

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

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

D Employer identification number
90-0059117

E Telephone number
(216) 844-1000

G Gross receipts \$ 3,706,127,000

F Name and address of principal officer
MICHAEL A SZUBSKI
3605 WARRENSVILLE CENTER ROAD
SHAKER HEIGHTS, OH 44122

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

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

J Website: ▶ WWW.UHHOSPITALS.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation

M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UNIVERSITY HOSPITALS (THE SYSTEM) IS GUIDED BY ITS MISSION "TO HEAL TO TEACH TO DISCOVER"

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

3 Number of voting members of the governing body (Part VI, line 1a)	286
4 Number of independent voting members of the governing body (Part VI, line 1b)	200
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	28,596
6 Total number of volunteers (estimate if necessary)	7,796
7a Total unrelated business revenue from Part VIII, column (C), line 12	3,098,000
7b Net unrelated business taxable income from Form 990-T, line 34	689,000

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	94,505,000	78,214,000
9 Program service revenue (Part VIII, line 2g)	3,242,727,000	3,321,989,000
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,211,000	129,147,000
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	172,861,000	175,633,000
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,535,304,000	3,704,983,000
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,567,000	4,382,000
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,830,038,000	1,858,178,000
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	126,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,625,000		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,443,483,000	1,475,157,000
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,277,088,000	3,337,843,000
19 Revenue less expenses Subtract line 18 from line 12	258,216,000	367,140,000

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,161,844,000	4,865,356,000
21 Total liabilities (Part X, line 26)	2,928,339,000	2,379,971,000
22 Net assets or fund balances Subtract line 21 from line 20	2,233,505,000	2,485,385,000

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
MICHAEL A SZUBSKI CHIEF FINANCIAL OFFICER
Type or print name and title

2018-11-15
Date

Paid Preparer Use Only

Print/Type preparer's name REBECCA LYONS	Preparer's signature REBECCA LYONS	Date	Check <input type="checkbox"/> if self-employed	PTIN P01487105
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772	
Firm's address ▶ 250 EAST 5TH STREET SUITE 1900 CINCINNATI, OH 45202			Phone no (513) 784-7100	

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

SEE SCHEDULE O

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 \$ 3,111,137,000 including grants of \$ 4,382,000) (Revenue \$ 3,498,226,000)
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 ▶ 3,111,137,000

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	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	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. 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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 (286); 1b Enter the number of voting members included in line 1a, above, who are independent (200); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (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 (AL, FL, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, SC, TN, UT, VA, WA, WI, GA); 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) 844-1000)

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	2,041,000			
	d Related organizations	1d				
	e Government grants (contributions)	1e	45,256,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	30,917,000			
	g Noncash contributions included in lines 1a-1f \$ _____		6,596,000			
	h Total. Add lines 1a-1f		78,214,000			
Program Service Revenue		Business Code				
	2a NET PROGRAM SERVICE RE	900099	3,252,986,000	3,252,986,000		
	b GOVERNMENT REIMBURSEME	900099	52,061,000	52,061,000		
	c ENHANCED MCO PROGRAM	900099	14,842,000	14,842,000		
	d CHILDRENS SUPPLEMENTAL	900099	2,100,000	2,100,000		
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		3,321,989,000				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		49,257,000		3,098,000	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	78,814,000			
		(ii) Other		1,076,000		
		b Less cost or other basis and sales expenses	0		0	
		c Gain or (loss)	78,814,000		1,076,000	
	d Net gain or (loss)		79,890,000			
	8a Gross income from fundraising events (not including \$ 2,041,000 of contributions reported on line 1c) See Part IV, line 18	a		511,000		
		b Less direct expenses		1,141,000		
c Net income or (loss) from fundraising events			-630,000		-630,000	
9a Gross income from gaming activities See Part IV, line 19	a		29,000			
	b Less direct expenses		3,000			
	c Net income or (loss) from gaming activities		26,000		26,000	
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a ANCILLARY REVENUE	900099	117,109,000	117,109,000			
b INTER-COMPANY TRANSFER	900099	26,292,000	26,292,000			
c JV INCOME	900099	25,435,000	25,435,000			
d All other revenue		7,401,000	7,401,000			
e Total. Add lines 11a-11d		176,237,000				
12 Total revenue. See Instructions		3,704,983,000	3,498,226,000	3,098,000	125,445,000	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,382,000	4,382,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	44,779,000	28,161,000	16,618,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	604,000	604,000		
7 Other salaries and wages	1,481,961,000	1,385,186,000	88,416,000	8,359,000
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	38,702,000	36,380,000	2,322,000	
9 Other employee benefits	192,210,000	178,600,000	11,400,000	2,210,000
10 Payroll taxes	99,922,000	93,927,000	5,995,000	
11 Fees for services (non-employees)				
a Management				
b Legal	1,700,000	1,598,000	102,000	
c Accounting	1,327,000	1,247,000	80,000	
d Lobbying	627,000	627,000		
e Professional fundraising services See Part IV, line 17	126,000			126,000
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	127,881,000	120,202,000	7,672,000	7,000
12 Advertising and promotion	15,043,000	13,359,000	853,000	831,000
13 Office expenses	673,414,000	631,982,000	40,339,000	1,093,000
14 Information technology	79,434,000	74,654,000	4,765,000	15,000
15 Royalties				
16 Occupancy	167,004,000	156,808,000	10,009,000	187,000
17 Travel	8,995,000	8,265,000	528,000	202,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	45,559,000	42,825,000	2,734,000	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	147,355,000	138,496,000	8,840,000	19,000
23 Insurance	19,015,000	17,874,000	1,141,000	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PURCHASED SERVICE	75,743,000	71,198,000	4,545,000	0
b OHIO STATE HOSPITAL FRA	44,555,000	41,882,000	2,673,000	0
c OTHER NONSERVICE PERIOD	23,521,000	22,110,000	1,411,000	
d RESEARCH & EDUCATION	17,016,000	15,995,000	1,021,000	0
e All other expenses	26,968,000	24,775,000	1,617,000	576,000
25 Total functional expenses. Add lines 1 through 24e	3,337,843,000	3,111,137,000	213,081,000	13,625,000
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing		1	0
	2 Savings and temporary cash investments	248,937,000	2	191,810,000
	3 Pledges and grants receivable, net	45,154,000	3	45,245,000
	4 Accounts receivable, net	668,150,000	4	580,673,000
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	58,352,000	8	64,345,000
	9 Prepaid expenses and deferred charges	27,512,000	9	35,162,000
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,455,689,000		
	b Less accumulated depreciation	1,822,717,000		
		1,594,569,000	10c	1,632,972,000
	11 Investments—publicly traded securities	1,140,985,000	11	1,340,751,000
	12 Investments—other securities See Part IV, line 11	307,456,000	12	323,546,000
	13 Investments—program-related See Part IV, line 11	480,224,000	13	491,488,000
	14 Intangible assets	7,887,000	14	6,723,000
15 Other assets See Part IV, line 11	582,618,000	15	152,641,000	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,161,844,000	16	4,865,356,000	
Liabilities	17 Accounts payable and accrued expenses	401,417,000	17	397,933,000
	18 Grants payable		18	
	19 Deferred revenue	1,597,000	19	1,799,000
	20 Tax-exempt bond liabilities	1,119,566,000	20	1,139,000,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	215,705,000	23	170,030,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,190,054,000	25	671,209,000	
26 Total liabilities. Add lines 17 through 25	2,928,339,000	26	2,379,971,000	
Net Assets or Fund Balances	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. Unrestricted net assets	1,527,011,000	27	1,716,247,000
	28 Temporarily restricted net assets	339,120,000	28	365,627,000
	29 Permanently restricted net assets	367,374,000	29	403,511,000
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,233,505,000	33	2,485,385,000
	34 Total liabilities and net assets/fund balances	5,161,844,000	34	4,865,356,000

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,704,983,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,337,843,000
3	Revenue less expenses Subtract line 2 from line 1	3	367,140,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,233,505,000
5	Net unrealized gains (losses) on investments	5	3,682,000
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-118,942,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,485,385,000

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>1 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>2a 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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>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>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 90-0059117

Name: UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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 00 0 00	X						0	0	0
UHHS - AHUJA MONTE DIRECTOR	2 00 0 00	X						0	0	0
UHHS - ANTON ARTHUR F VICE CHAIR (BEG 05/17)/DIRECTOR	2 00 0 00	X		X				0	0	0
UHHS - ANTONUCCI JOHN DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
UHHS - ARNOLD CRAIG A DIRECTOR	2 00 0 00	X						0	0	0
UHHS - ASBECK KATHERINE A DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
UHHS - BANKS ANDREW J DIRECTOR	2 00 0 00	X						0	0	0
UHHS - CLARK PAUL DIRECTOR	2 00 0 00	X						0	0	0
UHHS - CONNOR CHRISTOPHER M DIRECTOR	2 00 0 00	X						0	0	0
UHHS - DELLA RATTA RALPH DIRECTOR	2 00 0 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			
UHHS - ETTINGER HEATHER R DIRECTOR	2 00 0 00	X						0	0	0
UHHS - GORMAN CHRISTOPHER M DIRECTOR	2 00 0 00	X						0	0	0
UHHS - HALL BRIAN E DIRECTOR	2 00 0 00	X						0	0	0
UHHS - HARDY KENNETH D DIRECTOR	2 00 0 00	X						0	0	0
UHHS - HARLAN M ANN DIRECTOR	2 00 0 00	X						0	0	0
UHHS - HASLAM DEE DIRECTOR	2 00 0 00	X						0	0	0
UHHS - HYLAND CHRISTOPHER J DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
UHHS - KELSHEIMER JERRY L DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
UHHS - LACEY WILLIAM DIRECTOR	2 00 0 00	X						0	0	0
UHHS - MEYER HENRY L III DIRECTOR (END 05/17)	2 00 0 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			
UHHS - NOVAK ERNEST J JR DIRECTOR	2 00 0 00	X						0	0	0
UHHS - PANDRANGI VASU MD DIRECTOR EX OFFICIO	2 00 50 00	X						0	796,994	204,832
UHHS - PIANALTO SANDRA DIRECTOR/CHAIR	2 00 0 00	X		X				0	0	0
UHHS - POTASH STEVEN DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
UHHS - RANKIN ALFRED M JR DIRECTOR	2 00 0 00	X						0	0	0
UHHS - SALATA ROBERT A MD DIRECTOR	50 00 0 00	X						781,626	0	46,885
UHHS - SMITH ROBERT C DIRECTOR	2 00 0 00	X						0	0	0
UHHS - THORNTON JERRY SUE PHD DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
UHHS - YOUNG WILLIAM A JR DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
UHHS - ZENTY THOMAS F III DIRECTOR EX OFFICIO/CHIEF EXECUTIVE OFFICER	50 00 0 00	X		X				3,479,535	0	441,925

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - ADELMAN JOEL E DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
UHCMC - ADLER-RASKIND JULIE DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - BAUM ROBIN I DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
UHCMC - CAMIENER DAVID A DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - GOLDBERG DAVID DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
UHCMC - HALLBERG CHARLES E DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - HAMILTON JEFFREY D DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - HYLAND CHRISTOPHER J CHAIR (END 05/17)/DIRECTOR	2 00 0 00	X		X				0	0	0
UHCMC - KELSHEIMER JERRY L CHAIR BEG (05/17)/DIRECTOR/VICE CHAIR	2 00 0 00	X		X				0	0	0
UHCMC - KLINE STUART F DIRECTOR	2 00 0 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			
UHCMC - KOURY LEE M DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - LEE RAYMOND K DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - LEVITAN NATHAN MD DIRECTOR EX OFFICIO (END 10/17)	50 00 0 00	X						949,612	0	60,154
UHCMC - REYNOLDS DAVID M DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - RICCI KENNETH C DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - ROS PABLO R MD DIRECTOR EX OFFICIO (END 01/17)	50 00 0 00	X						784,508	0	58,163
UHCMC - SCHULTZ STEPHEN A DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - SCHULZE-FLYNN CYNTHIA V DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
UHCMC - SHAUGHNESSY MARIAN K DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - SIMON DANIEL I MD DIRECTOR EX OFFICIO/PRESIDENT	50 00 0 00	X		X				1,196,221	0	31,413

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
UHCMC - SKODA GREGORY J DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - SKORY JOHN E DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - STEINHILBER JEFFREY DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
UHCMC - TAYLOR EDDIE JR VICE CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
UHCMC - TEKNOS MD THEODORE DIRECTOR EX OFFICIO (BEG 10/17)	50 00 0 00	X						376,057	0	6,090
UHCMC - WERT JAMES W DIRECTOR (END 12/17)	2 00 0 00	X						0	0	0
UHCMC - WOODS JACQUELINE F DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
UHCMC - ZENTY THOMAS F III DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
AHUJA - CONIGLIO GWENAY S DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
AHUJA - DOODY RICHARD DIRECTOR	2 00 0 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AHUJA - GLICK ROBERT A DIRECTOR	2 00 0 00	X						0	0	0
AHUJA - HABER IRWIN DIRECTOR	2 00 0 00	X						0	0	0
AHUJA - HURWITZ SUSAN R DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
AHUJA - KLINE ANDREW L DIRECTOR	2 00 0 00	X						0	0	0
AHUJA - LAUER DEBORAH A DIRECTOR	2 00 0 00	X						0	0	0
AHUJA - MORIKIS JOHN G DIRECTOR	2 00 0 00	X						0	0	0
AHUJA - ROSENBERG ENID DIRECTOR	2 00 0 00	X						0	0	0
AHUJA - SEITZ THOMAS W VICE CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
AHUJA - SETHI NEIL VICE CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
AHUJA - SHAPIRO ERIC MD DIRECTOR EX OFFICIO	2 00 50 00	X						0	413,750	116,316

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AHUJA - SHARPBACK PATRICIA DNP RN DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
AHUJA - ZELMAN DANIEL N DIRECTOR	2 00 0 00	X						0	0	0
CONNEAUT - BRANNON ANGELA L DIRECTOR EX OFFICIO (BEG 05/17)	2 00 0 00	X						0	0	0
CONNEAUT - BRECHT CHRISTOPHER E DIRECTOR	2 00 0 00	X						0	0	0
CONNEAUT - CONWAY KESHA DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
CONNEAUT - DANA RICHARD L VICE CHAIR (BEG 05/17)/DIRECTOR (BEG 05/17)	2 00 0 00	X		X				0	0	0
CONNEAUT - DECK CHARLES V VICE CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
CONNEAUT - GARCIA RICHARD DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
CONNEAUT - GARDNER LAUREN A DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
CONNEAUT - HOCKADAY JAMES E DIRECTOR	2 00 0 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CONNEAUT - JONES M STEVEN DIRECTOR EX OFFICIO (BEG 05/17)/PRESIDENT	2 00 0 00	X		X				0	0	0
CONNEAUT - KRAUS REV TIMOTHY DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
CONNEAUT - LEGEZA MICHAEL D DIRECTOR	2 00 0 00	X						0	0	0
CONNEAUT - MCLAUGHLIN LORI E CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
CONNEAUT - MOROSKI JOE A DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
CONNEAUT - NEWCOMB CHRISTOPHER M DIRECTOR	2 00 0 00	X						0	0	0
CONNEAUT - SKUFCA MICHAEL DDS DIRECTOR	2 00 0 00	X						0	0	0
CONNEAUT - SUNDARAMOORTHY ABIRAMMY DIRECTOR EX OFFICIO	2 00 50 00	X						0	288,155	15,683
CONNEAUT - VARCKETTE STEVE DIRECTOR	2 00 0 00	X						0	0	0
ELYRIA - BALLINGER MARCIA PHD DIRECTOR	2 00 0 00	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELYRIA - BRAGG DAN A DIRECTOR	2 00 0 00	X						0	0	0
ELYRIA - CORCORAN KEVIN DIRECTOR	2 00 0 00	X						0	0	0
ELYRIA - LARCHIAN WILLIAM MD DIRECTOR(END 05/17)/DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
ELYRIA - LONG REV JANET CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
ELYRIA - MERCADO PHILIP C DIRECTOR	2 00 0 00	X						0	0	0
ELYRIA - MIGGINS LYNN SECRETARY/VICE CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
ELYRIA - REIDY JOAN DIRECTOR	2 00 0 00	X						0	0	0
ELYRIA - RYAN SPENCER DIRECTOR	2 00 0 00	X						0	0	0
ELYRIA - SINK KRISTI M DIRECTOR EX OFFICIO (BEG 10/17)/PRESIDENT BEG 10/1	50 00 0 00	X		X				302,875	0	27,114
ELYRIA - SZUBSKI MICHAEL A DIRECTOR	2 00 0 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELYRIA - TAIT PAUL G DIRECTOR	2 00 0 00	X						0	0	0
ELYRIA - WALDHEGER PRISCILLA MD DIRECTOR	2 00 0 00	X						0	0	0
ELYRIA - WHITE ROBERT DIRECTOR	2 00 0 00	X						0	0	0
ELYRIA - WRAY CHARLOTTE A DIRECTOR EX OFFICIO (END 10/17)/PRESIDENT (END 10/10/)	50 00 0 00	X		X				382,547	0	56,184
GEAUGA - ANDREANI NATALINA MD DIRECTOR (BEG 05/17)	2 00 50 00	X						0	71,513	123
GEAUGA - BALOGH SCOTT DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - BENDA THOMAS W DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - BROOME BARBARA ANN DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
GEAUGA - EGGLESTON INDRANI DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
GEAUGA - FITTS JOHN T DIRECTOR	2 00 0 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEAUGA - FRIEDMAN JUDAH D MD DIRECTOR EX OFFICIO (END 05/17)	2 00 50 00	X						0	440,865	89,452
GEAUGA - HOSIER-ORVIS B PAIGE DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - JEMISON TRACY DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - JONES M STEVEN DIRECTOR EX OFFICIO/PRESIDENT	50 00 0 00	X		X				803,140	0	51,352
GEAUGA - KAMER P JAMES JR DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
GEAUGA - KARLOVEC JOHN DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
GEAUGA - KNECHT BARBARA L DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - MALE JOHN JACK R DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - MARKOWITZ DALE H DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - MCNAIR DARRELL L VICE CHAIR (END 05/17)/DIRECTOR (END 05/17)	2 00 0 00	X		X				0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEAUGA - MILLER DENISE VICE CHAIR (BEG 05/17)/TREASURER/DIRECTOR	2 00 0 00	X		X				0	0	0
GEAUGA - MILLER PETE C DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - REID JENNIFER WILLIAMS MD DIRECTOR EX OFFICIO (BEG 05/17)	2 00 0 00	X						0	0	0
GEAUGA - ROBINSON GREGORY C DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
GEAUGA - WALDECK JOHN JACK W SECRETARY/VICE CHAIR (BEG 05/17)/DIRECTOR	2 00 0 00	X		X				0	0	0
GENEVA - BRANNON ANGELA L DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
GENEVA - BRECHT CHRISTOPHER E DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
GENEVA - CONWAY KESHA DIRECTOR	2 00 0 00	X						0	0	0
GENEVA - DANA RICHARD L VICE CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
GENEVA - DECK CHARLES V VICE CHAIR (BEG 05/17)/DIRECTOR (BEG 05/17)	2 00 0 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 - GARCIA RICHARD DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
GENEVA - GARDNER LAUREN A DIRECTOR	2 00 0 00	X						0	0	0
GENEVA - GHOBRIAL PETER MD DIRECTOR EX OFFICIO (END 05/17)	50 00 0 00	X						469,314	0	63,648
GENEVA - GRIFFITHS MORGAN R JR DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
GENEVA - HOCKADAY JAMES E DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
GENEVA - HOWE EVAN MD DIRECTOR EX OFFICIO (BEG 05/17)	2 00 50 00	X						0	232,034	31,950
GENEVA - JONES M STEVEN DIRECTOR EX OFFICIO/PRESIDENT (BEG 05/17)	2 00 0 00	X		X				0	0	0
GENEVA - LEGEZA MICHAEL D DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
GENEVA - MCLAUGHLIN LORI E CHAIR (BEG 05/17)/DIRECTOR (BEG 05/17)	2 00 0 00	X		X				0	0	0
GENEVA - NEWCOMB CHRISTOPHER M DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GENEVA - PARKER CRAIG A DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
GENEVA - PASQUALONE GARY L ESQ CHAIR (END 05/17)/DIRECTOR (END 05/17)	2 00 0 00	X		X				0	0	0
GENEVA - RAYMOND WILLARD WIDD A DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
GENEVA - SKUFCA MICHAEL DDS DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
GENEVA - VARCKETTE STEVE DIRECTOR	2 00 0 00	X						0	0	0
PARMA - BERGMANN PETER U FACHE DIRECTOR EX OFFICIO (BEG 03/17)/PRESIDENT (BEG 03/	50 00 0 00	X		X				415,924	0	17,979
PARMA - BOYKO TIMOTHY A DIRECTOR	2 00 0 00	X						0	0	0
PARMA - BUNDY JOHN H DIRECTOR	2 00 0 00	X						0	0	0
PARMA - BURMA GERALD M MD DIRECTOR EX OFFICIO (BEG 05/17)/DIRECTOR (END 05/1	2 00 50 00	X						0	264,989	5,633
PARMA - CIACCIA JULIUS DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PARMA - DESOUZA LESLEY DIRECTOR	2 00 0 00	X						0	0	0
PARMA - GEIST KENT DIRECTOR (END 03/17)	2 00 0 00	X						0	0	0
PARMA - KELLER DOUGLAS SECOND VICE CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
PARMA - KRISE JACK C JR FIRST VICE CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
PARMA - MARTIN SHARON M ASSIST SECRETARY/DIRECTOR	2 00 0 00	X		X				0	0	0
PARMA - MASON JOANN SECRETARY/DIRECTOR	2 00 0 00	X		X				0	0	0
PARMA - MOORE ERIC J DIRECTOR	2 00 0 00	X						0	0	0
PARMA - NEDRICH DAVID CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
PARMA - PIMPAS ANGELO DIRECTOR EX OFFICIO (BEG 05/17)	2 00 0 00	X						0	0	0
PARMA - RIPEPI LOUIS D JR DIRECTOR	2 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PARMA - SAFRANEK THERESE M DIRECTOR	2 00 0 00	X						0	0	0
PARMA - SERITTI NINO DIRECTOR	2 00 0 00	X						0	0	0
PARMA - SZUBSKI MICHAEL A DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
PARMA - TAIT PAUL G DIRECTOR	2 00 0 00	X						0	0	0
PARMA - THOMAS DONNA DIRECTOR	2 00 0 00	X						0	0	0
PARMA - WITTINE ANDREA D DIRECTOR	2 00 0 00	X						0	0	0
PARMA - WURST JENNIFER MD DIRECTOR EX OFFICIO (BEG 05/17)/DIRECTOR (END 05/1	2 00 50 00	X						0	180,630	27,021
PARMA - ZANIN CLAUDIO DIRECTOR	2 00 0 00	X						0	0	0
PORTAGE - BEATY CAROL DIRECTOR (END 06/17)	2 00 0 00	X						0	0	0
PORTAGE - CONNER MARJORIE CHAIR (BEG 05/17)/DIRECTOR	2 00 0 00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PORTAGE - DELUKE MICHAEL DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
PORTAGE - DEPOMPEI PATRICIA M DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
PORTAGE - DIX DAVID DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
PORTAGE - DORSEY MARLENE PHD DIRECTOR	2 00 0 00	X						0	0	0
PORTAGE - FLYNN SCOTT DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
PORTAGE - FRENCH MATTHEW DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
PORTAGE - HANSON RICHARD A DIRECTOR EX OFFICIO	50 00 0 00	X						2,034,437	0	64,988
PORTAGE - JONES M STEVEN DIRECTOR EX OFFICIO/PRESIDENT	2 00 0 00	X		X				0	0	0
PORTAGE - LEWIS MICHAEL DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
PORTAGE - MEGERIAN CLIFF MD DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PORTAGE - PETRONE DEBORAH TREASURER/DIRECTOR	2 00 0 00	X		X				0	0	0
PORTAGE - SNOWBERGER THOMAS D DIRECTOR	2 00 0 00	X						0	0	0
PORTAGE - TOPPEN TIMOTHY CHAIR (END 05/17)/DIRECTOR (END 05/17)	2 00 0 00	X		X				0	0	0
PORTAGE - TSAI A ROGER MD DIRECTOR (END 05/17)	2 00 50 00	X						0	435,867	10,922
REGIONAL - ADAMEK PETER M MD DIRECTOR EX OFFICIO	2 00 50 00	X						0	365,808	57,445
REGIONAL - AKE SAMUEL E DIRECTOR (END 05/17)/SECRETARY (END 05/17)	2 00 0 00	X		X				0	0	0
REGIONAL - BRUMBERGS PETER DIRECTOR	2 00 0 00	X						0	0	0
REGIONAL - CORRENTI MARY ANN CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
REGIONAL - GREIG JUDITH C RN DIRECTOR	2 00 0 00	X						0	0	0
REGIONAL - HANFF POLLY M DIRECTOR	2 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REGIONAL - JASPER JOHN J MD DIRECTOR EX OFFICIO	2 00 50 00	X						0	414,273	60,341
REGIONAL - JEROME DAVID E DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
REGIONAL - JUDD JAMES DELL O DIRECTOR	2 00 0 00	X						0	0	0
REGIONAL - LEVINE DAVID B DIRECTOR (END 12/17)	2 00 0 00	X						0	0	0
REGIONAL - MILLER MARCIA J DIRECTOR	2 00 0 00	X						0	0	0
REGIONAL - MONTER BRIAN DIRECTOR EX OFFICIO/PRESIDENT	50 00 0 00	X		X				358,549	0	28,080
REGIONAL - MORGAN TIMOTHY M DIRECTOR	2 00 0 00	X						0	0	0
REGIONAL - PAUL STAMY S VICE CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
REGIONAL - PLUSH MARK J DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
REGIONAL - POLITO MARIA ANN DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REGIONAL - SIRACUSA ANTHONY DIRECTOR	2 00 0 00	X						0	0	0
REGIONAL - SMITH GERI M DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN - BEER ANNE VICE CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
SAMARITAN - CHANDLER POLLY DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN - COWEN TIM DIRECTOR/CHAIR	2 00 0 00	X		X				0	0	0
SAMARITAN - DAWSON PATRICIA POWER DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN - GILMAN THOMAS R DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN - HEIMANN SUSAN DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN - HUNT JOYCE ANNE DIRECTOR	50 00 0 00	X						14,512	0	44
SAMARITAN - KELLY MICHAEL J SR DIRECTOR	2 00 0 00	X						0	0	0

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		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
SAMARITAN - KELSAY RALPH J DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN - MARTIN MICHAEL MD DIRECTOR EX OFFICIO	2 00 0 00	X						0	103,589	27,164
SAMARITAN - MCGEE THOMAS DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN - MCNEIL KAREN DIRECTOR EX OFFICIO/PRESIDENT	50 00 0 00	X		X				313,640	0	47,157
SAMARITAN - MYERS PAUL R DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
SAMARITAN - SCHWAN KARIN RN DIRECTOR EX OFFICIO (END 05/17)	50 00 0 00	X						113,343	0	14,398
SAMARITAN - SHAW ANNETTE DIRECTOR/SECRETARY/TREASURER	2 00 0 00	X		X				0	0	0
SAMARITAN - SHELDON DONALD S MD DIRECTOR	50 00 0 00	X						895,703	0	25,422
SAMARITAN - SNYDER ROGER MD DIRECTOR	2 00 50 00	X						0	283,676	22,978
SAMARITAN - STEIN ANDREW MD DIRECTOR	50 00 0 00	X						57,118	0	9,552

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAMARITAN - STENCEL MICHAEL MD DIRECTOR	2 00 50 00	X						0	299,523	85,144
SAMARITAN - ZOLTANSKI JOAN MD DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
ST JOHN - CARFAGNA ROSEMARIE OSU DIRECTOR	2 00 0 00	X						0	0	0
ST JOHN - CLOUGH MAYOR DENNIS DIRECTOR	2 00 0 00	X						0	0	0
ST JOHN - DAVID ROBERT G DIRECTOR EX OFFICIO/PRESIDENT	50 00 0 00	X						525,073	0	49,189
ST JOHN - DAVIE DIANE DIRECTOR	2 00 0 00	X						0	0	0
ST JOHN - ESCH DONALD DIRECTOR	2 00 0 00	X						0	0	0
ST JOHN - GAUGHAN HON PATRICIA ANN DIRECTOR	2 00 0 00	X						0	0	0
ST JOHN - STERN ROBERT MD DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
ST JOHN - YATES VIVIAN DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ACO - MONHEIM KAREN M MD DIRECTOR	2 00 0 00	X						0	0	0
ACO - PETERS JEFFREY H MD DIRECTOR	2 00 0 00	X						0	0	0
ACO - SZUBSKI MICHAEL A DIRECTOR/TREASURER	2 00 0 00	X		X				0	0	0
ACO - TAIT PAUL G DIRECTOR/CHAIR	2 00 0 00	X		X				0	0	0
AMHERST - SHELDON DONALD S MD DIRECTOR /EX OFFICIO (END 05/17)/PRESIDENT (END 05	2 00 0 00	X		X				0	0	0
AMHERST - YUZON FLORENCIO MD DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
CCO - ANNABLE CATHY J S MD DIRECTOR	2 00 0 00	X						0	0	0
CCO - COVIELLO JAMES MD DIRECTOR (END 09/17)	2 00 50 00	X						0	247,837	19,933
CCO - DEGOLIA PETER A MD DIRECTOR (END 05/17)	50 00 0 00	X					203,227	0	0	35,082
CCO - HANSON RICHARD A DIRECTOR	2 00 0 00	X						0	0	0

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CCO - HARWELL CARLA M MD DIRECTOR	50 00 0 00	X						215,417	0	44,097
CCO - HOYNES SEAN MD DIRECTOR	2 00 0 00	X						0	291,789	73,483
CCO - MAITLAND KEITH RPH DIRECTOR	2 00 0 00	X						0	0	0
CCO - MONHEIM KAREN M MD DIRECTOR	2 00 0 00	X						0	112,449	16,541
CCO - PETERS JEFFREY H MD VICE CHAIR (BEG 05/17)/DIRECTOR	2 00 0 00	X		X				0	0	0
CCO - PLUSH MARK J DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
CCO - RANNEY ANN P DIRECTOR	2 00 0 00	X						0	0	0
CCO - ROS PABLO R MD DIRECTOR	2 00 0 00	X						0	0	0
CCO - SHELDON DONALD S MD DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
CCO - TAIT PAUL G CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CCO - TOPALSKY GEORGE MD DIRECTOR (BEG 05/17)	2 00 50 00	X						0	571,583	73,043
CHCO - BALLINGER MARCIA PHD DIRECTOR	2 00 0 00	X						0	0	0
CHCO - BRAGG DAN A DIRECTOR	2 00 0 00	X						0	0	0
CHCO - CORCORAN KEVIN DIRECTOR	2 00 0 00	X						0	0	0
CHCO - LARCHIAN WILLIAM MD DIRECTOR (END 05/17)/DIRECTOR EX OFFICIO (BEG 05/1	2 00 50 00	X						0	363,113	49,098
CHCO - LONG REV JANET CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
CHCO - MERCADO PHILIP C DIRECTOR	2 00 0 00	X						0	0	0
CHCO - MIGGINS LYNN SECRETARY/DIRECTOR/VICE CHAIR	2 00 0 00	X		X				0	0	0
CHCO - REIDY JOAN DIRECTOR	2 00 0 00	X						0	0	0
CHCO - RYAN SPENCER DIRECTOR	2 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHCO - SINK KRISTI M DIRECTOR EX OFFICIO (BEG 10/17)/PRESIDENT (BEG 10/	2 00 0 00	X		X				0	0	0
CHCO - SZUBSKI MICHAEL A DIRECTOR	2 00 0 00	X						0	0	0
CHCO - TAIT PAUL G DIRECTOR	2 00 0 00	X						0	0	0
CHCO - WALDHEGER PRISCILLA MD DIRECTOR	2 00 0 00	X						0	0	0
CHCO - WHITE ROBERT DIRECTOR	2 00 0 00	X						0	0	0
CHCO - WRAY CHARLOTTE A DIRECTOR EX OFFICIO (END 10/17)/PRESIDENT (END 10/	2 00 0 00	X		X				0	0	0
ECC - BOND BRADLEY C DIRECTOR, SECRETARY, TREASURER	50 00 0 00	X		X				599,167	0	98,518
ECC - HANSON RICHARD A DIRECTOR, CHAIR	2 00 0 00	X		X				0	0	0
ECC - JURIS SUSAN V DIRECTOR, PRESIDENT	2 00 0 00	X		X				0	0	0
HOME CARE - CHICKERELLA DANIELLE DIRECTOR (BEG 05/17)	50 00 0 00	X						369,118	0	49,459

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOME CARE - HANSON RICHARD A CHAIR/DIRECTOR/VICE PRESIDENT	2 00	X		X				0	0	0
HOME CARE - MAITLAND KEITH RPH DIRECTOR/PRESIDENT	50 00	X		X				372,669	0	51,288
HOME CARE - SILA CATHY MD DIRECTOR/SECRETARY/TREASURER	50 00	X		X				360,183	0	38,131
RCC - CARSON BRENT DIRECTOR/TREASURER	50 00	X		X				415,736	0	68,027
RCC - DEPOMPEI PATRICIA M DIRECTOR	2 00	X						0	0	0
RCC - GALLAGHER MARILEE DIRECTOR	2 00	X						0	238,697	25,585
RCC - GROSSBERG RICHARD MD DIRECTOR	50 00	X						312,063	0	49,206
RCC - KOLESAR DINAH DIRECTOR	2 00	X						0	0	0
RCC - LAKOTA KEN DIRECTOR	50 00	X						163,581	0	37,856
RCC - PETERS JEFFREY H MD DIRECTOR (BEG 05/17)	2 00	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RCC - TAIT PAUL G CHAIR/DIRECTOR/PRESIDENT	2 00 0 00	X		X				0	0	0
RCC - UNDERWOOD JAMES MD DIRECTOR	2 00 50 00	X						0	162,466	34,458
RCC - YEH LLOYD MD DIRECTOR	2 00 0 00	X						0	0	0
RCC - ZEIGER TODD MD DIRECTOR	2 00 50 00	X						0	264,190	41,048
RHA - MANN TREY DIRECTOR	2 00 0 00	X						0	0	0
RHA - PAUL MARTIN DIRECTOR/SECRETARY/TREASURER	2 00 0 00	X		X				0	0	0
SAM SHOP - BEER ANNE DIRECTOR/VICE CHAIR	2 00 0 00	X		X				0	0	0
SAM SHOP - COWEN TIM DIRECTOR/CHAIR (BEG 11/17)	2 00 0 00	X		X				0	0	0
SAM SHOP - MCNEIL KAREN DIRECTOR (BEG 11/17)/PRESIDENT (BEG 11/17)	2 00 0 00	X		X				0	0	0
SAM SHOP - SHAW ANNETTE DIRECTOR (BEG 11/17)/SECRETARY (BEG 11/17)/TREASUR	2 00 0 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			
SAMARITAN PC - BOGGS DANNY L DIRECTOR (END 05/17)/PRESIDENT (END 05/17)	50 00 0 00	X		X				22,144	0	1,408
SAMARITAN PC - COWEN TIM DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN PC - COX KATHY DIRECTOR EX OFFICIO	50 00 50 00	X						20,653	70,715	23,379
SAMARITAN PC - DAWSON PATRICIA POWE DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN PC - FOZIO LINDA DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
SAMARITAN PC - KELLY MICHAEL J SR CHAIR/DIRECTOR	2 00 0 00	X		X				0	0	0
SAMARITAN PC - MYERS PHIL MD DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN PC - TAVALLAEE MEHRDAD MD DIRECTOR	2 00 50 00	X						0	624,646	23,860
UHLSF - DZIEDZICKI RONALD E DIRECTOR/CHAIR/SECRETARY	2 00 0 00	X		X				0	0	0
UHLSF - GOODELLE MICHAEL DIRECTOR (BEG 05/17)	50 00 0 00	X						179,018	0	33,650

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 - HARFORD TODD DIRECTOR	50 00 0 00	X						199,410	0	20,753
UHLSF - SALVINO SONIA DIRECTOR/TREASURER	2 00 0 00	X		X				0	0	0
UHMGM - CAMIENER DAVID A DIRECTOR (END 05/17)	2 00 0 00	X						0	0	0
UHMGM - DEPOMPEI PATRICIA M DIRECTOR	2 00 0 00	X						0	0	0
UHMGM - HALLBERG CHARLES E DIRECTOR	2 00 0 00	X						0	0	0
UHMGM - HARDING CLIFFORD V MD DIRECTOR	50 00 0 00	X						318,589	0	15,391
UHMGM - MACHTAY MITCHELL MD DIRECTOR	50 00 0 00	X						607,173	0	47,301
UHMGM - MEGERIAN CLIFF MD DIRECTOR - EX OFFICIO/PRESIDENT	50 00 0 00	X		X				1,188,219	0	262,958
UHMGM - PETERS JEFFREY H MD DIRECTOR	2 00 0 00	X						0	0	0
UHMGM - RAO GOUTHAM MD DIRECTOR (BEG 05/17)	50 00 0 00	X						350,894	0	27,993

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 - ROTHSTEIN FRED C MD DIRECTOR /EX OFFICIO CHAIR DIRECTOR	50 00 0 00	X		X				1,706,483	0	123
UHMG - SABIK JOSEPH MD DIRECTOR /EX OFFICIO CHAIR DIRECTOR	50 00 0 00	X		X				1,306,670	0	29,979
UHMG - SALATA ROBERT A MD DIRECTOR /EX OFFICIO CHAIR DIRECTOR	2 00 0 00	X		X				0	0	0
UHMG - SALVINO SONIA DIRECTOR (BEG 05/17)	2 00 0 00	X						0	0	0
UHMG - SELMAN WARREN R MD DIRECTOR	50 00 0 00	X						1,075,807	0	51,261
UHMG - SHAUGHNESSY MARIAN K DIRECTOR	2 00 0 00	X						0	0	0
UHMG - SIMON DANIEL I MD DIRECTOR /EX OFFICIO CHAIR DIRECTOR	2 00 0 00	X		X				0	0	0
UHMG - SNOWBERGER THOMAS D DIRECTOR	2 00 0 00	X						0	0	0
UHMG - SZUBSKI MICHAEL A SECRETARY (END 05/17)/TREASURER/DIRECTOR	2 00 0 00	X		X				0	0	0
UHMG - ZOLTANSKI JOAN MD DIRECTOR	50 00 0 00	X						311,915	0	36,485

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			
AUX OF PORT - DEAN TONYA CO-TREASURER/DIRECTOR	2 00 0 00	X		X				0	0	0
AUX OF PORT - GORDON BECKY SECRETARY/DIRECTOR	2 00 0 00	X		X				0	0	0
AUX OF PORT - HORKY KAREN W VICE PRESIDENT/DIRECTOR	2 00 0 00	X		X				0	0	0
AUX OF PORT - LAUBERT NITA SECRETARY/DIRECTOR	2 00 0 00	X		X				0	0	0
AUX OF PORT - MINARD JANE CO-TREASURER/DIRECTOR	2 00 0 00	X		X				0	0	0
AUX OF PORT - OLEFIR BRANDY R RN DIRECTOR	2 00 0 00	X						0	0	0
AUX OF PORT - PALERMO JAN DIRECTOR	2 00 0 00	X		X				0	0	0
AUX OF PORT - REEDY ANGIE VICE PRESIDENT/DIRECTOR	2 00 0 00	X		X				0	0	0
AUX OF PORT - RHODES ROSEMARY DIRECTOR	2 00 0 00	X						0	0	0
AUX OF PORT - RUMMEL BETTY DIRECTOR	2 00 0 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			
AUX OF PORT - TONDIGLIA JEANNE DIRECTOR	2 00 0 00	X						0	0	0
AUX OF PORT - WELLING NORMA PRESIDENT/DIRECTOR	50 00 0 00	X		X				0	0	0
UHHS - ANNABLE WILLIAM L MD CHIEF MEDICAL & CHIEF QUALITY OFFICER	50 00 0 00			X				738,905	0	22,510
UHHS - MILLER JANET L ESQ SECRETARY/ CHIEF LEGAL OFFICER	50 00 0 00			X				901,657	0	47,961
UHHS - PETERS JEFFREY H MD CHIEF OPERATING OFFICER	50 00 0 00			X				2,100,142	0	44,696
UHHS - SNOWBERGER THOMAS D CHIEF HUMAN RESOURCES OFFICER	50 00 0 00			X				776,704	0	219,638
UHHS - STANDLEY STEVEN D CHIEF ADMINISTRATIVE OFFICER	50 00 0 00			X				992,534	0	34,318
UHHS - SZUBSKI MICHAEL A CHIEF FINANCIAL OFFICER/TREASURER	50 00 0 00			X				2,228,877	0	268,130
UHHS - TAIT PAUL G CHIEF STRATEGY OFFICER	50 00 0 00			X				1,377,583	0	66,818
UHCMC - BLAKE JEAN D RN CHIEF NURSING OFFICER(BEGIN 05/17)	50 00 0 00			X				556,822	0	31,057

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 - DEPOMPEI PATRICIA M PRESIDENT	50 00 0 00			X				1,043,957	0	65,487
UHCMC - DZIEDZICKI RONALD E CHIEF OPERATING OFFICER	50 00 0 00			X				788,606	0	54,822
UHCMC - MILLER JANET L ESQ SECRETARY	2 00 0 00			X				0	0	0
UHCMC - SALVINO SONIA TREASURER	50 00 0 00			X				505,806	0	65,986
UHCMC - STROSAKER ROBYN MD CHIEF MEDICAL OFFICER	50 00 0 00			X				360,661	0	26,409
AHUJA - JURIS SUSAN V PRESIDENT	50 00 0 00			X				686,241	0	65,209
PARMA - SINK KRISTI M INTERIM PRESIDENT (END 03/17)	2 00 0 00			X				0	0	0
ST JOHN - HANSON RICHARD A SECRETARY	2 00 0 00			X				0	0	0
ST JOHN - SMITH ROBERT C CHAIR/DIRECTOR	2 00 0 00			X				0	0	0
ST JOHN - TRACY ALLEN R TREASURER	50 00 0 00			X				662,289	0	56,465

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			
ACO - HAMMACK ELIZABETH R ESQ SECRETARY	2 00 0 00			X				0	0	0
ACO - STEINER WILLIAM II MD PRESIDENT	2 00 50 00			X				0	286,870	12,972
CCO - HAMMACK ELIZABETH R ESQ SECRETARY (END 10/17)	50 00 0 00			X				247,931	0	39,541
CCO - HUNT NATE SECRETARY (BEGIN 10/17)	50 00 0 00			X				194,237	0	44,070
CCO - STEINER WILLIAM II MD PRESIDENT	2 00 0 00			X				0	0	0
CCO - SZUBSKI MICHAEL A TREASURER	2 00 0 00			X				0	0	0
RCC - HAMMACK ELIZABETH R ESQ SECRETARY	2 00 0 00			X				0	0	0
RCC - HERTZ ANDREW R MD VICE PRESIDENT	50 00 0 00			X				495,825	0	35,244
RCC - STEINER WILLIAM II MD PRESIDENT	2 00 0 00			X				0	0	0
SAMARITAN PC - HECKER BRAD SECRETARY	2 00 0 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			
UHLSF - LANDEK DON PRESIDENT	50 00 0 00			X				197,342	0	30,784
UHHS - BISHOP SHERRI L CHIEF DEVELOPMENT OFFICER	50 00 0 00				X			1,344,132	0	70,215
UHHS - BIXENSTINE KIM F CHIEF COMPLIANCE OFFICER	50 00 0 00				X			547,158	0	53,727
UHMG - BAMBAKIDIS NICHOLAS C DIRECTOR, CEREBREVASULAR SURGERY	50 00 0 00					X		1,083,056	0	66,607
UHMG - DEVANEY ERIC J MD CHIEF, PEDIATRIC CARDIAC SURGERY	50 00 0 00					X		1,201,671	0	31,441
UHMG - EUBANKS JASON D MD ORTHOPEDIC SURGEON	50 00 0 00					X		1,240,601	0	44,263
UHMG - PARK SOON J MD DIVISION CHIEF, CARDIAC SURGERY	50 00 0 00					X		1,170,827	0	53,658
UHMG - VOOS JAMES E MD ORTHOPEDIC SURGEON	50 00 0 00					X		1,122,698	0	42,318
CCO - COGAN DAVID MD FORMER DIRECTOR	0 00 50 00						X	0	112,000	123
GENEVA - DRUBLIONIS RAIMANTAS MD FORMER DIRECTOR	0 00 50 00						X	0	292,900	11,269

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 - KONSTAN MICHAEL MD FORMER DIRECTOR	50 00 0 00						X	176,958	0	27,983
UHMG - NOCHOMOVITZ MICHAEL L MD FORMER DIRECTOR	2 00 0 00						X	278,178	0	0
UHMG - ONDERS RAYMOND MD FORMER DIRECTOR	50 00 0 00						X	644,157	0	50,603
AMHERST - PARIKH SANJAY MD FORMER DIRECTOR	0 00 50 00						X	0	445,715	21,106
REGIONAL - RAPKIN DAVID MD FORMER DIRECTOR	0 00 50 00						X	0	427,440	51,552
UHMG - RONIS ROBERT FORMER DIRECTOR/KEY EMPLOYEE	50 00 0 00						X	484,872	0	43,635
GEAUGA - TUMBUSH JOHN MD FORMER DIRECTOR	0 00 50 00						X	0	216,715	52,867
UHMG - ADELMAN HARLIN G ESQ FORMER OFFICER	50 00 0 00						X	531,300	0	38,373
UHCMC - ANDERSON MICHAEL R MD FORMER OFFICER	2 00 0 00						X	173,917	0	0
PORTAGE - COLECCHI STEPHEN FORMER OFFICER	50 00 0 00						X	112,659	0	19,104

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHCO - COOK DAVID A FORMER OFFICER	50 00 0 00						X	146,749	0	7,111
PARMA - TINSLEY NANCY FORMER PRESIDENT	50 00 0 00						X	122,685	0	12,417
PORTAGE - BREEDLOVE LINDA L FORMER KEY EMPLOYEE	50 00 0 00						X	165,457	0	17,441
UHHS - GARTLAND HEIDI I FORMER KEY EMPLOYEE	50 00 0 00						X	417,755	0	32,738
ST JOHN - O'MALLEY CHERYL H FORMER KEY EMPLOYEE	50 00 0 00						X	311,781	0	17,867
UHMG - FUREY CHRISTOPHER G FORMER HIGHEST COMPENSATED	50 00 0 00						X	987,732	0	45,350
UHMG - SONTICH JOHN K FORMER HIGHEST COMPENSATED	50 00 0 00						X	1,004,708	0	39,568

TY 2017 Affiliate Listing

Name: UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

EIN: 90-0059117

TY 2017 Affiliate Listing

Name	Address	EIN	Name control
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (UHCMC)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-1567805	UNIV
UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER INC (AHUJA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	26-4827222	UNIV
UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CONN)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-0714550	UNIV
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (GENEVA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-0714461	UNIV
UH REGIONAL HOSPITALS (UHRH)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-1924226	UHRE
PARMA COMMUNITY GENERAL HOSPITAL (PARMA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-0827442	UNIV
EMH REGIONAL MEDICAL CENTER (ELYRIA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-0714612	UNIV
UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER (SJMC)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-1260978	UNIV
AMHERST HOSPITAL ASSOCIATION INC (AMH)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-0067060	UNIV
UNIVERSITY HOSPITALS MEDICAL GROUP INC (UHMG)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	20-4881619	UNIV
UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-1720429	UNIV
UNIVERSITY HOSPITALS HOME CARE SERVICES INC (HCS)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-1527536	UNIV
UHHS HEATHER HILL INC (HHI)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-0771884	UNIV
UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION (ACO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	27-3970270	UNIV
ROBINSON HEALTH SYSTEM INC (PORT)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	46-1382538	UNIV
ROBINSON HEALTH AFFILIATES INC (RHA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-1499719	UNIV
SAMARITAN HOSPITAL HOSPITALITY SHOP (SHHS)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-0808574	UNIV
SAMARITAN REGIONAL HEALTH SYSTEM (SAM)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-0714535	UNIV
UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION (CCO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	90-0794903	UNIV
UNIVERSITY HOSPITALS RAINBOW CARE CONNECTION INC (RCC)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	46-1074672	UNIV

TY 2017 Affiliate Listing

Name	Address	EIN	Name control
COMPREHENSIVE HEALTH CARE OF OHIO INC (CHCO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-1492733	UNIV
UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER (GEAUGA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-0816492	UNIV
SAMARITAN PROFESSIONAL CORPORATION	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-1856531	UNIV
AUXILIARY OF ROBINSON MEMORIAL HOSPITAL	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	34-0771932	UNIV

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 **section 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		
See Additional Data Table						
Total	4				0	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	68,000	217,000	9,000	2,800,000	147,000	3,241,000
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	68,000	217,000	9,000	2,800,000	147,000	3,241,000
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						3,241,000

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	68,000	217,000	9,000	2,800,000	147,000	3,241,000
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	68,000	217,000	9,000	2,800,000	147,000	3,241,000

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	69.000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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? <i>If "Yes," provide detail in Part VI.</i>		No
7 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
c 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? <i>If "Yes," provide detail in Part VI.</i>		No
10a 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)? <i>If "Yes," answer line 10b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
		1	Yes
		2	No

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
		1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		1	
		2	
		3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		
		2a	
		2b	
		3a	
		3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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
<p>PUBLIC CHARITY CLASSIFICATION OF EACH GROUP MEMBER IS SHOWN</p>	<p>AMHERST HOSPITAL ASSOCIATION, INC - 34-0067060 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 EMH REGIONAL MEDICAL CENTER - 34-0714612 170(B)(1) (A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 PARMA COMMUNITY GENERAL HOSPITAL - 34-0827442 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 ROBINSON HEALTH SYSTEM, INC - 46-1382538 170(B)(1)(A)(III) 3605 WARR ENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 SAMARITAN REGIONAL HEALTH SYSTEM - 34-0714535 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 441 22 UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER - 26-4827222 170(B)(1)(A)(III) 3605 WARRENSVI LLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS CLEVELAND MEDICAL C ENTER, INC (UHCMC) - 34-1567805 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CMC) - 34-0714550 1 70(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSIT Y HOSPITALS GEAUGA MEDICAL CENTER (GMC) - 34-0816492 170(B)(1)(A)(III) 3605 WARRENSVILLE C ENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (U HGMC) - 34-0714461 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS , OH 44122 UH REGIONAL HOSPITALS - 34-1924226 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER R D - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER - 34-12 60978 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 SA MARITAN PROFESSIONAL CORPORATION - 34-1856531 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER R OAD SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION - 27-39702 70 509(A)(2) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HO SPITALS 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) ROBINSON HEALTH SYSTEM, INC (II) 46-1382538 (III) 170(B)(1)(A)(III) (IV) YES (V) \$700 UNIVERSITY HOSPITALS HOME CARE SERV ICES, INC (HCS) - 34-1527536 509(A)(3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) UNIVERSITY HOSPITALS CLEVELAND ME DICAL CENTER (II) 34-1567805 (III) 509(A)(3) - TYPE II ORGANIZATION (IV) YES (V) \$0 COMPRE HENSIVE HEALTH CARE OF OHIO, INC - 34-1492733 509(A)(3) - TYPE II ORGANIZATION 3605 WARRE NSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) EMH REGIONAL MED ICAL CENTER (II) 34-0714612 (III) 170(B)(1)(A)(III) (IV) YES (V) \$0 SAMARITAN HOSPITAL HOS PITALITY SHOP - 34-0808574 509</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
PUBLIC CHARITY CLASSIFICATION OF EACH GROUP MEMBER IS SHOWN	(A)(3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44 122 PART I LINE 12G (I) SAMARITAN REGIONAL HEALTH SYSTEM (II) 34-0714535 (III) 170(B)(1)(A)(III) (IV) YES (V) \$0 HEATHER HILL INC (HHI) - 34-0771884 509(A)(3) - TYPE II ORGANIZATI ON 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) U NIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (II) 34-1567805 (III) 170(B)(1)(A)(III) (IV) YES (V) \$0 UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF) - 34-1720429 509(A) (3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (II) 34-1567805 (III) 1 70(B)(1)(A)(III) (IV) YES (V) \$0 UNIVERSITY HOSPITALS MEDICAL GROUP, INC (UHMG) - 20-4881 619 509(A)(3) - TYPE II ORGANIZATION 11100 EUCLID AVENUE CLEVELAND, OH 44106 PART I LINE 1 2G (I) UH CLEVELAND MEDICAL CENTER (II) 34-1567805 (III) 170(B)(1)(A)(III) (IV) YES (V) \$6 0,050,000

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION C, TYPE II ORGANIZATIONS	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 -UNIVERISTY 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 -UNIVERISTY 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 UHHCS 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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION D, TYPE III ORGANIZATIONS	AUXILIARY OF PORTAGE MEDICAL CENTER - 34-0771932 509(A)(3) - TYPE III ORGANIZATION 6847 N CHESTNUT STREET RAVENNA, OH 44266 PART I LINE 12G (I) UH PORTAGE MEDICAL CENTER (II) 46- 1382538 (III) 170(B)(1)(A)(III) (IV) YES (V) \$0 1 YES 2 YES 3 YES

Additional Data

Software ID:

Software Version:

EIN: 90-0059117

Name: UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER	341567805	3	Yes		0	0
(A) UNIVERSITY HOSPITALS ROBINSON HEALTH SYSTEM INC	461382538	3	Yes		0	0
(B) EMH REGIONAL MEDICAL CENTER	340714612	3	Yes		0	0
(C) SAMARITAN REGIONAL HEALTH SYSTEM	340714535	3	Yes		0	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM INC GROUP RETURN	Employer identification number 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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	8,056	17,170
1b Total lobbying expenditures to influence a legislative body (direct lobbying)	286,213	610,005
1c Total lobbying expenditures (add lines 1a and 1b)	294,269	627,175
1d Other exempt purpose expenditures	1,478,242,177	3,795,838,381
1e Total exempt purpose expenditures (add lines 1c and 1d)	1,478,536,446	3,796,465,556
1f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000

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

1g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
1h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
1i Subtract line 1f from line 1c If zero or less, enter -0-	0	0
1j 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
1c Total lobbying expenditures	293,718	432,066	282,398	627,175	1,635,357
1d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	2,029	4,248	8,225	17,170	31,672

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)).

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B	SOFTWARE WOULD NOT ALLOW THE COMPLETION OF PART II-B 1A - NO 1B - YES 1C - NO 1D - YES \$172,162 1E - NO 1F - YES 177,822 1G - YES 121,694 1H - NO 1I - NO 1J - YES \$471,677 2A - NO
FORM 990, SCHEDULE C, PART IV	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC GROUP RETURN DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS), ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE

TY 2017 Affiliated Group Schedule

Name: UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

EIN: 90-0059117

Affiliated Group Business Name: UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER
Address. Either US or Foreign Type: 11100 EUCLID AVENUE
CLEVELAND, OH 44106
EIN: 34-1567805

Electing Organization Checkbox:

Total Grassroots Lobbying: 8,056
Total Direct Lobbying: 286,213
Total Lobbying Expenditures: 294,269
Other Exempt Purpose Expenditures: 1,478,242,177
Total Exempt Purpose Expenditures: 1,478,536,446
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 AVENUE
CLEVELAND, OH 44106
EIN: 34-1271115

Electing Organization Checkbox:

Total Grassroots Lobbying: 501
Total Direct Lobbying: 17,816
Total Lobbying Expenditures: 18,317
Other Exempt Purpose Expenditures: 113,428,682
Total Exempt Purpose Expenditures: 113,446,999
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 CONNEAUT MEDICAL CENTER
Address. Either US or Foreign Type: 158 WEST MAIN RD
CONNEAUT, OH 44030
EIN: 34-0750341
Electing Organization Checkbox:
Total Grassroots Lobbying: 127
Total Direct Lobbying: 4,500
Total Lobbying Expenditures: 4,627
Other Exempt Purpose Expenditures: 28,253,373
Total Exempt Purpose Expenditures: 28,258,000
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER
Address. Either US or Foreign Type: 13207 RAVENNA RD
CHARDON, OH 44024
EIN: 34-0816492
Electing Organization Checkbox:
Total Grassroots Lobbying: 729
Total Direct Lobbying: 25,916
Total Lobbying Expenditures: 26,645
Other Exempt Purpose Expenditures: 136,313,355
Total Exempt Purpose Expenditures: 136,340,000
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER
Address. Either US or Foreign Type: 870 WEST MAIN STREET
GENEVA, OH 44041
EIN: 34-0714461
Electing Organization Checkbox:
Total Grassroots Lobbying: 218
Total Direct Lobbying: 7,744
Total Lobbying Expenditures: 7,962
Other Exempt Purpose Expenditures: 40,556,038
Total Exempt Purpose Expenditures: 40,564,000
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: UNIVERSITY HOSPITALS HOME CARE SERVICES
Address. Either US or Foreign Type: 4901 GALAXY PARKWAY
WARRENSVILLE HEIGHTS, OH 44128
EIN: 34-1527536
Electing Organization Checkbox:
Total Grassroots Lobbying: 439
Total Direct Lobbying: 15,587
Total Lobbying Expenditures: 16,026
Other Exempt Purpose Expenditures: 86,752,975
Total Exempt Purpose Expenditures: 86,769,001
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: UNIVERSITY HOSPITALS LABORATORY SERVICES
Address. Either US or Foreign Type: 11100 EUCLID AVENUE
CLEVELAND, OH 44106
EIN: 34-1720429
Electing Organization Checkbox:
Total Grassroots Lobbying: 176
Total Direct Lobbying: 6,251
Total Lobbying Expenditures: 6,427
Other Exempt Purpose Expenditures: 31,453,126
Total Exempt Purpose Expenditures: 31,459,553
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 GROUP INC
Address. Either US or Foreign Type: 11100 EUCLID AVENUE
CLEVELAND, OH 44106
EIN: 20-4881619
Electing Organization Checkbox:
Total Grassroots Lobbying: 1,868
Total Direct Lobbying: 66,357
Total Lobbying Expenditures: 68,225
Other Exempt Purpose Expenditures: 438,481,775
Total Exempt Purpose Expenditures: 438,550,000
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: UNIVERSITY HOSPITALS HEALTH SYSTEM INC
Address. Either US or Foreign Type: 11100 EUCLID AVENUE
CLEVELAND, OH 44106
EIN: 34-0714775

Electing Organization Checkbox:

Total Grassroots Lobbying: 385
Total Direct Lobbying: 13,672
Total Lobbying Expenditures: 14,057
Other Exempt Purpose Expenditures: 546,802,944
Total Exempt Purpose Expenditures: 546,817,001
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER
Address. Either US or Foreign Type: 11100 EUCLID AVENUE
CLEVELAND, OH 44106
EIN: 26-4827222

Electing Organization Checkbox:

Total Grassroots Lobbying: 1,028
Total Direct Lobbying: 36,517
Total Lobbying Expenditures: 37,545
Other Exempt Purpose Expenditures: 173,316,455
Total Exempt Purpose Expenditures: 173,354,000
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: UNIVERSITY HOSPITALS ACCOUNTABLE CARE
Address. Either US or Foreign Type: 11100 EUCLID AVENUE
CLEVELAND, OH 44106
EIN: 27-3970270
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 9,220
Total Exempt Purpose Expenditures: 9,220
Lobbying Nontaxable Amount: 1,844
Grassroots Nontaxable Amount: 461
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 COORDINATED CARE
Address. Either US or Foreign Type: 3605 WARRENSVILLE CENTER RD
SHAKER HEIGHTS, OH 44122
EIN: 90-0794903
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 0
Total Exempt Purpose Expenditures: 0
Lobbying Nontaxable Amount: 0
Grassroots Nontaxable Amount: 0
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: UNIVERSITY HOSPITALS RAINBOW CARE CONN
Address. Either US or Foreign Type: 3605 WARRENSVILLE CENTER RD
SHAKER HEIGHTS, 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 HOSPITAL ASSOC
Address. Either US or Foreign Type: 3605 WARRENSVILLE CENTER RD
SHAKER HEIGHTS, OH 44122
EIN: 34-0827442
Electing Organization Checkbox:
Total Grassroots Lobbying: 865
Total Direct Lobbying: 30,738
Total Lobbying Expenditures: 31,603
Other Exempt Purpose Expenditures: 178,656,397
Total Exempt Purpose Expenditures: 178,688,000
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: COMPREHENSIVE HEALTH CARE OF OHIO INC
Address. Either US or Foreign Type: 3605 WARRENSVILLE CENTER RD
SHAKER HEIGHTS, OH 44122
EIN: 34-1492733
Electing Organization Checkbox:
Total Grassroots Lobbying: 4
Total Direct Lobbying: 135
Total Lobbying Expenditures: 139
Other Exempt Purpose Expenditures: 244,311
Total Exempt Purpose Expenditures: 244,450
Lobbying Nontaxable Amount: 48,890
Grassroots Nontaxable Amount: 12,223
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: 158
Total Lobbying Expenditures: 162
Other Exempt Purpose Expenditures: 1,104,297
Total Exempt Purpose Expenditures: 1,104,459
Lobbying Nontaxable Amount: 185,446
Grassroots Nontaxable Amount: 46,362
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: 999
Total Direct Lobbying: 35,481
Total Lobbying Expenditures: 36,480
Other Exempt Purpose Expenditures: 198,535,610
Total Exempt Purpose Expenditures: 198,572,090
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 SYSTEM INC
Address. Either US or Foreign Type: 3605 WARRENSVILLE CENTER RD
SHAKER HEIGHTS, OH 44122
EIN: 46-1382538
Electing Organization Checkbox:
Total Grassroots Lobbying: 616
Total Direct Lobbying: 21,894
Total Lobbying Expenditures: 22,510
Other Exempt Purpose Expenditures: 121,037,490
Total Exempt Purpose Expenditures: 121,060,000
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: ROBINSON HEALTH AFFILIATES
Address. Either US or Foreign Type: 3605 WARRENSVILLE CENTER RD
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 RD
SHAKER HEIGHTS, OH 44122
EIN: 34-1260978
Electing Organization Checkbox:
Total Grassroots Lobbying: 784
Total Direct Lobbying: 27,850
Total Lobbying Expenditures: 28,634
Other Exempt Purpose Expenditures: 153,071,366
Total Exempt Purpose Expenditures: 153,100,000
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: SAMARITAN REGIONAL HEALTH SYSTEM

Address. Either US or Foreign Type: 3605 WARRENSVILLE CENTER RD
SHAKER HEIGHTS, OH 44122

EIN: 34-0714535

Electing Organization Checkbox:

Total Grassroots Lobbying: 370

Total Direct Lobbying: 13,152

Total Lobbying Expenditures: 13,522

Other Exempt Purpose Expenditures: 67,686,477

Total Exempt Purpose Expenditures: 67,699,999

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: SAMARITAN HOSPITAL SHOP

Address. Either US or Foreign Type: 3605 WARRENSVILLE CENTER RD
SHAKER HEIGHTS, OH 44122

EIN: 34-0808574

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 4

Total Lobbying Expenditures: 4

Other Exempt Purpose Expenditures: 25,291

Total Exempt Purpose Expenditures: 25,295

Lobbying Nontaxable Amount: 5,059

Grassroots Nontaxable Amount: 1,265

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 PC
Address. Either US or Foreign Type:	3605 WARRENSVILLE CENTER RD SHAKER HEIGHTS, OH 44122
EIN:	34-1856531
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	148,987
Total Exempt Purpose Expenditures:	148,987
Lobbying Nontaxable Amount:	29,797
Grassroots Nontaxable Amount:	7,449
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

Employer identification number
90-0059117

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ 187,000

(ii) Assets included in Form 990, Part X ▶ \$ 2,043,000

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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	193,568,000	183,805,000	183,504,000	164,715,000	161,832,000
b Contributions	8,523,000	7,136,000	7,350,000	12,048,000	3,103,000
c Net investment earnings, gains, and losses	33,352,000	10,239,000	-357,000	12,832,000	4,545,000
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	7,956,000	7,612,000	6,692,000	6,091,000	4,765,000
f Administrative expenses	0	0	0	0	0
g End of year balance	227,487,000	193,568,000	183,805,000	183,504,000	164,715,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 14 390 %
 - b** Permanent endowment ▶ 63 460 %
 - c** Temporarily restricted endowment ▶ 22 150 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------|-----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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
1a Land		164,185,000		164,185,000
b Buildings		1,780,494,000	782,368,000	998,126,000
c Leasehold improvements		32,664,000	19,822,000	12,842,000
d Equipment		1,378,163,000	983,803,000	394,360,000
e Other		100,183,000	36,724,000	63,459,000
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,632,972,000

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	323,546,000	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	323,546,000	

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	175,013,000	F
(2) INVESTMENT IN AFFILIATES	105,630,000	C
(3) INVESTMENTS - PROGRAM RELATED	210,845,000	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	491,488,000	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	671,209,000

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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	26,122,000
	DUE TO THIRD PARTIES	23,165,000
	OTHER CURRENT LIABILITIES	50,443,000
	OTHER LIABILITIES	36,807,000
	INTERST RATE SWAP LIABILITY	58,180,000
	SELF INSURED LIABILITY	18,533,000
	PENSION LIABILITY	407,587,000
	PROFESSIONAL LIABILITY	10,046,000
	PROFESSIONAL LIABILITY-WRA	39,280,000
	INTER-COMPANY PAYABLES	1,046,000

Supplemental Information

Return Reference	Explanation
PART III, LINE 4	THE UH ART COLLECTION INCLUDES APPROXIMATELY 2,613 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
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
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, 2017 AND 2016, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V	IN 2016 THE HEALTH SYSTEM ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD CODIFICATION TOPIC 8 20 ("FASB") AS A RESULT THE HEALTH SYSTEM'S ENDOWMENT FUNDS FOR 2016 AND 2017 HAVE BEEN PRESENTED TO CONFORM TO THE STANDARD THE 2013-2015 YEARS HAVE BEEN RESTATED FOR COMPARATIVE PURPOSES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

Employer identification number
90-0059117

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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 TRUE SENSE 155 COMMERCE DRIVE FREEDOM, PA 15042	TELEPHONE FUNDRAISING		No	219,307	126,000	93,307
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				219,307	126,000	93,307

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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)
		FIVE STAR SENSATION (event type)	PARTNERSHIP FOR FAMILIES (event type)	6 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	1,246,000	490,000	816,000	2,552,000
2	Less Contributions	980,000	421,000	640,000	2,041,000
3	Gross income (line 1 minus line 2)	266,000	69,000	176,000	511,000
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	356,000	11,000	34,000	401,000
	7 Food and beverages	155,000	148,000	86,000	389,000
	8 Entertainment				
	9 Other direct expenses	253,000	34,000	64,000	351,000
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-630,000

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))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			3,000	3,000
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				3,000
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				26,000

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

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

b If "No," explain 501(C)(3) ORGANIZATIONS ARE ELIGIBLE TO CONDUCT RAFFLES IN OHIO. A LICENSE IS NOT REQUIRED

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|--------------------------------------|------------|--|---|
| a The organization's facility | 13a | | % |
| b An outside facility | 13b | | % |

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

Name ▶ UNIVERSITY HOSPITALS INVESTOR RELATIONS & DEVELOPMENT

Address ▶ 3605 WARRENSVILLE CENTER ROAD
SHAKER HEIGHTS, OH 44122

- 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 ▶ \$ _____ 0.

Description of services provided ▶ THE FUND RAISING EVENTS AND GAMING AT THEM ARE PLANNED AND MANAGED BY THE UH HEALTH SYSTEM'S INVESTOR RELATIONS & DEVELOPMENT DEPARTMENT THEY DO NOT RECEIVE ANY ADDITIONAL COMPENSATION AS PLANNING AND MANAGING FUND RAISING EVENTS IS THEIR JOB DESCRIPTION

- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
------------------	-------------

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.**

Employer identification number
 90-0059117

OMB No 1545-0047
2017
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <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		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000</u> %	Yes	
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 _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			42,561,994	0	42,561,994	1 390 %
b Medicaid (from Worksheet 3, column a)			688,199,752	544,563,955	143,635,797	4 690 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		
d Total Financial Assistance and Means-Tested Government Programs			730,761,746	544,563,955	186,197,791	6 080 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,300,426	245,346	10,055,080	0 330 %
f Health professions education (from Worksheet 5)			104,870,006	27,491,292	77,378,714	2 530 %
g Subsidized health services (from Worksheet 6)			40,546,580	28,581,083	11,965,497	0 390 %
h Research (from Worksheet 7)			62,771,201	25,348,320	37,422,881	1 220 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,772,514	0	1,772,514	0 060 %
j Total. Other Benefits			220,260,727	81,666,041	138,594,686	4 530 %
k Total. Add lines 7d and 7j			951,022,473	626,229,996	324,792,477	10 610 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			82,360		82,360	0 %
3 Community support			240,620		240,620	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members			39,219		39,219	0 %
6 Coalition building						
7 Community health improvement advocacy			5,537		5,537	0 %
8 Workforce development			82,591		82,591	0 %
9 Other			9,477		9,477	0 %
10 Total			459,804		459,804	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	583,401,490
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	610,069,889
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-26,668,399
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

14

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)

See Additional Data Table	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

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)
REPORTING GROUP A

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): _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	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	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
7	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	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____		No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

REPORTING GROUP A

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		
13	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	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	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	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	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	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //UHHOSPITALS ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //UHHOSPITALS ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //UHHOSPITALS ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

REPORTING GROUP A

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
23		No
24		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)
REPORTING GROUP B

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): _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	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	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____		No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

REPORTING GROUP B

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			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? 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)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	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)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //UHHOSPITALS ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //UHHOSPITALS ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //UHHOSPITALS ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<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			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<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			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

REPORTING GROUP B

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
23		No
24		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) REPORTING GROUP C

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): _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 17</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	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	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____		No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

REPORTING GROUP C

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			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? 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)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	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)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //UHHOSPITALS ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //UHHOSPITALS ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //UHHOSPITALS ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

REPORTING GROUP C

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input 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	<input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

REPORTING GROUP C

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
23		No
24		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? 62

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	PLEASE REFER TO SCHEDULE H, PART V, LINE 13 A-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 THE 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 2017 TOTALED \$325 MILLION AS COMPARED TO THE 2016 COMMUNITY BENEFIT TOTAL OF \$304 MILLION THE 2017 COMMUNITY BENEFIT NUMBER CONSISTED OF CHARITY CARE (\$43 MILLION), MEDICAID SHORTFALL (\$164 MILLION), RESEARCH (\$37 MILLION), EDUCATION AND TRAINING (\$77 MILLION), AND COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT (\$24 MILLION), LESS HOSPITAL CARE ASSURANCE PROGRAM ("HCAP") (\$20 MILLION) TO MEASURE AND REPORT COMMUNITY BENEFIT, THE SYSTEM HAS FOLLOWED INTERNAL REVENUE SERVICE GUIDELINES AS SUCH, THE INFORMATION FOR 2017 REPRESENTS THE REVISED REQUIREMENT TO OFFSET VARIOUS COMMUNITY BENEFIT PROGRAMS WITH RELATED REVENUE RECEIVED FOR 2017, THIS REVENUE OFFSET WAS \$20 MILLION THE 2016 INFORMATION PROVIDED ABOVE (\$304 MILLION) INCLUDED A REVENUE OFFSET OF \$37 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 \$38,918,168 THE TOTAL AMOUNT OF ASSOCIATED DIRECT OFFSETTING REVENUE IS \$28,579,849 THE TOTAL AMOUNT OF NET COMMUNITY BENEFIT EXPENSE INCLUDED IN LINE 7G IS \$10,338,319

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	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	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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART II, COMMUNITY BUILDING ACTIVITIES	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 26,000 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 2017 UH PROVIDED MANY MORE COMMUNITY BUILDING ACTIVITIES, DIRECTLY AND INDIRECTLY, THROUGH NEW OR EXPANDED BUSINESS OPPORTUNITIES AND THROUGH IMPORTANT CAPITAL INVESTMENTS IN OUR FACILITIES UH HAS COMMITTED - AND CONTINUES TO COMMIT - MILLIONS OF DOLLARS TO FACILITIES AND OPERATIONS WITHIN THE CITY OF CLEVELAND AND THROUGHOUT OUR REGION, PROVIDING CONSTRUCTION AND HOSPITAL-BASED JOBS NEW STATE-OF-THE-ART OUTPATIENT HEALTH CENTERS IN THE REGION HAVE SPURRED ECONOMIC GROWTH WHILE GIVING PEOPLE ACCESS TO THE CARE THEY NEED CLOSE TO HOME AND EXPANDING OUR COMMUNITY BENEFIT PROGRAMS THE SYSTEM'S SUPPLY CHAIN MANAGEMENT STRATEGY ENCOMPASSES SUPPLIER DIVERSITY TO INCLUDE MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES PROVIDING THEM OPPORTUNITIES TO BE OUR PARTNERS AND SUPPLIERS OF GOODS AND SERVICES THROUGHOUT THE SYSTEM THE SYSTEM SEEKS TO INCORPORATE ENVIRONMENTAL RESPONSIBILITY AND IS WORKING TOWARDS REDUCING ITS ENVIRONMENTAL FOOTPRINT THROUGHOUT THE COMMUNITIES IT SERVES WITH REGARD TO UH BUILDINGS AND MAJOR RENOVATIONS, UH ENDEVORS TO INCORPORATE DESIGN AND CONSTRUCTION STRATEGIES OF THIRD-PARTY BEST-PRACTICE GUIDES SUCH AS THE U S GREEN BUILDING COUNCIL'S LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) CERTIFICATION SYSTEM, THE EPA'S ENERGY STAR PERFORMANCE RATING, AND HEALTHCARE WITHOUT HARM'S GREEN GUIDE FOR HEALTHCARE RECENT CONSTRUCTION PROJECTS HAVE INCORPORATED SUSTAINABLE DESIGN STRATEGIES THE U S GREEN BUILDING COUNCIL AWARDED UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER A LEED NEW CONSTRUCTION 2009 (NCV2009) SILVER CERTIFICATION, MAKING THE NEW HOSPITAL THE FIRST HEALTH CARE FACILITY IN THE COUNTRY TO RECEIVE NCV2009 CERTIFICATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	THE HOSPITALS FINANCIAL STATEMENTS ARE USED TO DETERMINE THE BAD DEBT EXPENSE AS REPORTED ON LINE 2 TEXT TO AUDITED FINANCIAL STATEMENT FOOTNOTE - PROVISION FOR BAD DEBT - IN ADDITION TO CHARITY CARE AND INSUFFICIENT FUNDING FROM THE MEDICAID PROGRAM, THERE ARE SIGNIFICANT LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENT FOR SERVICES RENDERED OR INSURED PATIENTS WHO FAIL TO REMIT CO-PAYMENTS AND DEDUCTIBLES AS REQUIRED UNDER APPLICABLE HEALTH INSURANCE ARRANGEMENTS - END TEXT TO FOOTNOTE THE BAD DEBT EXPENSE FOR 2017 REPORTED IN THE FINANCIAL STATEMENTS WAS \$112,520,000 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 AND THE BAD DEBT PROVISION IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS ON PAGE 4

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	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 2017 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW UHHOSPITALS ORG

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>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	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, REPORTS FILED WITH STATES	OH

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, COMMUNITIES SERVED	<p>THE COMMUNITY SERVED BY EACH HOSPITAL FACILITY IS DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF THE HOSPITAL'S INPATIENTS THE PRIMARY SERVICE AREA ("PSA") IS THE GEOGRAPHIC AREA FROM WHICH THE MAJORITY OF THE HOSPITAL'S PATIENTS ORIGINATE THE SECONDARY SERVICE AREA ("SSA") IS WHERE AN ADDITIONAL POPULATION OF THE HOSPITAL'S INPATIENTS RESIDE REPORTING GROUPS A, B AND CFACILITY 1 - 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 HOSPITAL'S 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 HOSPITAL'S PSA POPULATION IN 2013, APPROXIMATELY 42% OF THE HOSPITAL'S INPATIENTS ORIGINATED FROM THE PSA CUYAHOGA COUNTY ACCOUNTED FOR APPROXIMATELY 71% OF THE HOSPITAL'S DISCHARGES IN 2013 FACILITY 2 - UH RAINBOW BABIES & CHILDREN'S HOSPITAL - THE COMMUNITY SERVED BY UH RB&C IS DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF THE HOSPITAL'S INPATIENTS THE PRIMARY SERVICE AREA ("PSA") IS THE GEOGRAPHIC AREA FROM WHICH THE MAJORITY OF THE HOSPITAL'S PATIENTS ORIGINATE THE SECONDARY SERVICE AREA ("SSA") IS WHERE AN ADDITIONAL POPULATION OF THE HOSPITAL'S INPATIENTS RESIDE THE PSA IS COMPRISED OF EIGHT OHIO COUNTIES ASHTABULA, CUYAHOGA, GEAUGA, LAKE, LORAIN, MEDINA, PORTAGE AND SUMMIT THE SSA IS COMPRISED OF ANOTHER SEVEN OHIO COUNTIES ASHLAND, ERIE, HURON, MAHONING, STARK, TRUMBULL AND WAYNE UH RAINBOW BABIES & CHILDREN'S HOSPITAL'S MARKET AREAS LIE WITHIN 15 COUNTIES IN NORTHEAST OHIO, WITH THE STRONG MAJORITY OF 2013 DISCHARGES (95.4%) BEING RESIDENTS OF THE HOSPITAL'S PRIMARY MARKET AREA, WHICH INCLUDES ALL OF ASHTABULA, CUYAHOGA, GEAUGA, LAKE, LORAIN, MEDINA, PORTAGE AND SUMMIT COUNTIES IN TERMS OF POPULATION, UH RAINBOW BABIES & CHILDREN'S HOSPITAL'S LARGEST COUNTY IN ITS MARKET AREA IS CUYAHOGA, WHICH CONTAINS 31.7% OF THE POPULATION WITHIN THE HOSPITAL'S 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 & CHILDREN'S HOSPITAL'S DISCHARGES IN 2013 IN 2014, UH RAINBOW BABIES & CHILDREN'S HOSPITAL HAD 31,457 VISITS TO THE EMERGENCY ROOM, 98.2% WERE RESIDENTS FROM THE HOSPITAL'S 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 HOSPITAL'S MARKET AREA FACILITY 3 - UH GEAUGA MEDICAL CENTER - THE COMMUNITY SERVED BY THE HOSPITAL IS DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF THE HOSPITAL'S INPATIENTS THE PRIMARY SERVICE AREA ("PSA") IS THE GEOGRAPHIC AREA FROM WHICH THE MAJORITY OF THE HOSPITAL'S PATIENTS ORIGINATE THE SECONDARY SERVICE AREA ("SSA") IS WHERE AN ADDITIONAL POPULATION OF THE HOSPITAL'S INPATIENTS RESIDE THE PSA IS COMPRISED OF SEVEN ZIP CODES IN ASHTABULA, GEAUGA AND LAKE COUNTIES IN OHIO THE SSA IS COMPRISED OF 20 ZIP CODES IN ASHTABULA, CUYAHOGA, GEAUGA, LAKE, PORTAGE AND TRUMBULL COUNTIES IN 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 HOSPITAL'S INPATIENTS LIVED IN THE SPECIFIED ZIP CODES FACILITY 4 - UH AHUJA MEDICAL CENTER - THE COMMUNITIES SERVED BY UH AHUJA MEDICAL CENTER ARE 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 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 HOSPITAL'S INPATIENTS LIVED IN THE SPECIFIED ZIP CODES FACILITY 5 - UH REGIONAL HOSPITALS - RICHMOND CAMPUS - THE COMMUNITIES SERVED BY UH REGIONAL HOSPITALS - RICHMOND CAMPUS ARE 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 COMP</p>

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, COMMUNITIES SERVED	<p>RISED OF EIGHT ZIP CODES IN CUYAHOGA AND LAKE COUNTIES IN OHIO THE SSA IS COMPRISED OF FIVE ZIP CODES, ALSO IN CUYAHOGA AND LAKE COUNTIES IN 2013, THE PSA AND SSA WERE HOME TO AP PROXIMATELY 304,409 PERSONS IN 2013, MORE THAN 81% OF THE HOSPITAL'S INPATIENTS LIVED IN THE SPECIFIED ZIP CODES UH REGIONAL HOSPITALS - BEDFORD CAMPUS - THE COMMUNITIES SERVED B Y UH REGIONAL HOSPITAL'S - BEDFORD CAMPUS ARE DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF T HE 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 WH ERE AN ADDITIONAL POPULATION OF THE HOSPITAL'S 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 APPROXI MATELY 187,023 PERSONS IN 2013, MORE THAN 82% OF THE HOSPITAL'S INPATIENTS LIVED IN THE S PECIFIED ZIP CODES FACILITY 6 - 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 HOSPITAL'S PRIMARY MARKET (61 4%) AND 203 WERE IN THE HOSPITAL'S SECONDARY MARKET (19 9%) OF THE FOUR MUNICIPALITIES THAT MAKE UP T HE HOSPITAL'S MARKET AREA, ASHTABULA HAS THE LARGEST POPULATION, COMPRISING 43 2% OF THE T OTAL POPULATION OF THE MARKET AREA, BUT ONLY 17 2% OF THE HOSPITAL'S PATIENT POPULATION T HE MUNICIPALITY WITH THE HIGHEST PROPORTION OF THE HOSPITAL'S DISCHARGES IN 2013 WAS GENEV A (44 1%), A RELATIVELY SMALL MUNICIPALITY OF 14,766 RESIDENTS THREE OF THE MUNICIPALITIE S THAT COMPRISE THE HOSPITAL'S MARKET AREA ARE IN NORTHERN ASHTABULA COUNTY, OHIO THE FOU RTH MUNICIPALITY IS IN IN NORTHEASTERN LAKE COUNTY FACILITY 7 - UH CONNEAUT MEDICAL CENTER - AS A CRITICAL ACCESS HOSPITAL, UH CONNEAUT MEDICAL CENTER'S MARKET AREA INCLUDES THREE MUNICIPALITIES (ONE IN ITS PRIMARY MARKET AREA AND TWO IN ITS SECONDARY MARKET AREA) IN 2 013, UH CONNEAUT MEDICAL CENTER HAD 415 DISCHARGED PATIENTS OF THOSE, 356 WERE IN THE MED ICAL CENTER'S PRIMARY OR SECONDARY MARKET (83 6%) IN 2013, 62 9% OF UH CONNEAUT MEDICAL C ENTER'S 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 CENTE R'S MARKET AREA, ASHTABULA HAS THE LARGEST POPULATION ASHTABULA COMPRISES 62 8% OF THE TO TAL POPULATION OF THE HOSPITAL'S MARKET AREA HOWEVER, PROPORTIONATELY FEWER (16 4%) OF UH CONNEAUT MEDICAL CENTER'S DISCHARGES IN 2013 WERE ASHTABULA RESIDENTS INSTEAD, THE MUNIC IPALITY WITH THE HIGHEST PROPORTION OF UH CONNEAUT MEDICAL CENTER'S DISCHARGES IN 2013 WAS CONNEAUT, A RELATIVELY SMALL MUNICIPALITY OF 16,875 RESIDENTS UH CONNEAUT MEDICAL CENTER 'S THREE MUNICIPALITIES THAT COMPRISE ITS MARKET AREAS ARE ALL IN NORTHERN ASHTABULA COUNT Y, OHIO</p>

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, COMMUNITIES SERVED	<p>FACILITY 8 - UH PARMA MEDICAL CENTER - UH PARMA MEDICAL CENTER IS LOCATED IN PARMA, OHIO, CLEVELAND'S MOST POPULOUS SUBURB IT WAS FOUNDED AS PARMA COMMUNITY GENERAL HOSPITAL IN 19 61 BY THE CITIES OF PARMA, PARMA HEIGHTS, BROOKLYN, BROOKLYN HEIGHTS, SEVEN HILLS AND NORT H ROYALTON THE HOSPITAL BECAME PART OF THE UNIVERSITY HOSPITALS HEALTH SYSTEM IN JANUARY 2014 UH PARMA MEDICAL CENTER'S MARKET AREA INCLUDES 17 MUNICIPALITIES (SEVEN IN ITS PRIMA RY MARKET AREA AND 10 IN ITS SECONDARY MARKET AREA), SHOWN IN FIGURE 1 UH PARMA MEDICAL C ENTER MARKET AREAS ALL OF UH PARMA MEDICAL CENTER'S PRIMARY MARKET AREA IS CONTAINED WITH IN CUYAHOGA COUNTY A SMALL PORTION OF ITS SECONDARY MARKET IS IN SUMMIT AND MEDINA COUNTI ES IN 2013, 75 4% OF UH PARMA MEDICAL CENTER'S DISCHARGES WERE RESIDENTS OF ITS PRIMARY M ARKET AREA, 14 8% WERE RESIDENTS OF ITS SECONDARY MARKET AREA OF THE SEVEN ZIP CODE AREAS WHICH COMPRISE UH PARMA MEDICAL CENTER'S PRIMARY MARKET AREA, PARMA HEIGHTS/MIDDLEBURG HE IGHTS HAS THE LARGEST POPULATION (10 9% OF THE HOSPITAL'S TOTAL MARKET AREA) HOWEVER, THE ZIP CODE WITH THE LARGEST NUMBER OF DISCHARGES FROM UH PARMA MEDICAL CENTER WAS PARMA (2, 377 DISCHARGES, OR 19 5%), WHICH COMPRISES 8 2% OF UH PARMA MEDICAL CENTER'S MARKET AREA P</p> <p>OPULATION FACILITY 9 - UH ELYRIA MEDICAL CENTER - UH ELYRIA MEDICAL CENTER IS LOCATED IN T HE 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 BUSTLING GROWTH, OTHERS SUC H 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 CENTER'S MARKET AREA IN LORAIN AND ERIE COUNTIES INCLUDES 15 MUNICIPALITIES (FOUR IN ITS P RIMARY MARKET AREA AND 11 IN ITS SECONDARY MARKET AREA) IN 2013, 94 9% OF UH ELYRIA MEDIC AL CENTER'S DISCHARGES WERE IN EITHER ITS PRIMARY (71 5%) OR SECONDARY (23 3%) MARKET AREA S IN 2013, JUST UNDER HALF (45 2%) OF THE POPULATION IN UH ELYRIA MEDICAL CENTER'S MARKET AREA LIVED IN ITS PRIMARY MARKET AREA MOST OF THE REMAINING 52% LIVED IN ITS SECONDARY M ARKET AREA ALTHOUGH THE CITY OF ELYRIA CONTAINS JUST 17 8% OF LORAIN COUNTY'S POPULATION, ELYRIA RESIDENTS ACCOUNTED FOR 48 5% OF UH ELYRIA MEDICAL CENTER'S DISCHARGES IN 2013 IN 2013, 85 2% OF UH ELYRIA MEDICAL CENTER'S EMERGENCY ROOM VISITS CAME FROM ITS PRIMARY MAR KET AREA (CITIES OF ELYRIA, NORTH RIDGEVILLE, LORAIN OR GRAFTON) AND JUST UNDER HALF (45 2 %) OF THE COUNTY'S POPULATION LIVED IN THESE CITIES LIKEWISE, 65 7% OF THE EMERGENCY ROOM VISITS CAME FROM ELYRIA RESIDENTS EVEN THOUGH THE CITY CONTAINS JUST 17 8% OF THE COUNTY' S POPULATION FACILITY 10 - UH ST JOHN MEDICAL CENTER - THE COMMUNITY SERVED BY UH ST JOH N MEDICAL CENTER IS DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF UH ST JOHN MEDICAL CENTER' S INPATIENTS UH ST JOHN MEDICAL CENTER'S SERVICE AREA INCLUDES PARTS OF LORAIN, OHIO, AN D CUYAHOGA COUNTY, OHIO IN TERMS OF POPULATION, UH ST JOHN MEDICAL CENTER'S SERVICE AREA S COVER 78 9% OF THE POPULATION IN LORAIN COUNTY AND 17 3% OF THE POPULATION IN CUYAHOGA C COUNTY EIGHT OF THE ZIP CODES COMPRISE UH ST JOHN MEDICAL CENTER'S PRIMARY SERVICE AREA (PSA) AND NINE OF THE ZIP CODES COMPRISE THE SECONDARY SERVICE AREA (SSA) FACILITY 11 - UH PORTAGE MEDICAL CENTER - UH PORTAGE MEDICAL CENTER IS LOCATED IN THE CITY OF RAVENNA IN PO RTAGE COUNTY, OHIO PORTAGE COUNTY IS LOCATED DIRECTLY EAST OF SUMMIT COUNTY (AKRON METRO AREA) AND SOUTHEAST OF CUYAHOGA COUNTY (CLEVELAND METRO AREA) THE HOSPITAL'S MARKET AREA INCLUDES 15 MUNICIPALITIES (EIGHT IN ITS PRIMARY MARKET AREA AND SEVEN IN ITS SECONDARY MA RKET AREA) IT IS ALMOST COMPLETELY CONTAINED WITHIN PORTAGE COUNTY, OHIO IN 2014, THE HO SPITAL HAD 6,358 DISCHARGED PATIENTS OF THOSE, 5,316 WERE IN THE HOSPITAL'S PRIMARY MARKE T AREA (83 6%) AND 622 (9 8%) WERE IN THE HOSPITAL'S SECONDARY MARKET AREA THE CITY OF RA VENNA WAS HOME TO ONE-THIRD OF DISCHARGED PATIENTS IN 2014 (37 1%), ALTHOUGH ONLY 15 5% OF THE TOTAL MARKET AREA'S POPULATION LIVES IN RAVENNA THE CITY OF KENT IS THE SECON D MOST COMMON SOURCE OF PATIENTS FOR THE HOSPITAL (17 7%) FACILITY 12 - UH SAMARITAN MEDICAL CENT ER - UH SAMARITAN MEDICAL CENTER IS LOCATED IN ASHLAND, OHIO, WITHIN ASHLAND COUNTY, A RUR AL COUNTY LOCATED SOUTHWEST OF CUYAHOGA COUNTY (CLEVELAND METRO AREA) AND NORTHEAST OF FRA NKLIN COUNTY (COLUMBUS METRO AREA) ASHLAND COUNTY IS COMPRISED OF CITIES, VILLAGES AND TO WNSHIPS ITS COUNTY SEAT IS THE CITY OF ASHLAND, WHERE THE HOSPITAL IS LOCATED ITS 2010 P OPULATION WAS ABOUT 53,000 THE PRIMARY SERVICE AREA FOR THE HOSPITAL INCLUDES ALMOST ALL OF ASHLAND COUNTY ITS MARKET AREA (MOSTLY SECONDARY MARKET AREA) SLIGHTLY EXPANDS INTO HU RON, LORAIN, MEDINA, WAYNE, MORROW, KNOX AND HOLME</p>

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, COMMUNITIES SERVED	<p>S COUNTIES THE HOSPITAL'S SECONDARY MARKET AREA ALSO INCLUDES ALMOST ALL OF RICHLAND COUN TY, JUST TO THE WEST OF ASHLAND COUNTY THE MUNICIPALITIES OF ASHLAND, JEROMESVILLE, LOUDO NVILLE, NOVA, PERRYSVILLE, POLK, SAVANNAH AND SULLIVAN COMPRISE THE HOSPITAL'S PRIMARY MAR KET AREA FACILITY 13 - UH REHABILITATION HOSPITAL - UH REHABILITATION HOSPITAL IS LOCATED IN THE CITY OF BEACHWOOD IN CUYAHOGA COUNTY, OHIO UH REHABILITATION HOSPITAL'S MARKET ARE AS LIE WITHIN FIVE COUNTIES IN NORTHEAST OHIO CUYAHOGA, GEauga, LAKE, PORTAGE AND SUMMIT UH REHABILITATION HOSPITAL'S MARKET AREA INCLUDES 27 MUNICIPALITIES (NINE IN ITS PRIMARY MARKET AREA, 13 IN ITS SECONDARY MARKET AREA, AND FIVE IN ITS TERTIARY MARKET AREA) IN 20 14, UH REHABILITATION HOSPITAL HAD 1,052 DISCHARGED PATIENTS THE MAJORITY OF THOSE PATIEN TS CAME FROM THE HOSPITAL'S PRIMARY MARKET IN 2013, THE PSA AND SSA WERE HOME TO APPROXIM ATELY 187,023 PERSONS IN 2013, 22 7% OF DISCHARGES WERE AMBULATORY CARE SENSITIVE ("ACS") CASES WITH THREE PRIMARY DIAGNOSES CONGESTIVE HEART FAILURE (5 7%), BACTERIAL PNEUMONIA (4 8%) AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (2 2%) ACS CASES ARE THOSE THAT ARE PRESU MED TO BE AVOIDABLE IF PATIENTS RECEIVE HIGH-QUALITY PRIMARY CARE A HIGH PROPORTION OF AC S CASES IN A COMMUNITY SIGNAL A SHORTAGE OF ADEQUATE PRIMARY CARE PROVIDERS CUYAHOGA AND SUMMIT COUNTIES, LIKE THEIR NEIGHBORING COUNTIES, ARE GROWING OLDER, ON AVERAGE IN 2013, THE PROPORTION OF SENIOR CITIZENS INCREASED BY 0 4 PERCENTAGE POINTS IN CUYAHOGA COUNTY AN D 0 9 PERCENTAGE POINTS IN SUMMIT COUNTY GIVEN THAT THE USE OF HEALTH CARE INCREASES SUBS TANTIALY WITH AGE, ESPECIALLY AFTER AGE 65, THE AGING OF THE POPULATION WILL HAVE SIGNIFI CANT IMPACT ON THE DEMAND FOR HEALTH CARE IN REGIONS WHERE THE PROPORTION OF OLDER CITIZEN S IS INCREASING UH REHABILITATION HOSPITAL'S MARKET AREA IS BECOMING MORE RACIALLY DIVERS E CUYAHOGA COUNTY IS MAJORITY WHITE, BUT THE PERCENTAGE OF THE POPULATION THAT IS WHITE D ECREASED BY 1% FROM 2010 TO 2013 BLACK IS THE DOMINANT MINORITY RACE IN CUYAHOGA COUNTY (29 7% OF THE TOTAL POPULATION) SUMMIT COUNTY IS ALSO MAJORITY WHITE, BUT THAT MAJORITY PE RCENTAGE DECREASED BY 0 8% FROM 2010 TO 2013 POVERTY LEVELS IN THE HOSPITAL'S MARKET AREA ARE INCREASING THE AVERAGE (MEDIAN) INCOME DECREASED BY 4 6% IN CUYAHOGA COUNTY AND 2% I N SUMMIT COUNTY FROM 2010 TO 2013 OF ALL DISCHARGES IN 2013, 73% WERE MEDICARE PATIENTS A ND 9% WERE MEDICAID PATIENTS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, COMMUNITIES SERVED	FACILITY 14 - UH REHABILITATION HOSPITAL - AVON UH AVON REHABILITATION HOSPITAL IS LOCATED IN THE CITY OF AVON IN LORAIN COUNTY, OHIO UH AVON REHABILITATION HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS ARE ALMOST EXCLUSIVELY CONTAINED WITHIN CUYAHOGA AND LORAIN COUNTIES THE PRIMARY SERVICE AREA FOR UH AVON REHABILITATION HOSPITAL INCLUDES AVON AND THE SEVEN COMMUNITIES IMMEDIATELY SURROUNDING IT (ELYRIA, NORTH RIDGEVILLE, WESTLAKE, AVON LAKE, NORTH OLMSTED, SHEFFIELD LAKE/VILLAGE AND BAY VILLAGE) THE SEVEN COMMUNITIES THAT COMPRISE UH AVON REHABILITATION HOSPITAL'S SECONDARY SERVICE AREA ARE LORAIN, CLEVELAND, LAKEWOOD, ROCKY RIVER, GRAFTON, OLMSTED FALLS AND AMHERST IN 2015 66 9% OF PATIENT DISCHARGES WERE RESIDENTS OF ITS PRIMARY MARKET AREA, 22 2% WERE RESIDENTS OF ITS SECONDARY MARKET AREA, 74 5% WERE MEDICARE PATIENTS, 13 3% WERE INSURED THROUGH A COMMERCIAL PAYER AND 11 9% WERE MEDICAID PATIENTS ALMOST TWO-THIRDS (63%) OF PATIENTS ADMITTED IN 2016 WERE SENIOR CITIZENS AND ALMOST HALF OF INPATIENTS TREATED IN 2016 WERE RECEIVING REHABILITATION SERVICES BECAUSE OF A STROKE OR OTHER NEUROLOGICAL CONDITION OR TRAUMA

Schedule H (Form 990) 2017

Additional Data

Software ID:

Software Version:

EIN: 90-0059117

Name: UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 14		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	UH CLEVELAND MEDICAL CENTER 11100 EUCLID AVENUE CLEVELAND, OH 44106 HTTP //WWW UHHOSPITALS ORG/CASE	X	X		X		X	X		IP PSYCH /IP REHAB /SKILLED NURSING LVL 1 TRAUMA CNTR	A
2	UH RAINBOW BABIES & CHILDREN'S HOSPITAL 11100 EUCLID AVENUE CLEVELAND, OH 44106 HTTP //WWW UHHOSPITALS ORG/RAINBOW	X	X	X	X		X	X		LVL 1 TRAUMA CTR	A
3	UH GEAUGA MEDICAL CENTER 13207 RAVENNA ROAD CHARDON, OH 44024 HTTP //WWW UHHOSPITALS ORG/GEAUGA	X	X					X		IP PSYCHIATRIC UNIT	A
4	UH AHUJA MEDICAL CENTER 3999 RICHMOND ROAD BEACHWOOD, OH 44122 HTTP //WWW UHHOSPITALS ORG/AHUJA	X	X					X			A
5	UH REGIONAL HOSPITALS 27100 CHARDON ROAD RICHMOND HEIGHTS, OH 44143 HTTP //WWW UHHOSPITALS ORG/AHUJA	X	X		X			X			A

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

Section A. Hospital Facilities		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? 14											
Name, address, primary website address, and state license number											
6	UH GENEVA MEDICAL CENTER 870 WEST MAIN STREET GENEVA, OH 44041 HTTP://WWW.UHHOSPITALS.ORG/GENEVA	X				X		X			A
7	UH CONNEAUT MEDICAL CENTER 158 WEST MAIN ROAD CONNEAUT, OH 44030 HTTP://WWW.UHHOSPITALS.ORG/CONNEAUT	X				X		X			A
8	UH PARMA MEDICAL CENTER 7007 POWERS BLVD PARMA, OH 44129 HTTP://WWW.UHHOSPITALS.ORG/PARMA	X	X					X			A
9	UH ELYRIA MEDICAL CENTER 630 EAST RIVER STREET ELYRIA, OH 44035 HTTP://WWW.UHHOSPITALS.ORG/ELYRIA	X	X					X			A
10	UH ST JOHN MEDICAL CENTER 29000 CENTER RIDGE ROAD WESTLAKE, OH 44145275 WWW.UHHOSPITALS.ORG/UH-ST-JOHN-MEDICA	X	X		X			X			A

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

Section A. Hospital Facilities		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? 14											
Name, address, primary website address, and state license number											
11	UH PORTAGE MEDICAL CENTER 6847 NORTH CHESTNUT STREET RAVENNA, OH 44266 WWW.UHHOSPITALS.ORG/UH-PORTAGE-MEDICA	X	X		X			X			B
12	UH SAMARITAN HOSPITAL 1025 CENTER STREET ASHLAND, OH 44805 HTTP://WWW.SAMARITANHOSPITAL.ORG/	X	X					X			B
13	UNIVERSITY HOSPITALS REHABILITATION HOSPITAL 23333 HARVARD ROAD BEACHWOOD, OH 44122 HTTP://WWW.UHHOSPITALS.ORG/UH-REHABIL	X								REHABILITATION	A
14	UH AVON REHABILITATION HOSPITAL 37900 CHESTER ROAD AVON, OH 44011 HTTP://WWW.UHHOSPITALS.ORG/UH-AVON-RE	X								REHABILITATION	C

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

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 UH CLEVELAND MEDICAL CENTER, - FACILITY 2 UH RAINBOW BABIES & CHILDREN'S HOSPITAL, - FACILITY 3 UH GEAUGA MEDICAL CENTER, - FACILITY 4 UH AHUJA MEDICAL CENTER, - FACILITY 5 UH REGIONAL HOSPITALS, - FACILITY 6 UH GENEVA MEDICAL CENTER, - FACILITY 7 UH CONNEAUT MEDICAL CENTER, - FACILITY 8 UH PARMA MEDICAL CENTER, - FACILITY 9 UH ELYRIA MEDICAL CENTER, - FACILITY 10 UH ST JOHN MEDICAL CENTER, - FACILITY 13 UNIVERSITY HOSPITALS REHABILITATION HOSPITAL

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER PART V, SECTION B, LINE 3J	<p>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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS</p>
GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER PART V, SECTION B, LINE 5	<p>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 CENTER'S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA
GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER PART V, SECTION B, LINE 11	<p>UH CLEVELAND MEDICAL CENTER -UH CLEVELAND MEDICAL CENTER'S 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 OR 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 NOT ALL NEEDS IDENTIFIED IN THE 2015 CHNA ARE BEING ADDRESSED BUT THROUGH IMPLEMENTING THE ABOVE STRATEGIES, THE HOSPITAL ANTICIPATES THE FOLLOWING IMPROVEMENTS IN COMMUNITY HEALTH POSITIVE IMPACT ON THE REDUCTION OF CARDIOVASCULAR DISEASE, POSITIVE IMPACT ON THE REDUCTION OF INFANT MORTALITY AND IMPROVED INFANT HEALTH, REDUCED INAPPROPRIATE EMERGENCY ROOM USE AND POSITIVE IMPACT ON THE REDUCTION OF CANCER MORTALITY RATES, FOCUSING ON LUNG, COLON, BREAST AND CERVICAL CANCERS COINCIDENT WITH THIS WILL BE A POSITIVE IMPACT ON RATES OF TOBACCO USE IMPLEMENTATION STRATEGIES BEGAN IN 2016 DURING 2017 THE UH CLEVELAND MEDICAL CENTER HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH OVER 13,500 COMMUNITY MEMBERS PARTICIPATED</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER PART V, SECTION B, LINE 13H	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
GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER PART V, SECTION B, LINE 15E	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER PART V, SECTION B, LINE 18E	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
GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 3J	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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS

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

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

Form and Line Reference	Explanation
<p>GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 5</p>	<p>UH RAINBOW BABIES & CHILDREN'S 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 TRANSCRIBED 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 & CHILDREN'S HOSPITAL'S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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>
<p>GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 6A</p>	<p>THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 11	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 STRATEGIES BEGAN IN 2016 DURING 2017 THE UH RAINBOW BABIES AND CHILDREN'S HOSPITAL HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH ALMOST 90,000 COMMUNITY MEMBERS PARTICIPATED
GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 13H	PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 15E	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
GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 18E	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 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- UH GEAGA MEDICAL CENTER PART V, SECTION B, LINE 3J	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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS
GROUP A-FACILITY 3 -- UH GEAGA MEDICAL CENTER PART V, SECTION B, LINE 5	UH GEAGA MEDICAL CENTER'S 2015 ASSESSMENT TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN GEAGA COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS COMMUNITY LEADERS FROM THE GEAGA COUNTY HEALTH DISTRICT AND THE LAKE COUNTY HEALTH DISTRICT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENT 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 GEAGA MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- UH GEAUGA MEDICAL CENTER PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA
GROUP A-FACILITY 3 -- UH GEAUGA MEDICAL CENTER PART V, SECTION B, LINE 11	STRATEGIC INITIATIVES INCLUDE SUBSTANCE ABUSE AND MENTAL HEALTH (DRUG, ALCOHOL AND SMOKING), IMPROVED ACCESS TO PRIMARY AND SPECIALTY CARE AND CHRONIC DISEASE CONDITIONS (CANCER, HEART DISEASE, DIABETES, ALZHEIMER'S, ASTHMA, 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 OF CARE AND OBESITY IMPLEMENTATION STRATEGIES BEGAN IN 2016 IN 2016 THE UH GEAUGA MEDICAL CENTER HELD SUBSTANCE ABUSE AND MENTAL HEALTH DISORDER EDUCATION EVENTS IN WHICH 8,369 COMMUNITY MEMBERS ATTENDED DURING 2017 THE UH GEAUGA MEDICAL CENTER HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH ALMOST 44,000 COMMUNITY MEMBERS PARTICIPATED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- UH GEAUGA MEDICAL CENTER PART V, SECTION B, LINE 13H	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
GROUP A-FACILITY 3 -- UH GEAUGA MEDICAL CENTER PART V, SECTION B, LINE 15E	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- UH GEAUGA MEDICAL CENTER PART V, SECTION B, LINE 18E	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
GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER PART V, SECTION B, LINE 3J	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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER PART V, SECTION B, LINE 5	UH AHUJA MEDICAL CENTER'S 2015 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) AHUJA'S CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED 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 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 AHUJA MEDICAL CENTER'S MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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
GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER PART V, SECTION B, LINE 11	STRATEGIC INITIATIVES INCLUDE DIABETES, CARDIOVASCULAR 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, INFANT MORTALITY/PREMATURE BIRTHS, HIGH COST OF CARE, ACCESS TO PRIMARY CARE PROVIDERS, OBESITY, SUBSTANCE ABUSE, VIOLENCE, KIDNEY DISEASE, ALZHEIMER'S, GONORRHEA AND MENTAL HEALTH IMPLEMENTATION STRATEGIES BEGAN IN 2016 DURING 2017 THE UH AHUJA MEDICAL CENTER HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH OVER 21,000 COMMUNITY MEMBERS PARTICIPATED
GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER PART V, SECTION B, LINE 13H	PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER PART V, SECTION B, LINE 15E	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
GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER PART V, SECTION B, LINE 18E	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 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS PART V, SECTION B, LINE 3J	<p>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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS</p>
GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS PART V, SECTION B, LINE 5	<p>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 CENTER'S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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 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 CENTER'S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA
GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS PART V, SECTION B, LINE 11	THE UH REGIONAL HOSPITALS STRATEGIC INITIATIVES INCLUDE CHRONIC DISEASE CONDITIONS (HEART DISEASE, RESPIRATORY DISEASE AND DIABETES) NEEDS IDENTIFIED IN 2015 BUT NOT BEING ADDRESSED IN 2016-2018 INCLUDE POVERTY, UNEMPLOYMENT, AGING POPULATION, INFANT MORTALITY, ALZHEIMER'S, CANCER, MENTAL ILLNESS, SUBSTANCE ABUSE, OBESITY, COST OF CARE, LACK OF PRIMARY CARE PROVIDERS AND TRANSPORTATION IMPLEMENTATION STRATEGIES BEGAN IN 2016 IN 2016 THE UH BEDFORD CAMPUS HELD STROKE SCREENINGS, 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 DAY, STROKE DAY, PAD SCREENING DAY AND HEALTH MATTERS EDUCATION SERIES EVENTS IN WHICH 562 COMMUNITY MEMBERS ATTENDED STROKE, PAD AND BP SCREENINGS WERE ALSO HELD DURING 2016 IN WHICH 123 COMMUNITY MEMBERS PARTICIPATED DURING 2017 THE UH BEDFORD AND RICHMOND CAMPUSES HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH ALMOST 2,000 COMMUNITY MEMBERS PARTICIPATED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS PART V, SECTION B, LINE 13H	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
GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS PART V, SECTION B, LINE 15E	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS PART V, SECTION B, LINE 18E	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
GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER PART V, SECTION B, LINE 3J	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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER PART V, SECTION B, LINE 5	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 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 GENEVA MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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
GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER PART V, SECTION B, LINE 11	STRATEGIC INITIATIVES INCLUDE CHRONIC DISEASE CONDITIONS (CANCER, HEART DISEASE, DIABETES AND MENTAL ILLNESS) AND LIFESTYLE BARRIERS (OBESITY) NEEDS IDENTIFIED IN 2015 BUT NOT BEING ADDRESSED IN 2016-2018 INCLUDE HIGH UNEMPLOYMENT RATES, AGING POPULATION, CHRONIC STRESS, INFANT/MATERNAL CARE, HIGH RATES OF INFANT MORTALITY, TEEN BIRTHS, POOR ACCESS TO DENTISTRY, POOR ACCESS TO PRIMARY CARE, HIGH COST OF CARE, TRANSPORTATION, FOOD DESERTS, LACK OF INSURANCE COVERAGE, VIOLENCE, DRUG, SUBSTANCE ABUSE AND SMOKING IMPLEMENTATION STRATEGIES BEGAN IN 2016 IN 2016 THE UH GENEVA MEDICAL CENTER HELD 'ONE LIFE RACE' IN OCTOBER 2016 AND MENTAL HEALTH FIRST AID TRAINING FOR SCHOOL ADMINISTRATORS AND CLERGY IN WHICH 220 COMMUNITY MEMBERS PARTICIPATED H2H GERIATRIC DEPRESSION SCALE SCREENINGS, BMI MEASUREMENTS HEAD START HEALTH DAYS AND HEALTHY COOKING DEMONSTRATIONS WERE ALSO SPONSORED IN WHICH 463 COMMUNITY MEMBERS PARTICIPATED DURING 2017 THE UH GENEVA MEDICAL CENTER HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH ALMOST 10,000 COMMUNITY MEMBERS PARTICIPATED
GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER PART V, SECTION B, LINE 13H	PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER PART V, SECTION B, LINE 15E	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
GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER PART V, SECTION B, LINE 18E	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 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER PART V, SECTION B, LINE 3J	<p>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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS</p>
GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER PART V, SECTION B, LINE 5	<p>THE UH CONNEAUT 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 IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS COMMUNITY LEADERS FROM THE ASHTABULA CITY HEALTH DEPARTMENT AND ASHTABULA COUNTY HEALTH DEPARTMENT 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 CONNEAUT MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA
GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER PART V, SECTION B, LINE 11	STRATEGIC INITIATIVES INCLUDE CHRONIC DISEASE CONDITIONS (CANCER, HEART DISEASE, DIABETES AND MENTAL ILLNESS), ACCESS BARRIERS (POOR ACCESS TO PRIMARY CARE, HIGH COST OF CARE, TRANSPORTATION, FOOD DESERTS AND LACK OF INSURANCE COVERAGE), LIFESTYLE BARRIERS (OBESITY, 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 AND MATERNAL CARE, HIGH RATES OF INFANT MORTALITY, TEEN BIRTHS AND POOR ACCESS TO DENTISTRY IMPLEMENTATION STRATEGIES BEGAN IN 2016 IN 2016 THE UH CONNEAUT MEDICAL CENTER HELD DIABETIC COUNSELING HEALTH EXPOS, FAMILY HEALTH AND SAFETY EVENTS IN 2016 IN WHICH 225 COMMUNITY MEMBERS ATTENDED FIVE EARLY DETECTION RISK FACTOR SCREENINGS WERE ALSO HELD IN WHICH 368 COMMUNITY MEMBERS PARTICIPATED DURING 2017 THE UH CONNEAUT MEDICAL CENTER HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH ALMOST 5,500 COMMUNITY MEMBERS PARTICIPATED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER PART V, SECTION B, LINE 13H	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
GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER PART V, SECTION B, LINE 15E	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER PART V, SECTION B, LINE 18E	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
GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER PART V, SECTION B, LINE 3J	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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER PART V, SECTION B, LINE 5	THE UH PARMA 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 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 GOVERNMENT 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 PARMA MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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.
GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER PART V, SECTION B, LINE 11	STRATEGIC INITIATIVES INCLUDE HEALTH DISPARITIES (AGING POPULATION), CHRONIC DISEASE CONDITIONS (HEART DISEASE, CANCER, ALZHEIMER'S, DIABETES, RESPIRATORY DISEASES, MENTAL ILLNESS), LIFESTYLE BARRIERS (OBESITY) AND ACCESS TO CARE (ACCESS TO PRIMARY CARE, LACK OF INSURANCE, TRANSPORTATION BARRIERS, COSTS OF CARE, FOOD DESERTS, ACCESS TO BILINGUAL PROVIDERS, ACCESS TO MENTAL HEALTH CARE) 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 CHRONIC STRESS IMPLEMENTATION STRATEGIES BEGAN IN 2016 DURING 2017 THE UH PARMA MEDICAL CENTER HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH OVER 23,000 COMMUNITY MEMBERS PARTICIPATED
GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER PART V, SECTION B, LINE 13H	PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER PART V, SECTION B, LINE 15E	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
GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER PART V, SECTION B, LINE 18E	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 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER PART V, SECTION B, LINE 3J	<p>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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS</p>
GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER PART V, SECTION B, LINE 5	<p>THE UH ELYRIA 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 LORAIN COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS COMMUNITY LEADERS FROM THE ELYRIA CITY HEALTH DISTRICT AND THE LORAIN 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 2015 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS DEMOGRAPHICS OF UH ELYRIA MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA
GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER PART V, SECTION B, LINE 11	STRATEGIC INITIATIVES INCLUDE ACCESS TO CARE (AVAILABLE PROVIDERS), PREVENTITIVE HEALTH, LEADING CAUSES OF DEATH (DIABETES, CANCER, HEART DISEASE AND STROKE), MATERNAL & CHILD HEALTH (INCLUDING 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 2016 DURING 2017 THE UH ELYRIA MEDICAL CENTER HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH OVER 2,000 COMMUNITY MEMBERS PARTICIPATED

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER PART V, SECTION B, LINE 13H	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
GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER PART V, SECTION B, LINE 15E	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER PART V, SECTION B, LINE 18E	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
GROUP A-FACILITY 10 -- UH ST JOHN MEDICAL CENTER PART V, SECTION B, LINE 3J	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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- UH ST JOHN MEDICAL CENTER PART V, SECTION B, LINE 5	UH ST JOHN MEDICAL CENTER'S CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS AND ORGANIZATIONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH ONLINE SURVEYS, INTERVIEWS WITH COMMUNITY LEADERS, INCLUDING MAYORS, SCHOOL PRINCIPALS, DIRECTORS OF SENIOR ORGANIZATIONS, CLERGY AND INTERNAL FOCUS GROUPS OF EMERGENCY DEPARTMENT STAFF AND CASE MANAGEMENT EACH OF THESE GAVE THEIR INDIVIDUAL AND COLLECTIVE ASSESSMENTS OF THE STRENGTHS AND LIMITS OF COMMUNITY HEALTH SERVICES AND IDENTIFIED THE GAPS IN HEALTH NEEDS WITHIN THE COMMUNITY THE 2015 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS DEMOGRAPHICS OF UH ST JOHN MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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
GROUP A-FACILITY 10 -- UH ST JOHN MEDICAL CENTER PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- UH ST JOHN MEDICAL CENTER PART V, SECTION B, LINE 11	STRATEGIC INITIATIVES INCLUDE TYPE 2 DIABETES MANAGEMENT AND EDUCATION AND OPIATE DRUG ABUSE THE 2015 CHNA IDENTIFIED 8 UNMET COMMUNITY HEALTH NEEDS UH ST JOHN MEDICAL CENTER SELECTED TWO OF THEM TO FOCUS ON IN THEIR IMPLEMENTATION PLAN HOWEVER, THE HOSPITAL HAS AND WILL CONTINUE TO SUSTAIN SEVERAL EFFORTS WHICH DO ADDRESS 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, LACK OF TRANSPORTATION FOR ELDERLY AND PRINT RESOURCES OF COMMUNITY SERVICES FOR THOSE WITHOUT ACCESS TO COMPUTERS IMPLEMENTATION STRATEGIES BEGAN IN 2016 DURING 2017 THE UH ST JOHN MEDICAL CENTER HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH OVER 37,500 COMMUNITY MEMBERS PARTICIPATED
GROUP A-FACILITY 10 -- UH ST JOHN MEDICAL CENTER PART V, SECTION B, LINE 13H	PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- UH ST JOHN MEDICAL CENTER PART V, SECTION B, LINE 15E	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
GROUP A-FACILITY 10 -- UH ST JOHN MEDICAL CENTER PART V, SECTION B, LINE 18E	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 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD PART V, SECTION B, LINE 3J	IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS
GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD PART V, SECTION B, LINE 5	THE UH REHABILITATION HOSPITAL CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN SERVICE AREA COUNTIES AND 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 REHABILITATION HOSPITAL MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA
GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD PART V, SECTION B, LINE 11	UH REHABILITATION HOSPITAL'S STRATEGIC INITIATIVES INCLUDE CARDIOVASCULAR AND RESPIRATORY DISEASES AND DIABETES THESE CONDITIONS ARE HIGHLY PREVALENT THROUGHOUT UH REHABILITATION HOSPITAL SERVICE AREA AND ARE DIRECTLY RELATED TO A NUMBER OF THE ACCESS CONDITIONS AND LIFESTYLE CONDITIONS THAT WERE ALSO IDENTIFIED AS COMMUNITY HEALTH NEEDS THE UH REHABILITATION HOSPITAL TEAM BELIEVES THAT THEIR IMPLEMENTATION APPROACH TO ADDRESSING THESE DISEASE CONDITIONS WILL INCORPORATE STRATEGIES THAT WILL ALSO ADDRESS ACCESS AND LIFESTYLE CONDITIONS, INCLUDING OBESITY AND SMOKING THE TEAM ANTICIPATES CREATING OPPORTUNITIES FOR INDIVIDUALS TO ACTIVELY CO-MANAGE THEIR DISEASES WITH HEALTH CARE PROFESSIONALS AND COMMUNITY RESOURCES NEEDS IDENTIFIED IN 2015 BUT NOT BEING ADDRESSED IN 2016-2018 INCLUDE HEALTH DISPARITIES (AGING POPULATION, HIGH RATE OF POVERTY AND HIGH RATE OF UNEMPLOYMENT), LIFESTYLE BARRIERS (OBESITY, SUBSTANCE ABUSE AND VIOLENCE), CHRONIC DISEASE CONDITIONS (RESPIRATORY DISEASES, KIDNEY DISEASE, ALZHEIMER'S, GONORRHEA AND MENTAL HEALTH ISSUES) SINCE POOR HEALTH STATUS CAN RESULT IF A COMPLEX INTERACTION OF CHALLENGING SOCIAL, ECONOMIC, ENVIRONMENTAL AND BEHAVIORAL FACTORS, COMBINED WITH A LACK OF ACCESS TO CARE, IS PRESENT ADDRESSING THE MORE COMMON "ROOT" CAUSES OF POOR COMMUNITY HEALTH CAN SERVE TO IMPROVE A COMMUNITY'S QUALITY OF LIFE AND TO REDUCE MORTALITY AND MORBIDITY THIS TEAM DECIDED TO SELECT TWO CHRONIC DISEASE CONDITIONS AS THE HOSPITAL'S PRIMARY PRIORITIES FOR THIS CHNA IMPLEMENTATION PLAN OF 2016 - 2018 THOSE BEING DIABETES AND CARDIOVASCULAR DISEASE IMPLEMENTATION STRATIFIES BEGAN IN 2016

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD PART V, SECTION B, LINE 13H	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
GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD PART V, SECTION B, LINE 15E	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD PART V, SECTION B, LINE 18E	NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE FACILITIES' FINANCIAL ASSSTANCE POLICY
PART V, SECTION B	FACILITY REPORTING GROUP B

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP B CONSISTS OF	- FACILITY 11 UH PORTAGE MEDICAL CENTER, - FACILITY 12 UH SAMARITAN HOSPITAL
GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER PART V, SECTION B, LINE 3J	<p>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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER PART V, SECTION B, LINE 5	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 CENTER'S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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
GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER PART V, SECTION B, LINE 11	STRATEGIC INITIATIVES INCLUDE VULNERABLE POPULATIONS (SERVICES FOR THE ELDERLY, LOWER INCOME WINDHAM AND SINGLE-HEADED HOUSEHOLDS), ACCESS BARRIERS (ACCESS TO PRIMARY CARE, INSUFFICIENT SPECIALISTS), LIFESTYLE BARRIERS (OBESITY), CHRONIC DISEASE CONDITIONS (DIABETES, HYPERTENSION AND CHOLESTEROL, HEART DISEASE AND STROKE, MENTAL ILLNESS AND SUBSTANCE ABUSE) NEEDS IDENTIFIED IN 2016 BUT NOT BEING ADDRESSED IN 2016-2018 INCLUDE VULNERABLE POPULATIONS (GROWING INTERNATIONAL STUDENT POPULATION), ACCESS BARRIERS (COST OF CARE, HEALTH LITERACY AND KNOWLEDGE OF RESOURCES, TRANSPORTATION BARRIERS, ACCESS TO AND AWARENESS OF HEALTHY FOODS), LIFESTYLE BARRIERS (SMOKING), AND CHRONIC DISEASE CONDITIONS (CANCER, MENTAL HEALTH, ASTHMA, RENAL FAILURE AND PNEUMONIA IMPLEMENTATION STRATEGIES BEGAN IN 2017 DURING 2017 THE PORTAGE MEDICAL CENTER HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH OVER 3,600 COMMUNITY MEMBERS PARTICIPATED
GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER PART V, SECTION B, LINE 13H	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.

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Form and Line Reference	Explanation
GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER PART V, SECTION B, LINE 15E	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
GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER PART V, SECTION B, LINE 18E	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

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Form and Line Reference	Explanation
GROUP B-FACILITY 11 -- UH PORTAGE MEDICAL CENTER PART V, SECTION B, LINE 20E	
GROUP B-FACILITY 12 -- UH SAMARITAN HOSPITAL PART V, SECTION B, LINE 3J	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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 12 -- UH SAMARITAN HOSPITAL PART V, SECTION B, LINE 5	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 CENTER'S PRIMARY AND SECONDARY MARKET AREAS, ECONOMIC ISSUES FACING THE HOSPITAL'S 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
GROUP B-FACILITY 12 -- UH SAMARITAN HOSPITAL PART V, SECTION B, LINE 11	STRATEGIC INITIATIVES INCLUDE VULNERABLE POPULATIONS (SERVICES FOR THE ELDERLY), ACCESS BARRIERS (INSUFFICIENT SPECIALISTS, HEALTH LITERACY AND KNOWLEDGE OF RESOURCES), LIFESTYLE BARRIERS (OBESITY, SUBSTANCE ABUSE AND SMOKING), CHRONIC DISEASE CONDITIONS (CANCER, ESPECIALLY BREAST CANCER, DIABETES AND HYPERTENSION, HEART DISEASES, MENTAL ILLNESS AND NEUROLOGY) NEEDS IDENTIFIED IN 2016 BUT NOT BEING ADDRESSED IN 2016-2018 INCLUDE VULNERABLE POPULATIONS (LOWER INCOME SUBSET SINGLE-HEADED HOUSEHOLDS, AMISH POPULATION, SERVICES FOR CHILDREN), ACCESS BARRIERS (COST OF CARE, TRANSPORTATION BARRIERS, ACCESS TO PRIMARY CARE) AND VIOLENCE (DOMESTIC AND CHILD ABUSE) IMPLEMENTATION STRATEGIES BEGAN IN 2017 DURING 2017 THE UH SAMARITAN MEDICAL CENTER HELD COMMUNITY EVENTS AND PROGRAMS RELATED TO THEIR STRATEGIC INITIATIVES IN WHICH OVER 1,600 COMMUNITY MEMBERS PARTICIPATED

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 12 -- UH SAMARITAN HOSPITAL PART V, SECTION B, LINE 13H	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
GROUP B-FACILITY 12 -- UH SAMARITAN HOSPITAL PART V, SECTION B, LINE 15E	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 12 -- UH SAMARITAN HOSPITAL PART V, SECTION B, LINE 18E	NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE FACILITIES' FINANCIAL ASSSTANCE POLICY
PART V, SECTION B	FACILITY REPORTING GROUP C

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP C CONSISTS OF	- FACILITY 14 UH AVON REHABILITATION HOSPITAL
GROUP C-FACILITY 14 -- UH REHABILITATION HOSPITAL - AVON PART V, SECTION B, LINE 3J	<p>IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 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 PREVENTION'S (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY HEALTH COMMUNITY NEEDS INDEX, AND THE U S DEPARTMENT OF AGRICULTURE DATA FROM THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) REGARDING FEDERALLY QUALIFIED HEALTH CENTERS MEDICALLY UNDERSERVED AREAS AND POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WERE ALSO ASSESSED UNIVERSITY HOSPITALS HEALTH SYSTEM, INC WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE 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 THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS</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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP C-FACILITY 14 -- UH REHABILITATION HOSPITAL - AVON PART V, SECTION B, LINE 5	UH AVON REHABILITATION HOSPITAL DEVELOPED A LIST OF HOSPITAL LEADERS FROM UH AVON REHABILITATION HOSPITAL, UH ELYRIA MEDICAL CENTER AND UH ST JOHN MEDICAL CENTER FROM THAT COMPREHENSIVE LIST, THE CENTER FOR HEALTH AFFAIRS COMPLETED 9 TELEPHONE INTERVIEWS FROM MARCH 2017 TO APRIL OF 2017 ALL INTERVIEWEES WERE TOLD THE PURPOSE OF THE INTERVIEWS IN ADDITION, KEY THEMES FROM INTERVIEWS CONDUCTED WITH FIVE PUBLIC HEALTH, BEHAVIORAL HEALTH AND GOVERNMENT LEADERS IN 2015 WERE ALSO INCORPORATED INTO THE SUMMARY
GROUP C-FACILITY 14 -- UH REHABILITATION HOSPITAL - AVON PART V, SECTION B, LINE 11	POOR HEALTH STATUS CAN RESULT IF A COMPLEX INTERACTION OF CHALLENGING SOCIAL, ECONOMIC, ENVIRONMENTAL AND BEHAVIORAL FACTORS COMBINED WITH A LACK OF ACCESS TO CARE IS PRESENT ADDRESSING THE MORE COMMON "ROOT" CAUSES OF POOR COMMUNITY HEALTH CAN SERVE TO IMPROVE A COMMUNITY'S QUALITY OF LIFE AND TO REDUCE MORTALITY AND MORBIDITY AFTER CAREFUL ANALYSIS OF BOTH QUALITATIVE AND QUANTITATIVE DATA, UH AVON REHABILITATION HOSPITAL IDENTIFIED ONE BROAD PRIORITY HEALTH NEED THAT IMPACTS THE COMMUNITY SERVED BY THE HOSPITAL WHICH IS OBESITY THIS PRIORITY WAS SELECTED BASED ON INPUT FROM THE BROAD INTERESTS OF THE COMMUNITY AS WELL AS DATA REGARDING HOSPITAL DISCHARGES AND DATA COLLECTION FROM SECONDARY SOURCES IN PARTICULAR, THE HIGH PREVALENCE OF CHRONIC DISEASE THE TOP FIVE LEADING CAUSES OF DEATH IN LORAIN COUNTY WERE CANCER, HEART DISEASE, STROKE, ACCIDENTAL DEATH AND DIABETES OBESITY TOPPED THE CHART IN TERMS OF MOST PREVALENT MORBIDITY IN ADULTS AND YOUTH (29.4%) THIS INFORMATION WAS DISCUSSED AND VETTED WITH KEY LEADERS FROM THE UH AVON REHABILITATION HOSPITAL CORE TEAM IN ADDITION TO THE DATA ANALYSIS, OBESITY WAS SELECTED BY UH AVON REHABILITATION HOSPITAL AS THE SOLE PRIORITY BASED ON THE HOSPITAL'S ABILITY TO TRACK OUTCOMES, THE HOSPITAL'S ABILITY TO LEVERAGE RESOURCES WITH PARTNERS AND THEIR CONGRUENCE WITH COUNTY-WIDE INITIATIVES, THE CORRELATION OF OBESITY AND THE ADVERSE IMPACT AS IT RELATES TO REHABILITATION IMPLEMENTATION STRATEGIES BEGAN IN 2017

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

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

Form and Line Reference	Explanation
GROUP C-FACILITY 14 -- UH REHABILITATION HOSPITAL - AVON PART V, SECTION B, LINE 13H	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
GROUP C-FACILITY 14 -- UH REHABILITATION HOSPITAL - AVON PART V, SECTION B, LINE 15E	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP C-FACILITY 14 -- UH REHABILITATION HOSPITAL - AVON PART V, SECTION B, LINE 18E	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
SCHEDULE H, PART V, SECTION B, LINE 3J	HOUSE BILL 390 (OHIO REVISED CODE 3701 981) EFFECTIVE 09/28/16 THIS NEW LAW, REQUIRED BY GOVERNOR JOHN KASICH'S ADMINISTRATION, WAS ENACTED TO ADDRESS THE TRANSPARENCY AND ACCESSIBILITY RECOMMENDATIONS FROM THE 2016 IMPROVING HEALTH PLANNING IN OHIO REPORT THE LAW REQUIRES ALL OHIO TAX-EXEMPT HOSPITALS TO SUBMIT COMMUNITY HEALTH NEEDS ASSESSMENTS & IMPLEMENTATION PLANS (EVERY 3 YEARS) AND ITS SCHEDULE H-990 FORM AND ATTACHMENTS TO THE OHIO DEPARTMENT OF HEALTH ON AN ANNUAL BASIS, NO LATER THAN JULY 1 OF EACH YEAR

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - UH CHAGRIN HIGHLANDS MEDICAL CENTER 3909 ORANGE PLACE ORANGE VILLAGE, OH 44122	OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC
1 2 - UH WESTLAKE HEALTH CENTER 960 CLAGUE ROAD WESTLAKE, OH 44145	OUTPATIENT HEALTH CENTER& SURGICAL CENTER & RAINBOW
2 3 - UH SEIDMAN CANCER CENTER AT MONARCH 5885 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	OUTPATIENT HEALTH CENTER
3 4 - UH TWINSBURG HEALTH CENTER 8819 COMMONS BLVD SUITE 100 TWINSBURG, OH 44087	OUTPATIENT HEALTH CENTER& RAINBOW SPECIALY CLINIC
4 5 - UH SHARON HEALTH CENTER 5133 RIDGE RD WADSWORTH, OH 44281	OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC
5 6 - UH MENTOR HEALTH CENTER 9000 MENTOR AVENUE MENTOR, OH 44060	OUTPATIENT HEALTH CENTER& SURGICAL CENTER & RAINBOW
6 7 - UH CONCORD HEALTH CENTER 7500 AUBURN ROAD PAINSVILLECONCORD J, OH 44077	OUTPATIENT HEALTH CENTER, URGENT CARE
7 8 - UH LYNDBURST SURGERY CENTER 29017 CEDAR ROAD LYNDBURST, OH 44124	SURGICAL CENTER
8 9 - UH MEDINA HEALTH CENTER OUTPATIENT HEALT 4001 CARRICK DR MEDINA, OH 44256	OUTPATIENT HEALTH CENTER& RAINBOW SPECIALTY CLINIC
9 10 - UH LANDERBROOK HEALTH CENTER 5850 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC
10 11 - UH EUCLID HEALTH CENTER 18599 LAKE SHORE BLVD EUCLID, OH 44119	OUTPATIENT HEALTH CENTER
11 12 - UH MAYFIELD VILLAGE HEALTH CENTER 730 SOM CENTER ROAD SUITE 110 MAYFIELD VILLAGE, OH 44143	OUTPATIENT HEALTH CENTER
12 13 - UH UNIVERSITY SUBURBAN HEALTH CENTER 1611 SOUTH GREEN ROAD SOUTH EUCLID, OH 44121	OUTPATIENT HEALTH CENTER& RAINBOW SPECIALTY CLINIC
13 14 - UH HUDSON HEALTH CENTER 5778 DARROW ROAD HUDSON, OH 44236	OUTPATIENT HEALTH CENTER
14 15 - 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

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

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

Name and address	Type of Facility (describe)
16 16 - UH ASHTABULA HEALTH CENTER 2131 LAKE AVENUE ASHTABULA, OH 44004	OUTPATIENT HEALTH CENTER
1 17 - UH OTIS MOSS JR HEALTH CENTER 8819 QUINCY AVENUE CLEVELAND, OH 44106	OUTPATIENT HEALTH CENTER
2 18 - UH SOLON HEALTH CENTER 34055 SOLON ROAD SOLON, OH 44139	OUTPATIENT HEALTH CENTER
3 19 - UH AURORA HEALTH CENTER 55 NORTH CHILLICOTHE ROAD AURORA, OH 44202	OUTPATIENT HEALTH CENTER
4 20 - UH FOLEY ELDER HEALTH CENTER 3619 PARK EAST DRIVE BEACHWOOD, OH 44122	OUTPATIENT HEALTH CENTER
5 21 - UH WELLPOINTE HEALTH CENTER 303 E ROYALTON RD BROADVIEW HTS, OH 44147	DIAGNOSTIC AND THERAPY CENTER
6 22 - PARMA MEDICAL ARTS BUILDING 4 6115 POWERS BLVD PARMA, OH 44129	DIAGNOSTIC IMAGING& RAINBOW SPECIALTY CLINIC
7 23 - UH AVON HEALTH CENTER 1997 HEALTHWAY ROAD AVON, OH 44011	LAB , IMAGING, REHABILITATION, FITNESS CENTER SERVICES,
8 24 - UH AMHERST HEALTH CENTER 254 CLEVELAND ROAD AMHERST, OH 44001	LAB, 24 HOUR ER, IMAGING
9 25 - UH BAINBRIDGE HEALTH CENTER 8185 E WASHINGTON ST CHAGRIN FALLS, OH 44023	OUTPATIENT HEALTH CENTER
10 26 - UH CHESTERLAND HEALTH CENTER 8055 MAYFIELD RD CHESTERLAND, OH 44026	OUTPATIENT HEALTH CENTER
11 27 - UH FAIRLAWN HEALTH CENTER 3800 EMBASSY PKWY AKRON, OH 44333	OUTPATIENT HEALTH CENTER
12 28 - UH GEAUGA HEALTH CENTER 13221 RAVENNA RD CHARDON, OH 44024	OUTPATIENT HEALTH CENTER
13 29 - UH INDEPENDENCE HEALTH CENTER 6150 OAK TREE BLVD INDEPENDENCE, OH 44131	OUTPATIENT HEALTH CENTER
14 30 - 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)
31 31 - UH KENT HEALTH CENTER 401 DEVON PLACE KENT, OH 44240	OUTPATIENT HEALTH CENTER
1 32 - UH MANTUA HEALTH CENTER 10803 MAIN ST MANTUA, OH 44255	OUTPATIENT HEALTH CENTER
2 33 - UH SHEFFIELD HEALTH CENTER 5001 TRANSPORTATION DRIVE SHEFFIELD LAKE, OH 44054	OUTPATIENT HEALTH CENTER
3 34 - UH STREETSBORO HEALTH CENTER 9318 STATE ROUTE 14 STREETSBORO, OH 44241	OUTPATIENT HEALTH CENTER
4 35 - UH WALDEN HEALTH CENTER 700 WALDEN PL AURORA, OH 44202	OUTPATIENT HEALTH CENTER
5 36 - CENTER FOR WOUND CARE LABORATORY SERVICE 133 E BROAD STREET ELYRIA, OH 44035	ANCILLARY SERVICES
6 38 - ELYRIA FAMILY PRACTICE LABORATORY SVCS 5319 MEADOW LN ELYRIA, OH 44035	ANCILLARY SERVICES
7 39 - GRAFTON FAMILY CARE LABORATORY SERVICES 489 MAIN ST GRAFTON, OH 44044	ANCILLARY SERVICES
8 40 - NORTH ROYALTON LABORATORY SVCS 14200 RIDGE RD NORTH ROYALTON, OH 44131	ANCILLARY SERVICES
9 41 - UH EUCLID HEALTH CENTER LABORATORY SVCS 18599 LAKESHORE BLVD CLEVELAND, OH 44119	ANCILLARY SERVICES
10 42 - UH PARMA OUTPATIENT CENTER 6305 POWERS BLVD PARMA, OH 44129	ANCILLARY SERVICES
11 43 - FIRELANDS REGIONAL MEDICAL CENTER 1912 HAYES AVE SOUTH CAMPUS SANDUSKY, OH 44870	RAINBOW SPECIALTY CLINIC
12 44 - PEDIATRIC OPHTHALMOLOGY RAINBOW SPECIALT 6001 LANDERHAVEN DR MAYFIELD HEIGHTS, OH 44124	RAINBOW SPECIALTY CLINIC
13 45 - UH RAINBOW PHYSICIANS AND SURGEONS 4137 BOARDMAN CANFIELD RD CANFIELD, OH 44406	RAINBOW SPECIALTY CLINIC
14 46 - UH BROADVIEW HEIGHTS HEALTH CENTER 5901 E ROYALTON ROAD BROADWAY HEIGHTS, OH 44147	OUTPATIENT HEALTH CENTER

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

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

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

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

Name and address	Type of Facility (describe)
46 47 - EMC PHLEBOTOMY AMBULATORY CARE CENTER 630 E RIVER STREET ELYRIA, OH 44035	ANCILLARY SERVICES
1 48 - INTERNAL MEDICINE SPECIALISTS 96 GRAHAM ROAD SUITE A CUYAHOGA FALLS, OH 44223	ANCILLARY SERVICES
2 49 - UH ASHLAND QCARE 350 HILLCREST DRIVE ASHLAND, OH 44805	URGENT CARE
3 51 - UH ASHTABULA HEALTH CENTER 3315 N RIDGE ROAD ASHTABULA, OH 44004	URGENT CARE, RADIOLOGY
4 52 - UH AKRON - URGENT CARE 145 WEST AVENUE TALLMADGE, OH 44278	URGENT CARE
5 53 - UH STRONSVILLE 18181 PEARL ROAD SUITE 3104 STRONGSVILLE, OH 44136	URGENT CARE
6 54 - UH KENT HEALTH CENTER 411 DEVON PLACE KENT, OH 44240	LAB
7 55 - UH EVANS MIDDLEFIELD 15976 E HIGH STREET MIDDLEFIELD, OH 44062	RADIOLOGY
8 56 - UH PAINESVILLE 470 BACON ROAD PAINESVILLE, OH 44077	RADIOLOGY
9 57 - UH ANDOVER HEALTH CENTER 476 S MAIN STREET ANDOVER, OH 44003	OUTPATIENT HEALTH CENTER
10 58 - UH CHAGRIN HIGHLANDS HEALTH CENTER 3909 ORANGE PLACE BEECHWOOD, OH 44122	OUTPATIENT HEALTH CENTER, RADIOLOGY
11 59 - UH BROOK PARK (PARTNER WITH SOUTHWEST) 15900 SNOW ROAD SUITE 200 BROOK PARK, OH 44142	URGENT CARE, RADIOLOGY
12 60 - UH BEDFORD MEDICAL CENTER 50 BLAINE AVENUE SUITE 2100 BEDFORD, OH 44146	LAB
13 61 - UH BROOK PARK IMAGING CENTER 5260 SMITH ROAD BROOK PARK, OH 44142	RADIOLOGY
14 62 - UH LOUDONVILLE STATCARE 26127 LORAIN ROAD SUITE 100 NORTH OLMSTED, OH 44070	OUTPATIENT HEALTH CENTER, URGENT CARE

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

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

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

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

Name and address	Type of Facility (describe)
61 63 - UH HOME CARE 4510 RICHMOND ROAD CLEVELAND, OH 44128	HOME CARE
1 64 - UH NORTH RIDGEVILLE HEALTH CENTER 32800 LORAIN ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT HEALTH CENTER

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2017

**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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 ▶ _____ **30**

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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
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

Additional Data

Software ID:
Software Version:
EIN: 90-0059117
Name: UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACE MENTOR PROGRAM OF CLEVELAND 1100 SUPERIOR AVE SUITE 1500 CLEVELAND, OH 44114	27-1547626	501 (C) 3	50,000				GENERAL SUPPORT
AMERICAN CANCER SOCIETY 10501 EUCLID AVENUE CLEVELAND, OH 44106	13-1788491	501 (C) 3	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMER HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75232	13-5613797	501 (C) 3	176,000				GENERAL SUPPORT
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501 (C) 3	11,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUND NORTHEASTERN OHIO 4630 RICHMOND ROAD CLEVELAND, OH 44128	58-1341679	501 (C) 3	10,000				GENERAL SUPPORT
CLEVELAND STATE UNIVERSITY FOUNDATION 2121 EUCLID AVENUE UN 501 CLEVELAND, OH 441152214	34-1316665	501 (C) 3	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND FILM SOCIETY 2510 MARKET AVE CLEVELAND, OH 441133434	34-1262368	501 (C) 3	20,000				GENERAL SUPPORT
CLEVELAND FOUNDATION 1422 EUCLID AVENUE SUITE 1300 CLEVELAND, OH 44115	34-0714588	501 (C) 3	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND NAACP 16400 MILES AVENUE CLEVELAND, OH 44128	91-2082993	501 (C) 3	10,000				GENERAL SUPPORT
DANCECLEVELAND 13110 SHAKER SQUARE SUITE 106 CLEVELAND, OH 44120	34-6561006	501 (C) 3	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVENUE SUITE 3103A CLEVELAND, OH 44114	20-4948838	501 (C) 3	10,000				GENERAL SUPPORT
THE GATHERING PLACE 23300 COMMERCE PARK DR CLEVELAND, OH 44122	34-1879035	501 (C) 3	37,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL CLEVELAND 200 PUBLIC SQUARE SUITE 150 CLEVELAND, OH 44114	27-5245539	501 (C) 3	20,000				GENERAL SUPPORT
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO RD CLEVELAND, OH 44110	34-1292848	501 (C) 3	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CLEVELAND SPORTS COMMISSION 334 EUCLID AVENUE CLEVELAND, OH 44131	31-1381131	501 (C) 3	24,000				GENERAL SUPPORT
GREATER CLEVELAND FOOTBALL COACHES ASSOCIATION 6888 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	34-1668747	501 (C) 3	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROUNDWORKS DANCE THEATER 13125 SHAKER SQUARE SUITE 102 CLEVELAND, OH 44120	34-1856594	501 (C) 3	10,000				GENERAL SUPPORT
LIFEACT 210 BELL STREET CHAGRIN FALLS, OH 44022	34-1724365	501 (C) 3	30,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFEBANC 4775 RICHMOND ROAD CLEVELAND, OH 44128	34-1525159	501 (C) 3	7,500				GENERAL SUPPORT
MALTZ MUSEUM OF JEWISH HERITAGE 2929 RICHMOND ROAD BEECHWOOD, OH 44122	04-3684531	501 (C) 3	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOCA CLEVELAND 11400 EUCLID AVENUE CLEVELAND, OH 44106	31-1148828	501 (C) 3	20,000				GENERAL SUPPORT
MUSICAL ARTS ASSC 11001 EUCLID AVENUE CLEVELAND, OH 44106	34-0714468	501 (C) 3	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWBRIDGE CLEVELAND CENTER FOR ARTS AND TECHNOLOGY 3634 EUCLID AVE SUITE 100 CLEVELAND, OH 44115	27-1193704	501 (C) 3	10,000				GENERAL SUPPORT
RTA OF GREATER CLEVELAND 1240 WEST SIXTH STREET CLEVELAND, OH 44113	34-1170830	501 (C) 3	125,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST COMMUNITY HEALTH FOUNDATION 18697 BAGLEY ROAD CLEVELAND, OH 44130	34-1455135	501 (C) 3	15,000				GENERAL SUPPORT
STEWARTS CARING PLACE 2955 WEST MARKET ST STE R AKRON, OH 44333	20-0181338	501 (C) 3	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN NORTHEAST OHIO 26210 EMERY ROAD STE 307 CLEVELAND, OH 44128	34-1793460	501 (C) 3	30,000				GENERAL SUPPORT
UNITED WAY 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501 (C) 3	76,962				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BOULEVARD CLEVELAND, OH 44106	34-0714724	501 (C) 3	10,000				GENERAL SUPPORT
YWCA OF GREATER CLEVELAND 4019 PROSPECT AVE CLEVELAND, OH 44103	34-0714800	501 (C) 3	40,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARMA HOSPITAL HEALTH CARE FOUNDATION 7007 POWERS BOULEVARD PARMA, OH 44129	34-1626664	501 (C) 3	40,000				GENERAL SUPPORT
ROBINSON MEMORIAL HOSPITAL FOUNDATION 6847 NORTH CHESTNUT RAVENNA, OH 44266	34-1510544	501 (C) 3	44,000				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

Employer identification number
90-0059117

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	Yes								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes								
<p>8 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</p>	8	Yes								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	Yes								

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
PART I, LINES 4A-B	THE FOLLOWING PERSONS PARTICIPATED IN, OR RECEIVED PAYMENT FROM A NONQUALIFIED RETIREMENT PLAN (457(F)OR SERP)IN 2017 ADELMAN, HARLIN G ESQ (\$56,028 - SERP) BAMBAKIDIS, NICHOLAS C (\$19,270 - SERP) BERGMANN, PETER U FACHE (\$37,010 - SERP) BLAKE, JEAN D RN (\$81,481 - SERP) BOND, BRADLEY C (\$64,132 - SERP) BRIEN, WILLIAM W (\$3,455 - SERP) CARSON, BRENT (\$38,305 - SERP) CHICKERELLA, DANIELLE (\$37,300 - SERP) DAVID, ROBERT G (\$56,248 - SERP) GARTLAND, HEIDI I (\$37,822 - SERP) HERTZ, ANDREW R MD (\$49,373 - SERP) MCNEIL, KAREN (\$31,428 - SERP) MEGERIAN, CLIFF MD (\$140,688 - SERP) MONTER, BRIAN (\$36,507 - SERP) O'MALLEY, CHERYL H (\$31,446 - SERP) SALVINO, SONIA (\$56,174 - SERP) SIMON, DANIEL I MD (\$168,019 - SERP) SINK, KRISTI (\$26,148 - SERP) SNOWBERGER, THOMAS D (\$116,527 - SERP) STROSACKER, ROBYN MD (\$36,782 - SERP) TEKNOS, THEODORE MD (\$24,855 - SERP) TOPALSKY, GEORGE MD (\$49,646 - SERP) VAN VALKENBURGH, PAUL ESQ (\$36,956 - SERP) ZOLTANSKI, JOAN MD (\$29,077 - SERP)
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 I, LINE 8	CERTAIN EMPLOYEE COMPENSATION DISCLOSED IN PART VII MEET THE REQUIREMENTS OF THE INITIAL CONTRACT EXCEPTION
FORM 990, SCHEDULE J, PART II	FORM 990 REPORTING REQUIREMENTS RELATED TO ITEMS SUCH AS DEFERRED COMPENSATION PROGRAMS REQUIRE DUAL REPORTING IN SOME YEARS FOR VARIOUS PARTICIPANTS AS SUCH, AMOUNTS MAY BE SHOWN IN PART VII AND SCHEDULE J DURING A YEAR IN WHICH THOSE AMOUNTS WERE DEFERRED, AND AGAIN IN SUBSEQUENT YEARS IN PART VII AND SCHEDULE J WHEN ACTUALLY PAID ONLY SCHEDULE J INCLUDES A COLUMN (F), NOTING THESE AMOUNTS WERE PREVIOUSLY REPORTED

Additional Data

Software ID:
Software Version:
EIN: 90-0059117
Name: UNIVERSITY HOSPITALS HEALTH SYSTEM INC
 GROUP RETURN

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 UHHS - PANDRANGI VASU MD DIRECTOR EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	773,616	0	23,378	204,325	507	1,001,826	0
1 UHHS - SALATA ROBERT A MD DIRECTOR	(i)	675,978	85,575	20,073	30,583	16,302	828,511	0
	(ii)	0	0	0	0	0	0	0
2 UHHS - ZENTY THOMAS F II DIRECTOR EX OFFICIO/CHIEF EXECUTIVE	(i)	1,342,551	713,672	1,423,312	430,927	10,998	3,921,460	703,792
	(ii)	0	0	0	0	0	0	0
3 UHCMC - LEVITAN NATHAN MD DIRECTOR EX OFFICIO (END 10/17)	(i)	574,702	206,539	168,371	38,410	21,744	1,009,766	0
	(ii)	0	0	0	0	0	0	0
4 UHCMC - ROS PABLO R MD DIRECTOR EX OFFICIO (END 01/17)	(i)	679,568	94,763	10,177	36,781	21,382	842,671	0
	(ii)	0	0	0	0	0	0	0
5 UHCMC - SIMON DANIEL I MD DIRECTOR EX OFFICIO/PRESIDENT	(i)	777,197	336,038	82,986	8,100	23,313	1,227,634	0
	(ii)	0	0	0	0	0	0	0
6 UHCMC - TEKNOS MD THEODORE DIRECTOR EX OFFICIO (BEG 10/17)	(i)	205,389	0	170,668	0	6,090	382,147	0
	(ii)	0	0	0	0	0	0	0
7 AHUJA - SHAPIRO ERIC MD DIRECTOR EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	407,903	0	5,847	99,883	16,433	530,066	0
8 CONNEAUT - SUNDARAMOORTHY ABIRAMMY DIRECTOR EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	287,800	0	355	8,585	7,098	303,838	0
9 ELYRIA - SINK KRISTI M DIRECTOR EX OFFICIO (BEG 10/17)/PRES	(i)	275,586	25,616	1,673	3,169	23,945	329,989	0
	(ii)	0	0	0	0	0	0	0
10 ELYRIA - WRAY CHARLOTTE A DIRECTOR EX OFFICIO (END 10/17)/PRES	(i)	318,641	62,159	1,747	35,772	20,412	438,731	0
	(ii)	0	0	0	0	0	0	0
11 GEAUGA - FRIEDMAN JUDAH D MD DIRECTOR EX OFFICIO (END 05/17)	(i)	0	0	0	0	0	0	0
	(ii)	385,612	53,250	2,003	63,514	25,938	530,317	0
12 GEAUGA - JONES M STEVEN DIRECTOR EX OFFICIO/PRESIDENT	(i)	500,518	209,169	93,453	37,505	13,847	854,492	0
	(ii)	0	0	0	0	0	0	0
13 GENEVA - GHOBRIAL PETER MD DIRECTOR EX OFFICIO (END 05/17)	(i)	466,941	1,511	862	34,226	29,422	532,962	0
	(ii)	0	0	0	0	0	0	0
14 GENEVA - HOWE EVAN MD DIRECTOR EX OFFICIO (BEG 05/17)	(i)	0	0	0	0	0	0	0
	(ii)	187,425	0	44,609	7,905	24,045	263,984	0
15 PARMA - BERGMANN PETER U FACHE DIRECTOR EX OFFICIO (BEG 03/17)/PRES	(i)	364,936	0	50,988	0	17,979	433,903	0
	(ii)	0	0	0	0	0	0	0
16 PARMA - BURMA GERALD M MD DIRECTOR EX OFFICIO (BEG 05/17)/DIRE	(i)	0	0	0	0	0	0	0
	(ii)	231,197	0	33,792	0	5,633	270,622	0
17 PARMA - WURST JENNIFER MD DIRECTOR EX OFFICIO (BEG 05/17)/DIRE	(i)	0	0	0	0	0	0	0
	(ii)	179,902	0	728	10,741	16,280	207,651	0
18 PORTAGE - HANSON RICHARD A DIRECTOR EX OFFICIO	(i)	646,680	414,863	972,894	36,823	28,165	2,099,425	725,763
	(ii)	0	0	0	0	0	0	0
19 PORTAGE - TSAI A ROGER MD DIRECTOR (END 05/17)	(i)	0	0	0	0	0	0	0
	(ii)	423,500	18	12,349	8,299	2,623	446,789	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				
21 REGIONAL - ADAMEK PETER M MD DIRECTOR EX OFFICIO	(i)	0	0	0	0	0	0	
	(ii)	361,913	0	3,895	48,283	9,161	423,252	
1 REGIONAL - JASPER JOHN J MD DIRECTOR EX OFFICIO	(i)	0	0	0	0	0	0	
	(ii)	412,068	0	2,205	55,657	4,684	474,614	
2 REGIONAL - MONTER BRIAN DIRECTOR EX OFFICIO/PRESIDENT	(i)	314,371	43,315	863	4,245	23,835	386,629	
	(ii)	0	0	0	0	0	0	
3 SAMARITAN - MCNEIL KAREN DIRECTOR EX OFFICIO/PRESIDENT	(i)	253,885	55,469	4,286	30,708	16,449	360,797	
	(ii)	0	0	0	0	0	0	
4 SAMARITAN - SHELDON DONALD S MD DIRECTOR	(i)	455,075	178,687	261,941	16,579	8,843	921,125	
	(ii)	0	0	0	0	0	0	
5 SAMARITAN - SNYDER ROGER MD DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	206,547	74,783	2,346	2,725	20,253	306,654	
6 SAMARITAN - STENCEL MICHAEL MD DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	228,178	68,375	2,970	63,892	21,253	384,668	
7 ST JOHN - DAVID ROBERT G DIRECTOR EX OFFICIO/PRESIDENT	(i)	365,685	96,286	63,102	26,100	23,089	574,262	
	(ii)	0	0	0	0	0	0	
8 CCO - COVIELLO JAMES MD DIRECTOR (END 09/17)	(i)	0	0	0	0	0	0	
	(ii)	247,203	0	634	0	19,933	267,770	
9 CCO - DEGOLIA PETER A MD DIRECTOR (END 05/17)	(i)	200,455	0	2,772	13,830	21,253	238,310	
	(ii)	0	0	0	0	0	0	
10 CCO - HARWELL CARLA M MD DIRECTOR	(i)	213,576	0	1,841	13,094	31,003	259,514	
	(ii)	0	0	0	0	0	0	
11 CCO - HOYNES SEAN MD DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	289,921	0	1,868	41,493	31,990	365,272	
12 CCO - TOPALSKY GEORGE MD DIRECTOR (BEG 05/17)	(i)	0	0	0	0	0	0	
	(ii)	497,047	67,329	7,207	47,121	25,921	644,625	
13 CHCO - LARCHIAN WILLIAM MD DIRECTOR (END 05/17)/DIRECTOR EX OFF	(i)	0	0	0	0	0	0	
	(ii)	356,640	18	6,455	32,225	16,873	412,211	
14 ECC - BOND BRADLEY C DIRECTOR, SECRETARY, TREASURER	(i)	360,408	164,871	73,888	69,526	28,992	697,685	
	(ii)	0	0	0	0	0	0	
15 HOME CARE - CHICKERELLA DANIELLE DIRECTOR (BEG 05/17)	(i)	279,258	89,088	772	34,017	15,442	418,577	
	(ii)	0	0	0	0	0	0	
16 HOME CARE - MAITLAND KEITH RPH DIRECTOR/PRESIDENT	(i)	240,993	87,218	44,458	20,432	30,855	423,956	
	(ii)	0	0	0	0	0	0	
17 HOME CARE - SILA CATHY MD DIRECTOR/SECRETARY/TREASURER	(i)	355,451	18	4,714	36,952	1,179	398,314	
	(ii)	0	0	0	0	0	0	
18 RCC - CARSON BRENT DIRECTOR/TREASURER	(i)	280,089	92,920	42,727	38,156	29,871	483,763	
	(ii)	0	0	0	0	0	0	
19 RCC - GALLAGHER MARILEE DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	229,705	0	8,992	19,797	5,788	264,282	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 RCC - GROSSBERG RICHARD MD DIRECTOR	(i)	310,653	0	1,410	19,335	29,871	361,269	0
	(ii)	0	0	0	0	0	0	0
1 RCC - LAKOTA KEN DIRECTOR	(i)	139,741	20,550	3,290	11,625	26,231	201,437	0
	(ii)	0	0	0	0	0	0	0
2 RCC - UNDERWOOD JAMES MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	150,394	10,000	2,072	7,801	26,657	196,924	0
3 RCC - ZEIGER TODD MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	262,265	0	1,925	11,423	29,625	305,238	0
4 SAMARITAN PC - TAVALLAEE MEHRDAD MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	461,948	161,614	1,084	0	23,860	648,506	0
5 UHLSF - GOODELLE MICHAEL DIRECTOR (BEG 05/17)	(i)	152,322	20,249	6,447	12,098	21,552	212,668	0
	(ii)	0	0	0	0	0	0	0
6 UHLSF - HARFORD TODD DIRECTOR	(i)	169,688	21,579	8,143	13,805	6,947	220,162	0
	(ii)	0	0	0	0	0	0	0
7 UHMG - HARDING CLIFFORD V MD DIRECTOR	(i)	279,170	35,540	3,879	13,701	1,690	333,980	0
	(ii)	0	0	0	0	0	0	0
8 UHMG - MACHTAY MITCHELL MD DIRECTOR	(i)	509,737	94,823	2,613	20,028	27,273	654,474	0
	(ii)	0	0	0	0	0	0	0
9 UHMG - MEGERIAN CLIFF MD DIRECTOR - EX OFFICIO/PRESIDENT	(i)	901,863	0	286,356	237,719	25,239	1,451,177	0
	(ii)	0	0	0	0	0	0	0
10 UHMG - RAO GOUTHAM MD DIRECTOR (BEG 05/17)	(i)	328,406	20,732	1,756	2,816	25,177	378,887	0
	(ii)	0	0	0	0	0	0	0
11 UHMG - ROTHSTEIN FRED C MD DIRECTOR /EX OFFICIO CHAIR DIRECTOR	(i)	561,917	50,000	1,094,566	0	123	1,706,606	0
	(ii)	0	0	0	0	0	0	0
12 UHMG - SABIK JOSEPH MD DIRECTOR /EX OFFICIO CHAIR DIRECTOR	(i)	1,296,608	0	10,062	18,000	11,979	1,336,649	0
	(ii)	0	0	0	0	0	0	0
13 UHMG - SELMAN WARREN R MD DIRECTOR	(i)	1,013,484	35,540	26,783	36,955	14,306	1,127,068	0
	(ii)	0	0	0	0	0	0	0
14 UHMG - ZOLTANSKI JOAN MD DIRECTOR	(i)	258,260	18	53,637	11,919	24,566	348,400	0
	(ii)	0	0	0	0	0	0	0
15 UHHS - ANNABLE WILLIAM L MD CHIEF MEDICAL & CHIEF QUALITY OFFICE	(i)	481,830	156,818	100,257	8,100	14,410	761,415	0
	(ii)	0	0	0	0	0	0	0
16 UHHS - MILLER JANET L ESQ SECRETARY/ CHIEF LEGAL OFFICER	(i)	541,725	234,343	125,589	37,435	10,526	949,618	0
	(ii)	0	0	0	0	0	0	0
17 UHHS - PETERS JEFFREY H MD CHIEF OPERATING OFFICER	(i)	1,004,247	480,444	615,451	37,900	6,796	2,144,838	200,000
	(ii)	0	0	0	0	0	0	0
18 UHHS - SNOWBERGER THOMAS D CHIEF HUMAN RESOURCES OFFICER	(i)	540,615	233,074	3,015	205,345	14,293	996,342	0
	(ii)	0	0	0	0	0	0	0
19 UHHS - STANDLEY STEVEN D CHIEF ADMINISTRATIVE OFFICER	(i)	598,079	256,169	138,286	20,410	13,908	1,026,852	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				
61 UHHS - SZUBSKI MICHAEL A CHIEF FINANCIAL OFFICER/TREASURER	(i)	742,609	467,991	1,018,277	238,259	29,871	2,497,007	707,491
	(ii)	0	0	0	0	0	0	0
1 UHHS - TAIT PAUL G CHIEF STRATEGY OFFICER	(i)	577,419	250,927	549,237	38,907	27,911	1,444,401	0
	(ii)	0	0	0	0	0	0	0
2 UHCMC - BLAKE JEAN D RN CHIEF NURSING OFFICER (BEGIN 05/17)	(i)	403,019	132,131	21,672	5,951	25,106	587,879	0
	(ii)	0	0	0	0	0	0	0
3 UHCMC - DEPOMPEI PATRICIA M PRESIDENT	(i)	452,565	158,666	432,726	39,910	25,577	1,109,444	322,769
	(ii)	0	0	0	0	0	0	0
4 UHCMC - DZIEDZICKI RONALD E CHIEF OPERATING OFFICER	(i)	494,828	186,563	107,215	38,050	16,772	843,428	0
	(ii)	0	0	0	0	0	0	0
5 UHCMC - SALVINO SONIA TREASURER	(i)	325,464	135,747	44,595	39,055	26,931	571,792	30,954
	(ii)	0	0	0	0	0	0	0
6 UHCMC - STROSAKER ROBYN MD CHIEF MEDICAL OFFICER	(i)	300,923	58,906	832	8,100	18,309	387,070	0
	(ii)	0	0	0	0	0	0	0
7 AHUJA - JURIS SUSAN V PRESIDENT	(i)	378,325	134,705	173,211	38,526	26,683	751,450	0
	(ii)	0	0	0	0	0	0	0
8 ST JOHN - TRACY ALLEN R TREASURER	(i)	299,363	62,726	300,200	36,103	20,362	718,754	187,467
	(ii)	0	0	0	0	0	0	0
9 ACO - STEINER WILLIAM II MD PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	277,801	0	9,069	0	12,972	299,842	0
10 CCO - HAMMACK ELIZABETH R ESQ SECRETARY (END 10/17)	(i)	210,201	32,944	4,786	15,586	23,955	287,472	0
	(ii)	0	0	0	0	0	0	0
11 CCO - HUNT NATE SECRETARY (BEGIN 10/17)	(i)	163,703	22,665	7,869	11,649	32,421	238,307	0
	(ii)	0	0	0	0	0	0	0
12 RCC - HERTZ ANDREW R MD VICE PRESIDENT	(i)	377,565	116,163	2,097	35,122	123	531,070	0
	(ii)	0	0	0	0	0	0	0
13 UHLSF - LANDEK DON PRESIDENT	(i)	166,637	20,035	10,670	16,297	14,487	228,126	0
	(ii)	0	0	0	0	0	0	0
14 UHHS - BISHOP SHERRI L CHIEF DEVELOPMENT OFFICER	(i)	390,746	246,690	706,696	37,683	32,532	1,414,347	391,796
	(ii)	0	0	0	0	0	0	0
15 UHHS - BIXENSTINE KIM F CHIEF COMPLIANCE OFFICER	(i)	332,444	151,585	63,129	38,224	15,503	600,885	0
	(ii)	0	0	0	0	0	0	0
16 UHMG - BAMBAKIDIS NICHOLAS C DIRECTOR, CEREBREVASULAR SURGERY	(i)	1,047,791	31,900	3,365	35,400	31,207	1,149,663	0
	(ii)	0	0	0	0	0	0	0
17 UHMG - DEVANEY ERIC J MD CHIEF, PEDIATRIC CARDIAC SURGERY	(i)	1,191,609	0	10,062	6,000	25,441	1,233,112	0
	(ii)	0	0	0	0	0	0	0
18 UHMG - EUBANKS JASON D MD ORTHOPEDIC SURGEON	(i)	1,238,280	0	2,321	34,765	9,498	1,284,864	0
	(ii)	0	0	0	0	0	0	0
19 UHMG - PARK SOON J MD DIVISION CHIEF, CARDIAC SURGERY	(i)	1,160,765	0	10,062	38,683	14,975	1,224,485	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				
81 UHMG - VOOS JAMES E MD ORTHOPEDIC SURGEON	(i)	1,120,358	0	2,340	17,843	24,475	1,165,016	0
	(ii)	0	0	0	0	0	0	0
1 CCO - COGAN DAVID MD FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	112,000	0	0	0	123	112,123	0
2 GENEVA - DRUBLIONIS RAIMANTAS MD FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	291,734	18	1,148	11,146	123	304,169	0
3 UHMG - KONSTAN MICHAEL MD FORMER DIRECTOR	(i)	174,808	0	2,150	27,861	123	204,942	0
	(ii)	0	0	0	0	0	0	0
4 UHMG - NOCHOMOVITZ MICHAEL L MD FORMER DIRECTOR	(i)	0	0	278,178	0	0	278,178	0
	(ii)	0	0	0	0	0	0	0
5 UHMG - ONDERS RAYMOND MD FORMER DIRECTOR	(i)	639,475	0	4,682	20,250	30,353	694,760	0
	(ii)	0	0	0	0	0	0	0
6 AMHERST - PARIKH SANJAY MD FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	342,356	100,000	3,359	0	21,106	466,821	0
7 REGIONAL - RAPKIN DAVID MD FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	422,065	0	5,375	20,427	31,125	478,992	0
8 UHMG - RONIS ROBERT FORMER DIRECTOR/KEY EMPLOYEE	(i)	392,569	86,325	5,978	32,657	10,978	528,507	0
	(ii)	0	0	0	0	0	0	0
9 GEAUGA - TUMBUSH JOHN MD FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	215,048	0	1,667	52,675	192	269,582	0
10 UHMG - ADELMAN HARLIN G ESQ FORMER OFFICER	(i)	311,435	145,024	74,841	8,100	30,273	569,673	51,226
	(ii)	0	0	0	0	0	0	0
11 UHCMC - ANDERSON MICHAEL R MD FORMER OFFICER	(i)	0	173,917	0	0	0	173,917	0
	(ii)	0	0	0	0	0	0	0
12 PORTAGE - COLECCHI STEPHEN FORMER OFFICER	(i)	110,984	0	1,675	12,066	7,038	131,763	0
	(ii)	0	0	0	0	0	0	0
13 CHCO - COOK DAVID A FORMER OFFICER	(i)	144,950	0	1,799	0	7,111	153,860	0
	(ii)	0	0	0	0	0	0	0
14 PARMA - TINSLEY NANCY FORMER PRESIDENT	(i)	122,063	0	622	12,294	123	135,102	0
	(ii)	0	0	0	0	0	0	0
15 PORTAGE - BREEDLOVE LINDA L FORMER KEY EMPLOYEE	(i)	-9,070	0	174,527	0	17,441	182,898	0
	(ii)	0	0	0	0	0	0	0
16 UHHS - GARTLAND HEIDI I FORMER KEY EMPLOYEE	(i)	275,242	97,472	45,041	22,468	10,270	450,493	30,370
	(ii)	0	0	0	0	0	0	0
17 ST JOHN - O'MALLEY CHERYL H FORMER KEY EMPLOYEE	(i)	242,403	66,927	2,451	7,034	10,833	329,648	0
	(ii)	0	0	0	0	0	0	0
18 UHMG - FUREY CHRISTOPHER G FORMER HIGHEST COMPENSATED	(i)	978,093	0	9,639	20,250	25,100	1,033,082	0
	(ii)	0	0	0	0	0	0	0
19 UHMG - SONTICH JOHN K FORMER HIGHEST COMPENSATED	(i)	994,646	0	10,062	26,100	13,468	1,044,276	0
	(ii)	0	0	0	0	0	0	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.**

2017

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

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

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 V	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

Additional Data**Software ID:****Software Version:****EIN:** 90-0059117**Name:** UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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	FAMILY RELATIONSHIP	142,402	PATRICIA M DEPOMPEI FAMILY MEMBER OF MS DEPOMPEI, PRESIDENT UHCMC RAINBOW BABIES & CHILDREN'S HOSPITAL/UHCMC DIRECTOR A FAMILY MEMBER OF MS DEPOMPEI IS EMPLOYED BY UHCMC		No
(1) MATTHEW DZIEDZICKI	FAMILY RELATIONSHIP	61,407	RONALD E DZIEDZICKI FAMILY MEMBER OF MR DZIEDZICKI, CHIEF OPERATING OFFICER UHCMC A FAMILY MEMBER OF MR DZIEDZICKI IS EMPLOYED BY UHCMC		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(3) LAUREN NEDRICH	FAMILY RELATIONSHIP	54,249	DAVID NEDRICH FAMILY MEMBER OF MR NEDRICH, PARMA CHAIR/DIRECTOR A FAMILY MEMBER OF MR NEDRICH IS EMPLOYED BY PARMA		No
(1) RACHEL TOTH	FAMILY RELATIONSHIP	40,867	PATRICIA SHARPNACK FAMILY MEMBER OF MS SHARPNACK, AHUJA DIRECTOR A FAMILY MEMBER OF MS SHARPNACK IS EMPLOYED BY AHUJA		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(5) MARY NEFF	FAMILY RELATIONSHIP	104,791	PATRICIA POWER DAWSON FAMILY MEMBER OF MS DAWSON, SAMARITAN DIRECTOR A FAMILY MEMBER OF MS DAWSON IS EMPLOYED BY SAMARITAN		No
(1) MARY J TSAI	FAMILY RELATIONSHIP	40,490	A ROGER, TSAI MD FAMILY MEMBER OF DR TSAI, PORTAGE DIRECTOR A FAMILY MEMBER OF DR TSAI WAS EMPLOYED BY PORTAGE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(7) KORINA SHULEMOVICH	FAMILY RELATIONSHIP	123,523	MICHAEL MACHTAY, MD FAMILY MEMBER OF MICHAEL MACHTAY, MD UHMG DIRECTOR A FAMILY MEMBER OF DR MACHTAY IS EMPLOYED BY UHMG		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2017

Open to Public Inspection

▶ **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**

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

Employer identification number
90-0059117

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	74	187,101	APPRAISALS, RECEIPT
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		305	RECEIPT
5 Clothing and household goods	X		22,328	RECEIPT, FMV, RETAIL PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	81	5,507,680	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	3	294	RECEIPT
20 Drugs and medical supplies	X	3	245,416	RECEIPT
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EVENT ITEMS)	X	25	296,965	RECEIPT
26 Other ▶ (AUCTION ITEMS)	X	113	293,989	RECEIPT, FMV
27 Other ▶ (MISCELLANEOUS)	X	57	32,199	FMV, RECEIPT
28 Other ▶ (PIANO)	X	1	9,300	APPRAISAL

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** 6

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

Part II Supplemental Information.

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

Return Reference	Explanation
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 ServiceName 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.

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

90-0059117

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	UNIVERSITY HOSPITALS (THE "SYSTEM") IS GUIDED BY ITS MISSION "TO HEAL TO TEACH TO DISCOVER "

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	THE TOTAL NUMBER OF VOLUNTEERS IS PROVIDED BY EACH UH MEDICAL CENTER'S VOLUNTEER COORDINATOR. VOLUNTEERS PROVIDE ASSISTANCE IN MANY DIFFERENT DEPARTMENTS THROUGHOUT THE UH MEDICAL CENTERS. THE ROLES OF A VOLUNTEER FALL INTO THREE CATEGORIES: PATIENT CONTACT, LIMITED PATIENT CONTACT AND NO PATIENT CONTACT. ROLES IN THE PATIENT CONTACT CATEGORY INCLUDE THOSE WHERE THE VOLUNTEER IS WORKING DIRECTLY WITH A PATIENT OR THE PATIENT'S FAMILY. EXAMPLES OF VOLUNTEER ROLES FROM THIS CATEGORY INCLUDE BUT ARE NOT LIMITED TO PASTORAL CARE VOLUNTEERS AND NEWBORN NURSERY VOLUNTEERS. VOLUNTEERS WHO SERVE IN ROLES WHERE THERE IS LIMITED PATIENT CONTACT WORK IN AREAS WHERE THEY MAY BE WORKING MORE WITH HOSPITAL STAFF THAN OUR PATIENTS OR VISITORS. EXAMPLES OF VOLUNTEER ROLES UNDER THE LIMITED PATIENT CONTACT INCLUDE BUT ARE NOT LIMITED TO FLOWER DELIVERY VOLUNTEERS AND ATRIUM GIFT SHOP VOLUNTEERS. 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
FORM 990, TAX EXEMPT BOND INFORMATION	THE SYSTEM'S TAX-EXEMPT BONDS WERE ISSUED IN THE NAME OF THE PARENT ORGANIZATION, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC (EIN 34-0714775) THEREFORE, THE IRS REQUIRES THAT INFORMATION RELATED TO THESE BONDS BE REPORTED ON SCHEDULE K, SUPPLEMENTAL INFORMATION OF TAX-EXEMPT BONDS, INCLUDED WITH THE SEPARATE FORM 990 FILED BY THE UH PARENT ORGANIZATION THE SYSTEM HAS THE FOLLOWING TAX-EXEMPT BOND ISSUES OUTSTANDING -2003 CUYAHOGA COUNTY, OHIO BONDS ISSUE PRICE \$14,389,000 -2007 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$290,313,879 -2010 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$94,797,375 -2010 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$71,125,000 -2012 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$189,782,379 -2012 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$40,710,000 -2012 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$55,371,387 -2012 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$23,775,000 -2013 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$124,142,966 -2014 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$100,361,458 -2015 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$20,000,000 -2015 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$100,000,000 -2015 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$91,000,000 -2016 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$249,373,895 -2017 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$50,000,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
TREASURY REGULATION SECTION 1 6033-2(D) (5)	PURSUANT TO TREASURY REGULATION SECTION 1 6033-2(D)(5), UNIVERSITY HOSPITALS HEALTH SYSTEM, INC ("PARENT ORGANIZATION") HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS AND GRANTS, AND COMPENSATION AND OTHER INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, CERTAIN HIGHLY COMPENSATED EMPLOYEES, AND CERTAIN PROFESSIONAL CONTRACTORS ON A CONSOLIDATED BASIS FOR ALL THE MEMBERS OF ITS GROUP EXEMPTION, INCLUDING THE PARENT ORGANIZATION, ON THE UNIVERSITY HOSPITALS HEALTH SYSTEM, INC GROUP RETURN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III - PROGRAM SERVICE, LINE 4A	<p>COMMITMENT TO THE COMMUNITY REMAINS AT THE CORE OF THE SYSTEM'S MISSION TO HEAL TO TEACH TO DISCOVER IN 2017, UNIVERSITY HOSPITALS DEDICATED MORE THAN \$325 MILLION TO COMMUNITY BENEFIT PROGRAMS IN NORTHEAST OHIO CONSISTING OF - EDUCATION AND TRAINING = \$ 77 MILLION - RESEARCH = \$ 37 MILLION - CHARITY CARE = \$43 MILLION - MEDICAID SHORTFALL = \$164 MILLION - COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = \$24 MILLION - HOSPITAL CARE ASSURANCE PROGRAM (HCAP) RECEIPTS = (\$20 MILLION) REFER TO SCHEDULE H FOR FURTHER DETAIL ON HOW THE SYSTEM MEASURES AND REPORTS COMMUNITY BENEFIT COMMUNITY BENEFIT FOR 2017 TOTALLED \$325 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 2017 PROVISION FOR BAD DEBT OF \$113 MILLION REPRESENTS REVENUES FOR SERVICES PROVIDED THAT ARE DEEMED TO BE UNCOLLECTIBLE THE SYSTEM HAS A BROAD PRESENCE THROUGHOUT NORTHEAST OHIO, INCLUDING CUYA HOGA, LORAIN, GAUGA, ASHTABULA, PORTAGE, ASHLAND, AND RICHLAND COUNTIES SERVICE AREAS 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 EMERGENCY FACILITIES AT OR MEDICAL CENTERS AND THE SYSTEM'S SEIDMAN CANCER CENTER AT UH CLEVELAND MEDICAL CENTER AND VARIOUS COMMUNITY MEDICAL CENTERS, 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III - PROGRAM SERVICE, LINE 4A	REGION FOR MORE DETAILED INFORMATION ON THE SYSTEM'S COMMUNITY BENEFIT OR TO VIEW THE 20 17 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW.UHHOSPITALS.ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING INFORMATION REGARDING FAMILY AND BUSINESS RELATIONSHIPS WAS OBTAINED WHILE REVIEWING CONFLICT OF INTEREST QUESTIONNAIRE RESPONSES RECEIVED FROM DIRECTORS, OFFICERS, AND KEY EMPLOYEES UNIVERSITY HOSPITALS RELIES UPON THESE QUESTIONNAIRE RESPONSES TO DETERMINE THESE RELATIONSHIPS MR CRAIG PARKER (GENEVA DIRECTOR) AND MR WILLARD RAYMOND (GENEVA DIRECTOR) HAVE A BUSINESS RELATIONSHIP MR LEE KOURY (UHCMC DIRECTOR) AND MR GREGORY SKODA (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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

Return Reference	Explanation
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 UHHS BOARD AND/OR THE UHHS 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS APPROVED BY THE UHHS BOARD OF DIRECTORS EXECUTIVE COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD (THE "COMMITTEE") THE COMMITTEE HAS RETAINED AN INDEPENDENT COMPENSATION CONSULTANT WHO PROVIDES INFORMATION TO THE COMMITTEE ON CHANGES AND TRENDS IN EXECUTIVE COMPENSATION AND OBJECTIVE THIRD PARTY INFORMATION ON COMPETITIVE AND COMPARABLE EXECUTIVE COMPENSATION AND BENEFIT LEVEL/PROGRAMS THE CONSULTANT COLLECTS AND PROVIDES TO THE COMMITTEE, APPROPRIATE MARKET COMPENSATION AND BENEFITS INFORMATION, APPROPRIATE MARKET PRACTICES FOR COMPARABLE ORGANIZATIONS' POSITIONS AND BEST PRACTICES THE CONSULTANT ALSO PROVIDES ADVICE ON DEVELOPING AND MODIFYING UH'S EXECUTIVE COMPENSATION PHILOSOPHY

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

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 PARENT ONLY (WITHOUT UH COMBINED PARENT) LINE 1H 78,214,000 (10,830,000) 7,078,000 74,462,000 LINE 2G 3,321,989,000 (362,525,000) 360,756,000 3,320,220,000 LINE 3 49,257,000 (49,095,000) - 162,000 LINE 6 - - - - LINE 7D 79,890,000 (78,814,000) - 1,076,000 LINE 8C (630,000) - - (630,000) LINE 9 26,000 - - 26,000 LINE 11E 176,237,000 (78,805,000) - 97,432,000 LINE 12 3,704,983,000 (580,069,000) 367,834,000 3,492,748,000 *TOTAL REVENUE REPORTED ON LINE 12 OF \$3,704,983,000 CONSISTED OF \$ 3,498,226,000 EXEMPT FUNCTION REVENUE, \$3,098,000 OF UNRELATED BUSINESS REVENUE, AND \$125,445,000 OF REVENUE EXCLUDED FROM TAX UNDER SECTIONS 512-514 PART IX - STATEMENT OF FUNCTIONAL EXPENSES UH GROUP UH PARENT ELIMINATIONS UH GROUP AND PARENT WITHOUT UH COMBINED PARENT) LINE 1 4,382,000 (4,367,000) - 15,000 LINE 5 44,779,000 (16,618,000) - 28,161,000 LINE 6 604,000 (36,000) - 568,000 LINE 7 1,481,961,000 (224,580,000) - 1,257,381,000 LINE 8 38,702,000 25,718,000 - 64,420,000 LINE 9 192,210,000 (29,626,000) - 162,584,000 LINE 10 99,922,000 (16,083,000) - 83,839,000 LINE 11B 1,700,000 (1,697,000) - 3,000 LINE 11C 1,327,000 (512,000) - 815,000 LINE 11D 627,000 - - 627,000 LINE 11E 126,000 - - 126,000 LINE 11G 1 27,881,000 (37,128,000) - 90,753,000 LINE 12 15,043,000 (11,382,000) - 3,661,000 LINE 13 6 73,414,000 (9,242,000) - 664,172,000 LINE 14 79,434,000 (72,513,000) - 6,921,000 LINE 16 1 67,004,000 (20,011,000) - 146,993,000 LINE 17 8,995,000 (1,780,000) - 7,215,000 LINE 20 45,559,000 (45,546,000) - 13,000 LINE 22 147,355,000 (45,898,000) - 101,457,000 LINE 23 19,0 15,000 4,829,000 - 23,844,000 LINE 24 187,803,000 (40,343,000) 360,756,000 508,216,000 LINE E 25 3,337,843,000 (546,815,000) 360,756,000 3,151,784,000 TOTAL FUNCTIONAL EXPENSES REPORTED ON LINE 25 OF \$3,337,843,000 CONSISTED OF \$3,111,137,000 PROGRAM SERVICE EXPENSES, \$213,081,000 OF MANAGEMENT AND GENERAL EXPENSES, AND \$13,625,000 OF FUNDRAISING EXPENSES PART X - BALANCE SHEET UH GROUP AND UH PARENT ELIMINATIONS UH GROUP UH PARENT WITHOUT UH COMBINED PARENT) LINE 2 191,810,000 (184,085,000) 7,725,000 LINE 3 45,245,000 (7,822,000) 37,423,000 LINE 4 580,673,000 (22,227,000) 558,446,000 LINE 7 - - - LINE 8 64,345,000 - 64,345,000 LINE 9 35,162,000 (28,495,000) 6,667,000 LINE 10C 1,632,972,000 (434,818,000) 1,198,154,000 LINE 11 1,340,751,000 (1,337,721,000) 3,030,000 LINE 12 323,546,000 (323,190,000) 356,000 LINE 13 491,488,000 (1,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PARTS VIII, IX AND X	<p>879,080,000) 1,578,682,000 191,090,000 LINE 14 6,723,000 (2,313,000) 4,410,000 LINE 15 152,641,000 (51,320,000) 101,321,000 LINE 16 4,865,356,000 (4,271,071,000) 1,578,682,000 2,172,967,000 LINE 17 397,933,000 (259,948,000) 137,985,000 LINE 18 - - - LINE 19 1,799,000 - 1,799,000 LINE 20 1,139,000,000 (1,139,000,000) - LINE 23 170,030,000 (169,603,000) 427,000 0 LINE 25 671,209,000 (568,306,000) 102,903,000 LINE 26 2,379,971,000 (2,136,857,000) - 24 3,114,000 LINE 27 1,716,247,000 (1,738,449,000) 1,578,682,000 1,556,480,000 LINE 28 365,627,000 (23,679,000) 341,948,000 LINE 29 403,511,000 (372,086,000) - 31,425,000 LINE 33 2,485,385,000 (2,134,214,000) 1,578,682,000 1,929,853,000 LINE 34 4,865,356,000 (4,271,071,000) 1,578,682,000 2,172,967,000</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ASSETS RELEASED FROM RESTRICTION -28,232,000 INVESTMENT IN SUBSIDIARIES -44,325,000 ADDITIONAL MINIMUM LIABILITY -32,631,000 EQUITY TRANSFERS -84,156,000 OTHER CHANGES IN FUND BALANCE 34,125,000 CHANGE IN BENEFICIAL INTEREST FOUNDATIONS 36,509,000 MEMBERS ADDED -232,000

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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.**

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
(1) MEDINA COMMUNITY HEALTHCARE PROPERTIES 11100 EUCLID AVE CLEVELAND, OH 44106	REAL ESTATE	OH	0	0	UHHS
(2) JWR COMMERCIAL PROPERTIES LLC 11100 EUCLID AVE CLEVELAND, OH 44106	REAL ESTATE	OH	0	0	UHHS
(3) CHESTER ROAD COMMERCIAL PROPERTIES LLC 11100 EUCLID AVE CLEVELAND, OH 44106	REAL ESTATE	OH	0	0	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
(1) PARMA HOSPITAL HEALTH CARE FOUNDATION 7007 POWERS BLVD PARMA, OH 44129 34-1626664	SUPPORT HOSPITAL	OH	501(C)(3)	TYPE I	UHPMC	Yes	
(2) SAMARITAN HOSPITAL FOUNDATION 663 EAST MAIN ST ASHLAND, OH 44805 34-1783215	SUPPORT HOSPITAL	OH	501(C)(3)	TYPE I	UHSRMC	Yes	
(3) ROBINSON MEMORIAL HOSPITAL FOUNDATION 6847 N CHESTNUT ST RAVENNA, OH 44266 34-1510544	SUPPORT HOSPITAL	OH	501(C)(3)	TYPE III NI	UHRHS	Yes	
(4) ELYRIA MEDICAL CENTER FOUNDATION 630 EAST RIVER STREET ELYRIA, OH 44035 61-1579760	SUPPORT HOSPITAL	OH	501(C)(3)	TYPE I	UHEMC	Yes	
(5) 5805 EUCLID INC 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122 81-4962989	SUPPORT HOSPITAL	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 LLC 1025 CENTER STREET ASHLAND, OH 44805 46-2286785	MEDICAL SERVICES	OH	N/A	RELATED	427,772	229,756		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.

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

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

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

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

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

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)

Additional Data

Software ID:
Software Version:
EIN: 90-0059117
Name: UNIVERSITY HOSPITALS HEALTH SYSTEM INC
 GROUP RETURN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
WESTERN RESERVE ASSURANCE CO LTD SPC PO BOX 1051 GEORGE TOWN, GRAND CAYMAN KY1 - 1102 CJ 98-0462740	INSURANCE	CJ	N/A	C				Yes	
UNIVERSITY HOSPITALS HOLDINGS INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1768931	HOLDING COMPANY	OH	UHHS	C	453,892,658	86,374,887	100 000 %	Yes	
UNIVERSITY HOSPITALS PHYSICIAN SERVICES 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1768929	PHYSICIAN ADMINISTRATION	OH	N/A	C				Yes	
UNIVERSITY PRIMARY CARE PRACTICES INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1768928	PHYSICIAN GROUP	OH	N/A	C				Yes	
UNIVERSITY HOSPITALS HEALTH SYSTEM MCO 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1843674	WORKERS COMPENSATION	OH	N/A	C				Yes	
UHHS PROVIDER & CENTRAL VERIFICATION ORG 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1908517	MEDICAL MANAGEMENT	OH	N/A	C				Yes	
CEDAR BRAINARD SURGERY CENTER INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 20-4957632	HOLDING COMPANY	OH	N/A	C				Yes	
UNIVERSITY HOSPITALS HEALTH CARE ENTERPRISES 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1510005	MEDICAL MANAGEMENT	OH	N/A	C				Yes	
BMH DEVELOPMENT CORP 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1346212	LAND DEVELOPMENT	OH	CONNEAUT MEDICAL CENTER	C	64,257	267,795	100 000 %	Yes	
CENTER FOR ORTHOPEDICS INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1665082	PHYSICIANS GROUP	OH	N/A	C				Yes	
COMPREHENSIVE VENTURES UNLIMITED INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1596060	PHYSICIAN ADMINISTRATION	OH	UHCHCO INC	C	1,253,154	6,457,189	100 000 %	Yes	
NORTH OHIO HEART INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 27-2574020	PHYSICIANS GROUP	OH	UHCHCO INC	C	20,710,669	2,440,498	100 000 %	Yes	
POWERS PROFESSIONAL CORPORATION 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1735290	PHYSICIANS GROUP	OH	PARMA COMMUNITY MEDICAL CENTER	C	3,233,369	108,248	100 000 %	Yes	
PRL CORPORATION 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1499245	PHYSICIANS GROUP	OH	PARMA COMMUNITY MEDICAL CENTER	C	2,074,199	7,968,755	100 000 %	Yes	
UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 81-3836118	ACCOUNT CARE	OH	N/A	C				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
5805 EUCLID INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	685,783	GENERAL LEDGER
AMHERST HOSPITAL ASSOCIATION INC FROM UNIVERSITY HOSPITALS PHYSICIAN SERV	A	17,023	GENERAL LEDGER
AMHERST HOSPITAL ASSOCIATION INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM I	R	759,090	GENERAL LEDGER
CENTER FOR ORTHOPEDICS INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	15,463,084	GENERAL LEDGER
COMPCARE TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	506,865	GENERAL LEDGER
COMPREHENSIVE HEALTH CARE OF OHIO INC FROM EMH MEDICAL OFFICE BUILDING IN	A	12,972	GENERAL LEDGER
COMPREHENSIVE HEALTH CARE OF OHIO INC FROM EMH SHEFFIELD MEDICAL OFFICE B	A	38,040	GENERAL LEDGER
COMPREHENSIVE HEALTH CARE OF OHIO INC TO UNIVERSITY HOSPITALS HEALTH SYST	R	4,642,273	GENERAL LEDGER
COMPREHENSIVE VENTURES UNLIMITED INC FROM EMH REGIONAL MEDICAL CENTER	A	194,573	GENERAL LEDGER
COMPREHENSIVE VENTURES UNLIMITED INC FROM GATES MEDICAL CENTER INC	A	10,295	GENERAL LEDGER
COMPREHENSIVE VENTURES UNLIMITED INC FROM UNIVERSITY HOSPITALS PHYSICIAN	A	511,215	GENERAL LEDGER
COMPREHENSIVE VENTURES UNLIMITED INC TO UNIVERSITY HOSPITALS HEALTH SYST	R	8,250,746	GENERAL LEDGER
EMC ELIMINATIONS TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	3,497,154	GENERAL LEDGER
EMH PROFESSIONAL SERVICES INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	11,013,207	GENERAL LEDGER
EMH REGIONAL MEDICAL CENTER FROM EMH MEDICAL OFFICE BUILDING IN AVON	A	3,993	GENERAL LEDGER
EMH REGIONAL MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	377,155,235	GENERAL LEDGER
HEALTH DESIGN PLUS TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	2,442,475	GENERAL LEDGER
NORTH OHIO HEART INC FROM EMH REGIONAL MEDICAL CENTER	A	141,691	GENERAL LEDGER
NORTH OHIO HEART INC FROM UNIVERSITY HOSPITALS PHYSICIAN SERVICES INC	A	4,655	GENERAL LEDGER
NORTH OHIO HEART INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	1,377,230	GENERAL LEDGER
POWERS PROFESSIONAL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	16,874,268	GENERAL LEDGER
PRL CORPORATION FROM THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION	A	529,143	GENERAL LEDGER
PRL CORPORATION FROM UNIVERSITY HOSPITALS MEDICAL GROUP INC	A	62,926	GENERAL LEDGER
PRL CORPORATION FROM UNIVERSITY HOSPITALS PHYSICIAN SERVICES INC	A	693,694	GENERAL LEDGER
PRL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	13,587,354	GENERAL LEDGER

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ROBINSON HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS PHYSICIAN SERVICES	A	1,500,525	GENERAL LEDGER
ROBINSON HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	76,550,835	GENERAL LEDGER
SAMARITAN PROFESSIONAL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM I	R	1,096,820	GENERAL LEDGER
SAMARITAN REGIONAL HEALTH SYSTEM TO UNIVERSITY HOSPITALS HEALTH SYSTEM IN	R	8,586,965	GENERAL LEDGER
SAMARITAN REGIONAL HEALTH SYSTEM FROM UNIVERSITY HOSPITALS PHYSICIAN SERVIC	A	571,864	GENERAL LEDGER
ST JOHN MEDICAL GROUP TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	557,710	GENERAL LEDGER
THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION FROM UNIVERSITY HOSPITALS	A	125,558	GENERAL LEDGER
THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION TO UNIVERSITY HOSPITALS HE	R	1,400,290	GENERAL LEDGER
THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION TO UNIVERSITY HOSPITALS HE	R	18,255,098	GENERAL LEDGER
UH REGIONAL HOSPITALS - BEDFORD CAMPUS FROM UNIVERSITY HOSPITALS CLEVELAND	A	69,356	GENERAL LEDGER
UH REGIONAL HOSPITALS - BEDFORD CAMPUS FROM UNIVERSITY HOSPITALS PHYSICIAN	A	206,386	GENERAL LEDGER
UH REGIONAL HOSPITALS - BEDFORD CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYSTE	R	761,091	GENERAL LEDGER
UH REGIONAL HOSPITALS - RICHMOND CAMPUS FROM UNIVERSITY HOSPITALS CLEVELAND	A	706,026	GENERAL LEDGER
UH REGIONAL HOSPITALS - RICHMOND CAMPUS FROM UNIVERSITY HOSPITALS MEDICAL G	A	25,371	GENERAL LEDGER
UH REGIONAL HOSPITALS - RICHMOND CAMPUS FROM UNIVERSITY HOSPITALS PHYSICIAN	A	56,742	GENERAL LEDGER
UH REGIONAL HOSPITALS - RICHMOND CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYST	R	4,798,257	GENERAL LEDGER
UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER INC TO UNIVERSITY HOSPITALS HEAL	R	53,768,224	GENERAL LEDGER
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS LAB	A	161,002	GENERAL LEDGER
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS MED	A	1,541,376	GENERAL LEDGER
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT	R	14,885,576	GENERAL LEDGER
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT	R	266,976,504	GENERAL LEDGER
UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHY	A	74,856	GENERAL LEDGER
UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT	R	1,747,386	GENERAL LEDGER
UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH	A	24,220	GENERAL LEDGER
UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER FROM UNIVERSITY HOSPITALS MEDICA	A	1,992	GENERAL LEDGER

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UNIVERSITY HOSPITALS GEauga MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYSIC	A	261,599	GENERAL LEDGER
UNIVERSITY HOSPITALS GEauga MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH S	R	10,249,694	GENERAL LEDGER
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER FROM UNIVERSITY HOSPITALS MEDIC	A	20,099	GENERAL LEDGER
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYSI	A	64,664	GENERAL LEDGER
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH	R	8,082,454	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM 5805 EUCLID INC	S	685,783	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM AMHERST HOSPITAL ASSOCIATION	S	759,090	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM CENTER FOR ORTHOPEDICS INC	S	15,463,084	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM COMPCARE	S	506,865	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM COMPREHENSIVE HEALTH CARE OF	S	4,642,273	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM COMPREHENSIVE VENTURES UNLIM	S	8,250,746	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM EMC ELIMINATIONS	S	3,497,154	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM EMH PROFESSIONAL SERVICES I	S	11,013,207	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM EMH REGIONAL MEDICAL CENTER	S	377,155,235	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM HEALTH DESIGN PLUS	S	2,442,475	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM NORTH OHIO HEART INC	S	1,377,230	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM POWERS PROFESSIONAL CORPORAT	A	184,998	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM POWERS PROFESSIONAL CORPORAT	S	16,874,268	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM PRL CORPORATION	S	13,587,354	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM ROBINSON HEALTH SYSTEM INC	S	76,550,835	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM SAMARITAN PROFESSIONAL CORPO	S	1,096,820	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM SAMARITAN REGIONAL HEALTH SY	S	8,586,965	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM ST JOHN MEDICAL GROUP	S	557,710	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM THE PARMA COMMUNITY GENERAL	S	1,400,290	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM THE PARMA COMMUNITY GENERAL	S	18,255,098	GENERAL LEDGER

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM THE PARMA COMMUNITY GENERAL	A	38,034	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UH REGIONAL HOSPITALS - BEDF	A	98,166	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UH REGIONAL HOSPITALS - BEDF	S	761,091	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UH REGIONAL HOSPITALS - RICH	A	119,608	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UH REGIONAL HOSPITALS - RICH	S	4,798,257	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS AHUJA M	A	972,853	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS AHUJA M	S	53,768,224	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS CLEVELA	A	7,286,834	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS CLEVELA	S	14,885,576	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS CLEVELA	S	266,976,504	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS CONNEAU	S	1,747,386	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS GEAUGA	A	513,357	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS GEAUGA	S	10,249,694	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS GENEVA	A	52,835	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS GENEVA	S	8,082,454	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS HEALTH	S	629,914,012	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS HOME CA	S	6,780,406	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS LABORAT	A	371,989	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS LABORAT	S	5,050,646	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS MEDICAL	A	2,793,116	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS MEDICAL	S	60,050,002	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS PHYSICI	A	8,041,567	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS PHYSICI	S	223,980,310	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS ST JOH	A	7,847	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS ST JOH	S	1,455,300	GENERAL LEDGER

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY PRIMARY CARE PRAC	S	131,827,055	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM WESTSHORE PRIMARY CARE ASSOC	S	702,091	GENERAL LEDGER
UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS HEALTH SY	R	629,914,012	GENERAL LEDGER
UNIVERSITY HOSPITALS HOME CARE SERVICES INC TO UNIVERSITY HOSPITALS HEALT	R	6,780,406	GENERAL LEDGER
UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION INC TO UNIVERSITY HOS	R	5,050,646	GENERAL LEDGER
UNIVERSITY HOSPITALS MEDICAL GROUP INC TO UNIVERSITY HOSPITALS HEALTH SYS	R	60,050,002	GENERAL LEDGER
UNIVERSITY HOSPITALS PHYSICIAN SERVICES INC FROM ST JOHN MEDICAL GROUP IN	A	1,006	GENERAL LEDGER
UNIVERSITY HOSPITALS PHYSICIAN SERVICES INC FROM UNIVERSITY HOSPITALS HEAL	A	1,006	GENERAL LEDGER
UNIVERSITY HOSPITALS PHYSICIAN SERVICES INC FROM UNIVERSITY HOSPITALS ST	A	591	GENERAL LEDGER
UNIVERSITY HOSPITALS PHYSICIAN SERVICES INC TO UNIVERSITY HOSPITALS HEALTH	R	223,980,310	GENERAL LEDGER
UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER INC FROM ST JOHN MEDICAL G	A	36,625	GENERAL LEDGER
UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER INC FROM UNIVERSITY HOSPITA	A	1,386,347	GENERAL LEDGER
UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER INC FROM UNIVERSITY HOSPITA	A	264,276	GENERAL LEDGER
UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER INC FROM UNIVERSITY HOSPITA	A	13,839	GENERAL LEDGER
UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER INC FROM UNIVERSITY HOSPITA	A	38,402	GENERAL LEDGER
UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER INC FROM UNIVERSITY HOSPITA	A	648,634	GENERAL LEDGER
UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER INC TO UNIVERSITY HOSPITALS	R	1,455,300	GENERAL LEDGER
UNIVERSITY PRIMARY CARE PRACTICES INC TO UNIVERSITY HOSPITALS HEALTH SYST	R	131,827,055	GENERAL LEDGER
WESTSHORE PRIMARY CARE ASSOCIATES INC TO UNIVERSITY HOSPITALS HEALTH SYST	R	702,091	GENERAL LEDGER