

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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 \$ 3,859,636,000

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)	268
4 Number of independent voting members of the governing body (Part VI, line 1b)	200
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	28,376
6 Total number of volunteers (estimate if necessary)	4,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	3,112,000
7b Net unrelated business taxable income from Form 990-T, line 34	1,346,350

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	78,214,000	79,293,000
9 Program service revenue (Part VIII, line 2g)	3,321,989,000	3,588,753,000
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	129,147,000	24,794,000
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	175,633,000	160,375,000
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,704,983,000	3,853,215,000

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,382,000	8,070,000
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)	1,858,178,000	1,947,366,000
16a Professional fundraising fees (Part IX, column (A), line 11e)	126,000	126,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,264,000		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,475,157,000	1,659,370,000
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,337,843,000	3,614,932,000
19 Revenue less expenses Subtract line 18 from line 12	367,140,000	238,283,000

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,865,356,000	5,014,988,000
21 Total liabilities (Part X, line 26)	2,379,971,000	2,439,711,000
22 Net assets or fund balances Subtract line 21 from line 20	2,485,385,000	2,575,277,000

Part II Signature Block

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

Sign Here
Signature of officer: ***** Date: 2019-11-15
MICHAEL A SZUBSKI CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: DELOITTE TAX LLP
Preparer's signature: _____ Date: _____
Check if self-employed PTIN: P01487105
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 \$ 3,368,759,000 including grants of \$ 8,070,000) (Revenue \$ 3,749,149,000)
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 ▶ 3,368,759,000

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2,208
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	28,376			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
8					
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>					
13a					
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	Yes	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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 (268); 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: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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? a The organization's CEO, Executive Director, or top management official (Yes); b 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

- 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, NH, NJ, NM, NY, OR, PA, SC, TN, VA, WI, GA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)							52,510,078	8,130,723	5,983,515

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,626

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MCKESSON CORPORATION 1 PORT STREET SUITE 3275 SAN FRANCISCO, CA 94104	PHARMACEUTICALS DISTRIBUTION	218,306,756
OWENS & MINOR DIST INC 9120 LOCKWOOD BLVD MECHANICSVILLE, VA 23116	MEDICAL SUPPLIES	83,735,117
CVS CAREMARK SPECIALTY PHARMACY 1 CVS DRIVE WOONSOCKET, RI 02895	PHARMACEUTICALS	54,814,733
PROKARMA INC 222 SOUTH 15TH STREET SUITE 505N OMAHA, NE 68102	INFORMATION TECHNOLOGY CONSULTING	31,252,463
SODEXO INC & AFFILIATES 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878	FACILITIES MANAGEMENT	28,944,975

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 878

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	490,000		
	d Related organizations	1d	1,018,000		
	e Government grants (contributions)	1e	51,393,000		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	26,392,000		
	g Noncash contributions included in lines 1a - 1f \$ _____		7,409,356		
	h Total. Add lines 1a-1f		79,293,000		

Program Service Revenue			Business Code				
	2a NET PROGRAM SERVICE RE		900099	3,524,427,000	3,524,427,000		
	b GOVERNMENT REIMBURSEME		900099	62,177,000	62,177,000		
	c CHILDRENS SUPPLEMENTAL		900099	2,100,000	2,100,000		
	d PROGRAM SERVICE RENTAL		900099	49,000	49,000		
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			3,588,753,000				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			30,985,000		3,112,000	27,873,000	
	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	(ii) Other					
		b Less cost or other basis and sales expenses		6,191,000				
		c Gain or (loss)		-6,191,000				
		d Net gain or (loss)			-6,191,000			-6,191,000
	8a Gross income from fundraising events (not including \$ 490,000 of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b	172,000				
		c Net income or (loss) from fundraising events			-47,000			-47,000
	9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses		b	37,000					
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	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11a ANCILLARY REVENUE		900099	137,303,000	137,303,000				
b JV INCOME		900099	12,898,000	12,898,000				
c SWAP VALUATION ADJUSTM		900099	10,195,000	10,195,000				
d All other revenue								
e Total. Add lines 11a-11d			160,396,000					
12 Total revenue. See Instructions			3,853,215,000	3,749,149,000	3,112,000		21,661,000	

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	8,070,000	8,070,000		
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	48,076,000	27,736,000	20,340,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,849,000	2,849,000		
7 Other salaries and wages	1,540,311,000	1,440,014,000	91,916,000	8,381,000
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	47,005,000	44,185,000	2,820,000	
9 Other employee benefits	206,252,000	191,832,000	12,246,000	2,174,000
10 Payroll taxes	102,873,000	96,701,000	6,172,000	
11 Fees for services (non-employees)				
a Management				
b Legal	2,801,000	2,633,000	168,000	
c Accounting	1,090,000	1,025,000	65,000	
d Lobbying	439,000	439,000		
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)	111,451,000	104,806,000	6,645,000	
12 Advertising and promotion	12,487,000	11,164,000	713,000	610,000
13 Office expenses	740,348,000	695,232,000	44,376,000	740,000
14 Information technology	81,060,000	76,176,000	4,862,000	22,000
15 Royalties				
16 Occupancy	160,691,000	150,940,000	9,634,000	117,000
17 Travel	9,720,000	8,955,000	572,000	193,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	46,654,000	43,855,000	2,799,000	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	158,570,000	149,031,000	9,513,000	26,000
23 Insurance	37,438,000	35,192,000	2,246,000	
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	110,758,000	103,934,000	6,645,000	179,000
b OHIO STATE HOSPITAL FRA	52,440,000	49,294,000	3,146,000	
c SPECIAL CHARGES	50,138,000	47,130,000	3,008,000	
d OTHER NONSERVICE PERIOD	21,496,000	20,206,000	1,290,000	
e All other expenses	61,789,000	57,360,000	3,733,000	696,000
25 Total functional expenses. Add lines 1 through 24e	3,614,932,000	3,368,759,000	232,909,000	13,264,000
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	
	2 Savings and temporary cash investments	191,810,000	2	279,890,000
	3 Pledges and grants receivable, net	45,245,000	3	46,610,000
	4 Accounts receivable, net	580,673,000	4	609,621,000
	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	64,345,000	8	74,985,000
	9 Prepaid expenses and deferred charges	35,162,000	9	33,753,000
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,667,800,000		
	b Less accumulated depreciation	1,973,437,000		
		1,632,972,000	10c	1,694,363,000
	11 Investments—publicly traded securities	1,340,751,000	11	1,294,963,000
	12 Investments—other securities See Part IV, line 11	323,546,000	12	358,816,000
	13 Investments—program-related See Part IV, line 11	491,488,000	13	460,070,000
	14 Intangible assets	6,723,000	14	6,519,000
15 Other assets See Part IV, line 11	152,641,000	15	155,398,000	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,865,356,000	16	5,014,988,000	
Liabilities	17 Accounts payable and accrued expenses	397,933,000	17	429,974,000
	18 Grants payable		18	
	19 Deferred revenue	1,799,000	19	1,400,000
	20 Tax-exempt bond liabilities	1,139,000,000	20	1,245,237,000
	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	170,030,000	23	139,736,000
	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	671,209,000	25	623,364,000
	26 Total liabilities. Add lines 17 through 25	2,379,971,000	26	2,439,711,000
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,716,247,000	27	1,811,978,000
	28 Temporarily restricted net assets	365,627,000	28	0
	29 Permanently restricted net assets	403,511,000	29	763,299,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,485,385,000	33	2,575,277,000	
34 Total liabilities and net assets/fund balances	4,865,356,000	34	5,014,988,000	

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	3,853,215,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,614,932,000
3	Revenue less expenses Subtract line 2 from line 1	3	238,283,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,485,385,000
5	Net unrealized gains (losses) on investments	5	-55,279,000
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	-93,112,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,575,277,000

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 90-0059117

Name: UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

Form 990 (2018)

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			
ACO - BECK ERIC DO DIRECTOR (BEGIN 06/18)	50 00 0 00	X						499,045	0	13,363
ACO - MONHEIM KAREN M MD DIRECTOR	2 00 0 00	X						0	0	0
ACO - PETERS JEFFREY H MD DIRECTOR (END 05/18)	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/CHAIRPERSON (END 05/18)	2 00 0 00	X		X				0	0	0
AHUJA - CONIGLIO GWENAY S DIRECTOR	2 00 0 00	X						0	0	0
AHUJA - DOODY RICHARD DIRECTOR	2 00 0 00	X						0	0	0
AHUJA - GLICK ROBERT A DIRECTOR	2 00 0 00	X						0	0	0
AHUJA - HABER IRWIN DIRECTOR/VICE CHAIR (BEGIN 05/18)	2 00 0 00	X		X				0	0	0
AHUJA - JORDAN SHARON SOBOL DIRECTOR (BEGIN 09/18)	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			
AHUJA - JURIS SUSAN V PRESIDENT/DIRECTOR EX OFFICIO	50 00 0 00	X		X				587,920	0	68,024
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 (END 05/18)	2 00 0 00	X						0	0	0
AHUJA - ROSENBERG ENID DIRECTOR	2 00 0 00	X						0	0	0
AHUJA - SEITZ THOMAS W DIRECTOR/VICE CHAIRPERSON	2 00 0 00	X		X				0	0	0
AHUJA - SETHI NEIL MD DIRECTOR/CHAIR	2 00 0 00	X		X				0	0	0
AHUJA - SHAPIRO ERIC MD DIRECTOR EX OFFICIO (END 05/18)	2 00 50 00	X						0	420,502	132,718
AHUJA - SHARPNACK PATRICIA DNP RN DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
AHUJA - SIMON DANIEL I MD DIRECTOR - EX OFFICIO (BEGIN 05/18)	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			
AHUJA - ZELMAN DANIEL N DIRECTOR	2 00 0 00	X						0	0	0
AUX OF PORT - DORIS SCHULER RECORDING SECRETARY	2 00 0 00	X						0	0	0
AUX OF PORT - DOROTHY STOESSNER PARLIAMENTARIAN	2 00 0 00	X						0	0	0
AUX OF PORT - JEANN TONDIGLIA TREASURER	2 00 0 00	X						0	0	0
AUX OF PORT - NORMA WELLING TREASURER	2 00 0 00	X						0	0	0
AUX OF PORT - RUBY SWIGART CORRESPONDING SECRETARY	2 00 0 00	X						0	0	0
CCO - ANNABLE CATHY J S MD DIRECTOR	2 00 0 00	X						0	0	0
CCO - BECK ERIC DO DIRECTOR (BEGIN 06/18)	2 00 0 00	X						0	0	0
CCO - HANSON RICHARD A DIRECTOR	2 00 0 00	X						0	0	0
CCO - HARWELL CARLA M MD DIRECTOR	50 00 0 00	X						205,745	0	46,412

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CCO - HERTZ ANDREW R MD DIRECTOR (BEGIN 06/18)	50 00 0 00	X						499,927	0	36,070
CCO - HOYNES SEAN MD DIRECTOR	2 00 0 00	X						0	440,137	89,304
CCO - MAITLAND KEITH RPH DIRECTOR (END 05/18)	2 00 0 00	X						0	0	0
CCO - MONHEIM KAREN M MD DIRECTOR	2 00 0 00	X						0	91,443	17,595
CCO - MONTER BRIAN DIRECTOR (BEGIN 05/18)	2 00 0 00	X						0	0	0
CCO - PETERS JEFFREY H MD DIRECTOR/CHAIR/VICE CHAIR (END 05/18)	2 00 0 00	X		X				0	0	0
CCO - PLUSH MARK J DIRECTOR	2 00 0 00	X						0	0	0
CCO - RANNEY ANN P DIRECTOR (END 05/18)	2 00 0 00	X						0	0	0
CCO - ROS PABLO R MD DIRECTOR (END 11/18)	50 00 0 00	X						737,310	0	59,414
CCO - TAIT PAUL G DIRECTOR/CHAIRPERSON (END 05/18)	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			
CCO - TOPALSKY GEORGE MD DIRECTOR	2 00 0 00	X						0	0	0
CCO - ZELIS CYNTHIA MD DIRECTOR (BEGIN 05/18)	50 00 0 00	X						572,987	0	70,104
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 EX OFFICIO	2 00 50 00	X						0	361,926	57,576
CHCO - LONG REV JANET DIRECTOR/CHAIRPERSON	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 DIRECTOR/VICE CHAIRPERSON	2 00 0 00	X		X				0	0	0
CHCO - REIDY JOAN DIRECTOR (END 05/18)	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			
CHCO - RYAN SPENCER DIRECTOR (END 05/18)	2 00 0 00	X						0	0	0
CHCO - SINK KRISTI M DIRECTOR EX OFFICIO - PRESIDENT	2 00 0 00	X		X				0	0	0
CHCO - SZUBSKI MICHAEL A DIRECTOR (END 05/18)	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 (END 05/18)	2 00 0 00	X						0	0	0
CONNEAUT - BOWLER CONNIE DIRECTOR (BEGIN 05/18)	2 00 0 00	X						0	0	0
CONNEAUT - BRANNON ANGELA L DIRECTOR EX OFFICIO (END 05/18)	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	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			
CONNEAUT - DANA RICHARD L DIRECTOR/VICE CHAIRPERSON	2 00 0 00	X		X				0	0	0
CONNEAUT - DECK CHARLES V DIRECTOR/VICE CHAIRPERSON	2 00 0 00	X		X				0	0	0
CONNEAUT - GARCIA RICHARD DIRECTOR	2 00 0 00	X						0	0	0
CONNEAUT - GARDNER LAUREN A DIRECTOR	2 00 0 00	X						0	0	0
CONNEAUT - HOCKADAY JAMES E DIRECTOR	2 00 0 00	X						0	0	0
CONNEAUT - HOWE EVAN MD DIRECTOR (BEGIN 05/18)	2 00 0 00	X						0	0	0
CONNEAUT - JONES M STEVEN DIRECTOR EX OFFICIO/PRESIDENT	2 00 0 00	X		X				0	0	0
CONNEAUT - KUMAR AJAY MD DIRECTOR (BEGIN 05/18)	2 00 50 00	X						0	341,759	25,378
CONNEAUT - LEGEZA MICHAEL D DIRECTOR	2 00 0 00	X						0	0	0
CONNEAUT - MCLAUGHLIN LORI E DIRECTOR/CHAIRPERSON	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			
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 (END 05/18)	2 00 50 00	X						0	294,328	16,770
CONNEAUT - VARCKETTE STEVE DIRECTOR	2 00 0 00	X						0	0	0
ECC - BOND BRADLEY C DIRECTOR/SECRETARY/TREASURER	50 00 0 00	X		X				854,320	0	50,100
ECC - HANSON RICHARD A DIRECTOR/CHAIRPERSON	2 00 0 00	X		X				0	0	0
ECC - JURIS SUSAN V DIRECTOR/PRESIDENT	2 00 0 00	X		X				0	0	0
ELYRIA - CORCORAN KEVIN DIRECTOR	2 00 0 00	X						0	0	0
ELYRIA - LARCHIAN WILLIAM MD DIRECTOR EX OFFICIO (END 05/18)	2 00 0 00	X						0	0	0
ELYRIA - LONG REV JANET DIRECTOR/CHAIRPERSON (END 12/18)	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			
ELYRIA - MERCADO PHILIP C DIRECTOR	2 00 0 00	X						0	0	0
ELYRIA - MIGGINS LYNN DIRECTOR/VICE CHAIRPERSON/SECRETARY	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 (END 05/18)	2 00 0 00	X						0	0	0
ELYRIA - SINK KRISTI M DIRECTOR EX OFFICIO/PRESIDENT	2 00 0 00	X		X				0	0	0
ELYRIA - SZUBSKI MICHAEL A DIRECTOR (END 05/18)	2 00 0 00	X						0	0	0
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 (END 05/18)	2 00 0 00	X						0	0	0
GEAUGA - ANDREANI NATALINA MD DIRECTOR	2 00 50 00	X						0	95,629	123

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEAUGA - ANDRES BLAKE DIRECTOR (BEGIN 05/18)	2 00 0 00	X						0	0	0
GEAUGA - BALOGH SCOTT DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - BENDA THOMAS W DIRECTOR (END 05/18)	2 00 0 00	X						0	0	0
GEAUGA - BROOME BARBARA ANN DIRECTOR EX OFFICIO (END 05/18)	2 00 0 00	X						0	0	0
GEAUGA - EGGLESTON INDRANI DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - FITTS JOHN T DIRECTOR/VICE CHAIRPERSON/CHAIRPERSON	2 00 0 00	X		X				0	0	0
GEAUGA - HOSIER-ORVIS B PAIGE DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - JARZEMBAK KELLIE DIRECTOR EX OFFICIO (BEGIN 05/18)	50 00 0 00	X						90,129	0	2,377
GEAUGA - JEMISON TRACY DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - JONES M STEVEN PRESIDENT/DIRECTOR EX OFFICIO	50 00 0 00	X		X				771,195	0	53,966

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEAUGA - KARLOVEC JOHN DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - KINNEY WARD BUD L DIRECTOR (BEGIN 05/18)	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 (END 05/18)	2 00 0 00	X						0	0	0
GEAUGA - MARKOWITZ DALE H DIRECTOR	2 00 0 00	X						0	0	0
GEAUGA - MILLER DENISE DIRECTOR/VICE CHAIRPERSON/TREASURER	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	2 00 0 00	X						0	0	0
GEAUGA - WALDECK JOHN JACK W DIRECTOR/VICE CHAIRPERSON/SECRETARY	2 00 0 00	X		X				0	0	0
GENEVA - BRANNON ANGELA L DIRECTOR EX OFFICIO	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			
GENEVA - BRECHT CHRISTOPHER E DIRECTOR	2 00 0 00	X						0	0	0
GENEVA - CONWAY KESHA DIRECTOR	2 00 0 00	X						0	0	0
GENEVA - DANA RICHARD L DIRECTOR/VICE CHAIRPERSON	2 00 0 00	X		X				0	0	0
GENEVA - DECK CHARLES V DIRECTOR/VICE CHAIRPERSON	2 00 0 00	X		X				0	0	0
GENEVA - GARCIA RICHARD DIRECTOR	2 00 0 00	X						0	0	0
GENEVA - GARDNER LAUREN A DIRECTOR	2 00 0 00	X						0	0	0
GENEVA - HOCKADAY JAMES E DIRECTOR	2 00 0 00	X						0	0	0
GENEVA - HOWE EVAN MD DIRECTOR EX OFFICIO	2 00 50 00	X						0	301,673	33,598
GENEVA - JONES M STEVEN DIRECTOR EX OFFICIO/PRESIDENT	2 00 0 00	X		X				0	0	0
GENEVA - KUMAR AJAY MD DIRECTOR EX OFFICIO (BEGIN 05/18)	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			
GENEVA - LEGEZA MICHAEL D DIRECTOR	2 00 0 00	X						0	0	0
GENEVA - MCLAUGHLIN LORI E DIRECTOR/CHAIRPERSON	2 00 0 00	X		X				0	0	0
GENEVA - NEWCOMB CHRISTOPHER M DIRECTOR	2 00 0 00	X						0	0	0
GENEVA - SKUFCA MICHAEL DDS DIRECTOR	2 00 0 00	X						0	0	0
GENEVA - VARCKETTE STEVE DIRECTOR	2 00 0 00	X						0	0	0
HOME CARE - BECK ERIC DO DIRECTOR (BEGIN 06/18)	2 00 0 00	X						0	0	0
HOME CARE - CHICKERELLA DANIELLE DIRECTOR	50 00 0 00	X						363,806	0	49,113
HOME CARE - HANSON RICHARD A DIRECTOR/VICE PRESIDENT/CHAIR	2 00 0 00	X		X				0	0	0
HOME CARE - MAITLAND KEITH RPH DIRECTOR /PRESIDENT (END 07/18)	50 00 0 00	X		X				444,776	0	52,067
HOME CARE - SILA CATHY MD DIRECTOR/SECRETARY/TREASURER	50 00 0 00	X		X				382,575	0	38,549

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			
HOME CARE - SPARKMAN-BEIERL BRANDY DIRECTOR/PRESIDENT (BEGIN 07/18)	2 00 0 00	X		X				0	0	0
PARMA - BERGMANN PETER U FACHE PRESIDENT/DIRECTOR EX OFFICIO	50 00 0 00	X		X				537,350	0	32,551
PARMA - BOYKO TIMOTHY A DIRECTOR/CHAIRPERSON (BEGIN 05/18)	2 00 0 00	X		X				0	0	0
PARMA - BUNDY JOHN H DIRECTOR	2 00 0 00	X						0	0	0
PARMA - BURMA GERALD M MD PHD DIRECTOR EX OFFICIO	2 00 50 00	X						0	695,160	211,801
PARMA - CIACCIA JULIUS JR DIRECTOR	2 00 0 00	X						0	0	0
PARMA - DESOUZA LESLEY DIRECTOR	2 00 0 00	X						0	0	0
PARMA - IMHOFF DONNA PHD DIRECTOR	2 00 0 00	X						0	0	0
PARMA - KELLER DOUGLAS DIRECTOR/VICE CHAIR (BEGIN 05/18)	2 00 0 00	X		X				0	0	0
PARMA - KRISE JACK C JR DIRECTOR/VICE CHAIR (END 05/18)	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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
PARMA - MARTIN SHARON M DIRECTOR/ASSISTANT SECRETARY (END 05/18)	2 00 0 00	X		X				0	0	0
PARMA - MASON JOANN DIRECTOR/SECRETARY (END 05/18)	2 00 0 00	X		X				0	0	0
PARMA - MOORE ERIC J ESQ DIRECTOR	2 00 0 00	X						0	0	0
PARMA - NEDRICH DAVID CHAIRPERSON/DIRECTOR (END 05/18)	2 00 0 00	X		X				0	0	0
PARMA - PIMPAS ANGELO N DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
PARMA - RIPEPI LOUIS D JR DIRECTOR (END 05/18)	2 00 0 00	X						0	0	0
PARMA - SAFRANEK THERESE M DIRECTOR (END 05/18)	2 00 0 00	X						0	0	0
PARMA - SERITTI NINO DIRECTOR (END 05/18)	2 00 0 00	X						0	0	0
PARMA - SPEAR BRENDA DIRECTOR (BEGIN 05/18)	2 00 0 00	X						0	0	0
PARMA - TAIT PAUL G 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			
PARMA - THOMAS DONNA ESQ DIRECTOR	2 00 0 00	X						0	0	0
PARMA - WITTINE ANDREA D DIRECTOR (END 05/18)	2 00 0 00	X						0	0	0
PARMA - WURST JENNIFER MD DIRECTOR EX OFFICIO (END 05/18)	2 00 50 00	X						0	197,184	21,976
PARMA - ZANIN CLAUDIO DIRECTOR	2 00 0 00	X						0	0	0
PORTAGE - BENOIT WILLIAM DIRECTOR EX OFFICIO (BEGIN 03/18)	50 00 0 00	X						362,695	0	45,910
PORTAGE - BRIAN ADAMS K DIRECTOR EX OFFICIO (BEGIN 05/18)	2 00 0 00	X						0	0	0
PORTAGE - BROOME BARBARA ANN DIRECTOR (BEGIN 05/18)	2 00 0 00	X						0	0	0
PORTAGE - CONNER MARJORIE DIRECTOR/CHAIRPERSON	2 00 0 00	X		X				0	0	0
PORTAGE - DORSEY MARLENE PHD DIRECTOR	2 00 0 00	X						0	0	0
PORTAGE - FLYNN SCOTT ESQ 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			
PORTAGE - FRENCH MATTHEW C DIRECTOR	2 00 0 00	X						0	0	0
PORTAGE - HANSON RICHARD A DIRECTOR EX OFFICIO (END 05/18)	50 00 0 00	X						1,546,990	0	60,652
PORTAGE - JONES M STEVEN DIRECTOR EX OFFICIO/PRESIDENT (END 03/18)	2 00 0 00	X		X				0	0	0
PORTAGE - LEWIS MICHAEL A DIRECTOR	2 00 0 00	X						0	0	0
PORTAGE - PETRONE DEBORAH DIRECTOR/TREASURER (END 12/18)	2 00 0 00	X		X				0	0	0
PORTAGE - SAHR MICHELLE DIRECTOR (BEGIN 05/18)	2 00 0 00	X						0	0	0
PORTAGE - SNOWBERGER THOMAS D DIRECTOR	2 00 0 00	X						0	0	0
PORTAGE - TSAI A ROGER MD DIRECTOR EX OFFICIO (END 05/18)	2 00 0 00	X						0	0	0
RCC - CARSON BRENT DIRECTOR/TREASURER	50 00 0 00	X		X				425,040	0	70,135
RCC - DEPOMPEI PATRICIA M 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			
RCC - GALLAGHER MARILEE DIRECTOR	2 00	X						0	294,738	40,398
RCC - GROSSBERG RICHARD MD DIRECTOR	50 00	X						292,404	0	49,815
RCC - KOLESAR DINAH DIRECTOR	2 00	X						0	0	0
RCC - LAKOTA KEN DIRECTOR	2 00	X						0	0	0
RCC - PETERS JEFFREY H MD DIRECTOR	2 00	X						0	0	0
RCC - UNDERWOOD JAMES MD DIRECTOR	2 00	X						0	58,039	18,772
RCC - YEH LLOYD MD DIRECTOR	2 00	X						0	0	0
RCC - ZEIGER TODD MD DIRECTOR	2 00	X						0	418,889	42,824
REGIONAL - ADAMEK PETER M MD DIRECTOR EX OFFICIO (END 05/18)	2 00	X						0	400,748	21,198
REGIONAL - AKE SAMUEL E BOARD OFFICER (BEGIN 05/18)	2 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REGIONAL - BEJANISHVILI TAMAR MD DIRECTOR EX OFFICIO (BEGIN 05/18)	2 00 0 00	X						0	0	0
REGIONAL - BRUMBERGS PETER DIRECTOR	2 00 0 00	X						0	0	0
REGIONAL - CORRENTI MARY ANN DIRECTOR/VICE CHAIR/CHAIRPERSON	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
REGIONAL - JASPER JOHN J MD DIRECTOR EX OFFICIO (END 05/18)	2 00 50 00	X						0	445,489	56,548
REGIONAL - JUDD JAMES DELL O DIRECTOR	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				409,334	0	42,400
REGIONAL - MORGAN TIMOTHY M 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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
REGIONAL - PAUL STAMY S DIRECTOR/VICE CHAIRPERSON	2 00 0 00	X		X				0	0	0
REGIONAL - POLITO MARIA ANN DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
REGIONAL - RAPKIN DAVID S MD DIRECTOR EX OFFICIO (BEGIN 05/18)	2 00 50 00	X						0	454,133	44,169
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
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 CHAIRPERSON	2 00 0 00	X		X				0	0	0
SAM SHOP - COWEN TIM DIRECTOR/CHAIRPERSON	2 00 0 00	X		X				0	0	0
SAM SHOP - MCNEIL KAREN DIRECTOR/PRESIDENT	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			
SAM SHOP - SHAW ANNETTE DIRECTOR/SECRETARY/TREASURER	2 00 0 00	X		X				0	0	0
SAMARITAN - BEER ANNE DIRECTOR/VICE CHAIRPERSON	2 00 0 00	X		X				0	0	0
SAMARITAN - CHANDLER POLLY DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN - COWEN TIM CHAIRPERSON/DIRECTOR	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	2 00 0 00	X						21,380	0	258
SAMARITAN - KELLY MICHAEL J SR DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN - KELSAY RALPH J 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			
SAMARITAN - MACDONALD MARY CARY MD DIRECTOR EX OFFICIO	2 00 50 00	X						0	423,005	45,344
SAMARITAN - MARTIN MICHAEL MD DIRECTOR EX OFFICIO (END 05/18)	2 00 50 00	X						0	103,374	31,333
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				421,404	0	58,671
SAMARITAN - MYERS PAUL R DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
SAMARITAN - SHAW ANNETTE SECRETARY/DIRECTOR	2 00 0 00	X		X				0	0	0
SAMARITAN - SHELDON DONALD S MD DIRECTOR	2 00 0 00	X						0	0	0
SAMARITAN - SNYDER ROGER MD DIRECTOR	2 00 50 00	X						0	251,879	65,032
SAMARITAN - STEIN ANDREW MD DIRECTOR	2 00 0 00	X						60,066	0	10,028
SAMARITAN - STENCEL MICHAEL MD DIRECTOR	2 00 50 00	X						0	291,693	109,014

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 - ZOLTANSKI JOAN MD DIRECTOR	2 00 0 00	X						0	0	0
SPC - COWEN TIM DIRECTOR	2 00 0 00	X						0	0	0
SPC - COX KATHY DIRECTOR EX OFFICIO	2 00 50 00	X						0	106,674	26,970
SPC - DAWSON PATRICIA POWER DIRECTOR	2 00 0 00	X						0	0	0
SPC - FOZIO LINDA DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
SPC - HECKER BRAD DIRECTOR/SECRETARY	2 00 0 00	X		X				0	0	0
SPC - KELLY MICHAEL J SR CHAIRPERSON/DIRECTOR	2 00 0 00	X		X				0	0	0
SPC - MYERS PHIL MD DIRECTOR	2 00 0 00	X						0	0	0
SPC - TAVALLAEE MEHRDAD MD DIRECTOR	2 00 50 00	X						0	619,496	37,617
ST JOHN - BLOXDORF GREGORY DO DIRECTOR EX OFFICIO (BEGIN 05/18)	50 00 0 00	X						341,093	0	36,001

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ST JOHN - CARFAGNA ROSEMARIE OSU DIRECTOR (END 05/18)	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		X				563,573	0	64,400
ST JOHN - DAVIE DIANE DIRECTOR	2 00 0 00	X						0	0	0
ST JOHN - ESCH DONALD DIRECTOR (END 05/18)	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 - HANSON RICHARD A SECRETARY	2 00 0 00	X		X				0	0	0
ST JOHN - MACKINLAY SARA ANN DIRECTOR (BEGIN 05/18)	2 00 0 00	X						0	0	0
ST JOHN - SIMON DANIEL I MD DIRECTOR (BEGIN 05/18)	2 00 0 00	X						0	0	0
ST JOHN - SMITH ROBERT C CHAIRPERSON/DIRECTOR	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			
ST JOHN - STANO DIANE PHD OSU DIRECTOR (BEGIN 05/18)	2 00 0 00	X						0	0	0
ST JOHN - STERN ROBERT MD DIRECTOR EX OFFICIO (END 05/18)	2 00 0 00	X						0	0	0
ST JOHN - TRACY ALLEN R TREASURER (END 02/18)	50 00 0 00	X		X				403,655	0	69,283
ST JOHN - YATES VIVIAN DIRECTOR EX OFFICIO	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 (END 05/18)	2 00 0 00	X						0	0	0
UHCMC - CAMIENER DAVID A DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - CARR DAVID DIRECTOR (BEGIN 05/18)	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

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 - HYLAND CHRISTOPHER J DIRECTOR	2 00 0 00	X						0	0	0
UHCMC - KELSHEIMER JERRY L DIRECTOR/VICE CHAIR	2 00 0 00	X		X				0	0	0
UHCMC - KENNEDY TERRI DIRECTOR EX OFFICIO (BEGIN 05/18)	2 00 0 00	X						0	0	0
UHCMC - KLINE STUART F DIRECTOR	2 00 0 00	X						0	0	0
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 - MACHTAY MD MITCHELL DIRECTOR EX OFFICIO (BEGIN 01/18)	50 00 0 00	X						591,008	0	60,614
UHCMC - MANGOSH LINDA DIRECTOR (BEGIN 01/18)	50 00 0 00	X						280,641	0	40,409
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

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 - SCHULTZ STEPHEN A DIRECTOR (END 06/18)	2 00 0 00	X						0	0	0
UHCMC - SCHULZE-FLYNN CYNTHIA V DIRECTOR	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	50 00 0 00	X		X				1,386,575	0	244,865
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	2 00 0 00	X						0	0	0
UHCMC - TAYLOR EDDIE JR DIRECTOR/VICE CHAIRPERSON	2 00 0 00	X		X				0	0	0
UHCMC - TEKNOS THEODORE MD DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
UHCMC - ZENTY THOMAS F III DIRECTOR EX OFFICIO	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 - 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 DIRECTOR/VICE CHAIRPERSON	2 00 0 00	X		X				0	0	0
UHHS - ANTONUCCI JOHN DIRECTOR	2 00 0 00	X						0	0	0
UHHS - ARNOLD CRAIG A DIRECTOR	2 00 0 00	X						0	0	0
UHHS - BANKS ANDREW J DIRECTOR (END 05/18)	2 00 0 00	X						0	0	0
UHHS - CLARK PAUL DIRECTOR	2 00 0 00	X						0	0	0
UHHS - CONNELL MICHELE L DIRECTOR (START 05/18)	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 - KELSHEIMER JERRY L DIRECTOR	2 00 0 00	X						0	0	0
UHHS - LACEY WILLIAM DIRECTOR	2 00 0 00	X						0	0	0
UHHS - MORIKIS JOHN G DIRECTOR (BEGIN 05/18)	2 00 0 00	X						0	0	0
UHHS - NOVAK ERNEST J JR 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 - PANDRANGI VASU MD DIRECTOR EX OFFICIO	2 00 50 00	X						0	670,916	181,290
UHHS - PIANALTO SANDRA DIRECTOR/CHAIRPERSON	2 00 0 00	X		X				0	0	0
UHHS - POTASH STEVEN DIRECTOR	2 00 0 00	X						0	0	0
UHHS - RANKIN ALFRED M JR DIRECTOR (END 05/18)	2 00 0 00	X						0	0	0
UHHS - SABIK JOSEPH MD DIRECTOR (START 05/18)	50 00 0 00	X						1,360,882	0	61,665
UHHS - SALATA ROBERT A MD DIRECTOR (END 05/18)	50 00 0 00	X						616,076	0	55,641
UHHS - SMITH ROBERT C DIRECTOR (END 05/18)	50 00 0 00	X						17,907	0	7,372
UHHS - YOUNG WILLIAM A JR DIRECTOR EX OFFICIO	2 00 0 00	X						0	0	0
UHHS - ZENTY THOMAS F III DIRECTOR EX OFFICIO/CEO	50 00 0 00	X		X				4,587,517	0	755,309
UHLSF - DZIEDZICKI RONALD E DIRECTOR/CHAIRPERSON/SECRETARY	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			
UHLSF - GOODELLE MICHAEL DIRECTOR	50 00 0 00	X						182,040	0	38,850
UHLSF - HARFORD TODD DIRECTOR	50 00 0 00	X						204,102	0	21,831
UHLSF - SALVINO SONIA DIRECTOR/TREASURER	2 00 0 00	X		X				0	0	0
UHMG - DEPOMPEI PATRICIA M DIRECTOR	2 00 0 00	X						0	0	0
UHMG - HALLBERG CHARLES E DIRECTOR	2 00 0 00	X						0	0	0
UHMG - HARDING CLIFFORD V MD DIRECTOR	50 00 0 00	X						289,150	0	17,218
UHMG - MEGERIAN CLIFF MD DIRECTOR/PRESIDENT	50 00 0 00	X		X				1,345,110	0	264,775
UHMG - MILLER MARLENE MD DIRECTOR (BEGIN 05/18)	50 00 0 00	X						533,206	0	25,575
UHMG - PETERS JEFFREY H MD DIRECTOR (END 05/18)	2 00 0 00	X						0	0	0
UHMG - RAO GOUTHAM MD DIRECTOR	50 00 0 00	X						447,881	0	39,582

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 (END 05/18)	50 00 0 00	X		X				975,450	0	9,436
UHMG - SABIK JOSEPH MD DIRECTOR EX OFFICIO/CHAIR	2 00 0 00	X		X				0	0	0
UHMG - SALATA ROBERT A MD DIRECTOR EX OFFICIO/CHAIR	2 00 0 00	X		X				0	0	0
UHMG - SALVINO SONIA DIRECTOR	2 00 0 00	X						0	0	0
UHMG - SELMAN WARREN R MD DIRECTOR	50 00 0 00	X						1,135,742	0	55,322
UHMG - SHAUGHNESSY MARIAN K DIRECTOR	2 00 0 00	X						0	0	0
UHMG - SIMON DANIEL I MD DIRECTOR EX OFFICIO/CHAIR	2 00 0 00	X		X				0	0	0
UHMG - SNOWBERGER THOMAS D DIRECTOR	2 00 0 00	X						0	0	0
UHMG - ZOLTANSKI JOAN MD DIRECTOR	50 00 0 00	X						328,998	0	40,053
RCC - TAIT PAUL G DIRECTOR/CHAIR/PRESIDENT	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			
ACO - HAMMACK ELIZABETH R ESQ SECRETARY (END 02/18)	2 00 0 00			X				0	0	0
ACO - HILLARD BRADLEY G DO PRESIDENT (BEGIN 02/18)	2 00 50 00			X				0	351,909	49,822
ACO - SCHARIO MARK E SECRETARY (BEGIN 02/18)	2 00 0 00			X				0	0	0
ACO - STEINER WILLIAM II MD PRESIDENT (END 03/18)	50 00 0 00			X				77,747	0	5,924
AUX OF PORT - HORKY KAREN PRESIDENT	2 00 0 00			X				0	0	0
AUX OF PORT - REEDY ANGIE CO-PRESIDENT, FUNDRAISER	2 00 0 00			X				0	0	0
CCO - HILLARD BRADLEY G DO PRESIDENT (BEGIN 03/18)	2 00 0 00			X				0	0	0
CCO - HUNT NATE SECRETARY	2 00 0 00			X				0	0	0
CCO - SCHARIO MARK E SECRETARY	50 00 0 00			X				323,542	0	45,941
CCO - STEINER WILLIAM II MD PRESIDENT (END 03/18)	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			
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	2 00 0 00			X				0	0	0
RCC - STEINER WILLIAM II MD PRESIDENT	2 00 0 00			X				0	0	0
SPC - BOGGS DANNY L PRESIDENT	2 00 0 00			X				29,106	0	0
UHCMC - ADELMAN HARLIN G ESQ ASSISTANT SECRETARY (BEGIN 05/18)	2 00 0 00			X				0	0	0
UHCMC - BLAKE JEAN D RN CHIEF NURSING OFFICER	50 00 0 00			X				769,565	0	47,547
UHCMC - DEPOMPEI PATRICIA M PRESIDENT - RAINBOW BABIES & CHILDREN'S HOSPITAL &	50 00 0 00			X				689,701	0	67,431
UHCMC - DZIEDZICKI RONALD E CHIEF OPERATING OFFICER	50 00 0 00			X				765,981	0	55,701
UHCMC - MILLER JANET L ESQ CHIEF LEGAL OFFICER/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			
UHCMC - SALVINO SONIA TREASURER	50 00 0 00			X				861,783	0	69,858
UHCMC - STROSACKER ROBYN MD CHIEF MEDICAL OFFICER	50 00 0 00			X				412,725	0	36,747
UHHS - ANNABLE WILLIAM L MD CHIEF QUALITY OFFICER/CHIEF MEDICAL OFFICER (END 0	50 00 0 00			X				736,327	0	7,305
UHHS - BRIEN WILLIAM W MD CHIEF MEDICAL OFFICER/CHIEF QUALITY OFFICER (BEGIN	50 00 0 00			X				559,505	0	19,667
UHHS - MILLER JANET L ESQ CHIEF LEGAL OFFICER/SECRETARY	50 00 0 00			X				1,295,340	0	49,164
UHHS - PETERS JEFFREY H MD CHIEF OPERATING OFFICER (END 05/18)	50 00 0 00			X				3,375,283	0	30,373
UHHS - SNOWBERGER THOMAS D CHIEF HUMAN RESOURCES OFFICER	50 00 0 00			X				896,543	0	237,196
UHHS - STANDLEY STEVEN D CHIEF ADMINISTRATIVE OFFICER	50 00 0 00			X				1,430,680	0	28,034
UHHS - SZUBSKI MICHAEL A CHIEF FINANCIAL OFFICER/TREASURER	50 00 0 00			X				1,907,001	0	270,375
UHHS - TAIT PAUL G CHIEF STRATEGY OFFICER	50 00 0 00			X				1,374,479	0	68,979

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				193,914	0	17,133
UHHS - BISHOP SHERRI L CHIEF DEVELOPMENT OFFICER	50 00 0 00				X			973,109	0	112,376
UHHS - BIXENSTINE KIM F CHIEF COMPLIANCE OFFICER	50 00 0 00				X			524,848	0	51,915
UHHS - KEEGAN ARTHUR EDWIN CHIEF MARKETING OFFICER	50 00 0 00				X			439,145	0	25,351
UHMG - HONDA KORD S DIRECTOR - DERMATOPATHOLOGY	50 00 0 00					X		1,264,268	0	40,447
UHMG - EUBANKS JASON D ORTHOPEDIC SURGEON	50 00 0 00					X		1,233,742	0	44,824
UHMG - VOOS JAMES E ORTHOPEDIC SURGEON	50 00 0 00					X		1,223,606	0	44,390
UHMG - DEVANEY ERIC J CHIEF, PEDIATRIC CARDIAC SURGERY	50 00 0 00					X		1,201,974	0	43,449
UHMG - BAMBAKIDIS NICHOLAS C DIRECTOR - CEREBREVASULAR SURGERY	50 00 0 00					X		1,063,092	0	67,941
AMHERST - SHELDON DONALD S MD FORMER OFFICER	0 00 0 00						X	236,803	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CCO - HAMMACK ELIZABETH R ESQ FORMER OFFICER	50 00 0 00						X	251,786	0	41,815
CHCO - WRAY CHARLOTTE A FORMER OFFICER	0 00 0 00						X	379,509	0	31,372
PARMA - SINK KRISTI M FORMER OFFICER	0 00 0 00						X	431,969	0	38,461
UHMG - ADELMAN HARLIN G ESQ FORMER OFFICER	50 00 0 00						X	513,815	0	52,358
ST JOHN - O'MALLEY CHERYL H FORMER KEY EMPLOYEE	0 00 0 00						X	319,634	0	30,624
UHHS - GARTLAND HEIDI I FORMER KEY EMPLOYEE	50 00 0 00						X	626,963	0	50,344
UHMG - RONIS ROBERT FORMER KEY EMPLOYEE	50 00 0 00						X	449,589	0	55,123

TY 2018 Affiliate Listing

Name: UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

EIN: 90-0059117

TY 2018 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 2018 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
UNIVERSITY HOSPITALS RESEARCH & EDUCATION COLLABORATIONS LLC	3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	83-3785425	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.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

Employer identification number

90-0059117

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations 4
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	217,000	9,000	2,800,000	147,000	913,000	4,086,000
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	217,000	9,000	2,800,000	147,000	913,000	4,086,000
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)						4,086,000

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	217,000	9,000	2,800,000	147,000	913,000	4,086,000
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)	217,000	9,000	2,800,000	147,000	913,000	4,086,000

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 2018 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	100.000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 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>		
1	Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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
2		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
3a		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
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>		
3c		
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
4a		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>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
4c		
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
5a		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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
6		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
7		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
8		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
9a		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
9b		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
9c		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
10a		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>		
10b		

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

- 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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
PUBLIC CHARITY CLASSIFICATION OF EACH GROUP MEMBER IS SHOWN	<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 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER, 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 UNIVERSITY HOSPITALS GEauga MEDICAL CENTER (GMC) - 34-0816492 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (UHGM C) - 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 RD - 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 ROAD 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 HOSPITALS COORDINATED CARE ORGANIZATION - 90-0794903 509(A)(2) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS RAINBOW CARE CONNECTION INC - 46 -1074672 509 (A)(2) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS HOME CARE SERVICES, 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) NAME OF SUPPORTED ORGANIZATION UH CLEVELAND MEDICAL CENTER (II) EIN OF SUPPORTED ORGANIZATION 34-1567805 (III) TYPE OF ORG (DESCRIBED ON LINES 1-10 ABOVE OR IRC SECTION) 509(A) (3) - TYPE II ORGANIZATION (IV) IS THE SUPPORTED ORG LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT \$0 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) \$0 COMPREHENSIVE HEALTH CARE OF OHIO, INC - 34-1492733 509(A)(3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER RD -</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
PUBLIC CHARITY CLASSIFICATION OF EACH GROUP MEMBER IS SHOWN	MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) EMH REGIONAL MEDICAL CENTER (II) 34-0714612 (III) 170(B)(1)(A)(III) (IV) YES (V) \$0 SAMARITAN HOSPITAL HOSPITALITY SHOP - 34-0808574 509(A)(3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) 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 ORGANIZATION 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (II) 34-1567805 (III) 170(B)(1)(A) (III) (IV) YES (V) \$0 UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF) - 34-172 0429 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) 34-1567 805 (III) 170(B)(1)(A)(III) (IV) YES (V) \$0 UNIVERSITY HOSPITALS MEDICAL GROUP, INC (UHMG) - 20-4881619 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 (I I) 34-1567805 (III) 170(B)(1)(A)(III) (IV) YES (V) \$60,090,000

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
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
--	--

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)	9,108	17,431
b Total lobbying expenditures to influence a legislative body (direct lobbying)	221,183	423,303
c Total lobbying expenditures (add lines 1a and 1b)	230,291	440,734
d Other exempt purpose expenditures	1,174,022,975	4,654,478,917
e Total exempt purpose expenditures (add lines 1c and 1d)	1,174,253,266	4,654,919,651
f 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

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	432,066	282,398	627,175	423,303	1,764,942
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	4,248	8,225	17,170	17,431	47,074

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
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 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
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 \$164,083 1E - NO 1F - YES \$82,039 1G - YES \$120,102 1H - NO 1I - NO 1J - \$366,224 2A - NO

TY 2018 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: 9,108

Total Direct Lobbying: 221,183

Total Lobbying Expenditures: 230,291

Other Exempt Purpose Expenditures: 1,629,745,939

Total Exempt Purpose Expenditures: 1,629,976,230

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: 567

Total Direct Lobbying: 13,770

Total Lobbying Expenditures: 14,337

Other Exempt Purpose Expenditures: 113,679,227

Total Exempt Purpose Expenditures: 113,693,564

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: 136
Total Direct Lobbying: 3,301
Total Lobbying Expenditures: 3,437
Other Exempt Purpose Expenditures: 26,830,474
Total Exempt Purpose Expenditures: 26,833,911
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: 853
Total Direct Lobbying: 20,714
Total Lobbying Expenditures: 21,567
Other Exempt Purpose Expenditures: 157,917,337
Total Exempt Purpose Expenditures: 157,938,904
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: 248
Total Direct Lobbying: 6,021
Total Lobbying Expenditures: 6,269
Other Exempt Purpose Expenditures: 41,553,381
Total Exempt Purpose Expenditures: 41,559,650
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: 10,653
Total Lobbying Expenditures: 11,092
Other Exempt Purpose Expenditures: 98,689,021
Total Exempt Purpose Expenditures: 98,700,113
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: 181
Total Direct Lobbying: 4,401
Total Lobbying Expenditures: 4,582
Other Exempt Purpose Expenditures: 39,209,029
Total Exempt Purpose Expenditures: 39,213,611
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: 2,021
Total Direct Lobbying: 49,088
Total Lobbying Expenditures: 51,109
Other Exempt Purpose Expenditures: 464,870,249
Total Exempt Purpose Expenditures: 464,921,358
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: 355
Total Direct Lobbying: 8,617
Total Lobbying Expenditures: 8,972
Other Exempt Purpose Expenditures: 676,687,028
Total Exempt Purpose Expenditures: 676,696,000
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

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

Electing Organization Checkbox:

Total Grassroots Lobbying: 1,102
Total Direct Lobbying: 26,757
Total Lobbying Expenditures: 27,859
Other Exempt Purpose Expenditures: 183,063,571
Total Exempt Purpose Expenditures: 183,091,430
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: 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 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: 877
Total Direct Lobbying: 21,305
Total Lobbying Expenditures: 22,182
Other Exempt Purpose Expenditures: 176,311,075
Total Exempt Purpose Expenditures: 176,333,257
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: 2

Total Direct Lobbying: 60

Total Lobbying Expenditures: 62

Other Exempt Purpose Expenditures: 193,341,743

Total Exempt Purpose Expenditures: 193,341,805

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: AMHERST HOSPITAL ASSOCIATION

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

EIN: 34-0067060

Electing Organization Checkbox:

Total Grassroots Lobbying: 2

Total Direct Lobbying: 59

Total Lobbying Expenditures: 61

Other Exempt Purpose Expenditures: 997,503

Total Exempt Purpose Expenditures: 997,564

Lobbying Nontaxable Amount: 174,635

Grassroots Nontaxable Amount: 43,659

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: 2
Total Direct Lobbying: 60
Total Lobbying Expenditures: 62
Other Exempt Purpose Expenditures: 193,341,743
Total Exempt Purpose Expenditures: 193,341,805
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: 691
Total Direct Lobbying: 16,787
Total Lobbying Expenditures: 17,478
Other Exempt Purpose Expenditures: 125,266,228
Total Exempt Purpose Expenditures: 125,283,706
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: 806

Total Direct Lobbying: 19,584

Total Lobbying Expenditures: 20,390

Other Exempt Purpose Expenditures: 162,952,877

Total Exempt Purpose Expenditures: 162,973,267

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: 394
Total Direct Lobbying: 9,556
Total Lobbying Expenditures: 9,950
Other Exempt Purpose Expenditures: 65,743,992
Total Exempt Purpose Expenditures: 65,753,942
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: 32,374
Total Exempt Purpose Expenditures: 32,378
Lobbying Nontaxable Amount: 6,476
Grassroots Nontaxable Amount: 1,619
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:	44,521
Total Exempt Purpose Expenditures:	44,521
Lobbying Nontaxable Amount:	8,904
Grassroots Nontaxable Amount:	2,226
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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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 7/25/06, 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 ► \$ 566,054

(ii) Assets included in Form 990, Part X ► \$ 6,390,874

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	227,487,000	193,568,000	183,805,000	183,504,000	164,715,000
b Contributions	5,345,000	8,523,000	7,136,000	7,350,000	12,048,000
c Net investment earnings, gains, and losses	-7,225,000	33,352,000	10,239,000	-357,000	12,832,000
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	10,025,000	7,956,000	7,612,000	6,692,000	6,091,000
f Administrative expenses	0	0	0	0	0
g End of year balance	215,582,000	227,487,000	193,568,000	183,805,000	183,504,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 8 470 %
 - b** Permanent endowment ▶ 71 830 %
 - c** Temporarily restricted endowment ▶ 19 700 %
- 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 | No | |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		149,104,000		149,104,000
b Buildings		1,914,143,000	838,085,000	1,076,058,000
c Leasehold improvements		31,648,000	20,426,000	11,222,000
d Equipment		1,489,109,000	1,074,482,000	414,627,000
e Other		83,796,000	40,444,000	43,352,000
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,694,363,000

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	358,816,000	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	358,816,000	

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	162,724,000	F
(2) INVESTMENT IN AFFILIATES	108,043,000	C
(3) INVESTMENTS - PROGRAM RELATED	189,303,000	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	460,070,000	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
RESEARCH INST OPTION LIABILITY	23,850,000
DUE TO THIRD PARTIES	20,569,000
OTHER LIABILITIES	64,327,000
INTERST RATE SWAP LIABILITY	49,592,000
SELF INSURED LIABILITY	15,866,000
PENSION LIABILITY	356,402,000
PROFESSIONAL LIABILITY	50,046,000
PROFESSIONAL LIABILITY-WRA	42,712,000
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	623,364,000

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	23,850,000
DUE TO THIRD PARTIES	20,569,000
OTHER LIABILITIES	64,327,000
INTERST RATE SWAP LIABILITY	49,592,000
SELF INSURED LIABILITY	15,866,000
PENSION LIABILITY	356,402,000
PROFESSIONAL LIABILITY	50,046,000
PROFESSIONAL LIABILITY-WRA	42,712,000

Supplemental Information

Return Reference	Explanation
PART III, LINE 4	THE UH ART COLLECTION INCLUDES APPROXIMATELY 2,828 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, 2018 AND 2017, 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 2016-2018 HAVE BEEN PRESENTED TO CONFORM TO THE STANDARD THE 2014-2015 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.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

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			
TRUE SENSE 155 COMMERCE DRIVE FREEDOM, PA 15042	TELEPHONE FUNDRAISING		No	48,750	126,000	77,250
Total				48,750	126,000	77,250

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)
		MH - GALA (event type)	PARMA GOLF (event type)	4 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	163,286	177,783	320,452	661,521
2	Less Contributions	121,571	135,391	233,136	490,098
3	Gross income (line 1 minus line 2)	41,715	42,392	87,316	171,423
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			5,650	5,650
	7 Food and beverages	32,732	33,681	69,111	135,524
	8 Entertainment				
	9 Other direct expenses	21,725	23,407	33,067	78,199
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				219,373
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-47,950	

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			11,275	11,275
	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 type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				11,275
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				26,125

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	0 %
b	An outside facility	100 000 %

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 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.**
 ► **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No 1545-0047
2018
Open to Public Inspection

Employer identification number
 90-0059117

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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)			46,800,050	0	46,800,050	1 530 %
b Medicaid (from Worksheet 3, column a)			717,900,037	525,005,867	192,894,170	6 300 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			764,700,087	525,005,867	239,694,220	7 830 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,746,754	1,736,444	9,010,310	0 290 %
f Health professions education (from Worksheet 5)			110,515,752	28,592,028	81,923,724	2 670 %
g Subsidized health services (from Worksheet 6)			39,929,746	27,886,638	12,043,108	0 390 %
h Research (from Worksheet 7)			68,697,767	31,396,952	37,300,815	1 220 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,964,384	0	1,964,384	0 060 %
j Total. Other Benefits			231,854,403	89,612,062	142,242,341	4 630 %
k Total. Add lines 7d and 7j			996,554,490	614,617,929	381,936,561	12 460 %

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			195,989		195,989	0.010 %
3 Community support			436,122		436,122	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members			47,666		47,666	0 %
6 Coalition building						
7 Community health improvement advocacy			4,845		4,845	0 %
8 Workforce development			89,046		89,046	0 %
9 Other			4,415		4,415	0 %
10 Total			778,083		778,083	0.020 %

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	563,685,441
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	609,727,631
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-46,042,190
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

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)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Community Health Needs Assessment		Yes	No
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>18</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 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	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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>HTTPS //WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE</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>18</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 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	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>HTTPS //WWW UHHOSPITALS ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTPS //WWW UHHOSPITALS ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTPS //WWW UHHOSPITALS ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE</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 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>HTTPS //WWW UHHOSPITALS ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTPS //WWW UHHOSPITALS ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTPS //WWW UHHOSPITALS ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE</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?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
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?	21	Yes	
	If "No," indicate why			
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 20 <u>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 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	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	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>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>HTTPS //WWW UHHOSPITALS ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTPS //WWW UHHOSPITALS ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTPS //WWW UHHOSPITALS ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE</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 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 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 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 D

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>18</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 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	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	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>18</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 D

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>HTTPS //WWW UHHOSPITALS ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTPS //WWW UHHOSPITALS ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTPS //WWW UHHOSPITALS ORG/MYUHCARE/PAY-MY-BILL/FINANCIAL-ASSISTANCE</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 D

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 D

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 2018 TOTALED \$383 MILLION AS COMPARED TO THE 2017 COMMUNITY BENEFIT TOTAL OF \$325 MILLION THE 2018 COMMUNITY BENEFIT NUMBER CONSISTED OF CHARITY CARE (\$47 MILLION), MEDICAID SHORTFALL (\$212 MILLION), RESEARCH (\$37 MILLION), EDUCATION AND TRAINING (\$82 MILLION), AND COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT (\$24 MILLION), LESS HOSPITAL CARE ASSURANCE PROGRAM ("HCAP") (\$19 MILLION) TO MEASURE AND REPORT COMMUNITY BENEFIT, THE SYSTEM HAS FOLLOWED INTERNAL REVENUE SERVICE GUIDELINES AS SUCH, THE INFORMATION FOR 2018 REPRESENTS THE REVISED REQUIREMENT TO OFFSET VARIOUS COMMUNITY BENEFIT PROGRAMS WITH RELATED REVENUE RECEIVED FOR 2018, THIS REVENUE OFFSET WAS \$19 MILLION THE 2017 INFORMATION PROVIDED ABOVE (\$325 MILLION) INCLUDED A REVENUE OFFSET OF \$20 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 \$39,101,243 THE TOTAL AMOUNT OF ASSOCIATED DIRECT OFFSETTING REVENUE IS \$27,879,765 THE TOTAL AMOUNT OF NET COMMUNITY BENEFIT EXPENSE INCLUDED IN LINE 7G IS \$11,221,478

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 27,500 EMPLOYEES AND PHYSICIANS UH SUPPORTS THE ECONOMY AS WELL AS STATE AND LOCAL GOVERNMENTS SYSTEM EMPLOYEES PAID MORE THAN \$99 MILLION IN STATE AND LOCAL INCOME TAXES DURING 2018 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

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 UH HOSPITALS COLLECTION POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	UH ASSESSES THE HEALTH CARE NEEDS 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 ITS 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 SERVED 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 2018 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 UH 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 A UH FINANCIAL COUNSELOR

Form and Line Reference	Explanation
PART VI, LINE 4	<p>REPORTING GROUPS A, B, C, AND DFACILITY 1 -- UH CLEVELAND MEDICAL CENTERFACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITALFACILITY 4 -- UH AHUJA MEDICAL CENTERFACILITY 5 -- UH REGIONAL HOSPITALSFACILITY 8 -- UH PARMA MEDICAL CENTERFACILITY 10 -- UH ST JOHN MEDICAL CENTERFACILITY 13 -- UH BEACHWOOD REHABILITATION HOSPITALTHE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS CUYAHOGA COUNTY THE TOTAL POPULATION FOR CUYAHOGA COUNTY IS 1,249,352 59 2 % OF THE POPULATION IDENTIFIES AS WHITE ALONE, 29 1% AFRICAN AMERICAN, 5 7% HISPANIC OR LA TINO, AND 6% AS MORE THAN ONE RACE OR OTHER CUYAHOGA COUNTY ALSO ENCOMPASSES THE CITY OF CLEVELAND THE TOTAL POPULATION FOR THE CITY OF CLEVELAND IS 385,810 34 5% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 49 1% AFRICAN AMERICAN, 11% HISPANIC OR LATINO, AND 5 4% AS MORE THAN ONE RACE OR OTHER CUYAHOGA COUNTY'S POPULATION IS GROWING OLDER, ON AVERAGE THE 2016 POPULATION ESTIMATES INDICATE MINOR DIFFERENCES BETWEEN CUYAHOGA COUNTY OVERALL AND THE CITY OF CLEVELAND WITH RESPECT TO AGE GROUPS AND GENDER ALTHOUGH SMALL, THE MOST NOTABLE DIFFERENCES INCLUDE A GREATER PERCENTAGE OF PERSONS 18 TO 34 YEARS OF AGE LIVING IN THE CITY OF CLEVELAND COMPARED TO CUYAHOGA COUNTY AS A WHOLE CONVERSELY, A GREATER PERCENTAGE OF INDIVIDUALS AGED 65 AND OVER ARE LIVING IN CUYAHOGA COUNTY OVERALL COMPARED TO THE CITY OF CLEVELAND THE AVERAGE LIFE EXPECTANCY IN CUYAHOGA COUNTY IS 76 4 YEARS OLD COMPARED TO 72 2 YEARS OLD IN THE CITY OF CLEVELAND 89 5% OF THE POPULATION IN CUYAHOGA COUNTY HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT, AND 81% IN THE CITY OF CLEVELAND 18 1% OF THE POPULATION OF THE COUNTY IS BELOW THE POVERTY LINE COMPARED TO 35% IN THE CITY OF CLEVELAND BOTH OF WHICH ARE HIGHER THAN THE 15 8% AVERAGE IN OHIO FACILITY 3 -- UH GAUGA MEDICAL CENTER THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS GAUGA COUNTY THE TOTAL POPULATION FOR GAUGA COUNTY IS 94,020 96 7% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 1 3% AS HISPANIC OR LATINO, 1 3% AFRICAN AMERICAN, AND 2 3% AS MORE THAN ONE RACE OR OTHER THE MEDIAN AGE IS 44 2 YEARS OLD THE AVERAGE HOUSEHOLD SIZE IS 2 67 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3 1 PEOPLE THE MEDIAN HOME VALUE FOR THE COUNTY IS \$221,500 91 1% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 37 3% HAS A BACHELOR DEGREE OR HIGHER LEVEL OF EDUCATION THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS \$36,337 7 5% OF THE POPULATION OF THE COUNTY IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 15 8% IN OHIO FACILITY 6 -- UH GENEVA MEDICAL CENTERFACILITY 7 -- UH CONNEAUT MEDICAL CENTERTHE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS ASHTABULA COUNTY THE TOTAL POPULATION FOR ASHTABULA COUNTY IS 99,175 93% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 2 9% AS HISPANIC OR LATINO, 3 5% AFRICAN AMERICAN, 4% ASIAN, AND 3 1% AS MORE THAN ONE RACE OR OTHER THE MEDIAN AGE IS 42 2 YEARS OLD THE AVERAGE HOUSEHOLD SIZE IS 2 47 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3 05 PEOPLE THE MEDIAN HOME VALUE FOR THE COUNTY IS \$1 04,700 85 4% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 13 1% HAS A BACHELOR DEGREE OR HIGHER LEVEL OF EDUCATION THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS \$23,266 20 1% OF THE POPULATION OF THE COUNTY IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 15 8% IN OHIO FACILITY 9 -- UH ELYRIA MEDICAL CENTER THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS LORAIN COUNTY THE TOTAL POPULATION FOR LORAIN COUNTY IS 304,091 85 4% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 9 3% AS HISPANIC OR LATINO, 8 5% AFRICAN AMERICAN, 1% ASIAN, AND 5 1% AS MORE THAN ONE RACE OR OTHER THE MEDIAN AGE IS 41 2 YEARS OLD THE AVERAGE HOUSEHOLD SIZE IS 2 5 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3 04 PEOPLE THE MEDIAN HOME VALUE FOR THE COUNTY IS \$138,600 89 2% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 23 5% HAS A BACHELOR DEGREE OR HIGHER LEVEL OF EDUCATION THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS \$27,537 14 4% OF THE POPULATION OF THE COUNTY IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 15 8% IN OHIO FACILITY 11 -- UH PORTAGE MEDICAL CENTERUH PORTAGE MEDICAL CENTER IS LOCATED IN THE CITY OF RAVENNA IN PORTAGE 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 MARKET AREA) IT IS ALMOST COMPLETELY CONTAINED WITHIN PORTAGE COUNTY, OHIO IN 2014, THE HOSPITAL HAD 6,358 DISCHARGED PATIENTS OF THOSE, 5,316 WERE IN THE HOSPITAL'S PRIMARY MARKET AREA (83 6%) AND 622 (9 8%) WERE IN THE HOSPITAL'S SECONDARY MARKET AREA THE CITY OF RAVENNA 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 SECOND MOST</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMON SOURCE OF PATIENTS FOR THE HOSPITAL (17 7%) FACILITY 12 -- UH SAMARITAN MEDICAL CENTER UH SAMARITAN MEDICAL CENTER IS LOCATED IN ASHLAND, OHIO, WITHIN ASHLAND COUNTY, A RURAL COUNTY LOCATED SOUTHWEST OF CUYAHOGA COUNTY (CLEVELAND METRO AREA) AND NORTHEAST OF FRANKLIN COUNTY (COLUMBUS METRO AREA) ASHLAND COUNTY IS COMPRISED OF CITIES, VILLAGES AND TOWNSHIPS ITS COUNTY SEAT IS THE CITY OF ASHLAND, WHERE THE HOSPITAL IS LOCATED ITS 2010 POPULATION 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 HURON, LORAIN, MEDINA, WAYNE, MORROW, KNOX AND HOLMES COUNTIES THE HOSPITAL'S SECONDARY MARKET AREA ALSO INCLUDES ALMOST ALL OF RICHLAND COUNTY, JUST TO THE WEST OF ASHLAND COUNTY THE MUNICIPALITIES OF ASHLAND, JEROMESVILLE, LOUDONVILLE, NOVA, PERRYSVILLE, POLK, SAVANNAH AND SULLIVAN COMPRISE THE HOSPITAL'S PRIMARY MARKET AREA 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</p>

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 THE 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	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 AND FAMILY MEDICINE CLINIC LOCATED ON THE CAMPUS OF UH CLEVELAND MEDICAL CENTER, AND THE WOMEN'S HEALTH CENTER AND RAINBOW AMBULATORY PRACTICE LOCATED OFF CAMPUS IN THE UH RAINBOW CENTER FOR WOMEN & CHILDREN 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

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	D
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/UH-RICHMON	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

(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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
11	UH PORTAGE MEDICAL CENTER 6847 NORTH CHESTNUT STREET RAVENNA, OH 44266 WWW.UHHOSPITALS.ORG/UH-PORTAGE-MEDICA	X	X		X			X			B
12	UH SAMARITAN MEDICAL CENTER 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

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 A CONSISTS OF	- FACILITY 1 UH CLEVELAND MEDICAL CENTER, - FACILITY 2 UH RAINBOW BABIES & CHILDREN'S HOSPITAL, - 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	IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, U S CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF OTHER GREATER CLEVELAND ORGANIZATIONS 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 2018 CHNA 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 36 HOSPITALS IN NINE 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 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 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 2018 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 SECONDARY MARKET AREAS (E.G. POVERTY, HOMICIDE, OPIOID ABUSE), HOSPITAL PATIENTS SERVED, SOCIOECONOMIC INDICATORS (E.G. UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY), HEALTH RESOURCE AVAILABILITY (E.G. AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS), QUALITY OF LIFE INDICATORS (E.G. FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE), BEHAVIORAL RISK FACTORS (E.G. OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE), ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE), SOCIAL AND MENTAL HEALTH (E.G. CHILD ABUSE, VIOLENT CRIME, DOMESTIC VIOLENCE, AND SUICIDE), MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE), DEATH, ILLNESS, AND INJURY (E.G. CANCER MORTALITY RATE AND SICK DAYS), COMMUNICABLE DISEASE (E.G. HIV INFECTION RATE AND VACCINATIONS), SENTINEL EVENTS (E.G. GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER), AND EMERGING HEALTH CONCERNS (E.G. OPIOID ABUSE AND ZIKA VIRUS).</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 A JOINT CHNA FOR CUYAHOGA COUNTY THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH CLEVELAND MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS, UH PARMA MEDICAL CENTER, UH ST JOHN MEDICAL CENTER, AND UH 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
<p>GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER PART V, SECTION B, LINE 11</p>	<p>THE 2019 IMPLEMENTATION STRATEGY FOR UH CLEVELAND MEDICAL CENTER IDENTIFIED THE FOLLOWING 3 PRIORITY HEALTH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM PRIORITY HEALTH NEED #1 CHRONIC DISEASE MANAGEMENT AND PREVENTION- STRATEGY #1 IMPROVE THE LEVEL OF STATE OF THE ART STROKE CARE EDUCATION- STRATEGY #2 COMMUNITY STROKE EDUCATION THROUGH STROKE RISK SCREENING SESSIONS- STRATEGY #3 EARLY DETECTION OF CHRONIC DISEASES- STRATEGY #4 HEART FAILURE CPR/SAFETY TRAINING- STRATEGY #5 DEVELOP CAREERS RELATED TO HEART HEALTH- STRATEGY #6 CANCER RISK REDUCTION STRATEGIES FOR UNDER-RESOURCED COMMUNITY MEMBERS- STRATEGY #7 ENHANCE HEALTH LITERACY, INCLUDING CANCER RELATED INFORMATION PRIORITY HEALTH NEED #2 POVERTY- STRATEGY #1 DEVELOP CAREERS RELATED TO HEART-HEALTH- STRATEGY #2 EMPLOYMENT AND RETENTION WITHIN UH CLEVELAND MEDICAL CENTER- STRATEGY #3 FACILITATE A PIPELINE PROGRAM FOR SECONDARY SCHOOL STUDENTS OF A MINORITY- STRATEGY #4 PROVIDE FOOD FOR UH PATIENTS WHEN EXPERIENCING FOOD INSECURITY PRIORITY HEALTH NEED #3 HOMICIDES/VIOLENCE/SAFETY- STRATEGY #1 PARTNERSHIP WITH PEACEMAKERS ALLIANCE TO REDUCE GUN-RELATED VIOLENCE- STRATEGY #2 PROVIDE STOP THE BLEED TRAINING AND SUPPLIES TO SCHOOLS IN CUYAHOGA COUNTY 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 2018 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 THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE THREE 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 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 NOT ALL NEEDS IDENTIFIED IN THE 2018 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 THESE NEEDS ARE ALSO BEING ADDRESSED IN UH CLINICAL SETTINGS</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

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 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 ASSSTANCE 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 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 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, U S CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF OTHER GREATER CLEVELAND ORGANIZATIONS 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 2018 CHNA 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 36 HOSPITALS IN NINE 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 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 5	THE UH RAINBOW BABIES & CHILDREN'S HOSPITAL CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH 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 2018 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 SECONDARY MARKET AREAS (E.G. POVERTY, HOMICIDE, OPIOID ABUSE), HOSPITAL PATIENTS SERVED, SOCIOECONOMIC INDICATORS (E.G. UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY), HEALTH RESOURCE AVAILABILITY (E.G. AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS), QUALITY OF LIFE INDICATORS (E.G. FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE), BEHAVIORAL RISK FACTORS (E.G. OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE), ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE), SOCIAL AND MENTAL HEALTH (E.G. CHILD ABUSE, VIOLENT CRIME, DOMESTIC VIOLENCE, AND SUICIDE), MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE), DEATH, ILLNESS, AND INJURY (E.G. CANCER MORTALITY RATE AND SICK DAYS), COMMUNICABLE DISEASE (E.G. HIV INFECTION RATE AND VACCINATIONS), SENTINEL EVENTS (E.G. GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER), AND EMERGING HEALTH CONCERNS (E.G. OPIOID ABUSE AND ZIKA VIRUS)

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 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO A JOINT CHNA FOR CUYAHOGA COUNTY THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH RAINBOW BABIES & CHILDREN'S HOSPITAL IN THE JOINT CHNA FOR CUYAHOGA COUNTY UH CLEVELAND MEDICAL CENTER, UH AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS, UH PARMA MEDICAL CENTER, UH ST JOHN MEDICAL CENTER, AND UH 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 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL PART V, SECTION B, LINE 11	THE 2019 IMPLEMENTATION STRATEGY FOR UH RAINBOW BABIES & CHILDREN'S HOSPITAL IDENTIFIED THE FOLLOWING 2 PRIORITY HEATH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM PRIORITY HEATH NEED #1 CHRONIC DISEASE MANAGEMENT AND PREVENTION- STRATEGY #1 DENTAL CARE FOR CHILDREN THROUGH THE RONALD MCDONALD CARE MOBILE, A MOBILE DENTAL CLINIC- STRATEGY #2 IMPROVED CHRONIC DISEASE MANAGEMENT AND PREVENTION BY NUTRITION EDUCATION- STRATEGY #3 FOOD INSECURITY RESOURCE COORDINATIONPRIORITY HEALTH NEED #2 INFANT MORTALITY- STRATEGY #1 CENTERING PREGNANCY PROGRAM- STRATEGY #2 CENTERING PREGNANCY APPROACH TO PRENATAL CARETHE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2018 CHNA HIGH BLOOD LEAD LEVELS, CHILDHOOD ASTHMA, INFLUENZA, TOBACCO USE/CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND SUICIDE PREVENTION THESE HEALTH NEEDS ARE BEING ADDRESSED IN UH CLINICAL SETTINGS IMPLEMENTATION STRATEGIES FROM THE 2018 CHNA BEGAN IN 2018

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 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

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 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

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 3J	IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, U S CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF OTHER GREATER CLEVELAND ORGANIZATIONS 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 2018 CHNA 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 36 HOSPITALS IN NINE 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 2018 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 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS DEMOGRAPHICS OF UH AHUJA MEDICAL CENTER'S MARKET AREAS, HOSPITAL PATIENTS SERVED, SOCIOECONOMIC INDICATORS (E G UNEMPLOYEMENT AND AVERAGE LIFE EXPECTANCY), HEALTH RESOURCE AVAILABILITY (E G AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS), QUALITY OF LIFE INDICATORS (E G FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE), BEHAVIORAL RISK FACTORS (E G OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE), ENVIRONMENTAL HEALTH INDICATORS (E G CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE), SOCIAL AND MENTAL HEALTH (E G CHILD ABUSE, VIOLENT CRIME, DOMESTIC VIOLENCE, AND SUICIDE), MATERNAL AND CHILD HEALTH (E G ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE), DEATH, ILLNESS, AND INJURY (E G CANCER MORTALITY RATE), COMMUNICABLE DISEASE (E G HIV INFECTION RATE AND VACCINATIONS), SENTINEL EVENTS (E G GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER), AND EMERGING HEALTH CONCERNS (E G OPIOID ABUSE AND ZIKA VIRUS)

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 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA COUNTY THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH AHUJA MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY UH CLEVELAND MEDICAL CENTER, UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH REGIONAL HOSPITALS, UH PARMA MEDICAL CENTER, UH ST JOHN MEDICAL CENTER, AND UH 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 4 -- UH AHUJA MEDICAL CENTER PART V, SECTION B, LINE 11	THE 2019 IMPLEMENTATION STRATEGY FOR UH AHUJA MEDICAL CENTER IDENTIFIES THE FOLLOWING TWO PRIORITY HEALTH NEEDS PRIORITY HEALTH NEED #1 CHRONIC DISEASE MANAGEMENT AND PREVENTION- STRATEGY #1 COMMUNITY ENGAGEMENT FOR EDUCATION, SCREENING, AND SUPPORT OF CHRONIC DISEASESPRIORITY HEALTH NEED #2 POVERTY- STRATEGY #2 ANNUAL EVENT TO TARGET UNDER-RESOURCED COMMUNITY MEMBERSNEEDS IDENTIFIED IN THE 2018 CHNA BUT NOT BEING ADDRESSED IN 2018 INCLUDE FOOD INSECURITY, BEHAVIORAL HEALTH (FLU VACCINATION RATES, TOBACCO USE/COPD, AND LACK OF PHYSICAL ACTIVITY), MENTAL HEALTH AND ADDICTION (SUICIDE, HOMICIDE/VIOLENCE, AND OPIOIDS/SUBSTANCE USE), AND MATERNAL/CHILD HEALTH (INFANT MORTALITY) THESE NEEDS ARE BEING ADDRESSED IN UH CLINICAL SETTINGS

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 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

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 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

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	IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, U S CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF OTHER GREATER CLEVELAND ORGANIZATIONS 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 2018 CHNA 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 36 HOSPITALS IN NINE COUNTIES THE CYPRESS RESEARCH GROUP PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS

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 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 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: DEMOGRAPHICS OF UH BEDFORD MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS, HOSPITAL PATIENTS SERVED, SOCIOECONOMIC INDICATORS (E.G. UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY), HEALTH RESOURCE AVAILABILITY (E.G. AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS), QUALITY OF LIFE INDICATORS (E.G. FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE), BEHAVIORAL RISK FACTORS (E.G. OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE), ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE), SOCIAL AND MENTAL HEALTH (E.G. CHILD ABUSE, VIOLENT CRIME, DOMESTIC ABUSE, AND SUICIDE), MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE), DEATH, ILLNESS, AND INJURY (E.G. CANCER MORTALITY RATE AND SICK DAYS), COMMUNICABLE DISEASE (E.G. HIV INFECTION RATE AND VACCINATIONS), SENTINEL EVENTS (E.G. GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK-RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER), AND EMERGING HEALTH CONCERNS (E.G. OPIOID ABUSE AND ZIKA VIRUS). 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 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: DEMOGRAPHICS OF UH BEDFORD MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS, HOSPITAL PATIENTS SERVED, SOCIOECONOMIC INDICATORS (E.G. UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY), HEALTH RESOURCE AVAILABILITY (E.G. AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS), QUALITY OF LIFE INDICATORS (E.G. FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE), BEHAVIORAL RISK FACTORS (E.G. OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE), ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE), SOCIAL AND</p>

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 5	D MENTAL HEALTH (E G CHILD ABUSE, VIOLENT CRIME, DOMESTIC ABUSE, AND SUICIDE), MATERNAL AND CHILD HEALTH (E G ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE), DEATH, ILLNESS, AND INJURY (E G CANCER MORTALITY RATE AND SICK DAYS), COMMUNICABLE DISEASE (E G HIV INFECTION RATE AND VACCINATIONS), SENTINEL EVENTS (E G GUN-RELATED DEATH RATE, DRUG- INDUCED DEATH RATES, WORK RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER), AND EMERGING HEALTH CONCERNS (E G OPIOID ABUSE AND ZIKA VIRUS)

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 A JOINT CHNA FOR CUYAHOGA COUNTY THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH REGIONAL HOSPITALS IN THE JOINT CHNA FOR CUYAHOGA COUNTY UH CLEVELAND MEDICAL CENTER, UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH AHUJA MEDICAL CENTER, UH PARMA MEDICAL CENTER, UH ST JOHN MEDICAL CENTER, AND UH 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 5 -- UH REGIONAL HOSPITALS PART V, SECTION B, LINE 11	THE 2019 IMPLEMENTATION STRATEGY FOR UH REGIONAL HOSPITALS IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM PRIORITY HEALTH NEED #1 CHRONIC DISEASE MANAGEMENT AND PREVENTION- STRATEGY #1 SCREENINGS AND HEALTH/DISEASE EDUCATION FOR CHRONIC DISEASE PRIORITY HEALTH NEED #2 POVERTY- STRATEGY #2 EDUCATION ON BETTER HEALTH CARE SERVICE UTILIZATION AND FINANCIAL COUNSELLING THE FOLLOWING NEEDS WERE IDENTIFIED IN THE 2018 CHNA, BUT ARE NOT BEING ADDRESSED IN 2018 INCLUDE HIGH BLOOD LEAD LEVELS, CHILDHOOD ASTHMA, INFLUENZA, TOBACCO USE/CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND SUICIDE PREVENTION THESE NEEDS ARE BEING ADDRESSED IN UH CLINICAL SETTINGS

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

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 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 ASSSTANCE 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 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 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS COUNTY HEALTH ASSESSMENT, CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, U S CENSUS BUREAU, OHIO HOSPITALIZATION ASSOCIATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES THE HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA THE HOSPITAL COUNCIL OF NORTHWEST OHIO 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 36 HOSPITALS IN NINE 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 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 1,200 ADVANCE LETTERS WERE MAILED TO ADULTS IN ASHTABULA COUNTY THE RESPONSE RATE FOR THE ENTIRE MAILING WAS 41% THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE HEALTH ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY THE 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS HEALTHCARE ACCESS (HEALTHCARE COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, WOMEN'S HEALTH, MEN'S HEALTH, AND ORAL HEALTH), HEALTH BEHAVIORS (HEALTH STATUS PERCEPTIONS, ADULT WEIGHT STATUS, ADULT TOBACCO USE, ADULT ALCOHOL CONSUMPTION, DRUG USE, SEXUAL BEHAVIOR, MENTAL HEALTH), CHRONIC DISEASE (CARDIOVASCULAR HEALTH, CANCER, ASTHMA, ARTHRITIS, DIABETES, QUALITY OF LIFE), AND SOCIAL CONDITIONS (SOCIAL DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, AND PARENTING)

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 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR ASHTABILA COUNTY UH GENEVA MEDICAL CENTER AND UH CONNEAUT MEDICAL CENTER ARE INCLUDED IN THE JOINT CHNA FOR ASHTABULA COUNTY

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	THE 2019 IMPLEMENTATION STRATEGY FOR UH GENEVA MEDICAL CENTER IDENTIFIED THE FOLLOWING 2 PRIORITY HEALTH NEEDS AND 2 CROSSING-CUTTING FACTORS, ALONG WITH STRATEGIES TO ADDRESS THEM PRIORITY HEALTH NEED #1 CHRONIC DISEASE- STRATEGY #1 DIABETES PREVENTION PROGRAM- STRATEGY #2 PRESCRIPTIONS FOR PHYSICAL ACTIVITY- STRATEGY #3 SCHOOL-BASED NUTRITION EDUCATION PROGRAMS- STRATEGY #4 NUTRITION AND PHYSICAL ACTIVITY INTERVENTIONS IN PRESCHOOL/CHILD CAREPRIORITY HEALTH NEED #2 MENTAL HEALTH AND ADDICTION- STRATEGY #1 SCHOOL-BASED ALCOHOL/OTHER DRUG PREVENTION PROGRAMS- STRATEGY #2 EMERGENCY ROOM AND FIRST RESPONDER OVERDOSE RESPONSE TRAINING (NALOXONE ACCESS)CROSS-CUTTING FACTOR #1 PUBLIC HEALTH SYSTEM, PREVENTION AND HEALTH BEHAVIORS- STRATEGY #1 LINKS TO CESSATION SUPPORT- STRATEGY #2 COMMUNITY GARDENS- STRATEGY #3 COMMUNITY-WIDE PHYSICAL ACTIVITY CAMPAIGNSCROSS-CUTTING FACTOR #2 HEALTHCARE SYSTEM AND ACCESS- STRATEGY #1 COMMUNITY HEALTH SCREENINGS- STRATEGY #2 FREE MAMMOGRAMS AND PAP SMEARS- STRATEGY #3 IMPROVE ACCESS TO COMPREHENSIVE PRIMARY CARE- STRATEGY #4 EXPAND ACCESS TO EVIDENCE-BASED TOBACCO CESSATION TREATMENTS- STRATEGY #5 COMMUNITY HEALTH WORKERSNEEDS IDENTIFIED IN 2018 WHICH ARE NOT BEING ADDRESSED INCLUDE SUICIDE PREVENTION THIS SPECIFIC ISSUE IS BEING ADDRESSED BY OTHER PARTNERS IN ASHTABULA COUNTY

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 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

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 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

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	IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS COUNTY HEALTH ASSESSMENT, CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, U S CENSUS BUREAU, OHIO HOSPITALIZATION ASSOCIATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES THE HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA THE HOSPITAL COUNCIL OF NORTHWEST OHIO 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 36 HOSPITALS IN NINE 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 7 -- UH CONNEAUT MEDICAL CENTER PART V, SECTION B, LINE 5	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 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 1,200 ADVANCE LETTERS WERE MAILED TO ADULTS IN ASHTABULA COUNTY THE RESPONSE RATE FOR THE ENTIRE MAILING WAS 41% THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE HEALTH ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY THE 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS HEALTHCARE ACCESS (HEALTHCARE COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, WOMEN'S HEALTH, MEN'S HEALTH, AND ORAL HEALTH), HEALTH BEHAVIORS (HEALTH STATUS PERCEPTIONS, ADULT WEIGHT STATUS, ADULT TOBACCO USE, ADULT ALCOHOL CONSUMPTION, DRUG USE, SEXUAL BEHAVIOR, MENTAL HEALTH), CHRONIC DISEASE (CARDIOVASCULAR HEALTH, CANCER, ASTHMA, ARTHRITIS, DIABETES, QUALITY OF LIFE), AND SOCIAL CONDITIONS (SOCIAL DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, AND PARENTING)

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 A JOINT CHNA FOR ASHTABULA COUNTY UH CONNEAUT MEDICAL CENTER AND UH GENEVA MEDICAL CENTER ARE INCLUDED IN THE JOINT CHNA FOR ASHTABULA COUNTY

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 11	THE 2019 IMPLEMENTATION STRATEGY FOR UH CONNEAUT MEDICAL CENTER IDENTIFIED THE FOLLOWING 2 PRIORITY HEALTH NEEDS AND 2 CROSSING-CUTTING FACTORS, ALONG WITH STRATEGIES TO ADDRESS THEM PRIORITY HEALTH NEED #1 CHRONIC DISEASE- STRATEGY #1 DIABETES PREVENTION PROGRAM- STRATEGY #2 PRESCRIPTIONS FOR PHYSICAL ACTIVITY- STRATEGY #3 SCHOOL-BASED NUTRITION EDUCATION PROGRAMS- STRATEGY #4 NUTRITION AND PHYSICAL ACTIVITY INTERVENTIONS IN PRESCHOOL/CHILD CAREPRIORITY HEALTH NEED #2 MENTAL HEALTH AND ADDICTION- STRATEGY #1 SCHOOL-BASED ALCOHOL/OTHER DRUG PREVENTION PROGRAMS- STRATEGY #2 EMERGENCY ROOM AND FIRST RESPONDER OVERDOSE RESPONSE TRAINING (NALOXONE ACCESS)CROSS-CUTTING FACTOR #1 PUBLIC HEALTH SYSTEM, PREVENTION AND HEALTH BEHAVIORS- STRATEGY #1 LINKS TO CESSATION SUPPORT- STRATEGY #2 COMMUNITY GARDENS- STRATEGY #3 COMMUNITY-WIDE PHYSICAL ACTIVITY CAMPAIGNSCROSS-CUTTING FACTOR #2 HEALTHCARE SYSTEM AND ACCESS- STRATEGY #1 COMMUNITY HEALTH SCREENINGS- STRATEGY #2 FREE MAMMOGRAMS AND PAP SMEARS- STRATEGY #3 IMPROVE ACCESS TO COMPREHENSIVE PRIMARY CARE- STRATEGY #4 EXPAND ACCESS TO EVIDENCE-BASED TOBACCO CESSATION TREATMENTS- STRATEGY #5 COMMUNITY HEALTH WORKERSNEEDS IDENTIFIED IN 2018 WHICH ARE NOT BEING ADDRESSED INCLUDE SUICIDE PREVENTION THIS SPECIFIC ISSUE IS BEING ADDRESSED BY OTHER PARTNERS IN ASHTABULA COUNTY

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

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 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 ASSSTANCE 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 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 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS COUNTY HEALTH ASSESSMENT, CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, U S CENSUS BUREAU, OHIO HOSPITALIZATION ASSOCIATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES THE HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA THE HOSPITAL COUNCIL OF NORTHWEST OHIO 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 36 HOSPITALS IN NINE 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 A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN CUYAHOGA COUNTY 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 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS DEMOGRAPHICS OF UH PARMA MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS, HOSPITAL PATIENTS SERVED, SOCIOECONOMIC INDICATORS (E G UNEMPLOYEMENT AND AVERAGE LIFE EXPECTANCY), HEALTH RESOURCE AVAILABILITY (E G AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS), QUALITY OF LIFE INDICATORS (E G FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE), BEHAVIORAL RISK FACTORS (E G OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE), ENVIRONMENTAL HEALTH INDICATORS (E G CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE), SOCIAL AND MENTAL HEALTH (E G CHILD ABUSE, DOMESTIC ABUSE, VIOLENT CRIMES, AND SUICIDE), MATERNAL AND CHILD HEALTH (E G ADOLESCENT BIRTH RATE, INFANT MORTALITY AND PRENATAL CARE), DEATH, ILLNESS, AND INJURY (E G CANCER MORTALITY RATE AND SICK DAYS), COMMUNICABLE DISEASE (E G HIV INFECTION RATE AND VACCINATIONS), SENTINEL EVENTS (E G GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER), AND EMERGING HEALTH CONCERNS (E G OPIOID ABUSE AND ZIKA VIRUS)

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 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA COUNTY THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH PARMA MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY UH CLEVELAND MEDICAL CENTER, UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS, UH ST JOHN MEDICAL CENTER, AND UH 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 8 -- UH PARMA MEDICAL CENTER PART V, SECTION B, LINE 11	THE 2019 IMPLEMENTATION STRATEGY FOR UH PARMA MEDICAL CENTER IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM PRIORITY HEALTH NEED #1 CHRONIC DISEASE MANAGEMENT AND PREVENTION- STRATEGY #1 CONTINUED IMPROVEMENT IN OUTREACH EFFORTS RELATED TO HEALTH INFORMATION, EDUCATION, SCREENINGS, AND WELLNESS BUILDINGS PRIORITY HEALTH NEED #2 POVERTY- STRATEGY #1 INCREASE ACCESS TO HEALTHY FOODS FOR VULNERABLE COMMUNITIES THE STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2018 CHNA HIGH BLOOD LEAD LEVELS, CHILDHOOD ASTHMA, INFLUENZA, TOBACCO USE/CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND SUICIDE PREVENTION THESE NEEDS ARE BEING ADDRESSED BY UH CLINICAL SETTINGS

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 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

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 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

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	IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, U S CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES 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 2018 CHNA 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 36 HOSPITALS IN NINE 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 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. SURVEYS WERE MAILED OUT TO 2,400 ADULTS IN LORAIN COUNTY. THE RESPONSE RATE FOR THE GENERAL POPULATION WAS 39%. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSE IN THE HEALTH ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTHCARE ACCESS (HEALTHCARE COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, WOMEN'S HEALTH, MEN'S HEALTH, AND ORAL HEALTH), HEALTH BEHAVIORS (HEALTH STATUS PERCEPTIONS, ADULT WEIGHT STATUS, TOBACCO USE, ALCOHOL CONSUMPTION, DRUG USE, SEXUAL BEHAVIOR, MENTAL HEALTH), CHRONIC DISEASE (HEART HEALTH, CANCER, ASTHMA, ARTHRITIS, DIABETES, AND QUALITY OF LIFE), SOCIAL CONDITIONS (SOCIAL DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, PARENTING, MATERNAL AND INFANT HEALTH), RURAL HEALTH, SUBURBAN HEALTH, URBAN HEALTH, AND YOUTH HEALTH (WEIGHT STATUS, TOBACCO USE, ALCOHOL USE, DRUG USE, MENTAL HEALTH, SAFETY AND VIOLENCE ISSUES, AND PERCEPTIONS).</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 A JOINT CHNA FOR LORAIN COUNTY UH ELYRIA MEDICAL CENTER AND SPECIALTY HOSPITAL OF LORAIN ARE INCLUDED IN THE 2018 CHNA FOR LORAIN COUNTY

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 11	STRATEGIC INITIATIVES INCLUDE ACCESS TO CARE (AVAILABLE PROVIDERS), EXPANDED COORDINATED EDUCATION AND PREVENTION SERVICES, IMPROVING MENTAL HEALTH, IMPROVING OBESITY AND WEIGHT CONTROL, AND IMPROVING SUBSTANCE ABUSE NEEDS IDENTIFIED IN 2018 BUT NOT BEING ADDRESSED IN 2018 INCLUDE ACCESS TO CARE (TRANSPORTATION) AND ALCOHOL USE

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

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 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 ASSSTANCE 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 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 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, U S CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF OTHER GREATER CLEVELAND ORGANIZATIONS 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 2018 CHNA 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 36 HOSPITALS IN NINE 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	THE UH ST JOHN MEDICAL CENTER CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH 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 2018 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 SECONDARY MARKET AREAS (E.G. POVERTY, HOMICIDE, OPIOID ABUSE), HOSPITAL PATIENTS SERVED, SOCIOECONOMIC INDICATORS (E.G. UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY), HEALTH RESOURCE AVAILABILITY (E.G. AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS), QUALITY OF LIFE INDICATORS (E.G. FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE), BEHAVIORAL RISK FACTORS (E.G. OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE), ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE), SOCIAL AND MENTAL HEALTH (E.G. CHILD ABUSE, VIOLENT CRIME, DOMESTIC VIOLENCE, AND SUICIDE), MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE), DEATH, ILLNESS, AND INJURY (E.G. CANCER MORTALITY RATE AND SICK DAYS), COMMUNICABLE DISEASE (E.G. HIV INFECTION RATE AND VACCINATIONS), SENTINEL EVENTS (E.G. GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER), AND EMERGING HEALTH CONCERNS (E.G. OPIOID ABUSE AND ZIKA VIRUS).

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 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA COUNTY THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH ST JOHN MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY UH CLEVELAND MEDICAL CENTER, UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH AHUJA MEDICAL CENTER, UH REGIONAL MEDICAL CENTER, UH PARMA MEDICAL CENTER, AND UH 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 10 -- UH ST JOHN MEDICAL CENTER PART V, SECTION B, LINE 11	THE 2019 IMPLEMENTATION STRATEGY FOR ST JOHN MEDICAL CENTER IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM PRIORITY HEALTH NEED #1 CHRONIC DISEASE MANAGEMENT AND PREVENTION- STRATEGY #1 COMMUNITY EDUCATION AND PREVENTATIVE HEALTH SCREENINGS PRIORITY HEALTH NEED #2 OPIOIDS/SUBSTANCE USE DISORDERS/MENTAL AND BEHAVIORAL HEALTH- STRATEGY #1 PARTICIPATION IN THE OPIATE ABUSE ADVISORY COMMITTEE FOR CUYAHOGA COUNTY THE HOSPITAL HAS AND WILL CONTINUE TO SUSTAIN SEVERAL EFFORTS WHICH DO ADDRESS EACH OF THE COMMUNITY HEALTH NEEDS IN SOME WAY THE COMMUNITY HEALTH NEEDS INCLUDE POVERTY, FOOD INSECURITY, LEAD POISONING, HEART DISEASE, CHILDHOOD ASTHMA, VACCINATION RATES, TOBACCO USE, LACK OF PHYSICAL ACTIVITY, SUICIDE, HOMICIDE/VIOLENCE, AND INFANT MORTALITY

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 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

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 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

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 3J	IN ADDITION TO REPORTING THE ITEMS DESCRIBED IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, U S CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF OTHER GREATER CLEVELAND ORGANIZATIONS 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 2018 CHNA 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 36 HOSPITALS IN NINE 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 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD PART V, SECTION B, LINE 5	<p>THE UH REHABILITATION HOSPITAL - BEACHWOOD CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH 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 2018 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 SECONDARY MARKET AREAS (E.G. POVERTY, HOMICIDE, OPIOID ABUSE), HOSPITAL PATIENTS SERVED, SOCIOECONOMIC INDICATORS (E.G. UNEMPLOYMENT AND AVERAGE LIFE EXPECTANCY), HEALTH RESOURCE AVAILABILITY (E.G. AMBULATORY CARE SENSITIVE (ACS) DISCHARGES AND LICENSED PRIMARY CARE PHYSICIANS), QUALITY OF LIFE INDICATORS (E.G. FOOD DESERT AREAS, HOMICIDE RATES, AND RECREATIONAL FACILITIES RATE), BEHAVIORAL RISK FACTORS (E.G. OBESITY, ILLEGAL DRUG USE, PHYSICAL ACTIVITY, AND TOBACCO USE), ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE), SOCIAL AND MENTAL HEALTH (E.G. CHILD ABUSE, VIOLENT CRIME, DOMESTIC VIOLENCE, AND SUICIDE), MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND PRENATAL CARE), DEATH, ILLNESS, AND INJURY (E.G. CANCER MORTALITY RATE AND SICK DAYS), COMMUNICABLE DISEASE (E.G. HIV INFECTION RATE AND VACCINATIONS), SENTINEL EVENTS (E.G. GUN-RELATED DEATH RATE, DRUG-INDUCED DEATH RATES, WORK RELATED DEATH RATES, AND LATE-STAGE BREAST AND CERVICAL CANCER), AND EMERGING HEALTH CONCERNS (E.G. OPIOID ABUSE AND ZIKA VIRUS).</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 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA COUNTY THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH REHABILITATION HOSPITAL - BEACHWOOD IN THE 2018 CHNA FOR CUYAHOGA COUNTY UH CLEVELAND MEDICAL CENTER, UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS, UH PARMA MEDICAL CENTER, AND UH ST JOHN MEDICAL CENTER

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 11	THE 2019 IMPLEMENTATION STRATEGY FOR UH REHABILITATION HOSPITAL - BEACHWOOD IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEED AND ASSOCIATED STRATEGIES TO ADDRESS IT PRIORITY HEALTH NEED CHRONIC DISEASE MANAGEMENT AND PREVENTION- STRATEGY #1 IMPROVE STROKE AWARENESS AND EDUCATION- STRATEGY #2 COMMUNITY EDUCATION ON RISK FACTORS ASSOCIATED WITH DIABETESNEEDS IDENTIFIED IN 2018 BUT NOT BEING ADDRESSED IN 2018 INCLUDE POVERTY, FOOD INSECURITY, LEAD POISONING, FLU VACCINATION RATES, SUICIDE, HOMICIDE/VIOLENCE, OPIOIDS/SUBSTANCE USE, AND INFANT MORTALITY THESE NEEDS ARE BEING ADDRESSED IN UH CLINICAL SETTINGS

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

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 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

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 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 MEDICAL CENTER

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 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 36 HOSPITALS IN NINE 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 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.

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 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

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 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 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

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 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

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 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 36 HOSPITALS IN NINE 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 12 -- UH SAMARITAN MEDICAL CENTER 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.

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 MEDICAL CENTER 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 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 B-FACILITY 12 -- UH SAMARITAN 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 B-FACILITY 12 -- UH SAMARITAN 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 ASSSTANCE 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
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

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 AVON REHABILITATION HOSPITAL 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 PORTION OF THE 2017 CHNA 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 36 HOSPITALS IN NINE 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 C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL 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

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 AVON REHABILITATION HOSPITAL 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 AVON REHABILITATION 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 C-FACILITY 14 -- UH AVON REHABILITATION 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 C-FACILITY 14 -- UH AVON REHABILITATION 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

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 D

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 D CONSISTS OF	- FACILITY 3 UH GEAUGA MEDICAL CENTER

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 D-FACILITY 3 -- UH GEAUGA 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 2018 CHNA EXAMINED SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS COUNTY HEALTH ASSESSMENT, CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, U S CENSUS BUREAU, OHIO HOSPITALIZATION ASSOCIATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES THE HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS AND THE CYPRESS RESEARCH GROUP TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2018 CHNA THE HOSPITAL COUNCIL OF NORTHWEST OHIO 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 36 HOSPITALS IN NINE 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 D-FACILITY 3 -- UH GEAUGA MEDICAL CENTER PART V, SECTION B, LINE 5	UH GEAUGA MEDICAL CENTER'S 2018 ASSESSMENT TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH BOTH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN GEAUGA COUNTY, AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE GEAUGA 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. 1,200 SURVEYS WERE MAILED TO ADULTS IN GEAUGA COUNTY AND HAD A RESPONSE RATE OF 40%. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2018 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTHCARE ACCESS INDICATORS (E.G. COVERAGE, UTILIZATION, WOMEN'S HEALTH EXAMS, MEN'S HEALTH EXAMS, AND ORAL HEALTH EXAMS), HEALTH BEHAVIORS INDICATORS (E.G. HEALTH STATUS PERCEPTIONS, ADULT TOBACCO, DRUG, AND ALCOHOL USE, SEXUAL BEHAVIOR, AND MENTAL HEALTH), CHRONIC DISEASE (E.G. CARDIOVASCULAR HEALTH, CANCER, ASTHMA, ARTHRITIS, DIABETES), SOCIAL CONDITIONS INDICATORS, CHILD HEALTH INDICATORS (E.G. HEALTHCARE ACCESS, EARLY CHILDHOOD HEALTH, PARENT HEALTH, FAMILY FUNCTIONING AND COMMUNITY CHARACTERISTICS)

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 D-FACILITY 3 -- UH GEAUGA MEDICAL CENTER PART V, SECTION B, LINE 11	THE 2019 IMPLEMENTATION STRATEGY FOR UH GEAUGA MEDICAL CENTER IDENTIFIES THE FOLLOWING THREE PRIORITY HEALTH NEEDS PRIORITY HEALTH NEED #1 MENTAL HEALTH AND ADDICTION- STRATEGY #1 DECREASE DRUG ABUSE AMONG ADULTS WITH COORDINATED CARE- STRATEGY #2 FIRST RESPONDER OVERDOSE RESPONSE TRAINING (NALOXONE ACCESS)PRIORITY HEALTH NEED #2 CHRONIC DISEASE- STRATEGY #1 INCREASE WELLNESS SCREENINGS- STRATEGY #2 SCREENING EVENTS- STRATEGY #3 CANCER SCREENING EVENTS- STRATEGY #4 CHRONIC DISEASE EDUCATION- STRATEGY #5 INITIATE AN OUTPATIENT CHRONIC DISEASE CLINICPRIORITY HEALTH NEED #3 MATERNAL AND INFANT HEALTH- STRATEGY #1 BREASTFEEDING PROMOTION PROGRAMSCROSS-CUTTING FACTOR PUBLIC HEALTH SYSTEM, PREVENTION AND HEALTH BEHAVIORS- STRATEGY #1 CHILD-SPECIFIC EDUCATION- STRATEGY #2 AMISH OUTREACH PROGRAMSNEEDS IDENTIFIED IN THE 2018 CHNA BUT NOT BEING ADDRESSED BY THE HOSPITAL INCLUDE CAMPAIGN TO PROMOTE THE AVAILABILITY OF ADDICTION PREVENTION RESOURCES, SCHOOL-BASED NUTRITION PROGRAMMING, WIC VOUCHER DISTRIBUTION, AND SMOKE-FREE WORKSITE/HOUSING ADVOCACY THESE NEEDS ARE BEING ADDRESSED BY OTHER GEAUGA PARTNERS BASED ON THEIR SPECIFIC EXPERTISE, EXPERIENCES, OR 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 D-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

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 D-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 D-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 ASSSTANCE POLICY

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

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

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

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

Name and address	Type of Facility (describe)
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 LYNDHURST SURGERY CENTER 29017 CEDAR ROAD LYNDHURST, 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

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

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

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

Name and address	Type of Facility (describe)
16 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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

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...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 36
3 Enter total number of other organizations listed in the line 1 table 3

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	UH HAS A PROCESS WHERE WE RECEIVE AND REVIEW REQUESTS FOR FUNDING, WHICH INCLUDES OUR SENIOR LEADERS IN THAT REVIEW PROCESS WE CHECK TO BE SURE THE ORGANIZATION IS MISSION ALIGNED TO UH AND REVIEW HISTORICAL GIVING MUCH OF OUR SUPPORT IS REVIEWED BOTH INTERNALLY AND WITH THE EXTERNAL GROUP ON AN ANNUAL BASIS

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)	100,000				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
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75232	13-5613797	501(C)(3)	161,000				GENERAL SUPPORT
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	5,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION 55 W WACKER DR SUITE 1150 CHICAGO, IL 60601	13-1632524	501(C)(3)	10,000				GENERAL SUPPORT
ARTHRITIS FOUND NORTHEASTERN OHIO 4630 RICHMOND ROAD CLEVELAND, OH 44128	58-1341679	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
CLEV METROPARKS (CLEVELAND FOUNDATION) 1422 EUCLID AVENUE SUITE 1300 CLEVELAND, OH 44115	34-0714588	501(C)(3)	25,000				GENERAL SUPPORT
CLEV STATE UNIV FOUNDATION 2121 EUCLID AVENUE UN 501 CLEVELAND, OH 441152214	34-1316665	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 FILM SOCIETY 2510 MARKET AVE CLEVELAND, OH 441133434	34-1262368	501(C)(3)	20,000				GENERAL SUPPORT
CLEVELAND PLAY HOUSE 1901 E 13TH STREET SUITE 200 CLEVELAND, OH 44114	34-6515260	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 PUBLIC THEATRE 6415 DETROIT AVE CLEVELAND, OH 44102	34-1359225	501(C)(3)	10,000				GENERAL SUPPORT
COLLECTIVE ARTS NETWORK PO BOX 771748 LAKEWOOD, OH 44107	46-4406224	501(C)(3)	50,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMUNITY IMPROVEMENT CORPORATION OF SHAKER HEIGHTS OHIO 3400 LEE ROAD SHAKER HEIGHTS, OH 44120	34-1314225	501(C)(3)	10,000				GENERAL SUPPORT
CRAINS CLEV BUSINESS 1155 GRATIOT AVENUE DETROIT, MI 48207	36-0708800		8,000				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
CUYAHOGA COMMUNITY COLLEGE FOUNDATION 700 CARNEGIE AVE CLEVELAND, OH 44115	23-7320719	501(C)(3)	7,000				GENERAL SUPPORT
DESTINATION CLEVELAND PO BOX 2063 SHELBY, NC 28151	20-8085344	501(C)(3)	7,500				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
ECONOMIC GROWTH FOUNDATION 1240 HURON RD E STE 300 CLEVELAND, OH 44115	34-1916518	501(C)(3)	100,000				GENERAL SUPPORT
ENVIRONMENTAL HEALTH WATCH 5802 DETROIT AVE SUITE 1U CLEVELAND, OH 44102	34-1443935	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPILEPSY ASSOCIATION 2831 PROSPECT AVENUE CLEVELAND, OH 44115	23-7198807	501(C)(3)	10,000				GENERAL SUPPORT
FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVENUE SUITE 3103A CLEVELAND, OH 44114	20-4948838	501(C)(3)	39,700				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
FRONT EXHIBITION COMPANY 1460 WEST 29TH STREET CLEVELAND, OH 44113	81-2956023	501(C)(3)	250,000				GENERAL SUPPORT
GATHERING PLACE 23300 COMMERCE PARK DR CLEVELAND, OH 44122	34-1879035	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO RD CLEVELAND, OH 44110	34-1292848	501(C)(3)	11,750				GENERAL SUPPORT
GREATER CLEVELAND SPORTS COMMISSION 334 EUCLID AVENUE CLEVELAND, OH 44131	31-1381131	501(C)(3)	67,000				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
IMG COLLEGE LLC PO BOX 16533 PALATINE, IL 60055	27-3646546		189,100				GENERAL SUPPORT
KARAMU HOUSE INC 2355 E 89TH ST CLEVELAND, OH 44106	34-0714448	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
LIFEACT 210 BELL STREET CHARGIN FALLS, OH 44022	34-1724365	501(C)(3)	30,000				GENERAL SUPPORT
MALTZ MUSEUM OF JEWISH HERITAG 2929 RICHMOND ROAD BEECHWOOD, OH 44122	04-3684531	501(C)(3)	16,667				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
MUSICAL ARTS ASSOCIATION 11001 EUCLID AVENUE CLEVELAND, OH 44106	34-0714468	501(C)(3)	15,000				GENERAL SUPPORT
NEOMED FOUNDATION PO BOX 95 ROOTSTOWN, OH 44272	34-1264220	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
PGA TOUR GOLF COURSE PROPERTIES INC 100 PGA TOUR BOULEVARD PONTE VERDA BEACH, FL 32082	59-2009946		27,000				GENERAL SUPPORT
POSITIVE EDUCATION PROGRAM 3100 EUCLID AVE CLEVELAND, OH 44115	34-1127919	501(C)(3)	7,500				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
RONALD MCDONALD HOUSE OF CLE 10415 EUCLID AVENUE CLEVELAND, OH 44106	34-1269123	501(C)(3)	35,000				GENERAL SUPPORT
SHAKER HEIGHTS DEVELOPMENT CORPORATION 3400 LEE ROAD SHAKER HEIGHTS, OH 44120	34-1314225	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST COMMUNITY HEALTH FOUND 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)	25,000				GENERAL SUPPORT
UNITED WAY SVC 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501(C)(3)	55,000				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
YWCA OF GREATER CLEVELAND 4019 PROSPECT AVE CLEVELAND, OH 44103	34-0714800	501(C)(3)	75,000				GENERAL SUPPORT
PARMA HOSPITAL HEALTH CARE FOUNDATION 7007 POWERS BLVD PARMA, OH 44129	34-1626664	501(C)(3)	312,673				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
ROBINSON MEMORIAL HOSPITAL FOUNDATION 6847 N CHESTNUT STREET PO BOX 1204 RAVENNA, OH 44266	34-1510544	501(C)(3)	368,538				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

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 Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 7	MANAGEMENT INCENTIVE PLAN (MIP) PAYMENTS ARE CALCULATED ANNUALLY AS A PERCENTAGE OF BASE SALARY BASED UPON GOAL ATTAINMENT FOR EACH INCENTIVE CYCLE. THE ELIGIBLE INCENTIVE PERCENTAGE IS DEPENDENT UPON EACH INDIVIDUAL'S LEADERSHIP LEVEL IN THE ORGANIZATION.

Return Reference	Explanation
PART I, LINE 8	CERTAIN EMPLOYEE COMPENSATION DISCLOSED IN PART VII MEET THE REQUIREMENTS OF THE INITIAL CONTRACT EXCEPTION

Return Reference	Explanation
PART I, LINE 4A	DURING TAX YEAR 2018, WILLIAM STEINER II RECEIVED \$36,755 OF SEVERANCE PAY

Return Reference	Explanation
PART I, LINE 4B	<p>THE FOLLOWING PERSONS PARTICIPATED IN, OR RECEIVED PAYMENT FROM A NONQUALIFIED RETIREMENT PLAN (457(F)OR SERP) IN 2018 ADELMAN, HARLIN G ESQ (\$53,894 - SERP) BAMBAKIDIS, NICHOLAS C (\$20,340 - SERP) BECK, ERIC H (\$51,810 - SERP) BENOIT, WILLIAM A (\$36,809 - SERP) BERGMANN, PETER U FACHE (\$54,257 - SERP) BISHOP, SHERRI L (\$88,451 - SERP) BIXENSTINE, KIM F (\$55,927 - SERP) BLAKE, JEAN D RN (\$86,600 - SERP) BOND, BRADLEY C (\$64,555 - SERP) BRIEN, WILLIAM W (\$63,600 - SERP) CARSON, BRENT (\$39,183 - SERP) CHICKERELLA, DANIELLE (\$36,683 - SERP) DAVID, ROBERT G (\$60,766 - SERP) DEPOMPEI, PATRICIA M (\$74,262 - SERP) DZIEDZICKI, RONALD E (\$81,859 - SERP) GARTLAND, HEIDI I (\$37,721 - SERP) HANSON, RICHARD A (\$136,738 - SERP) HERTZ, ANDREW R MD (\$49,726 - SERP) JONES, STEVEN M (\$82,331 - SERP) JURIS, SUSAN (\$63,360 - SERP) KEEGAN, ARTHUR EDWIN (\$46,586 - SERP) MCNEIL, KAREN (\$33,480 - SERP) MEGERIAN, CLIFF MD (\$171,510 - SERP) MILLER, JANET (\$114,459 - SERP) MONTER, BRIAN (\$41,539 - SERP) O'MALLEY, CHERYL H (\$32,199 - SERP) SALVINO, SONIA (\$61,766 - SERP) SCHARIO, MARK E (\$32,926 - SERP) SIMON, DANIEL I MD (\$187,374 - SERP) SINK, KRISTI (\$34,897 - SERP) SNOWBERGER, THOMAS D (\$113,830 - SERP) STANDLEY, STEVEN D (\$126,652 - SERP) STROSACKER, ROBYN MD (\$41,914 - SERP) SZUBSKI, MICHAEL A (\$174,602 - SERP) TAIT, PAUL G (\$122,622 - SERP) ZELIS, CYNTHIA B R (\$67,124 - SERP) ZENTY, THOMAS F III (\$406,848 - SERP) ZOLTANSKI, JOAN MD (\$30,660 - SERP)</p>

Return Reference	Explanation
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



Schedule J (Form 990) 2018

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				
ACO - BECK ERIC DO DIRECTOR (BEGIN 06/18)	(i)	446,879	0	52,166	0	13,363	512,408	0
	(ii)	0	0	0	0	0	0	0
AHUJA - JURIS SUSAN V PRESIDENT/DIRECTOR EX OFFICIO	(i)	391,246	126,506	70,168	39,930	28,094	655,944	0
	(ii)	0	0	0	0	0	0	0
AHUJA - SHAPIRO ERIC MD DIRECTOR EX OFFICIO (END 05/18)	(i)	0	0	0	0	0	0	0
	(ii)	414,265	0	6,237	113,363	19,355	553,220	0
CCO - HARWELL CARLA M MD DIRECTOR	(i)	203,796	0	1,949	14,193	32,219	252,157	0
	(ii)	0	0	0	0	0	0	0
CCO - HERTZ ANDREW R MD DIRECTOR (BEGIN 06/18)	(i)	396,443	100,832	2,652	35,947	123	535,997	0
	(ii)	0	0	0	0	0	0	0
CCO - HOYNES SEAN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	288,031	150,000	2,106	56,615	32,689	529,441	0
CCO - ROS PABLO R MD DIRECTOR (END 11/18)	(i)	687,496	39,113	10,701	37,285	22,129	796,724	0
	(ii)	0	0	0	0	0	0	0
CCO - ZELIS CYNTHIA MD DIRECTOR (BEGIN 05/18)	(i)	406,012	147,669	19,306	37,542	32,562	643,091	0
	(ii)	0	0	0	0	0	0	0
CHCO - LARCHIAN WILLIAM MD DIRECTOR EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	356,659	0	5,267	39,183	18,393	419,502	0
CONNEAUT - KUMAR AJAY MD DIRECTOR (BEGIN 05/18)	(i)	0	0	0	0	0	0	0
	(ii)	290,727	50,000	1,032	5,513	19,865	367,137	0
CONNEAUT - SUNDARAMOORTHY ABIRAMMY DIRECTOR EX OFFICIO (END 05/18)	(i)	0	0	0	0	0	0	0
	(ii)	293,757	0	571	8,709	8,061	311,098	0
ECC - BOND BRADLEY C DIRECTOR/SECRETARY/TREASURER	(i)	388,600	140,038	325,682	20,061	30,039	904,420	0
	(ii)	0	0	0	0	0	0	0
GEAUGA - JONES M STEVEN PRESIDENT/DIRECTOR EX OFFICIO	(i)	512,016	168,443	90,736	38,393	15,573	825,161	0
	(ii)	0	0	0	0	0	0	0
GENEVA - HOWE EVAN MD DIRECTOR EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	259,040	61	42,572	8,524	25,074	335,271	0
HOME CARE - CHICKERELLA DANIELLE DIRECTOR	(i)	287,698	74,519	1,589	34,219	14,894	412,919	0
	(ii)	0	0	0	0	0	0	0
HOME CARE - MAITLAND KEITH RPH DIRECTOR /PRESIDENT (END 07/18)	(i)	241,942	94,572	108,262	20,021	32,046	496,843	0
	(ii)	0	0	0	0	0	0	0
HOME CARE - SILA CATHY MD DIRECTOR/SECRETARY/TREASURER	(i)	377,606	16	4,953	37,349	1,200	421,124	0
	(ii)	0	0	0	0	0	0	0
PARMA - BERGMANN PETER U FACHE PRESIDENT/DIRECTOR EX OFFICIO	(i)	444,867	90,318	2,165	7,323	25,228	569,901	0
	(ii)	0	0	0	0	0	0	0
PARMA - BURMA GERALD M MD PHD DIRECTOR EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	651,836	12,255	31,069	197,007	14,794	906,961	0
PARMA - WURST JENNIFER MD DIRECTOR EX OFFICIO (END 05/18)	(i)	0	0	0	0	0	0	0
	(ii)	196,642	0	542	7,571	14,405	219,160	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				
PORTAGE - BENOIT WILLIAM DIRECTOR EX OFFICIO (BEGIN 03/18)	(i)	300,500	60,619	1,576	18,190	27,720	408,605	0
	(ii)	0	0	0	0	0	0	0
PORTAGE - HANSON RICHARD A DIRECTOR EX OFFICIO (END 05/18)	(i)	660,335	738,600	148,055	37,759	22,893	1,607,642	0
	(ii)	0	0	0	0	0	0	0
RCC - CARSON BRENT DIRECTOR/TREASURER	(i)	294,340	87,197	43,503	39,123	31,012	495,175	0
	(ii)	0	0	0	0	0	0	0
RCC - GALLAGHER MARILEE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	289,252	0	5,486	34,184	6,214	335,136	0
RCC - GROSSBERG RICHARD MD DIRECTOR	(i)	270,877	17	21,510	19,503	30,312	342,219	0
	(ii)	0	0	0	0	0	0	0
RCC - ZEIGER TODD MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	267,098	150,000	1,791	11,660	31,164	461,713	0
REGIONAL - ADAMEK PETER M MD DIRECTOR EX OFFICIO (END 05/18)	(i)	0	0	0	0	0	0	0
	(ii)	396,582	0	4,166	11,795	9,403	421,946	0
REGIONAL - JASPER JOHN J MD DIRECTOR EX OFFICIO (END 05/18)	(i)	0	0	0	0	0	0	0
	(ii)	441,015	0	4,474	50,791	5,757	502,037	0
REGIONAL - MONTER BRIAN DIRECTOR EX OFFICIO/PRESIDENT	(i)	324,588	83,168	1,578	17,520	24,880	451,734	0
	(ii)	0	0	0	0	0	0	0
REGIONAL - RAPKIN DAVID S MD DIRECTOR EX OFFICIO (BEGIN 05/18)	(i)	0	0	0	0	0	0	0
	(ii)	446,344	0	7,789	11,890	32,279	498,302	0
SAMARITAN - MACDONALD MARY CARY MD DIRECTOR EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	362,053	57,350	3,602	13,293	32,051	468,349	0
SAMARITAN - MCNEIL KAREN DIRECTOR EX OFFICIO/PRESIDENT	(i)	258,786	68,211	94,407	38,723	19,948	480,075	0
	(ii)	0	0	0	0	0	0	0
SAMARITAN - SNYDER ROGER MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	217,778	31,779	2,322	43,883	21,149	316,911	0
SAMARITAN - STENCEL MICHAEL MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	243,284	45,818	2,591	86,865	22,149	400,707	0
SPC - TAVALLAEE MEHRDAD MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	523,709	94,536	1,251	11,912	25,705	657,113	0
ST JOHN - BLOXDORF GREGORY DO DIRECTOR EX OFFICIO (BEGIN 05/18)	(i)	265,501	31,005	44,587	14,321	21,680	377,094	0
	(ii)	0	0	0	0	0	0	0
ST JOHN - DAVID ROBERT G DIRECTOR EX OFFICIO /PRESIDENT	(i)	380,241	119,121	64,211	39,520	24,880	627,973	0
	(ii)	0	0	0	0	0	0	0
ST JOHN - TRACY ALLEN R TREASURER (END 02/18)	(i)	300,785	81,295	21,575	48,174	21,109	472,938	0
	(ii)	0	0	0	0	0	0	0
UHCMC - MACHTAY MD MITCHELL DIRECTOR EX OFFICIO (BEGIN 01/18)	(i)	518,615	67,181	5,212	31,513	29,101	651,622	0
	(ii)	0	0	0	0	0	0	0
UHCMC - MANGOSH LINDA DIRECTOR (BEGIN 01/18)	(i)	202,529	48,384	29,728	18,124	22,285	321,050	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				
UHCMC - SIMON DANIEL I MD DIRECTOR EX OFFICIO	(i)	952,457	424,260	9,858	219,705	25,160	1,631,440	0
	(ii)	0	0	0	0	0	0	0
UHHS - PANDRANGI VASU MD DIRECTOR EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	633,589	0	37,327	171,479	9,811	852,206	0
UHHS - SABIK JOSEPH MD DIRECTOR (START 05/18)	(i)	1,292,964	57,806	10,112	36,785	24,880	1,422,547	0
	(ii)	0	0	0	0	0	0	0
UHHS - SALATA ROBERT A MD DIRECTOR (END 05/18)	(i)	597,446	0	18,630	32,609	23,032	671,717	0
	(ii)	0	0	0	0	0	0	0
UHHS - ZENTY THOMAS F III DIRECTOR EX OFFICIO/CEO	(i)	1,405,472	1,633,475	1,548,570	743,966	11,343	5,342,826	916,000
	(ii)	0	0	0	0	0	0	0
UHLSF - GOODELLE MICHAEL DIRECTOR	(i)	157,492	17,880	6,668	12,769	26,081	220,890	0
	(ii)	0	0	0	0	0	0	0
UHLSF - HARFORD TODD DIRECTOR	(i)	175,828	19,650	8,624	14,595	7,236	225,933	0
	(ii)	0	0	0	0	0	0	0
UHMG - HARDING CLIFFORD V MD DIRECTOR	(i)	285,063	16	4,071	13,916	3,302	306,368	0
	(ii)	0	0	0	0	0	0	0
UHMG - MEGERIAN CLIFF MD DIRECTOR/PRESIDENT	(i)	929,482	165,639	249,989	238,368	26,407	1,609,885	0
	(ii)	0	0	0	0	0	0	0
UHMG - MILLER MARLENE MD DIRECTOR (BEGIN 05/18)	(i)	388,130	75,000	70,076	13,835	11,740	558,781	0
	(ii)	0	0	0	0	0	0	0
UHMG - RAO GOUTHAM MD DIRECTOR	(i)	406,675	39,056	2,150	13,253	26,329	487,463	0
	(ii)	0	0	0	0	0	0	0
UHMG - ROTHSTEIN FRED C MD DIRECTOR EX OFFICIO/CHAIR (END 05/18)	(i)	304,958	176,842	493,650	9,313	123	984,886	0
	(ii)	0	0	0	0	0	0	0
UHMG - SELMAN WARREN R MD DIRECTOR	(i)	1,049,778	57,806	28,158	36,704	18,618	1,191,064	0
	(ii)	0	0	0	0	0	0	0
UHMG - ZOLTANSKI JOAN MD DIRECTOR	(i)	265,685	19	63,294	13,668	26,385	369,051	0
	(ii)	0	0	0	0	0	0	0
ACO - HILLARD BRADLEY G DO PRESIDENT (BEGIN 02/18)	(i)	0	0	0	0	0	0	0
	(ii)	319,817	27,466	4,626	12,420	37,402	401,731	0
CCO - SCHARIO MARK E SECRETARY	(i)	255,086	65,337	3,119	19,245	26,696	369,483	0
	(ii)	0	0	0	0	0	0	0
UHCMC - BLAKE JEAN D RN CHIEF NURSING OFFICER	(i)	413,881	338,090	17,594	20,177	27,370	817,112	0
	(ii)	0	0	0	0	0	0	0
UHCMC - DEPOMPEI PATRICIA M PRESIDENT - RAINBOW BABIES & CHILDRE	(i)	470,596	139,425	79,680	40,760	26,671	757,132	0
	(ii)	0	0	0	0	0	0	0
UHCMC - DZIEDZICKI RONALD E CHIEF OPERATING OFFICER	(i)	515,609	159,878	90,494	38,972	16,729	821,682	0
	(ii)	0	0	0	0	0	0	0
UHCMC - SALVINO SONIA TREASURER	(i)	378,313	127,209	356,261	39,948	29,910	931,641	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				
UHCMC - STROSACKER ROBYN MD CHIEF MEDICAL OFFICER	(i)	337,473	73,471	1,781	17,814	18,933	449,472	0
	(ii)	0	0	0	0	0	0	0
UHHS - ANNABLE WILLIAM L MD CHIEF QUALITY OFFICER/CHIEF MEDICAL	(i)	202,113	493,310	40,904	2,699	4,606	743,632	0
	(ii)	0	0	0	0	0	0	0
UHHS - BRIEN WILLIAM W MD CHIEF MEDICAL OFFICER/CHIEF QUALITY	(i)	529,340	29	30,136	18,884	783	579,172	0
	(ii)	0	0	0	0	0	0	0
UHHS - MILLER JANET L ESQ CHIEF LEGAL OFFICER/SECRETARY	(i)	558,037	613,714	123,589	38,354	10,810	1,344,504	0
	(ii)	0	0	0	0	0	0	0
UHHS - PETERS JEFFREY H MD CHIEF OPERATING OFFICER (END 05/18)	(i)	1,028,713	669,608	1,676,962	23,274	7,099	3,405,656	0
	(ii)	0	0	0	0	0	0	0
UHHS - SNOWBERGER THOMAS D CHIEF HUMAN RESOURCES OFFICER	(i)	557,012	335,951	3,580	221,955	15,241	1,133,739	0
	(ii)	0	0	0	0	0	0	0
UHHS - STANDLEY STEVEN D CHIEF ADMINISTRATIVE OFFICER	(i)	618,428	675,547	136,705	20,657	7,377	1,458,714	0
	(ii)	0	0	0	0	0	0	0
UHHS - SZUBSKI MICHAEL A CHIEF FINANCIAL OFFICER/TREASURER	(i)	877,755	845,422	183,824	239,313	31,062	2,177,376	0
	(ii)	0	0	0	0	0	0	0
UHHS - TAIT PAUL G CHIEF STRATEGY OFFICER	(i)	594,853	646,044	133,582	40,051	28,928	1,443,458	0
	(ii)	0	0	0	0	0	0	0
UHLSF - LANDEK DON PRESIDENT	(i)	167,891	15,194	10,829	16,039	1,094	211,047	0
	(ii)	0	0	0	0	0	0	0
UHHS - BISHOP SHERRI L CHIEF DEVELOPMENT OFFICER	(i)	422,090	457,359	93,660	78,718	33,658	1,085,485	0
	(ii)	0	0	0	0	0	0	0
UHHS - BIXENSTINE KIM F CHIEF COMPLIANCE OFFICER	(i)	335,892	126,315	62,641	35,860	16,055	576,763	0
	(ii)	0	0	0	0	0	0	0
UHHS - KEEGAN ARTHUR EDWIN CHIEF MARKETING OFFICER	(i)	300,214	0	138,931	0	25,351	464,496	0
	(ii)	0	0	0	0	0	0	0
UHMG - HONDA KORD S DIRECTOR - DERMATOPATHOLOGY	(i)	1,261,816	0	2,452	9,201	31,246	1,304,715	0
	(ii)	0	0	0	0	0	0	0
UHMG - EUBANKS JASON D ORTHOPEDIC SURGEON	(i)	1,231,402	0	2,340	35,023	9,801	1,278,566	0
	(ii)	0	0	0	0	0	0	0
UHMG - VOOS JAMES E ORTHOPEDIC SURGEON	(i)	1,221,241	0	2,365	18,111	26,279	1,267,996	0
	(ii)	0	0	0	0	0	0	0
UHMG - DEVANEY ERIC J CHIEF, PEDIATRIC CARDIAC SURGERY	(i)	1,191,887	0	10,087	17,492	25,957	1,245,423	0
	(ii)	0	0	0	0	0	0	0
UHMG - BAMBAKIDIS NICHOLAS C DIRECTOR - CEREBREVASCULAR SURGERY	(i)	1,018,226	0	44,866	35,530	32,411	1,131,033	0
	(ii)	0	0	0	0	0	0	0
AMHERST - SHELDON DONALD S MD FORMER OFFICER	(i)	233,945	0	2,858	13,776	3,026	253,605	0
	(ii)	0	0	0	0	0	0	0
CCO - HAMMACK ELIZABETH R ESQ FORMER OFFICER	(i)	215,202	31,579	5,005	16,608	25,207	293,601	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				
CHCO - WRAY CHARLOTTE A FORMER OFFICER	(i)	254,589	0	124,920	14,653	16,719	410,881	0
	(ii)	0	0	0	0	0	0	0
PARMA - SINK KRISTI M FORMER OFFICER	(i)	362,141	67,228	2,600	13,758	24,703	470,430	0
	(ii)	0	0	0	0	0	0	0
UHMG - ADELMAN HARLING ESQ FORMER OFFICER	(i)	317,585	120,845	75,385	20,896	31,462	566,173	0
	(ii)	0	0	0	0	0	0	0
ST JOHN - O'MALLEY CHERYL H FORMER KEY EMPLOYEE	(i)	257,672	58,876	3,086	19,163	11,461	350,258	0
	(ii)	0	0	0	0	0	0	0
UHHS - GARTLAND HEIDI I FORMER KEY EMPLOYEE	(i)	289,900	82,421	254,642	40,468	9,876	677,307	0
	(ii)	0	0	0	0	0	0	0
UHMG - RONIS ROBERT FORMER KEY EMPLOYEE	(i)	403,142	39,056	7,391	33,043	22,080	504,712	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.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

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
(1) KATHYRN THOMPSON	FAMILY RELATIONSHIP	100,000	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
(2) MATTHEW DZIEDZICKI	FAMILY RELATIONSHIP	54,320	RONALD E DZIEDZICKI FAMILY MEMBER OF MR DZIEDZICKI, CHIEF OPERATING OFFICER UHCMC A FAMILY MEMBER OF MR DZIEDZICKI IS EMPLOYED BY UHCMC		No
(3) LAUREN NEDRICH	FAMILY RELATIONSHIP	45,853	DAVID NEDRICH FAMILY MEMBER OF MR NEDRICH, PARMA CHAIR/DIRECTOR A FAMILY MEMBER OF MR NEDRICH IS EMPLOYED BY PARMA		No
(4) KORINA SHULEMOVICH	FAMILY RELATIONSHIP	120,000	MITCHELL MACHTAY, MD FAMILY MEMBER OF MITCHELL MACHTAY, MD UHMG DIRECTOR A FAMILY MEMBER OF DR MACHTAY IS EMPLOYED BY UHMG		No

Part V Supplemental Information

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

Return Reference	Explanation
ADDITIONAL INFORMATION FOR SCHEDULE L PART 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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

Employer identification number
90-0059117

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	51	566,054	APPRAISALS, RECEIPT
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		7	RECEIPT
5 Clothing and household goods	X		11,401	RECEIPT, FMV, RETAIL PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	76	6,518,343	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	X	2	61,000	APPRAISALS
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	7	7,748	RECEIPT
20 Drugs and medical supplies	X	3	74,019	RECEIPT
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	169	115,779	RECEIPT, FMV
26 Other ▶ (EVENT ITEMS)	X	19	40,440	RECEIPT
27 Other ▶ (MISCELLANEOUS)	X	14	14,565	RECEIPT, FMV
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 9

	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?	Yes	
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
PART I, LINE 32B	BNY MELLON CAPITAL MARKETS AND STATE STREET CORPORATION WERE USED IN 2018 TO FACILITATE THE TRANSFER AND SALE OF SECURITIES

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

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 " THE SYSTEM SERVES A UNIQUE ROLE IN THE COMMUNITIES IT SERVES BY PROVIDING DIVERSE POPULATIONS THROUGHOUT THE NORTHEAST OHIO REGION WITH COMPREHENSIVE HEALTH CARE - FROM PRIMARY CARE TO HIGHLY SPECIALIZED MEDICAL CARE FOR THE MOST SERIOUS OF HEALTH PROBLEMS THE SYSTEM IS KNOWN FOR PROVIDING SUPERIOR, LEADING-EDGE HEALTH CARE ACROSS THE FULL RANGE OF MEDICAL AND SURGICAL SPECIALITIES FROM INFANCY TO ELDER CARE IN ADDITION TO DELIVERING QUALITY PATIENT CARE, THE SYSTEM SERVES AS A PREEMINENT TEACHING FACILITY FOR PHYSICIANS, NURSES AND ANCILLARY MEDICAL PERSONNEL THE SYSTEM'S EXTENSIVE CLINICAL RESEARCH PROGRAMS CONTINUE TO IMPROVE THE UNDERSTANDING OF DISEASE AND ENHANCE PATIENT CARE

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
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
<p>FORM 990, PART III - PROGRAM SERVICE, LINE 4A</p>	<p>COMMITMENT TO THE COMMUNITY REMAINS AT THE CORE OF THE SYSTEM'S MISSION TO HEAL TO TEACH TO DISCOVER IN 2018, UNIVERSITY HOSPITALS DEDICATED MORE THAN \$383 MILLION TO COMMUNITY BENEFIT PROGRAMS IN NORTHEAST OHIO CONSISTING OF - EDUCATION AND TRAINING = \$ 82 MILLION - RESEARCH = \$ 37 MILLION - CHARITY CARE = \$47 MILLION - MEDICAID SHORTFALL = \$212 MILLION - COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = \$24 MILLION - HOSPITAL CARE ASSURANCE PROGRAM (HCAP) RECEIPTS = (\$19 MILLION) REFER TO SCHEDULE H FOR FURTHER DETAIL ON HOW THE SYSTEM MEASURES AND REPORTS COMMUNITY BENEFIT COMMUNITY BENEFIT FOR 2018 TOTALLED \$382 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 IN 2018, \$53 MILLION REPRESENTED REVENUES FOR SERVICES PROVIDED THAT ARE DEEMED TO BE UNCOLLECTIBLE THE SYSTEM HAS A BROAD PRESENCE THROUGHOUT NORTHEAST OHIO, INCLUDING CUYAHOGA, LORAIN, GEauga, 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 27,500 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 REGION FOR MORE DETAILED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III - PROGRAM SERVICE, LINE 4A	INFORMATION ON THE SYSTEM'S COMMUNITY BENEFIT OR TO VIEW THE 2018 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW.UHHOSPITALS.ORG

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 -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 -2018 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$243,220,482 -2018 OHIO HIGHER EDUCATIONAL FACILITY COMMISSION BONDS ISSUE PRICE \$109,150,000

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 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	THE SYSTEM HAS ADOPTED SIX CONFLICT OF INTEREST POLICIES THAT SET FORTH GUIDELINES RELATED TO TRANSACTIONS WITH DISQUALIFIED PERSONS (AS DEFINED IN APPLICABLE FEDERAL REGULATION) THESE POLICIES APPLY TO ALL EMPLOYEES, EMPLOYED PHYSICIANS AND OTHER LICENSED PRACTITIONERS (EXCLUDING PHYSICIAN TRAINEES), DIRECTORS, OFFICERS, AND RELATED PARTIES TO UH AND ITS WHOLLY-OWNED SUBSIDIARIES UH REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICIES DESIGNATED INDIVIDUALS, (E G , UH MANAGEMENT, DIRECTORS, EMPLOYED 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 OR NEW DISCLOSURES SHOULD THEY OCCUR ALL DISCLOSURES AND SUBSEQUENT UPDATES TO DISCLOSURES ARE REVIEWED BY THE UH COMPLIANCE AND ETHICS DEPARTMENT BOARD-LEVEL AND KEY PERSONNEL CONFLICTS ARE REVIEWED AND APPROVED, IF APPROPRIATE, BY THE AUDIT AND COMPLIANCE COMMITTEE OF THE UH BOARD AND/OR THE UH BOARD IF A CONFLICT EXISTS WITH A DIRECTOR, CERTAIN RESTRICTIONS MAY BE IMPOSED, SUCH AS EXCUSING THE DIRECTOR FROM THE ROOM DURING DISCUSSION AND/OR VOTING WITH REGARD TO A PROPOSED TRANSACTION EDUCATION REGARDING CONFLICTS OF INTEREST IS INCLUDED IN THE ANNUAL COMPLIANCE TRAINING THAT INCLUDES ALL DIRECTORS, EMPLOYEES, PHYSICIANS AND LICENSED PRACTITIONERS

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 79,293,000 (12,520,000) 2,318,000 69,091,000 LINE 2G 3,588,753,000 (488,785,000) 437,521,000 3,537,489,000 LINE 3 30,985,000 (30,852,000) - 133,000 LINE 6 - - - - LINE 7D (6,191,000) 6,206,000 - 15,000 LINE 8C (47,000) - - (47,000) LINE 9 26,000 - - 26,000 LINE 11E 160,396,000 (78,669,000) - 81,727,000 LINE 12 3,853,215,000 (604,620,000) 439,839,000 3,688,434,000 *TOTAL REVENUE REPORTED ON LINE 12 OF \$3,853,215,000 CONSISTED OF \$3,749,149,000 EXEMPT FUNCTIONAL REVENUE, \$3,112,000 OF UNRELATED BUSINESS REVENUE, AND \$21,661,000 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 8,070,000 (8,046,000) - 24,000 LINE 5 48,076,000 (20,340,000) - 27,736,000 LINE 6 2,849,000 (677,000) - 2,172,000 LINE 7 1,540,311,000 (260,040,000) - 1,280,271,000 LINE 8 47,005,000 17,306,000 - 64,311,000 LINE 9 206,252,000 (44,265,000) - 161,987,000 LINE 10 102,873,000 (17,982,000) - 84,891,000 LINE 11B 2,801,000 (2,789,000) - 12,000 LINE 11C 1,090,000 (521,000) - 569,000 LINE 11D 439,000 (16,000) - 423,000 LINE 11E 126,000 - - 126,000 LINE 11G 111,451,000 (29,082,000) - 82,369,000 LINE 12 12,487,000 (9,935,000) - 2,552,000 LINE 13 740,348,000 (6,832,000) - 733,516,000 LINE 14 81,060,000 (76,757,000) - 4,303,000 LINE 16 160,691,000 (19,440,000) - 141,251,000 LINE 17 9,720,000 (1,959,000) - 7,761,000 LINE 20 46,654,000 (46,654,000) - - LINE 22 158,570,000 (51,168,000) - 107,402,000 LINE 23 37,438,000 9,839,000 - 47,277,000 LINE 24 296,621,000 (107,336,000) 437,521,000 626,806,000 LINE 25 3,614,932,000 (676,694,000) 437,521,000 3,375,759,000 TOTAL FUNCTIONAL EXPENSES REPORTED ON LINE 25 OF \$3,614,932,000 CONSISTED OF \$3,368,759,000 PROGRAM SERVICE EXPENSES, \$232,909,000 OF MANAGEMENT AND GENERAL EXPENSES, AND \$13,264,000 OF FUNDRAISING EXPENSES PART X - BALANCE SHEET UH GROUP AND UH PARENT ELIMINATIONS UH GROUP UH PARENT WITHOUT UH COMBINED PARENT) LINE 2 279,890,000 (272,285,000) 7,605,000 LINE 3 46,610,000 (7,459,000) 39,151,000 LINE 4 609,621,000 (22,406,000) 587,215,000 LINE 7 - - - LINE 8 74,985,000 - 74,985,000 LINE 9 33,753,000 (25,842,000) 7,911,000 LINE 10C 1,694,363,000 (488,383,000) 1,205,980,000 LINE 11 1,294,963,000 (1,294,417,000) 546,000 LINE 12 358,816,000 (355,341,000) 3,475,000 LINE 13 460,070,000 (1</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PARTS VIII, IX AND X	<p>,859,031,000) 1,576,951,000 177,990,000 LINE 14 6,519,000 (2,109,000) 4,410,000 LINE 15 15 5,398,000 (51,752,000) 103,646,000 LINE 16 5,014,988,000 (4,379,025,000) 1,576,951,000 2,2 12,914,000 LINE 17 429,974,000 (280,603,000) 149,371,000 LINE 18 - - - LINE 19 1,400,000 - 1,400,000 LINE 20 1,245,237,000 (1,245,303,000) (66,000) LINE 23 139,736,000 (139,736,000) - LINE 25 623,364,000 (507,547,000) 115,817,000 LINE 26 2,439,711,000 (2,173,189,000) - 266,522,000 LINE 27 1,811,978,000 (1,824,632,000) 1,576,951,000 1,564,297,000 LINE 29 763, 299,000 (381,204,000) - 382,095,000 LINE 33 2,575,277,000 (2,205,836,000) 1,576,951,000 1, 946,392,000 LINE 34 5,014,988,000 (4,379,025,000) 1,576,951,000 2,212,914,000</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ASSETS RELEASED FROM RESTRICTION -31,259,000 INVESTMENT IN SUBSIDIARIES -1,848,000 ADDITIONAL MINIMUM LIABILITY -10,985,000 EQUITY TRANSFERS -103,515,000 OTHER CHANGES IN FUND BALANCE 88,357,000 CHANGE IN BENEFICIAL INTEREST FOUNDATIONS -33,862,000

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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
(4) UH HEALTH SOLUTIONS LLC 11100 EUCLID AVE CLEVELAND, OH 44106	SUPPORT SERVICES	OH	0	0	UHHS
(5) UH HEALTH VENTURES LLC 11100 EUCLID AVE CLEVELAND, OH 44106	SUPPORT SERVICES	OH	0	0	UHHS
(6) UH RESEARCH EDUCATION AND COLLABORATION LLC 11100 EUCLID AVE CLEVELAND, OH 44106 27-1287585	SUPPORT SERVICES	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.

See Additional Data Table

(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

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	506,463	341,700		No			No	51 000 %
(2) UHHS ENDOSCOPY HOLDINGS LLC 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122 83-1284090	MEDICAL SERVICES	OH	N/A									
(3) UH CANTON-ENDOSCOPY LLC 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122 83-0638696	MEDICAL SERVICES	OH	N/A									

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

See Additional Data Table

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

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

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

	Yes	No
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 Yes	
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 VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(1) JWR COMMERCIAL PROPERTIES LLC 11100 EUCLID AVE CLEVELAND, OH 44106	REAL ESTATE	OH	0	0	UHHS
(2) CHESTER ROAD COMMERCIAL PROPERTIES LLC 11100 EUCLID AVE CLEVELAND, OH 44106	REAL ESTATE	OH	0	0	UHHS
(3) UH HEALTH SOLUTIONS LLC 11100 EUCLID AVE CLEVELAND, OH 44106	SUPPORT SERVICES	OH	0	0	UHHS
(4) UH HEALTH VENTURES LLC 11100 EUCLID AVE CLEVELAND, OH 44106	SUPPORT SERVICES	OH	0	0	UHHS
(5) UH RESEARCH EDUCATION AND COLLABORATION LLC 11100 EUCLID AVE CLEVELAND, OH 44106 27-1287585	SUPPORT SERVICES	OH	0	0	UHHS

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
7007 POWERS BLVD PARMA, OH 44129 34-1626664	SUPPORT HOSPITAL	OH	501(C)(3)	TYPE I	UHPMC	Yes	
663 EAST MAIN ST ASHLAND, OH 44805 34-1783215	SUPPORT HOSPITAL	OH	501(C)(3)	TYPE I	UHSRMC	Yes	
6847 N CHESTNUT ST RAVENNA, OH 44266 34-1510544	SUPPORT HOSPITAL	OH	501(C)(3)	TYPE I	UHRHS	Yes	
630 EAST RIVER STREET ELYRIA, OH 44035 61-1579760	SUPPORT HOSPITAL	OH	501(C)(3)	TYPE I	UHEMC	Yes	
3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122 81-4962989	SUPPORT HOSPITAL	OH	501(C)(3)	TYPE I	UHCMC	Yes	
3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122 34-0771884	INACTIVE	OH	501(C)(3)			Yes	
630 EAST RIVER STREET ELYRIA, OH 44035 34-0067060	INACTIVE	OH	501(C)(3)	LINE 3		Yes	
3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	GRANT FUNDING	OH	N/A	N/A		Yes	
3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	INACTIVE	OH				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) WESTERN RESERVE ASSURANCE CO LTD SPC PO BOX 1051 GEORGE TOWN, GRAND CAYMAN KY1 - 1102 CJ 98-0462740	INSURANCE	CJ	UHHS	C			100 000 %	Yes	
(1) UNIVERSITY HOSPITALS HOLDINGS INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1768931	HOLDING COMPANY	OH	UHHS	C	472,014,740	63,240,814	100 000 %	Yes	
(2) UNIVERSITY HOSPITALS PHYSICIAN SERVICES 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1768929	PHYSICIAN ADMINISTRATION	OH	N/A	C				Yes	
(3) UNIVERSITY PRIMARY CARE PRACTICES INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1768928	PHYSICIAN GROUP	OH	N/A	C				Yes	
(4) UNIVERSITY HOSPITALS HEALTH SYSTEM MCO 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1843674	WORKERS COMPENSATION	OH	N/A	C				Yes	
(5) UHHS PROVIDER & CENTRAL VERIFICATION ORG 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1908517	MEDICAL MANAGEMENT	OH	N/A	C				Yes	
(6) CEDAR BRAINARD SURGERY CENTER INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 20-4957632	HOLDING COMPANY	OH	N/A	C				Yes	
(7) UNIVERSITY HOSPITALS HEALTH CARE ENTERPRISES 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1510005	MEDICAL MANAGEMENT	OH	N/A	C				Yes	
(8) BMH DEVELOPMENT CORP 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1346212	LAND DEVELOPMENT	OH	CONNEAUT MEDICAL CENTER	C	48,551	242,166	100 000 %	Yes	
(9) CENTER FOR ORTHOPEDICS INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1665082	PHYSICIANS GROUP	OH	N/A	C				Yes	
(10) COMPREHENSIVE VENTURES UNLIMITED INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1596060	PHYSICIAN ADMINISTRATION	OH	UHCHCO INC	C	1,043,108	3,844,145	100 000 %	Yes	
(11) NORTH OHIO HEART INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 27-2574020	PHYSICIANS GROUP	OH	UHCHCO INC	C	21,419,288	2,743,088	100 000 %	Yes	
(12) POWERS PROFESSIONAL CORPORATION 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1735290	PHYSICIANS GROUP	OH	PARMA COMMUNITY MEDICAL CENTER	C	94,751	589	100 000 %	Yes	
(13) PRL CORPORATION 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1499245	PHYSICIANS GROUP	OH	PARMA COMMUNITY MEDICAL CENTER	C	1,952,848	7,381,652	100 000 %	Yes	
(14) 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 IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) EMH PROFESSIONAL SERVICES INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1778419	PHYSICAN GROUP	OH	N/A	C				Yes	
(1) HEALTH DESIGN PLUS INC 1755 GEORGETOWN RD HUDSON, OH 44236 34-1593929	THIRD PARTY ADMINISTRATOR	OH	N/A	C				Yes	
(2) QUALITY CARE NETWORK 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 81-1081563	MEDICAL MANAGEMENT	OH	N/A	C				Yes	
(3) ST JOHN MEDICAL GROUP INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 45-3245403	PHYSICIAN ADMINISTRATION	OH	ST JOHN MEDICAL CENTER	C			100 000 %	Yes	
(4) WESTSHORE PRIMARY CARE ASSOCIATES INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1675567	PHYSICIAN ADMINISTRATION	OH	ST JOHN MEDICAL CENTER	C	-529	286,980	100 000 %	Yes	
(5) COMMUNITY MEDICAL GROUP LLC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 45-3023969	PHYSICIANS GROUP	OH	N/A	C				Yes	
(6) EMH MEDICAL OFFICE BUILDING IN AVON INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1935407	REAL ESTATE	OH	ELYRIA MEDICAL CENTER	C	73,353	17,848	100 000 %	Yes	
(7) EMH SHEFFIELD MEDICAL BUILDING CONDOMINIUM ASSOCIATION 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 26-0636602	REAL ESTATE	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
(1)	SAMARITAN REGIONAL HEALTH SYSTEM FROM UNIVERSITY HOSPITALS PHYSICIAN SERVIC	A	726,281	GENERAL LEDGER
(1)	UNIVERSITY HOSPITALS PHYSICIAN SERVICES TO UNIVERSITY HOSPITALS ST JOH	A	826,985	GENERAL LEDGER
(2)	UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER FROM UNIVERSITY HOSPITALS CLEV	A	282,405	GENERAL LEDGER
(3)	UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYSI	A	1,642,248	GENERAL LEDGER
(4)	UH REGIONAL HOSPITALS - BEDFORD CAMPUS FROM UNIVERSITY HOSPITALS PHYSICIAN	A	211,576	GENERAL LEDGER
(5)	UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT	A	7,324,225	GENERAL LEDGER
(6)	POWERS PROFESSIONAL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	A	189,697	GENERAL LEDGER
(7)	PRL CORPORATION FROM THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION	A	581,834	GENERAL LEDGER
(8)	PRL CORPORATION FROM UNIVERSITY HOSPITALS MEDICAL GROUP INC	A	64,513	GENERAL LEDGER
(9)	PRL CORPORATION FROM UNIVERSITY HOSPITALS PHYSICIAN SERVICES INC	A	605,328	GENERAL LEDGER
(10)	UH REGIONAL HOSPITALS - BEDFORD CAMPUS FROM UNIVERSITY HOSPITALS CLEVELAND	A	71,100	GENERAL LEDGER
(11)	COMPREHENSIVE VENTURES UNLIMITED INC FROM UH MANAGEMENT SERVICES ORG	A	599,418	GENERAL LEDGER
(12)	NORTH OHIO HEART INC FROM EMH REGIONAL MEDICAL CENTER	A	141,691	GENERAL LEDGER
(13)	UNIVERSITY HOSPITALS MEDICAL GROUP TO UNIVERSITY HOSPITALS ST JOHN MEDICAL	A	51,491	GENERAL LEDGER
(14)	UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS PHYSICI	A	8,613,052	GENERAL LEDGER
(15)	UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS MEDICAL	A	2,804,316	GENERAL LEDGER
(16)	UH REGIONAL HOSPITALS - RICHMOND CAMPUS FROM UNIVERSITY HOSPITALS PHYSICIAN	A	64,042	GENERAL LEDGER
(17)	UH REGIONAL HOSPITALS - RICHMOND CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYST	A	122,207	GENERAL LEDGER
(18)	UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS LAB	A	165,015	GENERAL LEDGER
(19)	UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS MED	A	1,604,499	GENERAL LEDGER
(20)	UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER INC FROM UNIVERSITY HOSPITA	A	1,390,324	GENERAL LEDGER
(21)	UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHY	A	115,802	GENERAL LEDGER
(22)	UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYSIC	A	288,361	GENERAL LEDGER
(23)	UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH S	A	582,741	GENERAL LEDGER
(24)	UH REGIONAL HOSPITALS - RICHMOND CAMPUS FROM UNIVERSITY HOSPITALS CLEVELAND	A	723,705	GENERAL LEDGER

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UH REGIONAL HOSPITALS - BEDF	A	59,570	GENERAL LEDGER
(1)	UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS AHUJA M	A	884,810	GENERAL LEDGER
(2)	UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS GENEVA	A	64,484	GENERAL LEDGER
(3)	UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS LABORAT	A	424,704	GENERAL LEDGER
(4)	COMPREHENSIVE VENTURES UNLIMITED INC FROM ELYRIA MEDICAL CENTER	A	60,395	GENERAL LEDGER
(5)	5805 EUCLID INC FROM UNIVERSITY HOSPITALS CLEVELAND	A	246,042	GENERAL LEDGER
(6)	THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION FROM UNIVERSITY HOSPITALS	A	299,784	GENERAL LEDGER
(7)	SAMARITAN PROFESSIONAL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM I	R	428,175	GENERAL LEDGER
(8)	UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT	R	233,244,804	GENERAL LEDGER
(9)	PRL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	497,931	GENERAL LEDGER
(10)	UNIVERSITY HOSPITALS GEauga MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH S	R	12,655,162	GENERAL LEDGER
(11)	PORTAGE MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	8,165,672	GENERAL LEDGER
(12)	UH REGIONAL HOSPITALS - BEDFORD CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYSTE	R	2,862,077	GENERAL LEDGER
(13)	UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH	R	6,050,293	GENERAL LEDGER
(14)	SAMARITAN REGIONAL HEALTH SYSTEM TO UNIVERSITY HOSPITALS HEALTH SYSTEM IN	R	9,882,839	GENERAL LEDGER
(15)	UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER INC TO UNIVERSITY HOSPITALS HEAL	R	40,700,758	GENERAL LEDGER
(16)	UNIVERSITY HOSPITALS ACO INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	7,973,057	GENERAL LEDGER
(17)	QUALITY CARE NETWORK TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	742,992	GENERAL LEDGER
(18)	ST JOHN MEDICAL GROUP TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	2,585,184	GENERAL LEDGER
(19)	SPONSORED ACTIVITY TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	11,927,306	GENERAL LEDGER
(20)	COMPCARE TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	75,195	GENERAL LEDGER
(21)	UNIVERSITY HOSPITALS MEDICAL PRACTICES TO UNIVERSITY HOSPITALS HEALTH SY	R	134,811,375	GENERAL LEDGER
(22)	5805 EUCLID INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	1,305,812	GENERAL LEDGER
(23)	ELYRIA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	24,616,627	GENERAL LEDGER
(24)	PORTAGE HEALTH AFFILIATES TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	604,482	GENERAL LEDGER

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51) CENTER FOR ORTHOPEDICS INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC	R	1,858,887	GENERAL LEDGER
(1) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS HOME CA	S	19,551,392	GENERAL LEDGER
(2) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS LABORAT	S	4,167,973	GENERAL LEDGER
(3) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO HEALTH DESIGN PLUS	S	499,181	GENERAL LEDGER
(4) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO POWERS PROFESSIONAL CORPORAT	S	322,861	GENERAL LEDGER
(5) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO THE PARMA COMMUNITY GENERAL	S	2,129,815	GENERAL LEDGER
(6) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS CONNEAU	S	2,327,140	GENERAL LEDGER
(7) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS PHYSICI	S	242,333,212	GENERAL LEDGER
(8) UNIVERSITY HOSPITALS ACO NFP FROM UNIVERSITY HOSPITAL HEALTH SYSTEM INC	S	912,562	GENERAL LEDGER
(9) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO ST JOHN MEDICAL GROUP	S	750,756	GENERAL LEDGER
(10) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH REGIONAL HOSPITALS - RICH	S	10,396,142	GENERAL LEDGER
(11) COMPREHENSIVE VENTURES UNLIMITED FROM UNIVERSITY HOSPITALS HEALTH SYST	S	180,526	GENERAL LEDGER
(12) NORTH OHIO HEART INC FROM UNIVERSITY HOSPITALS HEALTH SYSTEM INC	S	12,506,441	GENERAL LEDGER
(13) AMHERST HOSPITAL ASSOCIATION FROM UNIVERSITY HOSPITALS HEALTH SYSTEM I	S	834,974	GENERAL LEDGER
(14) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO EMH PROFESSIONAL SERVICES I	S	531,296	GENERAL LEDGER
(15) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO WESTSHORE PRIMARY CARE ASSOC	S	414,686	GENERAL LEDGER
(16) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS MEDICAL	S	63,832,622	GENERAL LEDGER
(17) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH AHUJA MEDICAL CENTER	K	884,810	GENERAL LEDGER
(18) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH CLEVELAND MEDICAL CENTER	K	7,324,225	GENERAL LEDGER
(19) 5805 EUCLID INC TO UH CLEVELAND MEDICAL CENTER	K	246,042	GENERAL LEDGER
(20) UHRH BEDFORD MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER	K	71,100	GENERAL LEDGER
(21) UHRH RUCHMOND MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER	K	723,705	GENERAL LEDGER
(22) ST JOHN MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER	K	1,390,324	GENERAL LEDGER
(23) PORTAGE MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER	K	282,405	GENERAL LEDGER
(24) NORTH OHIO HEART INC TO EMH REGIONAL MEDICAL CENTER	K	141,691	GENERAL LEDGER

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76) COMPREHENSIVE VENTURES UNLIMITED TO EMH REGIONAL MEDICAL CENTER	K	60,395	GENERAL LEDGER
(1) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO GEAUGA MEDICAL CENTER	K	582,741	GENERAL LEDGER
(2) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO GENEVA MEDICAL CENTER	K	64,484	GENERAL LEDGER
(3) PRL CORPORATION TO THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION	K	581,834	GENERAL LEDGER
(4) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO POWERS PROFESSIONAL CORP	K	189,687	GENERAL LEDGER
(5) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH LAB SERVICES FOUNDATION	K	424,704	GENERAL LEDGER
(6) UH CLEVELAND MEDICAL CENTER TO UH LAB SERVICES FOUNDATION	K	165,015	GENERAL LEDGER
(7) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH PHYSICIANS SERVICES ORG	K	8,613,052	GENERAL LEDGER
(8) UHRH BEDFORD MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	211,576	GENERAL LEDGER
(9) UH GEAUGA MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	288,361	GENERAL LEDGER
(10) UH CONNEAUT MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	115,802	GENERAL LEDGER
(11) UHRH RICHMOND MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	64,042	GENERAL LEDGER
(12) SAMARITAN MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	726,281	GENERAL LEDGER
(13) UH ST JOHN MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	826,985	GENERAL LEDGER
(14) UH PORTAGE MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG	K	1,642,248	GENERAL LEDGER
(15) THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION TO UH PHYSICIANS SERVICES	K	299,784	GENERAL LEDGER
(16) PRL CORPORATION TO UH PHYSICIANS SERVICES ORG	K	605,328	GENERAL LEDGER
(17) COMPREHENSIVE VENTURES UNLIMITED TO UH PHYSICIANS SERVICES ORG	K	599,418	GENERAL LEDGER
(18) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UHRH BEDFORD MEDICAL CENTER	K	59,570	GENERAL LEDGER
(19) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UHRH RICHMOND MEDICAL CENTER	K	122,207	GENERAL LEDGER
(20) UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS MEDICAL GR	K	2,804,316	GENERAL LEDGER
(21) UH CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS MEDICAL GROUP	K	1,604,499	GENERAL LEDGER
(22) UH ST JOHN MEDICAL CENTER TO UNIVERSITY HOSPITALS MEDICAL GROUP	K	51,491	GENERAL LEDGER
(23) PRL CORPORATION TO UNIVERSITY HOSPITALS MEDICAL GROUP	K	64,513	GENERAL LEDGER