERGENCY DEPARTMENTS), HEALTH DISPARITIES INDICATORS AND AVAILABILITY OF HEALTH CARE FACILITIES AND RESOURCES UH AHUJA MEDICAL CENTER UH AHUJA MED ICAL CENTERS 2015 ASSESSMENT CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MAR KET AREA RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, H EALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS) AHUJAS CHNA TOOK INTO ACCOUN T INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RAND OMIZED MAIL SURVEY OF HOUSEHOLDS IN SERVICE AREA COUNTIES, A SERIES OF MAIL SURVEYS AND IN -PERSON INTERVIEWS WITH COMMUNITY LEADERS COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOAR D OF HEALTH OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNI FICANT HEALTH NEEDS THE 2015 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS DEMOGRAPHICS OF UH AHUJA MEDICAL CENTERS MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITALS MARKET AREAS (E G POVERTY, UNEMPLOYMENT), COMMUNITY ISSUES (E G ENVIRONMENTAL CONCERNS AND CRIME), HE ALTH STATUS INDICATORS (E G MORBIDITY RATES FOR VARIOUS DISEASES AND CONDITIONS, AND MORT ALITY RATES FOR LEADING CAUSES OF DEATH), HEALTH ACCESS INDICATORS (E G UNINSURED RATES, AMBULATORY CARE SENSITIVE (ACS)</p>

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 5 - REPORTING GROUP A	<p>) DISCHARGES AND USE OF EMERGENCY DEPARTMENTS), HEALTH DISPARITIES INDICATORS AND AVAILABILITY OF HEALTH CARE FACILITIES AND RESOURCES UH REGIONAL HOSPITALS THE CHNA FOR THE RICHMOND CAMPUS OF UH REGIONAL HOSPITALS (UH RICHMOND MEDICAL CENTER) TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED TELEPHONE SURVEY OF HOUSEHOLDS IN CUYAHOGA COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS THE 2015 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS DEMOGRAPHICS OF UH RICHMOND MEDICAL CENTERS PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITALS PRIMARY AND SECONDARY MARKET AREAS (E G POVERTY, UNEMPLOYMENT), COMMUNITY ISSUES (E G ENVIRONMENTAL CONCERNS AND CRIME), HEALTH STATUS INDICATORS (E G MORBIDITY RATES FOR VARIOUS DISEASES AND CONDITIONS, AND MORTALITY RATES FOR LEADING CAUSES OF DEATH), HEALTH ACCESS INDICATORS (E G UNINSURED RATES, AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND USE OF EMERGENCY DEPARTMENTS), HEALTH DISPARITIES INDICATORS AND AVAILABILITY OF HEALTH CARE FACILITIES AND RESOURCES UH REGIONAL HOSPITALS THE CHNA FOR THE BEDFORD CAMPUS OF UH REGIONAL HOSPITALS (UH BEDFORD MEDICAL CENTER) TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN CUYAHOGA COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS A LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCY PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS THE 2015 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS DEMOGRAPHICS OF UH BEDFORD MEDICAL CENTERS PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITALS PRIMARY AND SECONDARY MARKET AREAS (E G POVERTY, UNEMPLOYMENT), COMMUNITY ISSUES (E G ENVIRONMENTAL CONCERNS AND CRIME), HEALTH STATUS INDICATORS (E G MORBIDITY RATES FOR VARIOUS DISEASES AND CONDITIONS, AND MORTALITY RATES FOR LEADING CAUSES OF DEATH), HEALTH ACCESS INDICATORS (E G UNINSURED RATES, AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND USE OF EMERGENCY DEPARTMENTS), HEALTH DISPARITIES INDICATORS AND AVAILABILITY OF HEALTH CARE FACILITIES AND RESOURCES UH GENEVA MEDICAL CENTER THE UH GENEVA MEDICAL CENTER CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN ASHTABULA COUNTY, A SERIES OF MAIL SURVEYS AND INTERVIEWS WITH COMMUNITY LEADERS COMMUNITY LEADERS FROM THE ASHTABULA CITY HEALTH DEPARTMENT AND ASHTABULA COUNTY HEALTH DEPARTMENT OFFERED THEIR AN</p>



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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 5 - REPORTING GROUP B	<p>UH PORTAGE MEDICAL CENTER THE UH PORTAGE MEDICAL CENTER CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED TELEPHONE SURVEY OF HOUSEHOLDS IN PORTAGE COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS COMMUNITY LEADERS FROM THE RAVENNA CITY HEALTH DISTRICT AND THE PORTAGE COUNTY GENERAL HEALTH DISTRICT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS THE 2016 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS DEMOGRAPHICS OF UH PORTAGE MEDICAL CENTERS PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITALS PRIMARY AND SECONDARY MARKET AREAS (E G POVERTY, UNEMPLOYMENT), COMMUNITY ISSUES (E G ENVIRONMENTAL CONCERNS AND CRIME), HEALTH STATUS INDICATORS (E G , MORBIDITY RATES FOR VARIOUS DISEASES AND CONDITIONS, AND MORTALITY RATES FOR LEADING CAUSES OF DEATH), HEALTH ACCESS INDICATORS (E G UNINSURED RATES, AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND USE OF EMERGENCY DEPARTMENTS), HEALTH DISPARITIES INDICATORS AND AVAILABILITY OF HEALTH CARE FACILITIES AND RESOURCES UH SAMARITAN MEDICAL CENTER THE UH SAMARITAN MEDICAL CENTER CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED TELEPHONE SURVEY OF HOUSEHOLDS IN ASHLAND COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS COMMUNITY LEADERS FROM THE ASHLAND CITY HEALTH DISTRICT AND THE ASHLAND COUNTY GENERAL HEALTH DISTRICT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS THE 2016 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS DEMOGRAPHICS OF UH SAMARITAN MEDICAL CENTERS PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITALS PRIMARY AND SECONDARY MARKET AREAS (E G POVERTY, UNEMPLOYMENT), COMMUNITY ISSUES (E G ENVIRONMENTAL CONCERNS AND CRIME), HEALTH STATUS INDICATORS (E G , MORBIDITY RATES FOR VARIOUS DISEASES AND CONDITIONS, AND MORTALITY RATES FOR LEADING CAUSES OF DEATH), HEALTH ACCESS INDICATORS (E G UNINSURED RATES, AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND USE OF EMERGENCY DEPARTMENTS), HEALTH DISPARITIES INDICATORS AND AVAILABILITY OF HEALTH CARE FACILITIES AND RESOURCES</p>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 6A	REPORTING GROUP A AND B - THE HOSPITAL FACILITIES WORKED IN COLLABORATION OF ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 7A	REPORTING GROUPS A AND B - EACH HOSPITAL FACILITY CHNA CAN BE ACCESSED AT <a href="http://www.uhhospitals.org/about/community-benefit/community-health-needs-assessment">HTTP //WWW UHHOSPITALS ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS- ASSESSMENT</a>

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 11	<p>REPORTING GROUPS A AND B - NO HOSPITAL FACILITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY UH MEDICAL CENTERS ARE COMMITTED TO ADHERING TO THE SYSTEMS MISSION AND REMAINING FINANCIALLY HEALTHY SO THAT UH CAN CONTINUE TO ENHANCE ITS CLINICAL, TEACHING AND RESEARCH ACTIVITIES AND TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS UNIVERSITY HOSPITALS HAS PROVIDED COMMUNITY BENEFIT PROGRAMS FOR MANY YEARS AND WILL CONTINUE TO PROVIDE SUCH PROGRAMS NOT ALL PROGRAMS PROVIDED BY EACH HOSPITAL THAT BENEFIT THE HEALTH OF PATIENTS IN EACH HOSPITALS PSA AND SSA ARE DISCUSSED IN THEIR IMPLEMENTATION STRATEGIES FURTHER, GIVEN CHANGES IN HEALTH CARE THE STRATEGIES MAY CHANGE AND NEW PROGRAMS MAY BE ADDED OR PROGRAMS MAY BE ELIMINATED DURING THE 2016-2018 PERIOD REPORTING GROUP A UH CLEVELAND MEDICAL CENTER UH CLEVELAND MEDICAL CENTERS STRATEGIC INITIATIVES INCLUDE REDUCE RATES OF CARDIOVASCULAR DISEASE, REDUCE INFANT MORTALITY AND IMPROVE INFANT HEALTH, REDUCE INAPPROPRIATE EMERGENCY ROOM USE, ADDRESS HIGH CANCER MORTALITY RATES AND HIGH TOBACCO USE RATES THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE FOUR ISSUES ABOVE AS THOSE ISSUES WERE CHOSEN BASED ON THE NUMBER OF COMMUNITY MEMBERS IMPACTED AND THE HOSPITAL BEING IN THE BEST POSITION TO HAVE A POSITIVE IMPACT ON THOSE ISSUES THE ISSUES WHICH WERE NOT CHOSEN TO BE A FOCUS OF THIS PLAN WERE THEREFORE THOSE WHERE THE HOSPITAL IS NOT IN A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND OTHERS ARE KNOWN TO BE FOCUSING ON THAT ISSUE IN ADDITION TO THE AFOREMENTIONED STRATEGIC INITIATIVES OUTLINED IN DETAIL IN THIS PLAN, THE HOSPITAL WILL EITHER BEGIN OR CONTINUE TO PROVIDE OTHER COMMUNITY BENEFIT PROGRAMS RESPONSIVE TO THE HEALTH NEEDS IDENTIFIED IN THE 2015 CHNA THESE MAY INCLUDE, BUT ARE NOT LIMITED TO, HEALTH EDUCATION PROGRAMS, SCREENINGS, SUPPORT GROUPS AND OTHER COMMUNITY HEALTH IMPROVEMENT SERVICES, MEDICAL RESEARCH, EDUCATION FOR PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS AND ACCESS TO CARE THROUGH THE UH HOSPITAL FINANCIAL ASSISTANCE PROGRAM IMPLEMENTATION STRATEGIES BEGAN IN 2016 UH RAINBOW BABIES AND CHILDREN'S HOSPITAL THE UH RAINBOW BABIES AND CHILDREN'S HOSPITAL STRATEGIC INITIATIVES INCLUDE ADDRESSING ADULT HEALTH NEEDS THAT INFLUENCE CHILDREN AND YOUTH (LACK OF ACCESS TO QUALITY PRIMARY CARE DUE TO TRANSPORTATION AND COST), PRENATAL CARE, CHILD AND YOUTH HEALTH NEEDS (HIGH INFANT MORTALITY RATES, ASTHMA, DIABETES, OBESITY, MENTAL ILLNESS, LACK OF ACCESS TO PRIMARY AND DENTAL CARE) AND YOUTH RISK BEHAVIORS (SEATBELT USE, ALCOHOL CONSUMPTION DRINKING AND DRIVING, SOFT DRINK CONSUMPTION AND SEXUAL ACTIVITY WITH NO BIRTH CONTROL) THE STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2015 CHNA HIGH RATES OF POVERTY, UNEMPLOYMENT AND FINANCIAL HARDSHIP, ADULT RISK BEHAVIORS (SMOKING, ALCOHOL AND DRUG USE, GUN OWNERSHIP) OR YOUTH RISK BEHAVIORS (GUN ACCESS, VIOLENCE OR SMOKING AND DRUG USE) IMPLEMENTATION</p>

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 11	<p>RATEGIES BEGAN IN 2016 UH GEAUGA MEDICAL CENTER STRATEGIC INITIATIVES INCLUDE SUBSTANCE ABUSE AND MENTAL HEALTH (DRUG, ALCOHOL AND SMOKING), IMPROVED ACCESS TO PRIMARY AND SPECIA LTY CARE AND CHRONIC DISEASE CONDITIONS (CANCER, HEART DISEASE, DIABETES, ALZHEIMERS, ASTH MA, MENTAL ILLNESS, RESPIRATORY DISEASE, DIGESTIVE DISEASE) NEEDS IDENTIFIED IN 2015 BUT NOT BEING ADDRESSED IN 2016-2018 INCLUDE POVERTY, UNEMPLOYMENT, AGING POPULATION, ACCESS TO DENTAL CARE, ACCESS TO PROVIDERS THAT ACCEPT MEDICARE, ACCESS TO TRANSPORTATION, COST O F CARE AND OBESITY IMPLEMENTATION STRATEGIES BEGAN IN 2016 THE UH GEAUGA MEDICAL CENTER HELD SUBSTANCE ABUSE AND MENTAL HEALTH DISORDER EDUCATION EVENTS IN WHICH 8,369 COMMUNITY MEMBERS ATTENDED UH AHUJA MEDICAL CENTER STRATEGIC INITIATIVES INCLUDE DIABETES, CARDIOV ASCULAR DISEASE AND RESPIRATORY DISEASE NEEDS IDENTIFIED IN 2015 BUT NOT BEING ADDRESSED IN 2016-2018 INCLUDE AGING POPULATION, HIGH RATE OF POVERTY, HIGH RATE OF UNEMPLOYMENT, I NFANT MORTALITY/PREMATURE BIRTHS, HIGH COST OF CARE, ACCESS TO PRIMARY CARE PROVIDERS, OBE SITY, SUBSTANCE ABUSE, VIOLENCE, KIDNEY DISEASE, ALZHEIMERS, GONORRHEA AND MENTAL HEALTH IMPLEMENTATION STRATEGIES BEGAN IN 2016 UH REGIONAL HOSPITALS (BEDFORD AND RICHMOND CAMPU SES) - STRATEGIC INITIATIVES INCLUDE CHRONIC DISEASE CONDITIONS (HEART DISEASE, RESPIRATO RY DISEASE AND DIABETES) NEEDS IDENTIFIED IN 2015 BUT NOT BEING ADDRESSED IN 2016-2018 IN CLUDE POVERTY, UNEMPLOYMENT, AGING POPULATION, INFANT MORTALITY, ALZHEIMERS, CANCER, MENT AL ILLNESS, SUBSTANCE ABUSE, OBESITY, COST OF CARE, LACK OF PRIMARY CARE PROVIDERS AND TRA NSPORTATION IMPLEMENTATION STRATEGIES BEGAN IN 2016 THE UH BEDFORD CAMPUS HELD STROKE SC REENINGS, AN LLH EVENT, PAD SCREENINGS AND HEALTH MATTERS EDUCATION SERIES EVENTS IN WHICH 180 COMMUNITY MEMBERS ATTENDED THE UH RICHMOND CAMPUS HELD A FAMILY HEALTH AND SAFETY DA Y, STROKE DAY, PAD SCREENING DAY AND HELATH MATTERS EDUCATION SERIES EVENTS IN WHICH 562 C OMMUNITY MEMBERS ATTENDED STROKE, PAD AND BP SCREENINGS WERE ALSO HELD DURING 2016 IN WHI CH 123 COMMUNITY MEMBERS PARTICIPATED UH GENEVA MEDICAL CENTER - STRATEGIC INITIATIVES IN CLUDE CHRONIC DISEASE CONDITIONS (CANCER, HEART DISEASE, DIABETES AND MENTAL ILLNESS) AND LIFESTYLE BARRIERS (OBESITY) NEEDS IDENTIFIED IN 2015 BUT NOT BEING ADDRESSED IN 2016-20 18 INCLUDE HIGH UNEMPLOYMENT RATES, AGING POPULATION, CHRONIC STRESS, INFANT/MATERNAL CAR E, HIGH RATES OF INFANT MORTALITY, TEEN BIRTHS, POOR ACCESS TO DENTISTRY, POOR ACCESS TO P RIMARY CARE, HIGH COST OF CARE, TRANSPORTATION, FOOD DESERTS, LACK OF INSURANCE COVERAGE, VIOLENCE, DRUG, SUBSTANCE ABUSE AND SMOKING IMPLEMENTATION STRATEGIES BEGAN IN 2016 THE UH GENEVA MEDICAL CENTER held a 'one life race' in October 2016 and mental health first ai d training for SCHOOL ADMINISTRATORS AND CLERGY IN WHICH 220 COMMUNITY MEMBERS PARTICIPATE D H2H GERIATRIC DEPRESSION SCALE SCREENINGS, BMI MEASUREMENTS HEAD START HEALTH DAYS AND HEALTHY COOKING DEMONSTRATIONS</p>

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 11	<p>WERE ALSO SPONSORED IN WHICH 463 COMMUNITY MEMBERS PARTICIPATED UH CONNEAUT MEDICAL CENT ER - STRATEGIC INITIATIVES INCLUDE CHRONIC DISEASE CONDITIONS (CANCER, HEART DISEASE, DIA BETES AND MENTAL ILLNESS), ACCESS BARRIERS ( POOR ACCESS TO PRIMARY CARE, HIGH COST OF CAR E, TRANSPORTATION, FOOD DESERTS AND LACK OF INSURANCE COVERAGE), LIFESTYLE BARRIERS (OBESI TY, VIOLENCE, DRUG AND SUBSTANANCE ABUSE AND SMOKING), AGING POPULATION AND CHRONIC STRESS NEEDS IDENTIFIED IN 2015 BUT NOT BEING ADDRESSED IN 2016-2018 INCLUDE HIGH UNEMPLOYMENT RATES, INFANT/MATERNAL CARE, HIGH RATES OF INFANT MORTALITY, TEEN BIRTHS AND POOR ACCESS TO DENTISTRY IMPLEMENTATION STRATEGIES BEGAN IN 2016 THE UH CONNEAUT MEDICAL CENTER HELD DIABETIC COUNSELING HEALTH EXPOS, FAMILY HEALTH AND SAFETY EVENTS IN 2016 IN WHICH 225 CO MMUNITY MEMBERS ATTENDED FIVE EARLY DETECTION RISK FACTOR SCREENINGS WERE ALSO HELD IN WH ICH 368 COMMUNITY MEMBERS PARTICIPATED UH PARMA MEDICAL CENTER - STRATEGIC INITIATIVES IN CLUDE HEALTH DISPARITIES (AGING POPULATION), CHRONIC DISEASE CONDITIONS (HEART DISEASE, C ANCER, ALZHEIMERS, DIABETES, RESPIRATORY DISEASES, MENTAL ILLNESS), LIFESTYLE BARRIERS (OB ESITY) AND ACCESS TO CARE (ACCESS TO PRIMARY CARE, LACK OF INSURANCE, TRANSPORTATION BARRI ERS, COSTS OF CARE, FOOD DESERTS, ACCESS TO BILINGUAL PROVIDERS, ACCESS TO MENTAL HEALTH C ARE) NEEDS IDENTIFIED IN 2015 BUT NOT BEING ADDRESSED IN 2016-2018 INCLUDE HIGH POVERTY RATES, HIGH RATES OF UNEMPLOYMENT, INFANT MORTALITY, TOBACCO, DRUG AND ALCOHOL ABUSE AND C HRONIC STRESS IMPLEMENTATION STRATEGIES BEGAN IN 2016 UH ELYRIA MEDICAL CENTER - STRATEG IC INITIATIVES INCLUDE ACCESS TO CARE (AVAILABLE PROVIDERS), PREVENTITIVE HEALTH, LEADING CAUSES OF DEATH (DIABETES, CANCER, HEART DISEASE AND STROKE), MATERNAL &amp; CHILD HEALTH (IN CLUDING TEEN BIRTHS) AND MENTAL HEALTH (INPATIENT) NEEDS IDENTIFIED IN 2015 BUT NOT BEING ADDRESSED IN 2016-2018 INCLUDE ACCESS TO CARE (TRANSPORTATION), MENTAL HEALTH SERVICES ( OUTPATIENT) AND ALCOHOL, TOBACCO AND OTHER DRUG USE IMPLEMENTATION STRATEGIES BEGAN IN 20 16 UH ST JOHN MEDICAL CENTER - STRATEGIC INITIATIVES INCLUDE TYPE 2 DIABETES MANAGEMENT AND EDUCATION AND OPIATE DRUG ABUSE THE 2015 CHNA IDENTIFIED 8 UNMET COMMUNITY HEALTH NE EDS UH ST JOHN MEDICAL CENTER SELECTED TWO OF THEM TO FOCUS ON IN THEIR IMPLEMENTATION P LAN HOWEVER, THE HOSPITAL HAS AND WILL CONTINUE TO SUSTAIN SEVERAL EFFORTS WHICH DO ADDRE SS EACH OF THOSE COMMUNITY HEALTH NEEDS IN SOME WAY THOSE NEEDS ARE OBESITY, BEHAVIORAL HEALTH SERVICES, CONCERN FOR THE UNINSURED AND UNDERINSURED, COST OF PRESCRIPTION DRUGS, L ACK OF TRANSPORTATION FOR ELDERLY AND PRINT RESOURCES OF COMMUNITY SERVICES FOR THOSE WITH OUT ACCESS TO COMPUTERS IMPLEMENTATION STRATEGIES BEGAN IN 2016 REPORTING GROUP B UH POR TAGE MEDICAL CENTER STRATEGIC INITIATIVES INCLUDE VULNERABLE POPULATIONS (SERVICES FOR TH E ELDERLY, LOWER INCOME WINDHAM AND SINGLE-HEADED HOUSEHOLDS), ACCESS BARRIERS (ACCESS TO PRIMARY CARE, INSUFFICIENT SP</p>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 13H	REPORTING GROUP A AND B PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 15E	REPORTING GROUP A AND B - THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH HOSPITAL FINANCIAL COUNSELOR



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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 16A, 16B AND 16C	REPORTING GROUP A AND B - <a href="http://www.uhhospitals.org/myuhcare/online-bill-pay/financial-assistance-program">HTTP //WWW UHHOSPITALS ORG/MYUHCARE/ONLINE-BILL-PAY/FINANCIAL-ASSISTANCE-P ROGRAM</a>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 18, 19, 20	REPORTING GROUP A AND B - NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE FACILITIES' FINANCIAL ASSISTANCE POLICY

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

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

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

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

Name and address	Type of Facility (describe)
UH Chagrin Highlands Medical Center 3909 Orange Place Orange Village, OH 44122	Outpatient Health Center & RAINBOW SPECIALTY CLINIC
UH WESTLAKE HEALTH CENTER 960 Clague Road Westlake, OH 44145	Outpatient Health Center & surgical center & Rainbow Specialty Clinic
UH SEIDMAN CANCER CENTER AT MONARCH 5885 Landerbrook Drive Mayfield Heights, OH 44124	Outpatient Health Center
UH Twinsburg Health Center 8819 Commons Blvd Suite 100 Twinsburg, OH 44087	Outpatient Health Center & RAINBOW SPECIALTY CLINIC
UH Sharon Health Center 5133 Ridge Rd Wadsworth, OH 44281	Outpatient Health Center & RAINBOW SPECIALTY CLINIC
UH Mentor Health Center 9000 Mentor Avenue Mentor, OH 44060	Outpatient Health Center & Surgical Center & RAINBOW SPECIALTY CLINIC
UH Concord Health Center 7500 Auburn Road PainsvilleConcord JED, OH 44077	Outpatient Health Center
UH Lyndhurst Surgery Center 29017 Cedar Road Lyndhurst, OH 44124	SURGICAL CENTER
UH Medina Health Center 4001 Carrick Dr Medina, OH 44256	Outpatient Health Center & RAINBOW SPECIALTY CLINIC
UH LANDERBROOK HEALTH CENTER 5850 Landerbrook Drive Mayfield Heights, OH 44124	Outpatient Health Center & RAINBOW SPECIALTY CLINIC
UH Euclid Health Center 18599 Lake Shore Blvd Euclid, OH 44119	Outpatient Health Center
UH Mayfield Village Health Center 730 SOM Center Road Suite 110 Mayfield Village, OH 44143	Outpatient Health Center
UH University Suburban Health Center 1611 South Green Road South Euclid, OH 44121	Outpatient Health Center & RAINBOW SPECIALTY CLINIC
UH Hudson Health Center 5778 Darrow Road Hudson, OH 44236	Outpatient Health Center
UH MADISON HEALTH CENTER 701 North Lake Street Madison, OH 44057	Outpatient Health Center

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

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

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

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

Name and address	Type of Facility (describe)
UH Ashtabula HEALTH CENTER 2131 Lake Avenue Ashtabula, OH 44004	Outpatient Health Center
UH Otis Moss JR HEALTH CENTER 8819 Quincy Avenue Cleveland, OH 44106	Outpatient Health Center
UH SOLON HEALTH CENTER 34055 Solon Road Solon, OH 44139	Outpatient Health Center
UH Aurora Health Center 55 North Chillicothe Road Aurora, OH 44202	Outpatient Health Center
UH FOLEY ELDER HEALTH CENTER 3619 Park East Drive Beachwood, OH 44122	Outpatient Health Center
UH WELLPOINTE HEALTH CENTER 303 E ROYALTON RD BROADVIEW HTS, OH 44147	DIAGNOSTIC AND THERAPY CENTER
PARMA MEDICAL ARTS BUILDING 4 6115 POWERS BLVD PARMA, OH 44129	DIAGNOSTIC IMAGING & RAINBOW SPECIALTY CLINIC
UH AVON HEALTH CENTER 1997 HEALTHWAY ROAD AVON, OH 44011	IMAGING, LAB REHABILITATION SERVICES, FITNESS CENTER
UH AMHERST HEALTH CENTER 254 CLEVELAND ROAD AMHERST, OH 44001	IMAGING, LAB, 24 HOUR ER
UH Bainbridge Health Center 8185 E Washington St Chagrin Falls, OH 44023	Outpatient Health Center
UH Chesterland Health Center 8055 Mayfield Rd Chesterland, OH 44026	Outpatient Health Center
UH Fairlawn Health Center 3800 Embassy Pkwy Akron, OH 44033	outpatient health center
UH Geauga Health Center 13221 Ravenna Rd Chardon, OH 44024	OUTPATIENT HEALTH CENTER
UH Independence Health Center 6150 Oak Tree Blvd Independence, OH 44131	OUTPATIENT HEALTH CENTER
UH WESTSHORE PRIMARY CARE 26908 Detroit Road Westlake, OH 44145	Outpatient Health Center

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

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

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

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

Name and address	Type of Facility (describe)
UH Kent Health Center 401 DEVON PLACE KENT, OH 44240	Outpatient Health Center
UH Mantua Health Center 10803 Main St MANTUA, OH 44255	Outpatient Health Center
UH Sheffield Health Center 5001 Transportation Drive Sheffield Lake, OH 44054	Outpatient Health Center
UH Streetsboro Health Center 9318 State Route 14 Streetsboro, OH 44241	Outpatient Health Center
UH Walden Health Center 700 Walden Pl Aurora, OH 44202	OUTPATIENT HEALTH CENTER
CENTER FOR WOUND CARE LABORATORY SERVICE 133 E BROAD STREET ELYRIA, OH 44035	Ancillary Services
UH ELYRIA MEDICAL CNTR GATES PHLEBOTOMY 133 E Broad St ELYRIA, OH 44035	ANCILLARY SERVICES
Elyria Family Practice Laboratory SVCS 5319 Meadow Ln Elyria, OH 44035	ANCILLARY SERVICES
Grafton Family Care Laboratory Services 489 Main St GRAFTON, OH 44044	ANCILLARY SERVICES
NORTH ROYALTON LABORATORY SVCS 14200 Ridge Rd North Royalton, OH 44131	ANCILLARY SERVICES
UH Euclid Health Center Laboratory SVCS 18599 Lakeshore Blvd CLEVELAND, OH 44119	ANCILLARY SERVICES
UH Parma Outpatient Center 6305 Powers Blvd PARMA, OH 44129	ANCILLARY SERVICES
Firelands Regional Medical Center 1912 Hayes Ave SOUTH CAMPUS SANDUSKY, OH 44870	RAINBOW SPECIALTY CLINIC
Pediatric Ophthalmology Rainbow Specialt 6001 Landerhaven Dr Mayfield Heights, OH 44124	RAINBOW SPECIALTY CLINIC
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)
UH BROADVIEW HEIGHTS HEALTH CENTER 5901 E ROYALTON ROAD BROADWAY HEIGHTS, OH 44147	OUTPATIENT HEALTH CENTER
EMC PHLEBOTOMY AMBULATORY CARE CENTER 630 E RIVER STREET ELYRIA, OH 44035	ANCILLARY SERVICES
INTERNAL MEDICINE SPECIALISTS 96 GRAHAM ROAD SUITE A CUYAHOGA FALLS, OH 44223	ANCILLARY SERVICES
UH ASHLAND QCARE 350 HILLCREST DRIVE ASHLAND, OH 44805	URGENT CARE
UH CONCORD HEALTH CENTER URGENT CARE 7500 AUBURN ROAD SUITE 1200 PAINESVILLE, OH 44077	URGENT CARE

**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](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**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
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See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_ 20

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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	ASSISTANCE PROVIDED 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY 10501 Euclid Avenue CLEVELAND, OH 44106	25-1798733	501 (c) 3	17,500				General Support
AMERICAN HEART ASSOCIATION PO Box 1590 Hagerstown, MD 21740	13-5613797	501 (c) 3	161,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS 3747 Euclid Avenue CLEVELAND, OH 44115	53-0196605	501 (c) 3	15,000				General Support
ARTHRITIS FOUNDATION NORTHEASTERN OHIO 4630 Richmond Road CLEVELAND, OH 44128	58-1341679	501 (c) 3	20,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BNAI BRITH INTERNATIONAL 1120 20TH STREET NW SUITE 300N WASHINGTON, DC 20036	53-0179971	501 (c) 3	7,500				General Support
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501 (c) 3	6,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLEVELAND RAPE CRISIS CENTER 1228 EUCLID AVENUE STE 200 CLEVELAND, OH 44115	51-0164315	501 (c) 3	30,000				General Support
CUYAHOGA COMMUNITY COLLEGE FOUNDATION 700 CARNEGIE AVE CLEVELAND, OH 44115	23-7320719	501 (c) 3	15,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EPILEPSY ASSOCIATION 2831 PROSPECT AVE CLEVELAND, OH 44115	23-7198807	501 (c) 3	10,000				General Support
KIDNEY FOUNDATION OF OHIO INC 2831 Prospect Avenue CLEVELAND, OH 44115	34-0827748	501 (c) 3	5,500				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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 Road Ste 10 CLEVELAND, OH 44125	13-1846366	501 (c) 3	15,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHERN OHIO HEMOPHILIA FOUNDATION INC 4807 ROCKSIDE RD STE 380 CLEVELAND, OH 44131	34-1018501	501 (c) 3	5,500				General Support
SOUTHWEST COMMUNITY HEALTH FOUNDATION 18697 BAGLEY ROAD CLEVELAND, OH 44130	34-1455135	501 (c) 3	15,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STEWARTS CARING PLACE 2955 WEST MARKET ST STE R AKRON, OH 44333	20-0181338	501 (c) 3	10,000				General Support
SUICIDE PREVENTION EDUCATION ALLIANCE 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUSAN G KOMEN NORTHEAST OHIO 26210 Emery Road Ste 307 CLEVELAND, OH 44128	34-1793460	501 (c) 3	90,000				General Support
THE GATHERING PLACE 23300 Commerce Park Dr CLEVELAND, OH 44122	34-1879035	501 (c) 3	50,000				General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRANSPLANT GAMES OF AMERICA 217 GRANDVILLE AVENUE STE 301 GRAND RAPIDS, MI 49503	46-1252372	501 (c) 3	50,000				General Support
UNITED WAY 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501 (c) 3	17,500				General Support

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

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

Name of the organization University Hospitals Health System Inc Group Return	<b>Employer identification number</b>  90-0059117
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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.	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> 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.	<b>7</b>	Yes
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	Yes
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	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
See Additional Data	

## Additional Data

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

## Part III, Supplemental 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 2016 - HARLIN G ADELMAN (\$67,015 - SERP) - WILLIAM L ANNABLE, MD (\$64,831 - SERP) - SHERRI BISHOP (\$100,607 - SERP) - KIMBERLY F BIXENSTINE (\$55,109 - SERP) - BRADLEY C BOND (\$62,015 - SERP) - BRENT CARSON (\$35,860 - SERP) - STEPHEN COLECCHI (\$31,457 - SERP) - DAVID COOK (\$68,113 - SERP) - ROBERT G DAVID (\$52,410- SERP) - PATRICIA DEPOMPEI (\$66,125) - JANE DUS (\$174,484) - RONALD E DZIEDZICKI (\$76,224) - HEIDI GARTLAND (\$39,341 - SERP) - RICHARD A HANSON (\$162,267 - SERP) - M STEVEN JONES (\$392,264 - SERP) - SUSAN JURIS (\$55,280 - SERP) - NATHAN LEVITAN (\$144,984 - SERP) - MICHAEL MAINWARING (\$53,833 - SERP) - KEITH MAITLAND (\$37,864 - SERP) - JANET L MILLER (\$109,727 SERP) - FRED C ROTHSTEIN, MD (\$182,699 SERP) - SONIA SALVINO (\$39,899 - SERP) - STEVEN D STANDLEY (\$118,503 - SERP) - MICHAEL A SZUBSKI (\$172,534 - SERP) - PAUL G TAIT (\$111,528 - SERP) - NANCY TINSLEY (\$218,028 - SERP) - ALLEN R TRACY (\$54,627 - SERP) - THOMAS F ZENTY III (\$376,125 - SERP)

## Part III, Supplemental Information

Return Reference	Explanation
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

## Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 8	Certain employee compensation disclosed in Part VII meet the requirements of the initial contract exception



## Part III, Supplemental Information

Return Reference	Explanation
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

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				
1UHHS - Pandrangi Vasu MD Ex Officio Director	(i)	0	0	0	0	0	0	0
	(ii)	779,925	100,000	23,378	10,456	1,733	915,492	0
1UHHS - Zenty Thomas F III CEO/Ex Officio Director	(i)	1,276,063	599,375	1,474,270	419,935	11,808	3,781,451	831,022
	(ii)	0	0	0	0	0	0	0
2UHHS - Annable William L MD Chief Quality Officer	(i)	401,151	134,262	76,665	7,950	14,800	634,828	0
	(ii)	0	0	0	0	0	0	0
3UHHS - Miller Janet L Esq Secretary, Chief Legal Officer	(i)	525,905	200,637	209,984	35,649	11,367	983,542	0
	(ii)	0	0	0	0	0	0	0
4UHHS - Peters Jeffrey H MD Chief Operating Officer	(i)	954,339	403,500	5,990	508,035	13,312	1,885,176	0
	(ii)	0	0	0	0	0	0	0
5UHHS - Standley Steven D Chief Administrative Officer	(i)	569,761	215,143	127,215	26,020	14,462	952,601	0
	(ii)	0	0	0	0	0	0	0
6UHHS - Snowberger Thomas D Chief Human Resource Officer	(i)	524,905	199,528	2,778	328,921	15,145	1,071,277	0
	(ii)	0	0	0	0	0	0	0
7UHHS - Tait Paul G Chief Strategy Officer	(i)	538,138	197,573	150,800	37,152	26,941	950,604	0
	(ii)	0	0	0	0	0	0	0
8UHHS - Szubski Michael A Treasurer, Chief Financial Off	(i)	721,545	421,555	180,076	387,747	28,301	1,739,224	126,311
	(ii)	0	0	0	0	0	0	0
9UHCMC - Dziedzicki Ronald E BSN Chief Operating Officer	(i)	479,912	147,604	87,468	36,433	17,644	769,061	0
	(ii)	0	0	0	0	0	0	0
10UHCMC - DePompei Patricia M President RB&C	(i)	435,353	107,744	2,750	104,343	24,855	675,045	0
	(ii)	0	0	0	0	0	0	0
11UHCMC - Ros Pablo R MD Ex Officio Direct (BEG 5/2016)	(i)	530,285	77,100	67,426	35,689	20,103	730,603	0
	(ii)	0	0	0	0	0	0	0
12UHCMC - Simon Daniel I MD President (beg 1/2016)/Ex Offi	(i)	754,756	131,874	7,601	352,245	14,668	1,261,144	0
	(ii)	0	0	0	0	0	0	0
13UHCMC - Blake Jean D RN Chief Nursing Officer (beg 5/1	(i)	301,263	115,000	7,881	45,562	7,599	477,305	0
	(ii)	0	0	0	0	0	0	0
14UHCMC - Dus Jane Chief Nursing Officer (end 5/1	(i)	62,624	52,615	331,097	13,683	13,878	473,897	20,746
	(ii)	0	0	0	0	0	0	0
15UHCMC - Anderson Michael R MD Chief Medical Officer (end 6/2	(i)	439,020	148,902	2,724	9,580	29,720	629,946	0
	(ii)	0	0	0	0	0	0	0
16UHCMC - Levitan Nathan MD President Seidman Cancer Cente	(i)	571,935	142,879	154,861	36,575	21,886	928,136	0
	(ii)	0	0	0	0	0	0	0
17UHCMC - Salvino Sonia Treasurer	(i)	311,511	121,270	41,761	90,094	16,611	581,247	28,584
	(ii)	0	0	0	0	0	0	0
18UHCMC - Koppelman Catherine S R Former Officer	(i)	0	78,844	344,764	0	13,117	436,725	0
	(ii)	0	0	0	0	0	0	0
19AHUJA - Juns Susan V President/Ex Officio Director	(i)	364,455	89,364	96,864	37,008	23,525	611,216	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				
<b>21</b> AHUJA - Ray Amy J MD Ex Officio Direct (END 5/2016)	(i)	170,064	0	10,065	28,368	28,796	237,293	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> GEAUGA - Friedman Judah D MD Ex Officio Director	(i)	0	0	0	0	0	0	0
	(ii)	374,362	64,500	1,753	9,273	25,860	475,748	0
<b>2</b> GEAUGA - Jones M Steven President/Ex Officio Director	(i)	426,479	128,375	398,778	35,846	14,217	1,003,695	266,047
	(ii)	0	0	0	0	0	0	0
<b>3</b> ELYRIA - Larchian William MD Director	(i)	0	0	0	0	0	0	0
	(ii)	363,651	0	5,940	9,759	16,800	396,150	0
<b>4</b> ELYRIA - Wray Charlotte President/Ex Officio Director	(i)	306,765	34,752	1,617	73,899	22,153	439,186	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> PARMA - Wurst Jennifer MD Director	(i)	0	0	0	0	0	0	0
	(ii)	178,157	0	1,078	11,120	18,036	208,391	0
<b>6</b> PARMA - Tinsley Nancy President (end 9/2016)	(i)	219,222	80,302	314,624	17,342	30,479	661,969	19,143
	(ii)	0	0	0	0	0	0	0
<b>7</b> PARMA - Sink Krsti M Interim President (beg 9/2016)	(i)	127,484	30,000	9,151	10,452	12,786	189,873	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> ST JOHN - David Robert G Pres/EX OFC DIR (BEG 4/2016)	(i)	352,112	110,377	54,255	90,362	23,860	630,966	38,243
	(ii)	0	0	0	0	0	0	0
<b>9</b> ST JOHN - Stern Robert MD Ex Officio Director	(i)	141,306	0	13,444	4,215	8,358	167,323	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> ST JOHN - Hanson Richard A Secretary	(i)	627,722	374,295	172,293	167,865	30,270	1,372,445	114,338
	(ii)	0	0	0	0	0	0	0
<b>11</b> ST JOHN - Tracy Allen R Treasurer	(i)	299,762	62,316	59,320	73,030	12,155	506,583	36,912
	(ii)	0	0	0	0	0	0	0
REGIONAL - Jasper John J <b>12</b> MD Ex Officio Director (BEG 5/2016)	(i)	0	0	0	0	0	0	0
	(ii)	492,065	0	3,194	10,861	6,205	512,325	0
<b>13</b> GENEVA - Ghobnal Peter MD Ex Officio Director	(i)	415,484	7,345	833	32,248	29,526	485,436	0
	(ii)	0	0	0	0	0	0	0
GENEVA - Drublonis <b>14</b> Raimantas MD Former Director	(i)	0	0	0	0	0	0	0
	(ii)	327,413	0	1,148	10,155	1,659	340,375	0
CONNEAUT - <b>15</b> Sundaramoorthy Abiram Ex Officio Director	(i)	0	0	0	0	0	0	0
	(ii)	282,082	0	355	6,826	7,964	297,227	0
<b>16</b> SAMARITAN - Boggs Danny L President (end 10/2016)/Ex Off	(i)	289,034	0	3,810	18,000	12,494	323,338	0
	(ii)	0	0	0	0	0	0	0
<b>17</b> SAMARITAN - Sheldon Donald S MD Director	(i)	551,992	162,567	8,485	20,693	11,814	755,551	0
	(ii)	0	0	0	0	0	0	0
<b>18</b> SAMARITAN - Snyder Roger MD Director	(i)	0	0	0	0	0	0	0
	(ii)	199,046	34,457	1,188	0	3,886	238,577	0
<b>19</b> SAMARITAN - Stencel Michael MD Director	(i)	0	0	0	0	0	0	0
	(ii)	256,486	5,507	1,188	0	2,586	265,767	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>							
<b>(A)</b> Name and Title	<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
	<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>41</b> SAMARITAN - Gnest Mary L Treasurer	(i) 182,262	0	1,980	0	2,547	186,789	0
	(ii) 0	0	0	0	0	0	0
<b>1</b> PORTAGE - Colecchi Stephen Former Officer	(i) 105,478	116,960	318,537	19,249	23,680	583,904	76,966
	(ii) 0	0	0	0	0	0	0
<b>2</b> PORTAGE - Ebner Carl Former Officer	(i) 0	51,393	265,062	0	15,918	332,373	50,844
	(ii) 0	0	0	0	0	0	0
<b>3</b> UHMG - Harding Clifford V MD Director	(i) 224,932	73,538	34,813	16,851	3,726	353,860	0
	(ii) 0	0	0	0	0	0	0
<b>4</b> UHMG - Machtay Mitchell MD Director	(i) 404,893	29,120	36,859	33,764	27,270	531,906	0
	(ii) 0	0	0	0	0	0	0
<b>5</b> UHMG - Megerian Cliff MD President/Ex Officio Director	(i) 775,425	240,901	42,681	367,472	24,058	1,450,537	0
	(ii) 0	0	0	0	0	0	0
<b>6</b> UHMG - Onders Raymond MD Ex OFC DIR (END 11/2016)	(i) 648,392	0	38,598	18,709	29,247	734,946	0
	(ii) 0	0	0	0	0	0	0
<b>7</b> UHMG - Rothstein Fred C MD Ex OfC Direct (BEG 11/2016)	(i) 251,601	298,065	277,666	11,494	8,979	847,805	0
	(ii) 0	0	0	0	0	0	0
<b>8</b> UHMG - Salata Robert A MD Ex Officio Director	(i) 394,342	36,863	13,033	28,322	5,863	478,423	0
	(ii) 0	0	0	0	0	0	0
<b>9</b> UHMG - Selman Warren R MD Director	(i) 807,668	74,475	61,441	36,018	14,260	993,862	0
	(ii) 0	0	0	0	0	0	0
<b>10</b> UHMG - Walsh Michelle MD Ex OfC DIRECT (END 11/2016)	(i) 224,265	28,590	11,428	11,694	1,739	277,716	0
	(ii) 0	0	0	0	0	0	0
<b>11</b> UHMG - Adelman Harlin G Esq Assist Secretary (END 11/2016)	(i) 309,909	122,030	68,820	71,320	24,838	596,917	48,893
	(ii) 0	0	0	0	0	0	0
<b>12</b> UHMG - Ronis Robert Former Director/Key Employee	(i) 195,993	82,725	29,944	28,573	1,999	339,234	0
	(ii) 0	0	0	0	0	0	0
<b>13</b> UHMG - Konstan Michael MD Former Director	(i) 145,982	0	20,299	31,372	1,169	198,822	0
	(ii) 0	0	0	0	0	0	0
<b>14</b> UHMG - Walsh Richard A MD Former Director	(i) 189,046	0	36,576	13,344	8,559	247,525	0
	(ii) 0	0	0	0	0	0	0
<b>15</b> UHLSF - Harford Todd Director	(i) 158,863	12,230	8,482	13,817	8,575	201,967	0
	(ii) 0	0	0	0	0	0	0
<b>16</b> UHLSF - Landek Don M President	(i) 160,746	12,237	15,925	15,188	14,524	218,620	0
	(ii) 0	0	0	0	0	0	0
<b>17</b> HOME CARE - Mattland Keith R RP Chair/Vice President/Director	(i) 233,935	70,741	41,349	18,976	29,994	394,995	0
	(ii) 0	0	0	0	0	0	0
<b>18</b> HOME CARE - Sila Cathy MD Secretary/Treasurer/Director	(i) 292,541	0	34,165	35,750	2,924	365,380	0
	(ii) 0	0	0	0	0	0	0
<b>19</b> RSL - Cook David A Former Officer	(i) 185,797	40,330	166,173	18,593	15,913	426,806	0
	(ii) 0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title	<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990	
	<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation					
<b>61</b> ACO - Hammack Elizabeth R Secretary	(i) 205,161	18,481	5,205	15,022	23,038	266,907	0	
	(ii) 0	0	0	0	0	0	0	
ACO - Steiner William II MD <b>1</b> PhD President	(i) 0	0	0	0	0	0	0	
	(ii) 317,007	0	9,498	0	13,576	340,081	0	
<b>2</b> CCO - Coviello James MD Director	(i) 0	0	0	0	0	0	0	
	(ii) 260,445	0	841	0	21,114	282,400	0	
<b>3</b> CCO - DeGolia Peter MD Director	(i) 190,385	0	16,451	14,844	21,280	242,960	0	
	(ii) 0	0	0	0	0	0	0	
<b>4</b> CCO - Harwell Carla MD Director	(i) 174,710	0	12,289	12,069	27,884	226,952	0	
	(ii) 0	0	0	0	0	0	0	
<b>5</b> CCO - Hoynes Sean MD Director	(i) 0	0	0	0	0	0	0	
	(ii) 317,388	0	2,318	10,233	30,622	360,561	0	
<b>6</b> RCC - Carson Brent Treasurer/Director	(i) 259,153	76,880	38,140	71,439	29,010	474,622	26,167	
	(ii) 0	0	0	0	0	0	0	
<b>7</b> RCC - Gallagher Manlee MD Director	(i) 0	0	0	0	0	0	0	
	(ii) 228,211	0	9,092	12,413	6,720	256,436	0	
<b>8</b> RCC - Grossberg Richard MD Director	(i) 293,373	0	1,560	17,923	26,236	339,092	0	
	(ii) 0	0	0	0	0	0	0	
<b>9</b> RCC - Lakota Ken Director	(i) 132,625	12,130	2,140	10,887	24,832	182,614	0	
	(ii) 0	0	0	0	0	0	0	
<b>10</b> RCC - Underwood James MD Director	(i) 0	0	0	0	0	0	0	
	(ii) 160,177	0	1,422	7,781	25,834	195,214	0	
<b>11</b> RCC - Hertz Andrew R MD Vice President	(i) 348,623	44,023	1,847	21,592	1,659	417,744	0	
	(ii) 0	0	0	0	0	0	0	
<b>12</b> ECC - Bond Bradley C Secretary/Treasurer/Director	(i) 353,865	141,482	64,229	128,566	27,576	715,718	45,145	
	(ii) 0	0	0	0	0	0	0	
<b>13</b> UHHS - Bishop Shern Chief Development Officer	(i) 363,976	225,811	104,347	153,935	31,577	879,646	74,080	
	(ii) 0	0	0	0	0	0	0	
<b>14</b> UHHS - Bixenstine Kim F Chief Compliance Officer	(i) 329,241	126,137	59,590	36,626	15,645	567,239	0	
	(ii) 0	0	0	0	0	0	0	
<b>15</b> UHMG - Park Soon J Chief of Cardiac Surgery	(i) 1,392,322	0	10,062	36,173	24,317	1,462,874	0	
	(ii) 0	0	0	0	0	0	0	
<b>16</b> UHMG - Voos James E Orthopedic SurgEON	(i) 995,524	50,000	2,166	16,231	23,615	1,087,536	0	
	(ii) 0	0	0	0	0	0	0	
<b>17</b> UHMG - Sontch John K Chief Orthopedic Trauma	(i) 995,029	0	10,062	18,871	14,200	1,038,162	0	
	(ii) 0	0	0	0	0	0	0	
<b>18</b> UHMG - Furey Christopher G Chief Spine Center	(i) 932,396	0	69,020	18,639	24,240	1,044,295	0	
	(ii) 0	0	0	0	0	0	0	
<b>19</b> UHMG - Eubanks Jason D Orthopedic SurgEON	(i) 852,412	0	74,165	33,893	10,628	971,098	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				
<b>81</b> PORTAGE - Breedlove Linda Former Key Employee	(i)	162,628	71,689	100,394	8,582	21,046	364,339	46,778
	(ii)	0	0	0	0	0	0	0
<b>1</b> PORTAGE - Francis Stephen Former Key Employee	(i)	73,378	43,461	34,838	5,630	7,779	165,086	42,604
	(ii)	0	0	0	0	0	0	0
<b>2</b> ST JOHN - Dobrovich Michael SJMC Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	373,023	54,264	10,842	18,000	7,750	463,879	0
<b>3</b> UHHS - O'Malley Cheryl SJMC Former Key Employee	(i)	212,647	19,340	2,153	27,581	8,485	270,206	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> UHHS - Gartland Heidi Former Key Employee	(i)	265,453	80,442	40,819	72,782	3,600	463,096	28,711
	(ii)	0	0	0	0	0	0	0
<b>5</b> UHCMC - Lufter Carl H Jr former key employee	(i)	183,402	13,814	12,875	12,286	15,241	237,618	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> UHHS - Brumleve Peter S Former Key Employee	(i)	0	0	532,356	10,421	11,204	553,981	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> UHHS - Mainwaring Michael Parma Former Key Employee	(i)	136,918	42,089	129,873	25,756	28,399	363,035	0
	(ii)	0	0	0	0	0	0	0
UHCMC - STROSACKER <b>8</b> ROBYN MD CHIEF MEDICAL OFF (BEG 6/2016)	(i)	171,933	0	357	29,829	14,930	217,049	0
	(ii)	0	0	0	0	0	0	0
REGIONAL - RAPKIN DAVID <b>9</b> MD EX OFFICIO DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	450,563	0	5,114	10,666	30,264	496,607	0
GEAUGA - TUMBUSH JOHN <b>10</b> MD EX OFFICIO DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	202,615	0	1,667	8,374	1,629	214,285	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Table with 4 main columns: (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

Table with 9 main columns: (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.

Table with 5 main columns: (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) KATHYRN THOMPSON	See Part V	141,143	SEE PART V		No
(2) MATTHEW DZIEDZICKI	See Part V	56,207	See Part V		No
(3) LAUREN NEDRICH	See Part V	52,840	See Part V		No
(4) RACHEL TOTH	SEE PART V	44,807	SEE PART V		No
(5) MARY NEFF	SEE PART V	121,682	SEE PART V		No
(6) KARINA SHULEMOVICH	SEE PART V	102,743	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	<p>LINE 1 PATRICIA M DEPOMPEI RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF MS DEPOMPEI, PRESIDENT UHCMC RAINBOW BABIES &amp; CHILDRENS HOSPITAL/UHCMC DIRECTOR DESCRIPTION OF TRANSACTION A FAMILY MEMBER OF MS DEPOMPEI IS EMPLOYED BY UHCMC LINE 2 RONALD E DZIEDZICKI RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF MR DZIEDZICKI, CHIEF OPERATING OFFICER UHCMC DESCRIPTION OF TRANSACTION A FAMILY MEMBER OF MR DZIEDZICKI IS EMPLOYED BY UHCMC LINE 3 DAVID NEDRICH RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF MR NEDRICH PARMA CHAIR/DIRECTOR DESCRIPTION OF TRANSACTION A FAMILY MEMBER OF MR NEDRICH IS EMPLOYED BY PARMA LINE 4 PATRICIA SHARPNACK RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF MS SHARPNACK, AHUJA DIRECTOR DESCRIPTION OF TRANSACTION A FAMILY MEMBER OF MS SHARPNACK IS EMPLOYED BY AHUJA LINE 5 PATRICIA POWER DAWSON RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF MS DAWSON, SAMARITAN DIRECTOR DESCRIPTION OF TRANSACTION A FAMILY MEMBER OF MS DAWSON IS EMPLOYED BY SAMARITAN LINE 6 MITCHELL MACTAY RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF DR MACTAY, UHMG DIRECTOR DESCRIPTION OF TRANSACTION A FAMILY MEMBER OF DR MACTAY IS EMPLOYED BY UHMG IN ACCORDANCE WITH IRS REQUIREMENTS, BUSINESS TRANSACTIONS INVOLVING INDIVIDUALS AND ENTITIES THAT ARE INTERESTED PERSONS WITH RESPECT TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC (EIN 34-0714775) ARE REPORTED ON PART IV OF THE SCHEDULE L INCLUDED WITH THE SEPARATE FORM 990 FILED BY UNIVERSITY HOSPITALS HEALTH SYSTEM, INC</p>



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

▶ **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](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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
<b>1</b> Art—Works of art . . . . .	X	53	191,699	Appraisals
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .	X		6,328	FMV
<b>5</b> Clothing and household goods . . . . .	X		9,974	FMV
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	121	2,687,887	Med Value Transfer
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .	X	2	325,700	Appraisals
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .	X	7	5,437	VALUATION ENGAGEMENT
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( Miscellaneous ) . . . . .	X	146	343,491	FMV, Receipt
<b>26</b> Other ▶ ( _____ ) . . . . .				
<b>27</b> Other ▶ ( _____ ) . . . . .				
<b>28</b> 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** 4

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . **30a** No

**b** If "Yes," describe the arrangement in Part II

**31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31** Yes

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . . **32a** No

**b** If "Yes," describe in Part II

**33** If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
<b>30a</b>		No
<b>31</b>	Yes	
<b>32a</b>		No

**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 a combination of the number of contributions or the number of items received

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
University Hospitals Health System Inc  
Group Return

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**Employer identification number**

90-0059117

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
UH Entity DBA Names/Acronyms	<p>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 "UHO" THE "SYSTEM" UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (UHCMC) - 34-1567805 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HTS, OH 44122-5203052 UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC (AHUJA) - 26-4827222 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HTS, OH 44122-5203052 UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CONN) - 34-0714550 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HTS, OH 44122-5203052 UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER (GEAUGA) - 34-0816492 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HTS, OH 44122-5203052 UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (GENEVA) - 34-0714461 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HTS, OH 44122-5203052 UHHS HEATHER HILL INC (HHI) - 34-0771884 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HTS, OH 44122-5203052 UH REGIONAL HOSPITALS (UHRH) - 34-1924226 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HTS, OH 44122-5203052 UNIVERSITY HOSPITALS HOME CARE SERVICES, INC (HCS) - 34-1527536 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HTS, OH 44122-5203052 UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF) - 34-1720429 11100 EUCLID AVENUE CLEVELAND, OH 44106-1716000 UNIVERSITY HOSPITALS MEDICAL GROUP (UHMG) - 20-4881619 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HTS, OH 44122-5203052 UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION (ACO) - 27-3970270 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122-5203052 UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION (CCO) - 90-0794903 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122-5203052 UNIVERSITY HOSPITALS RAINBOW CARE CONNECTION INC (RCC) - 46-1074672 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122-5203052 PARMA COMMUNITY GENERAL HOSPITAL (PARMA) - 34-0827442 D/B/A UH PARMA MEDICAL CENTER 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122-5203052 ROYALTON SENIOR LIVING, INC (RSL) - 56-2314071 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122-5203052 EMH REGIONAL MEDICAL CENTER (ELYRIA) - 34-0714612 DBA UH ELYRIA MEDICAL CENTER 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122-5203052 AMHERST HOSPITAL ASSOCIATION, INC (AMH) - 34-0067060 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122-5203052 COMPREHENSIVE HEALTH CARE OF OHIO, INC (CHCO) - 34-1492733 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122-5203052 ROBINSON HEALTH SYSTEM, INC (PORT) - 46-1382538 D/B/A UH PORTAGE MEDICAL CENTER 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122-5203052 ROBINSON HEALTH AFFILIATES, INC (RHA) - 34-1499719 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH 44122-5203052 SAMARITAN HOSPITAL HOSPITALITY SHOP (SHHS) - 34-0808574 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HTS, OH</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
UH Entity DBA Names/Acronyms	44122-5203052 SAMARITAN REGIONAL HEALTH SYSTEM (SAM) - 34-0714535 D/B/A UH SAMARITAN MEDICAL CENTER 1025 CENTER STREET ASHLAND, OH 44805-4011256 UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER (SJMC) - 34-1260978 D/B/A UH ST JOHN MEDICAL CENTER 6935 TREELINE DRIVE BRECKSVILLE, OH 44141-3374991 UNIVERSITY HOSPITALS HEALTH SYSTEM, INC (PARENT ORGANIZATION) - 34-0714775 11100 EUCLID AVENUE CLEVELAND, OH 44106-1716000

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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)

# 990 Schedule O, Supplemental Information

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 WILL BE DIFFERENT THAN WHAT IS SHOWN IN PART V LINE 2A BECAUSE THIS GROUP RETURN DOES NOT ENCOMPASS ALL ENTITIES FOR WHICH THE PARENT ACTS AS A COMMON PAY AGENT



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 LEE KOURY (UHCMC DIRECTOR) AND MR GREGORY SKODA (UHCMC DIRECTOR) HAVE A BUSINESS RELATIONSHIP MR FRED C ROTHSTEIN, M D (UHMG DIRECTOR) AND MR MICHAEL FEUER (UHCMC/UHMG DIRECTOR) HAVE A BUSINESS RELATIONSHIP MR JAMES WERT (UHCMC DIRECTOR) AND MR WILLIAM O'NEILL (UHCMC DIRECTOR) HAVE A BUSINESS RELATIONSHIP

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 THE FORM 990 THE COMPENSATION COMMITTEE REVIEWED THE COMPENSATION SECTIONS OF THE FORM 990 THE GOVERNANCE AND COMMUNITY BENEFIT COMMITTEE REVIEWED 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, Line 12c	<p>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</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, Line 15	THE CHIEF EXECUTIVE OFFICERS 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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	THE FINANCIAL STATEMENTS FOR UNIVERSITY HOSPITALS HEALTH SYSTEM, INC AND ITS SUBSIDIARIES ARE MADE PUBLICLY AVAILABLE THROUGH THE USE OF DAC BOND (DISCLOSURE DISSEMINATION AGENT) AND CAN BE FOUND ON THE INTERNET AT WWW DACBOND COM THE ORGANIZATION'S ARTICLES, CODE OF REGULATIONS, AND CONFLICT OF INTEREST POLICY MAY BE MADE AVAILABLE UPON REQUEST



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9, Change in Net Assets	NET ASSETS RELEASED FROM RESTRICTION (\$32,646,000) CHANGE IN BENEFICIAL INTEREST FND 6,893,000 INVESTMENT IN SUBSIDIARIES 36,016,000 ADDITIONAL MINIMUM LIABILITY (30,993,000) EQUITY TRANSFERS (121,478,000) OTHER CHANGES IN FUND BALANCE 1,341,000 ----- (\$140,867,000)

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Parts VIII, IX, and X	<p>IN ORDER TO PROVIDE A MORE COMPLETE AND ACCURATE PICTURE OF UNIVERSITY HOSPITALS HEALTH SY STEM'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 RECONCILIATION OF GROUP PRESENTATION PART VIII - STATEMENT OF REVENUE UH GROUP AND UH PARENT ELIMINATIONS UH GROUP UH PARENT (WITHOUT UH COMBINED PARENT) LINE 1H 94 ,505,000 (8,785,000) +5,369,000 91,089,000 LINE 2G 3,242,727,000 (305,881,000) +267,989,000 3,204,835,000 LINE 3 28,085,000 (28,031,000) - 54,000 LINE 6 - - - - LINE 7D (2,874,000) 2,962,000 - 88,000 LINE 8C (46,000) - - (46,000) LINE 9 - - - - LINE 11E 172,907,000 (64,318,000) (11,012,000) 97,577,000 LINE 12 3,535,304,000 (404,053,000) +262,346,000 3,393,597,000 *TOTAL REVENUE REPORTED ON LINE 12 OF \$3,535,304,000 CONSISTED OF \$3,415,634,000 EXEMPT FUNCTION REVENUE, \$3,230,766 OF UNRELATED BUSINESS REVENUE, AND \$25,028,956 OF REVENUE EXCLUDED FROM TAX UNDER SECTIONS 512-514 PART IX - STATEMENT OF FUNCTIONAL EXPENSES UH GROUP AND UH PARENT ELIMINATIONS UH GROUP UH PARENT (WITHOUT UH COMBINED PARENT) LINE 1 3,567,000 (2,989,000) - 578,000 LINE 5 26,797,000 (14,966,000) - 11,831,000 LINE 6 555,000 (36,000) - 519,000 LINE 7 1,472,254,000 (177,230,000) - 1,295,024,000 LINE 8 54,901,000 2,318,000 - 57,219,000 LINE 9 179,953,000 (18,530,000) - 161,423,000 LINE 10 95,578,000 (12,381,000) - 83,197,000 LINE 11B 1,551,000 (1,262,000) - 289,000 LINE 11C 1,232,000 (502,000) - 730,000 LINE 11E - - - - LINE 11G 107,631,000 (29,507,000) - 78,124,000 LINE 12 18,074,000 (14,033,000) - 4,041,000 LINE 13 632,570,000 (7,718,000) - 624,852,000 LINE 14 74,125,000 (67,806,000) - 6,319,000 LINE 16 154,639,000 (10,711,000) - 143,928,000 LINE 17 9,621,000 (1,762,000) - 7,859,000 LINE 20 47,408,000 (47,373,000) - 35,000 LINE 22 136,662,000 (4,088,000) - 96,574,000 LINE 23 31,408,000 8,120,000 - 39,528,000 LINE 24 228,562,000 (33,946,000) +256,977,000 451,593,000 LINE 25 3,277,088,000 (470,402,000) +256,977,000 3,063,663,000 *TOTAL FUNCTIONAL EXPENSES REPORTED ON LINE 25 OF \$3277,088,000 CONSISTED OF \$3,053,522,000 PROGRAM SERVICE EXPENSES, \$209,742,000 OF MANAGEMENT AND GENERAL EXPENSES, AND \$13,824,000 OF FUNDRAISING EXPENSES PART X - BALANCE SHEET UH GROUP AND UH PARENT ELIMINATIONS UH GROUP UH PARENT (WITHOUT UH COMBINED PARENT) LINE 2 248,937,000 (213,239,000) - 35,698,000 LINE 3 45,154,000 (7,732,000) - 37,422,000 LINE 4 668,150,000 (16,278,000) - 651,872,000 LINE 8 58,352,000 - - 58,352,000 LINE 9 27,512,000 (19,630,000) - 7,882,000 LINE 10 C 1,594,569,000 (418,621,000) - 1,175,948,000 LINE 11 1,140,985,000 (1,140,018,000) - 967,000 LINE 12 307,456,000 (307,451,000) - 5,000 LINE 13 480,224,000 (2,274,161,000)+1,968,525,000 174,588,000 LINE 14 7,88</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Parts VIII, IX, and X	<p>7,000 (2,614,000) - 5,273,000 LINE 15 582,618,000 (99,644,000) - 550,859,000 LINE 16 5,161,844,000 (4,499,388,000) +1,968,525,000 2,630,981,000 LINE 17 401,417,000 (247,764,000) - 153,653,000 LINE 19 1,597,000 (53,000) - 1,544,000 LINE 20 1,119,566,000 (1,119,237,000) - 329,000 LINE 23 215,705,000 (215,276,000) - 429,000 LINE 24 - - - LINE 25 1,190,054,000 (1,052,687,000) - 137,367,000 LINE 26 2,928,339,000 (2,635,017,000) - 293,322,000 LINE 27 1,527,011,000 (1,508,451,000) +1,968,525,000 1,987,085,000 LINE 28 339,120,000 (13,378,000) 325,742,000 LINE 29 367,374,000 (342,542,000) - 24,832,000 LINE 33 2,233,505,000 (1,864,371,000) +1,968,525,000 2,337,659,000 LINE 34 5,161,844,000 (4,499,388,000) +1,968,525,000 2,630,981,000</p>

**990 Schedule O, Supplemental Information**

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 EDUCATION 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 -2016 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$249,373,895

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	<p>THE FOLLOWING INDIVIDUALS ARE DISCLOSED AS DIRECTORS, OFFICERS, AND KEY EMPLOYEES ON DIFFERENT ENTITIES WITHIN THE GROUP RETURN IN ADDITION TO BEING DISCLOSED AS FORMER DIRECTORS, OFFICERS, AND/OR KEY EMPLOYEES OF OTHER ENTITIES WITHIN THE GROUP -ROBERT G DAVID IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS AN OFFICER OF ST JOHN HE ALSO A FORMER OFFICER OF UH REGIONAL, GENEVA AND CONNEAUT -RICHARD A HANSON IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS AN OFFICER OF ST JOHN HE ALSO IS AN OFFICER OF UH REGIONAL, GENEVA, CONNEAUT, PORTAGE, AND HOME CARE, A DIRECTOR OF CCO, AND A FORMER OFFICER OF AHUJA AND GEAUGA -FRED C ROTHSTEIN, MD IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS A DIRECTOR OF UHMG HE ALSO IS A FORMER OFFICER OF UHHS AND UHCMC, AND FORMER DIRECTOR OF CCO -DONALD S SHELDON, MD IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS A DIRECTOR OF SAMARITAN HE ALSO IS AN OFFICER OF AMHERST, DIRECTOR OF CCO, AND FORMER OFFICER OF ELYRIA AND CHCO -PAUL G TAIT IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS AN OFFICER OF UHHS HE ALSO IS AN OFFICER OF ACO, CCO, AND RCC, A DIRECTOR OF ELYRIA, PARMA, AND CHCO, AND A FORMER OFFICER OF ST JOHN -NANCY TINSLEY IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS AN OFFICER OF PARMA SHE ALSO A FORMER DIRECTOR OF UHLSF -WILLIAM A YOUNG, JR IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS AN OFFICER OF UHHS HE ALSO A FORMER OFFICER OF ST JOHN -THOMAS F ZENTY III IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS AN OFFICER OF UHHS HE ALSO A FORMER DIRECTOR OF ST JOHN -ROBERT OLESEN IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS A DIRECTOR OF ELYRIA HE IS ALSO A FORMER OFFICER OF CHCO -DAVE COOK IS DISCLOSED WITH COMPENSATION ON FORM 990, PART VII, SECTION A AS A FORMER OFFICER OF RSL HE IS ALSO A FORMER DIRECTOR OF CHCO AND ELYRIA</p>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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
<b>(1)</b> KELLY COMMERCIAL VENTURES LLC 6120 PARKLAND BLVD SUITE 100 CLEVELAND, OH 44124	REAL ESTATE	OH			UHSJMC
<b>(2)</b> MEDINA COMMUNITY HEALTHCARE PROPERTIES 11100 EUCLID AVE CLEVELAND, OH 44106	REAL ESTATE	OH			UHHS
<b>(3)</b> JWR COMMERCIAL PROPERTIES LLC 11100 EUCLID AVE CLEVELAND, OH 44106	REAL ESTATE	OH			UHHS
<b>(4)</b> CHESTER ROAD COMMERCIAL PROPERTIES LLC 11100 EUCLID AVE CLEVELAND, OH 44106	REAL ESTATE	OH			UHHS

**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	No
<b>(1)</b> PARMA HOSPITAL HEALTH CARE FOUNDATION 7007 POWERS BLVD  PARMA, OH 44129 34-1626664	SUPPORT HOSP	OH	501(C)(3)	TYPE I	UHPMC	Yes	
<b>(2)</b> SAMARITAN HOSPITAL FOUNDATION 663 East Main St  Ashland, OH 44805 34-1783215	SUPPORT HOSP	OH	501(c)(3)	TYPE I	UHSRMC	Yes	
<b>(3)</b> ROBINSON MEMORIAL HOSPITAL FOUNDATION 6847 N CHESTNUT ST  RAVENNA, OH 44266 34-1510544	SUPPORT HOSP	OH	501(C)(3)	TYPE III NI	UHRHS	Yes	
<b>(4)</b> ELYRIA MEDICAL CENTER FOUNDATION 630 EAST RIVER STREET  ELYRIA, OH 44035 61-1579760	SUPPORT HOSP	OH	501(C)(3)	TYPE III NI	UHEMC	Yes	
<b>(5)</b> SAMARITAN PROFESSIONAL CORPORATION 1025 CENTER STREET  ASHLAND, OH 44805 34-1856531	SUPPORT HOSP	OH	501(C)(3)	3	UHSMC	Yes	
<b>(6)</b> AUXILIARY OF ROBINSON MEMORIAL HOSPITAL 6847 N CHESTNUT STREET  RAVENNA, OH 44266 34-0771932	SUPPORT HOSP	OH	501(C)(3)	TYPE III FI	UHRMC	Yes	
<b>(7)</b> 5805 EUCLID INC 3605 WARRENSVILLE CENTER ROAD  SHAKER HEIGHTS, OH 44122 81-4962989	SUPPORT HOSP	OH	501 (C) (3)	TYPE I	UHCMC	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) Disproportionate 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	
(1) SAMARITAN REGIONAL PAIN MANAGEMENT 1025 CENTER STREET Ashland, OH 44805 46-2286785	MEDICAL SERVICES	OH	NA	RELATED	272,623	9,256		No			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.

See Additional Data Table

(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

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

**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

See Additional Data Table

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





**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
(1)  7007 POWERS BLVD PARMA, OH 44129 34-1626664	SUPPORT HOSP	OH	501(C)(3)	TYPE I	UHPMC	Yes	
(1)  663 East Main St Ashland, OH 44805 34-1783215	SUPPORT HOSP	OH	501(c)(3)	TYPE I	UHSRMC	Yes	
(2)  6847 N CHESTNUT ST RAVENNA, OH 44266 34-1510544	SUPPORT HOSP	OH	501(C)(3)	TYPE III NI	UHRHS	Yes	
(3)  630 EAST RIVER STREET ELYRIA, OH 44035 61-1579760	SUPPORT HOSP	OH	501(C)(3)	TYPE III NI	UHEMC	Yes	
(4)  1025 CENTER STREET ASHLAND, OH 44805 34-1856531	SUPPORT HOSP	OH	501(C)(3)	3	UHSMC	Yes	
(5)  6847 N CHESTNUT STREET RAVENNA, OH 44266 34-0771932	SUPPORT HOSP	OH	501(C)(3)	TYPE III FI	UHRMC	Yes	
(6)  3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122 81-4962989	SUPPORT HOSP	OH	501 (C) (3)	TYPE I	UHCMC	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 GEROGGE 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 Hgths, OH 44122 34-1768931	HOLDING COMPANY	OH	UHHS	C corp			100 000 %	Yes	
(2) University Hospitals Physician Services 3605 Warrensville Cntr Rd Shaker Hgths, OH 44122 34-1768929	Physician Adm	OH	N/A	C corp				Yes	
(3) University Primary Care Practices Inc 3605 Warrensville Cntr Rd Shaker Hgths, OH 44122 34-1768928	PHYSICAN GROUP	OH	N/A	C corp				Yes	
(4) University Hospitals Health System MCO 3605 Warrensville Cntr Rd Shaker Hgths, OH 44122 34-1843674	Workers Comp	OH	N/A	C corp				Yes	
(5) UHHS Provider & Central Verification Org 3605 Warrensville Cntr Rd Shaker Hgths, OH 44122 34-1908517	Medical Mgmt	OH	N/A	C corp				Yes	
(6) Cedar Brainard Surgery Center Inc 3605 Warrensville Cntr Rd Shaker Hgths, OH 44122 20-4957632	HOLDING COMPANY	OH	UHHCE INC	C corp			100 000 %	Yes	
(7) University Hospitals Health Care Enterpr 3605 Warrensville Cntr Rd Shaker Hgths, OH 44122 34-1510005	Medical Mgmt	OH	N/A	C corp				Yes	
(8) BMH Development Corp 3605 Warrensville Cntr Rd Shaker Hgths, OH 44122 34-1346212	LAND DEVELOPMENT	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	N/A	C Corp				Yes	
(10) Comprehensive Ventures Unlimited Inc 3605 Warrensville Cntr Rd Shaker Heights, OH 44122 34-1596060	PHYSICIAN ADM	OH	UHCHCO INC	C Corp			100 000 %	Yes	
(11) North Ohio Heart Inc 3605 Warrensville Cntr Rd Shaker Heights, OH 44122 27-2574020	PHYSICIANS GR	OH	UHCHCO INC	C Corp			100 000 %	Yes	
(12) Powers Professional Corporation 3605 Warrensville Cntr Rd Shaker Heights, OH 44122 34-1735290	HOLDING COMPA	OH	UHPMC	C Corp			100 000 %	Yes	
(13) PRL Corporation 3605 Warrensville Cntr Rd Shaker Heights, OH 44122 34-1499245	PHYSICIANS GR	OH	UHPMC	C Corp			100 000 %	Yes	
(14) University Hospitals Accountable Care OR 3605 Warrensville Center Road Shaker Heights, OH 44122 81-3836118	ACCOUNT CARE	OH	N/A	C Corp				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) EMH Professional Services Inc 3605 Warrensville Center Road Shaker Heights, OH 44122 34-1778419	PHYSICIAN GR	OH	N/A	C CORP				Yes	
(1) Health Design Plus 1755 Georgetown Rd Hudson, OH 44236 34-1593929	Third Party A	OH	N/A	C CORP				Yes	
(2) Quality Care Network 3605 Warrensville Cntr Rd Shaker Hgghts, OH 44122 81-1081563	Medical mgmt	OH	UHHI INC	C corp			100 000 %	Yes	
(3) St John Medical Group Inc 3605 Warrensville Cntr Rd Shaker Hgghts, OH 44122 45-3245403	Physician Adm	OH	UHSJMC	C Corp			100 000 %	Yes	
(4) Westshore Primary Care Associates 3605 Warrensville Cntr Rd Shaker Hgghts, OH 44122 34-1675567	Physician Adm	OH	UHSJMC	C Corp			100 000 %	Yes	
(5) COMMUNITY MEDICAL GROUP LLC 3605 Warrensville Cntr Rd Shaker Hgghts, OH 44122	PHYSICIANS GROUP	OH	N/A	C CORP				Yes	
(6) GATES MEDICAL CENTER INC 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122 34-1596059	REAL ESTATE	OH	N/A	C CORP				Yes	
(7) EMH MEDICAL OFFICE BUILDING IN AVON INC 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122 34-1935407	REAL ESTATE	OH	N/A	C CORP				Yes	
(8) EMH SHEFFIELD MEDICAL CUILDING CONDO 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122 26-0636602	REAL ESTATE	OH	N/A	C CORP				Yes	

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

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	Samaritan Professional Corporation BY UH HEAL	M	1,512,805	GENERAL LEDGER
<b>(1)</b>	UH CLEVELAND MEDICAL CTR BY UH HEALTH SYSTEM	M	14,088,400	GENERAL LEDGER
<b>(2)</b>	UH CLEVELAND MEDICAL CTR FOR UH HEALTH SYSTE	L	7,591,381	GENERAL LEDGER
<b>(3)</b>	UH CLEVELAND MEDICAL CTR FROM UH HEALTH SYST	S	3,074,940	GENERAL LEDGER
<b>(4)</b>	UH ELYRIA MEDICAL CENTER BY UH HEALTH SYSTEM	Q	413,342	GENERAL LEDGER
<b>(5)</b>	UH GEAUGA MEDICAL CTR BY UH HEALTH SYSTEM	M	64,919	GENERAL LEDGER
<b>(6)</b>	UH HEALTH SYSTEM BY UH CLEVELAND MEDICAL CTR	M	7,591,381	GENERAL LEDGER
<b>(7)</b>	UH HEALTH SYSTEM BY UH MEDICAL GROUP	M	25,939,432	GENERAL LEDGER
<b>(8)</b>	UH HEALTH SYSTEM FOR PRL CORPORATION	L	120,000	GENERAL LEDGER
<b>(9)</b>	UH HEALTH SYSTEM FOR Samaritan Professional	L	1,807,541	GENERAL LEDGER
<b>(10)</b>	UH HEALTH SYSTEM FOR UH AHUJA MEDICAL CTR	L	3,373,782	GENERAL LEDGER
<b>(11)</b>	UH HEALTH SYSTEM FOR UH CLEVELAND MEDICAL CT	L	75,670,558	GENERAL LEDGER
<b>(12)</b>	UH HEALTH SYSTEM FOR UH CONNEAUT MEDICAL CTR	L	300,364	GENERAL LEDGER
<b>(13)</b>	UH HEALTH SYSTEM FOR UH ELYRIA MEDICAL CENTE	L	217,453	GENERAL LEDGER
<b>(14)</b>	UH HEALTH SYSTEM FOR UH GEAUGA MEDICAL CTR	L	4,530,141	GENERAL LEDGER
<b>(15)</b>	UH HEALTH SYSTEM FOR UH GENEVA MEDICAL CTR	L	783,903	GENERAL LEDGER
<b>(16)</b>	UH HEALTH SYSTEM FOR UH Home Care Services	L	127,074	GENERAL LEDGER
<b>(17)</b>	UH HEALTH SYSTEM FOR UH LABORATORY SERVICES	L	7,901,112	GENERAL LEDGER
<b>(18)</b>	UH HEALTH SYSTEM FOR UH MEDICAL GROUP	L	42,239,676	GENERAL LEDGER
<b>(19)</b>	UH HEALTH SYSTEM FOR UH PARMA MEDICAL CTR	L	3,876,842	GENERAL LEDGER
<b>(20)</b>	UH HEALTH SYSTEM FOR UH PHYSICIAN SERVICES	L	12,997,730	GENERAL LEDGER
<b>(21)</b>	UH HEALTH SYSTEM FOR UH PORTAGE MEDICAL CTR	L	681,734	GENERAL LEDGER
<b>(22)</b>	UH HEALTH SYSTEM FOR UH REGIONAL HOSPITALS	L	5,783,957	GENERAL LEDGER
<b>(23)</b>	UH HEALTH SYSTEM FOR UH SAMARITAN MEDICAL CT	L	4,286,889	GENERAL LEDGER
<b>(24)</b>	UH HEALTH SYSTEM FOR University Hospitals Ho	L	13,007,641	GENERAL LEDGER

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

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(26)</b>	UH HEALTH SYSTEM TO St John Medical Group I	P	144,391	GENERAL LEDGER
<b>(1)</b>	UH HEALTH SYSTEM TO UH AHUJA MEDICAL CTR	P	178,183	GENERAL LEDGER
<b>(2)</b>	UH HEALTH SYSTEM TO UH CLEVELAND MEDICAL CTR	P	8,833,382	GENERAL LEDGER
<b>(3)</b>	UH HEALTH SYSTEM TO UH CONNEAUT MEDICAL CTR	P	167,089	GENERAL LEDGER
<b>(4)</b>	UH HEALTH SYSTEM TO UH ELYRIA MEDICAL CENTER	P	379,711	GENERAL LEDGER
<b>(5)</b>	UH HEALTH SYSTEM TO UH GEauga MEDICAL CTR	P	180,954	GENERAL LEDGER
<b>(6)</b>	UH HEALTH SYSTEM TO UH GENEVA MEDICAL CTR	P	70,596	GENERAL LEDGER
<b>(7)</b>	UH HEALTH SYSTEM TO UH Home Care Services I	P	57,899	GENERAL LEDGER
<b>(8)</b>	UH HEALTH SYSTEM TO UH MEDICAL GROUP	P	6,501,735	GENERAL LEDGER
<b>(9)</b>	UH HEALTH SYSTEM TO UH PARMA MEDICAL CTR	P	753,227	GENERAL LEDGER
<b>(10)</b>	UH HEALTH SYSTEM TO UH PHYSICIAN SERVICES I	P	6,732,035	GENERAL LEDGER
<b>(11)</b>	UH HEALTH SYSTEM TO UH PORTAGE MEDICAL CTR	P	226,622	GENERAL LEDGER
<b>(12)</b>	UH HEALTH SYSTEM TO UH REGIONAL HOSPITALS	P	184,909	GENERAL LEDGER
<b>(13)</b>	UH HEALTH SYSTEM TO UH ST JOHN MEDICAL CTR	P	1,250,766	GENERAL LEDGER
<b>(14)</b>	UH HEALTH SYSTEM TO Western Reserve Assuaran	P	5,892,162	GENERAL LEDGER
<b>(15)</b>	UH HEALTH SYSTEM WITH UH AHUJA MEDICAL CTR	O	67,566	GENERAL LEDGER
<b>(16)</b>	UH HEALTH SYSTEM WITH UH CLEVELAND MEDICAL C	O	204,654	GENERAL LEDGER
<b>(17)</b>	UH HEALTH SYSTEM WITH University Primary Car	O	1,290,088	GENERAL LEDGER
<b>(18)</b>	UH Home Care Services Inc BY UH HEALTH SYS	M	286,634	GENERAL LEDGER
<b>(19)</b>	UH LABORATORY SERVICES FOUNDATION BY UH HEALT	M	6,058,787	GENERAL LEDGER
<b>(20)</b>	UH MEDICAL GROUP BY UH HEALTH SYSTEM	M	115,317,224	GENERAL LEDGER
<b>(21)</b>	UH MEDICAL GROUP FOR UH HEALTH SYSTEM	L	19,443,983	GENERAL LEDGER
<b>(22)</b>	UH MEDICAL GROUP TO UH HEALTH SYSTEM	R	3,091,845	GENERAL LEDGER
<b>(23)</b>	UH PARMA MEDICAL CTR BY UH HEALTH SYSTEM	M	120,000	GENERAL LEDGER
<b>(24)</b>	UH PARMA MEDICAL CTR BY UH HEALTH SYSTEM	Q	1,107,064	GENERAL LEDGER

<b>Form 990, Schedule R, Part V - Transactions With Related Organizations</b>				
	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(51)</b>	UH PHYSICIAN SERVICES INC BY UH HEALTH SYS	M	13,328,719	GENERAL LEDGER
<b>(1)</b>	UH PORTAGE MEDICAL CTR BY UH HEALTH SYSTEM	Q	400,000	GENERAL LEDGER
<b>(2)</b>	UH REGIONAL HOSPITALS BY UH HEALTH SYSTEM	M	1,955,350	GENERAL LEDGER
<b>(3)</b>	UH SAMARITAN MEDICAL CTR BY UH HEALTH SYSTEM	M	3,455,553	GENERAL LEDGER
<b>(4)</b>	University Hospitals Holdings Inc BY UH HE	M	13,007,641	GENERAL LEDGER
<b>(5)</b>	University Primary Care Practices Inc BY U	M	20,032,287	GENERAL LEDGER
<b>(6)</b>	Western Reserve Assuarance Company Ltd BY U	Q	26,399,022	GENERAL LEDGER
<b>(7)</b>	UH HEALTH SYSTEM FROM UH CLEVELAND MEDICAL	A	5,858,059	GENERAL LEDGER
<b>(8)</b>	UH HEALTH SYSTEM FROM UH CLEVELAND MEDICAL	A	287,984	GENERAL LEDGER
<b>(9)</b>	UH HEALTH SYSTEM FROM UH CLEVELAND MEDICAL	A	492,849	GENERAL LEDGER
<b>(10)</b>	UH HEALTH SYSTEM FROM UH CLEVELAND MEDICAL	A	55,825	GENERAL LEDGER
<b>(11)</b>	UH HEALTH SYSTEM FROM UH LABORATORY SERVICE	A	358,879	GENERAL LEDGER
<b>(12)</b>	UH HEALTH SYSTEM FROM UH REGIONAL	A	104,412	GENERAL LEDGER
<b>(13)</b>	UH HEALTH SYSTEM FROM UH GEAUGA MEDICAL CTR	A	425,279	GENERAL LEDGER
<b>(14)</b>	UH HEALTH SYSTEM FROM UH AHUJA MEDICAL CTR	A	938,254	GENERAL LEDGER
<b>(15)</b>	UH HEALTH SYSTEM FROM UH REGIONAL	A	115,743	GENERAL LEDGER
<b>(16)</b>	UH HEALTH SYSTEM FROM UH PHYSICIAN SERVICES	A	7,690,286	GENERAL LEDGER
<b>(17)</b>	UH HEALTH SYSTEM FROM UH MEDICAL GROUP	A	2,428,716	GENERAL LEDGER
<b>(18)</b>	UH HEALTH SYSTEM FROM POWERS PROFESSIONAL C	A	88,230	GENERAL LEDGER
<b>(19)</b>	UH CLEVELAND MEDICAL CTR FROM UH LABORATORY S	A	157,069	GENERAL LEDGER
<b>(20)</b>	UH CLEVELAND MEDICAL CTR FROM UH MEDICAL GROU	A	1,652,492	GENERAL LEDGER
<b>(21)</b>	UH REGIONAL HOSPITALS FROM UH CLEVELAND MEDIC	A	67,665	GENERAL LEDGER
<b>(22)</b>	UH REGIONAL HOSPITALS FROM UH PHYSICIAN SERVI	A	201,357	GENERAL LEDGER
<b>(23)</b>	UH REGIONAL HOSPITALS FROM UH PHYSICIAN SERVI	A	187,741	GENERAL LEDGER
<b>(24)</b>	UH GENEVA MEDICAL CTR FROM UH PHYSICIAN SERVI	A	52,203	GENERAL LEDGER



<b>Form 990, Schedule R, Part V - Transactions With Related Organizations</b>				
	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(76)</b>	UH REGIONAL HOSPITALS FROM UH CLEVELAND MEDIC	A	688,926	GENERAL LEDGER
<b>(1)</b>	UH REGIONAL HOSPITALS FROM UH PHYSICIAN SERVI	A	76,558	GENERAL LEDGER
<b>(2)</b>	UH PORTAGE MEDICAL CTR FROM UH CLEVELAND MEDI	A	120,351	GENERAL LEDGER
<b>(3)</b>	UH PORTAGE MEDICAL CTR FROM UH PHYSICIAN SERV	A	1,416,524	GENERAL LEDGER
<b>(4)</b>	UH PARMA MEDICAL CTR FROM UH PHYSICIAN SERVIC	A	92,349	GENERAL LEDGER
<b>(5)</b>	PRL CORPORATION FROM UH PHYSICIAN SERVICES I	A	595,035	GENERAL LEDGER
<b>(6)</b>	PRL CORPORATION FROM UH PARMA MEDICAL CTR	A	697,126	GENERAL LEDGER
<b>(7)</b>	NORTH OHIO HEART FROM UH ELYRIA MEDICAL CENT	A	94,461	GENERAL LEDGER
<b>(8)</b>	AMHERST HOSPITAL ASSN FROM UH PHYSICIAN SERVI	A	95,058	GENERAL LEDGER
<b>(9)</b>	COMPREHENSIVE VENTURES FROM UH PHYSICIAN SER	A	438,544	GENERAL LEDGER
<b>(10)</b>	COMPREHENSIVE VENTURES FROM UH ELYRIA MEDICA	A	189,861	GENERAL LEDGER
<b>(11)</b>	POWERS PROFESSIONAL CORPORATION BY UH HEALTH	M	143,175	GENERAL LEDGER
<b>(12)</b>	UH ELYRIA MEDICAL CENTER FROM UH PHYSICIANS S	A	9,615	GENERAL LEDGER
<b>(13)</b>	UH REGIONAL HOSPITALS FROM UH MEDICAL GROUP	A	31,326	GENERAL LEDGER
<b>(14)</b>	PRL CORPORATION FROM UH MEDICAL GROUP	A	47,184	GENERAL LEDGER
<b>(15)</b>	UH GENEVA MEDICAL CENTER FROM UH MEDICAL GROU	A	14,862	GENERAL LEDGER
<b>(16)</b>	UH CONNEAUT MEDICAL CTR FROM UH PHYSICIAN SER	A	22,130	GENERAL LEDGER
<b>(17)</b>	UH CONNEAUT MEDICAL CTR FROM UH MEDICAL GROUP	A	1,188	GENERAL LEDGER
<b>(18)</b>	UN REGIONAL HOSPITALS FROM UH MEDICAL GROUP	A	3,332	GENERAL LEDGER
<b>(19)</b>	UH HEALTH SYSTEM FROM UH PARMA MEDICAL CTR	A	37,102	GENERAL LEDGER
<b>(20)</b>	UH HEALTH SYSTEM FROM UH GENEVA MEDICAL CTR	A	46,964	GENERAL LEDGER