

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
2019
Open to Public Inspection

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

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 \$ 4,048,932,000

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) | 3 | 228 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 127 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 29,762 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 3,486 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 2,559,891 |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 584,203 |

| | Prior Year | Current Year |
|---|---------------------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 79,293,000 | 84,856,000 |
| 9 Program service revenue (Part VIII, line 2g) | 3,588,753,000 | 3,722,294,000 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 24,794,000 | 72,209,000 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 160,375,000 | 168,396,000 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,853,215,000 | 4,047,755,000 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 8,070,000 | 6,885,000 |
| 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) | 1,947,366,000 | 2,051,393,000 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 126,000 | 126,000 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,612,000 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,659,370,000 | 1,864,508,000 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 3,614,932,000 | 3,922,912,000 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 238,283,000 | 124,843,000 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 5,014,988,000 | 5,284,938,000 |
| 21 Total liabilities (Part X, line 26) | 2,439,711,000 | 2,591,485,000 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 2,575,277,000 | 2,693,453,000 |

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: 2020-11-16
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: [Signature]
Date: [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 \$ 3,659,996,000 including grants of \$ 6,885,000) (Revenue \$ 3,889,089,433)
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 ▶ 3,659,996,000

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|------------|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | Yes |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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 | 2,167 |
| 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 | |

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

| | | | | |
|---|-------------------------|------------|-----------|--|
| <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> | <p>2a 29,762</p> | | | |
| <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> | <p>2b</p> | <p>Yes</p> | | |
| <p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p> | <p>3a</p> | <p>Yes</p> | | |
| <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> | <p>3b</p> | <p>Yes</p> | | |
| <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> | <p>4a</p> | | <p>No</p> | |
| <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> | <p>5a</p> | | <p>No</p> | |
| <p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p> | <p>5b</p> | | <p>No</p> | |
| <p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p> | <p>5c</p> | | | |
| <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> | <p>6a</p> | | <p>No</p> | |
| <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> | <p>6b</p> | | | |
| <p>7 Organizations that may receive deductible contributions under section 170(c).</p> | | | | |
| <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> | <p>7a</p> | <p>Yes</p> | | |
| <p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p> | <p>7b</p> | <p>Yes</p> | | |
| <p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p> | <p>7c</p> | | <p>No</p> | |
| <p>d If "Yes," indicate the number of Forms 8282 filed during the year</p> | <p>7d</p> | | | |
| <p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> | <p>7e</p> | | <p>No</p> | |
| <p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> | <p>7f</p> | | <p>No</p> | |
| <p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p> | <p>7g</p> | | | |
| <p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p> | <p>7h</p> | | | |
| <p>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?</p> | <p>8</p> | | | |
| <p>9 Sponsoring organizations maintaining donor advised funds.</p> | | | | |
| <p>a Did the sponsoring organization make any taxable distributions under section 4966?</p> | <p>9a</p> | | | |
| <p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p> | <p>9b</p> | | | |
| <p>10 Section 501(c)(7) organizations. Enter:</p> | | | | |
| <p>a Initiation fees and capital contributions included on Part VIII, line 12</p> | <p>10a</p> | | | |
| <p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p> | <p>10b</p> | | | |
| <p>11 Section 501(c)(12) organizations. Enter:</p> | | | | |
| <p>a Gross income from members or shareholders</p> | <p>11a</p> | | | |
| <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> | <p>11b</p> | | | |
| <p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p> | | | | |
| <p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p> | <p>12b</p> | | | |
| <p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p> | | | | |
| <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> | <p>13a</p> | | | |
| <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> | <p>13b</p> | | | |
| <p>c Enter the amount of reserves on hand</p> | <p>13c</p> | | | |
| <p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p> | <p>14a</p> | | <p>No</p> | |
| <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> | <p>14b</p> | | | |
| <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> | <p>15</p> | <p>Yes</p> | | |
| <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> | <p>16</p> | | <p>No</p> | |

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 (228); 1b Enter the number of voting members included in line 1a, above, who are independent (127); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (AL, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OK, OR, PA, SC, TN, VA, WI); 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.

See instructions for the order in which to list the persons above.

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) | | | | | | | 47,530,238 | 5,412,542 | 5,907,632 | |

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 ► 2,721

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------------|---------------------|
| MCKESSON CORPORATION 1 PORT STREET SUITE 3275 SAN FRANCISCO, CA 94104 | PHARMACEUTICALS DISTRIBUTION | 279,854,166 |
| OWENS & MINOR DIST INC 9120 LOCKWOOD BLVD MECHANICSVILLE, VA 23116 | MEDICAL SUPPLIES | 77,579,101 |
| CVS CAREMARK SPECIALTY PHARMACY 1 CVS DRIVE WOONSOCKET, RI 02895 | PHARMACEUTICALS | 52,953,211 |
| PROKARMA INC 222 SOUTH 15TH STREET SUITE 505N OMAHA, NE 68102 | INFORMATION TECHNOLOGY CONSULTING | 30,168,465 |
| SODEXO INC & AFFILIATES 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878 | FACILITIES MANAGEMENT | 29,784,314 |

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 ► 877

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | 1,905,000 | | |
| | d Related organizations | 1d | 2,672,000 | | |
| | e Government grants (contributions) | 1e | 54,030,000 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 26,249,000 | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 9,788,000 | | |
| | h Total. Add lines 1a-1f | | 84,856,000 | | |

| Program Service Revenue | | | (A) | (B) | (C) | (D) |
|---|--|---------------|---------------|---------------|-----------|-----|
| | | Business Code | | | | |
| 2a NET PROGRAM SERVICE RE | | 900099 | 3,667,783,000 | 3,665,671,161 | 2,111,839 | |
| b GOVERNMENT REIMBURSEME | | 900099 | 52,511,000 | 52,511,000 | | |
| c CHILDRENS SUPPLEMENTAL | | 900099 | 2,000,000 | 2,000,000 | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f. | | | 3,722,294,000 | | | |

| | | | | | | | |
|---|--|---|----------------|---------------|-----------|------------|------------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 39,294,000 | | 336,324 | 38,957,676 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | b Less: rental expenses | 6b | | | | |
| | | c Rental income or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 32,915,000 | | | |
| | | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 0 | | | |
| | | c Gain or (loss) | 7c | 32,915,000 | | | |
| | d Net gain or (loss) | | | 32,915,000 | | | 32,915,000 |
| | 8a Gross income from fundraising events (not including \$ 1,905,000 of contributions reported on line 1c). See Part IV, line 18 | 8a | | 535,000 | | | |
| | | | 8b | 1,172,000 | | | |
| | | c Net income or (loss) from fundraising events | | | -637,000 | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | 19,000 | | | |
| | | | 9b | 5,000 | | | |
| | | c Net income or (loss) from gaming activities | | | 14,000 | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| 10b | | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a OTHER REVENUE | | 900099 | 124,319,000 | 124,207,272 | 111,728 | | |
| b ANCILLARY REVENUE | | 900099 | 26,539,000 | 26,539,000 | | | |
| c JV INCOME | | 900099 | 18,161,000 | 18,161,000 | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 169,019,000 | | | | |
| 12 Total revenue. See instructions | | | 4,047,755,000 | 3,889,089,433 | 2,559,891 | 71,249,676 | |

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 | 6,295,000 | 6,295,000 | | |
| 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, lines 15 and 16. | 590,000 | 590,000 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 38,944,000 | 22,487,000 | 16,457,000 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 9,545,000 | 8,003,000 | 1,542,000 | |
| 7 Other salaries and wages | 1,637,896,000 | 1,531,558,000 | 97,759,000 | 8,579,000 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 44,012,000 | 41,371,000 | 2,641,000 | |
| 9 Other employee benefits | 212,017,000 | 197,153,000 | 12,584,000 | 2,280,000 |
| 10 Payroll taxes | 108,979,000 | 102,440,000 | 6,539,000 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 2,057,000 | 1,934,000 | 123,000 | |
| c Accounting | 1,185,000 | 1,114,000 | 71,000 | |
| d Lobbying | 507,000 | | 507,000 | |
| 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) | 113,922,000 | 107,033,000 | 6,832,000 | 57,000 |
| 12 Advertising and promotion | 11,836,000 | 10,564,000 | 674,000 | 598,000 |
| 13 Office expenses | 831,856,000 | 781,116,000 | 49,858,000 | 882,000 |
| 14 Information technology | 88,718,000 | 83,383,000 | 5,322,000 | 13,000 |
| 15 Royalties | | | | |
| 16 Occupancy | 163,408,000 | 153,499,000 | 9,798,000 | 111,000 |
| 17 Travel | 11,461,000 | 10,592,000 | 676,000 | 193,000 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 44,127,000 | 41,479,000 | 2,648,000 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 176,073,000 | 165,489,000 | 10,563,000 | 21,000 |
| 23 Insurance | 39,168,000 | 36,818,000 | 2,350,000 | |
| 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 | 120,403,000 | 113,042,000 | 7,224,000 | 137,000 |
| b OTHER THAN TEMPORARY DE | 93,070,000 | 87,486,000 | 5,584,000 | |
| c OHIO STATE HOSPITAL FRA | 45,565,000 | 42,831,000 | 2,734,000 | |
| d UBI TAXES PAID IN 2019 | 928,000 | 872,000 | 56,000 | |
| e All other expenses | 120,224,000 | 112,847,000 | 6,762,000 | 615,000 |
| 25 Total functional expenses. Add lines 1 through 24e | 3,922,912,000 | 3,659,996,000 | 249,304,000 | 13,612,000 |
| 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 | 279,890,000 | 2 | 251,467,000 | |
| | 3 Pledges and grants receivable, net | 46,610,000 | 3 | 59,238,000 | |
| | 4 Accounts receivable, net | 609,621,000 | 4 | 565,871,000 | |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | 74,985,000 | 8 | 79,204,000 | |
| | 9 Prepaid expenses and deferred charges | 33,753,000 | 9 | 38,324,000 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 3,919,403,000 | | | |
| | b Less: accumulated depreciation | 2,139,221,000 | 1,694,363,000 | 10c | 1,780,182,000 |
| | 11 Investments—publicly traded securities | 1,294,963,000 | 11 | 1,441,264,000 | |
| | 12 Investments—other securities. See Part IV, line 11 | 358,816,000 | 12 | 287,125,000 | |
| | 13 Investments—program-related. See Part IV, line 11 | 460,070,000 | 13 | 503,028,000 | |
| | 14 Intangible assets | 6,519,000 | 14 | 19,960,000 | |
| | 15 Other assets. See Part IV, line 11 | 155,398,000 | 15 | 259,275,000 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,014,988,000 | 16 | 5,284,938,000 | | |
| Liabilities | 17 Accounts payable and accrued expenses | 429,974,000 | 17 | 464,521,000 | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 1,400,000 | 19 | 1,593,000 | |
| | 20 Tax-exempt bond liabilities | 1,245,237,000 | 20 | 1,219,829,000 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 139,736,000 | 23 | 39,749,000 | |
| | 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 | 623,364,000 | 25 | 865,793,000 | | |
| 26 Total liabilities. Add lines 17 through 25 | 2,439,711,000 | 26 | 2,591,485,000 | | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 Net assets without donor restrictions | 1,811,978,000 | 27 | 1,817,213,000 | |
| | 28 Net assets with donor restrictions | 763,299,000 | 28 | 876,240,000 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| 32 Total net assets or fund balances | 2,575,277,000 | 32 | 2,693,453,000 | | |
| 33 Total liabilities and net assets/fund balances | 5,014,988,000 | 33 | 5,284,938,000 | | |

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 | 4,047,755,000 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,922,912,000 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 124,843,000 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,575,277,000 |
| 5 | Net unrealized gains (losses) on investments | 5 | 83,794,000 |
| 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 | -90,461,000 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,693,453,000 |

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 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| UHHS - ZENTY THOMAS F III DIRECTOR EX OFFICIO/ CEO | 50.00 0.00 | X | | X | | | | 2,652,140 | 0 | 759,476 |
| UHCMC - SIMON MD DANIEL I DIRECTOR EX OFFICIO/ PRESIDENT | 50.00 0.00 | X | | X | | | | 2,365,482 | 0 | 247,513 |
| UHHS - MEGERIAN CLIFF MD PRESIDENT (BEGIN 12/19) | 50.00 0.00 | | | X | | | | 1,475,970 | 0 | 266,227 |
| UHMG - SZUBSKI MICHAEL A FORMER OFFICER | 50.00 0.00 | | | | | | X | 1,462,446 | 0 | 271,412 |
| UHHS - SABIK JOSEPH MD DIRECTOR | 50.00 0.00 | X | | | | | | 1,349,674 | 0 | 72,082 |
| UHCMC-TEKNOS THEODOROS MD PRESIDENT - SEIDMAN CANCER CENTER | 50.00 0.00 | | | X | | | | 1,242,915 | 0 | 63,584 |
| UHMG - VOOS JAMES DIRECTOR (BEGIN 05/19) | 50.00 0.00 | X | | | | | | 1,259,005 | 0 | 44,003 |
| UHMG - DEVANEY ERIC J CHIEF, PEDIATRIC CARDIAC SURGERY | 50.00 0.00 | | | | | X | | 1,201,818 | 0 | 46,921 |
| UHMG - EUBANKS JASON D ORTHOPEDIC SURGEON | 50.00 0.00 | | | | | X | | 1,160,276 | 0 | 44,068 |
| UHHS - STAMLER JONATHAN PRES - HARRINGTON DISC INST | 50.00 0.00 | | | | | X | | 1,137,812 | 0 | 57,835 |

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 - SNOWBERGER THOMAS D CHIEF HUMAN RESOURCES OFFICER | 50.00 0.00 | | | X | | | | 983,994 | 0 | 205,069 |
| UHMG - BAMBAKIDIS NICHOLAS C DIRECTOR - CEREBREVASULAR SURGERY | 50.00 0.00 | | | | | X | | 1,098,381 | 0 | 66,055 |
| UHMG - SELMAN WARREN R MD DIRECTOR | 50.00 0.00 | X | | | | | | 1,092,528 | 0 | 66,545 |
| PARMA - BURMA GERALD M MD PHD DIRECTOR EX OFFICIO | 2.00 50.00 | X | | | | | | 0 | 821,677 | 296,760 |
| UHMG - SALATA MICHAEL J ORTHOPEDIC SURGEON | 50.00 0.00 | | | | | X | | 1,052,670 | 0 | 41,332 |
| UHHS - STANDLEY STEVEN D CHIEF ADMINISTRATIVE OFFICER | 50.00 0.00 | | | X | | | | 1,047,153 | 0 | 28,506 |
| ACO - TAIT PAUL G FORMER OFFICER/FORMER DIRECTOR | 50.00 0.00 | | | | | | X | 998,715 | 0 | 70,361 |
| UHHS - PETERS JEFFREY H MD FORMER OFFICER | 50.00 0.00 | | | | | | X | 957,107 | 0 | 6,514 |
| ST JOHN - HANSON RICHARD A FORMER DIRECTOR/FORMER OFFICER | 50.00 0.00 | | | | | | X | 893,187 | 0 | 34,989 |
| UHCMC - BLAKE JEAN D RN CHIEF NURSING OFFICER (END 01/19) | 50.00 0.00 | | | X | | | | 898,128 | 0 | 23,316 |

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 - JONES M STEVEN DIRECTOR EX OFF/ PRES. (END 02/19) | 50.00 0.00 | X | | X | | | | 837,155 | 0 | 56,809 |
| UHCMC - DZIEDZICKI RONALD E COO (END 07/19) | 50.00 0.00 | | | X | | | | 831,073 | 0 | 44,769 |
| AHUJA - JURIS SUSAN V DIR (EX-OFF) /PRES. (END 06/19) | 50.00 0.00 | X | | X | | | | 666,795 | 0 | 161,541 |
| UHHS - BISHOP SHERRI L CHIEF DEVELOPMENT OFFICER | 50.00 0.00 | | | | X | | | 713,002 | 0 | 111,480 |
| UHHS - MILLER JANET L ESQ SECRETARY/ CLO (END 05/19) | 50.00 0.00 | | | X | | | | 592,240 | 0 | 221,538 |
| UHCMC - DEPOMPEI PATRICIA M PRES RAINBOW BABIES & CHILDREN | 50.00 0.00 | | | X | | | | 734,481 | 0 | 71,114 |
| UHHS - PRONOVOST PETER MD CHIEF CLINICAL TRANSFORM. OFFICER | 50.00 0.00 | | | | X | | | 765,920 | 0 | 31,903 |
| UHHS - BRIEN WILLIAM W MD CMO/ CHIEF QUALITY OFFICER | 50.00 0.00 | | | X | | | | 750,384 | 0 | 40,783 |
| ACO - BECK ERIC DO DIRECTOR (END 04/19) | 50.00 0.00 | X | | | | | | 751,810 | 0 | 32,874 |
| UHMG - MILLER MARLENE MD DIRECTOR EX OFFICIO | 50.00 0.00 | X | | X | | | | 679,505 | 0 | 65,305 |

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 - ADELMAN HARLIN G ESQ FORMER OFFICER | 50.00 0.00 | | | | | | X | 690,238 | 0 | 50,537 |
| UHMG - SALATA ROBERT A MD DIRECTOR EX OFFICIO | 50.00 0.00 | X | | X | | | | 674,429 | 0 | 60,059 |
| GEAUGA - STEFANO GREGORY MD DIRECTOR EX OFFICIO (BEGIN 05/19) | 2.00 50.00 | X | | | | | | 0 | 687,872 | 36,613 |
| UHCMC - SALVINO SONIA TREASURER | 50.00 0.00 | | | X | | | | 619,575 | 0 | 67,969 |
| ECC - BOND BRADLEY C DIRECTOR/SECRETARY/TREASURER | 50.00 0.00 | X | | X | | | | 631,896 | 0 | 48,760 |
| ST JOHN - DAVID ROBERT G DIRECTOR EX OFFICIO/PRESIDENT | 50.00 0.00 | X | | X | | | | 593,600 | 0 | 66,223 |
| CCO - ZELIS CYNTHIA MD DIRECTOR | 50.00 0.00 | X | | | | | | 578,504 | 0 | 66,682 |
| UHCMC - MACHTAY MD MITCHELL DIRECTOR EX OFFICIO | 50.00 0.00 | X | | X | | | | 577,421 | 0 | 62,136 |
| SPC - TAVALLAEE MEHRDAD M MD DIRECTOR (END 03/19) | 2.00 50.00 | X | | | | | | 0 | 577,455 | 38,426 |
| CCO - HERTZ ANDREW R MD DIRECTOR | 50.00 0.00 | X | | | | | | 537,137 | 0 | 45,894 |

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 - STROSACKER ROBYN MD COO (BEGIN 07/19)/ CMO | 50.00 0.00 | | | X | | | | 523,042 | 0 | 36,974 |
| HOME CARE - SILA CATHY MD DIRECTOR/SECRETARY/TREASURER | 50.00 0.00 | X | | X | | | | 506,422 | 0 | 41,121 |
| PARMA - SINK KRISTI M FORMER OFFICER | 50.00 0.00 | | | | | | X | 486,298 | 0 | 38,755 |
| REGIONAL - MONTER BRIAN DIR (EX-OFF)/ PRESIDENT (END 03/19) | 50.00 0.00 | X | | X | | | | 475,831 | 0 | 43,615 |
| UHMG - RONIS ROBERT FORMER DIRECTOR/FORMER KEY EMPLOYEE | 50.00 0.00 | | | | | | X | 462,039 | 0 | 56,003 |
| ECC - VEHOVEC MICHAEL R DIRECTOR/CHAIRPERSON (BEGIN 05/19) | 50.00 0.00 | X | | X | | | | 476,195 | 0 | 40,702 |
| GEAUGA - DECARLO DONALD DIR (EX-OFF)/ PRES. (BEGIN 02/19) | 50.00 0.00 | X | | X | | | | 441,378 | 0 | 61,962 |
| UHHS - KEEGAN ARTHUR EDWIN CHIEF MARKETING OFFICER | 50.00 0.00 | | | | X | | | 461,799 | 0 | 35,176 |
| UHHS - GARTLAND HEIDI I FORMER KEY EMPLOYEE | 50.00 0.00 | | | | | | X | 441,283 | 0 | 53,729 |
| UHHS - PANDRANGI VASU MD DIRECTOR EX OFFICIO | 2.00 50.00 | X | | | | | | 0 | 456,113 | 28,282 |

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 - RAO GOUTHAM MD DIRECTOR | 50.00 0.00 | X | | | | | | 424,840 | 0 | 40,070 |
| PORTAGE - BENOIT WILLIAM DIRECTOR EX OFFICIO/ PRESIDENT | 50.00 0.00 | X | | X | | | | 418,664 | 0 | 45,685 |
| REGIONAL - ROWELL ROBIN DIR EX OFF/ PRES (BEG 04/19) | 50.00 0.00 | X | | X | | | | 411,342 | 0 | 52,228 |
| HOME CARE-CHICKERELLA D DIRECTOR | 50.00 0.00 | X | | | | | | 411,176 | 0 | 47,052 |
| UHHS - BIXENSTINE KIM F CHIEF COMPLIANCE OFFICER (END 2019) | 50.00 0.00 | | | | X | | | 329,616 | 0 | 123,053 |
| UHREC - MCCOMSEY GRACE MD DIRECTOR (BEGIN 05/19) | 50.00 0.00 | X | | | | | | 405,181 | 0 | 46,250 |
| ACO - HILLARD BRADLEY G DO PRESIDENT (END 04/19) | 2.00 50.00 | | | X | | | | 0 | 366,331 | 68,565 |
| SAMARITAN-MACDONALD MARY C MD DIRECTOR EX OFFICIO | 2.00 50.00 | X | | | | | | 0 | 382,078 | 41,356 |
| HOME CARE - MAITLAND KEITH RPH FORMER OFFICER/FORMER DIRECTOR | 50.00 0.00 | | | | | | X | 299,232 | 0 | 101,174 |
| UHHS - CHRISTIAN VALDA CLARK CHIEF COMPLIANCE OFFICER (BEGIN 2019) | 50.00 0.00 | | | | X | | | 376,048 | 0 | 20,850 |

| 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 - SCHARIO MARK E SECRETARY | 50.00 0.00 | | | X | | | | 348,623 | 0 | 47,475 |
| UHMG - HARDING CLIFFORD V MD DIRECTOR (END 05/19) | 50.00 0.00 | X | | | | | | 372,941 | 0 | 20,117 |
| REGIONAL - BEJANISHVILI TAMAR MD DIRECTOR EX OFFICIO | 2.00 50.00 | X | | | | | | 0 | 348,357 | 36,059 |
| UHMG - ZOLTANSKI JOAN MD DIRECTOR | 50.00 0.00 | X | | | | | | 339,963 | 0 | 43,015 |
| CCO - HOYNES SEAN MD DIRECTOR | 2.00 50.00 | X | | | | | | 0 | 289,565 | 70,298 |
| GENEVA - HOWE EVAN MD DIRECTOR EX OFFICIO (END 05/19) | 2.00 50.00 | X | | | | | | 0 | 311,446 | 33,007 |
| SAMARITAN - STENCEL MICHAEL MD DIRECTOR | 2.00 50.00 | X | | | | | | 0 | 246,397 | 89,322 |
| SAMARITAN - HARFORD TODD DIR (EX-OFF)/ PRES. (BEGIN 07/19) | 50.00 0.00 | X | | X | | | | 298,450 | 0 | 34,577 |
| CONNEAUT - KUMAR AJAY MD DIRECTOR EX OFFICIO | 2.00 50.00 | X | | | | | | 0 | 296,081 | 23,635 |
| UHCMC - PIRTZ JASON M CHIEF NURSING OFFICER (BEGIN 08/19) | 50.00 0.00 | | | X | | | | 273,872 | 0 | 39,055 |

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 ESQ FORMER OFFICER | 50.00 0.00 | | | | | | X | 255,700 | 0 | 42,393 |
| CCO-RAVICHANDRAN K MD DIRECTOR (BEGIN 05/19) | 2.00 50.00 | X | | | | | | 0 | 245,222 | 47,197 |
| UHLSF - BROWN SAM H DIR/ PRES/ SECR (BEGIN 2019) | 50.00 0.00 | X | | X | | | | 250,299 | 0 | 37,713 |
| CCO - HARWELL CARLA M MD DIRECTOR (END 05/19) | 50.00 0.00 | X | | | | | | 214,113 | 0 | 44,690 |
| SAMARITAN - MCNEIL KAREN DIR (EX-OFF)/ PRES (END 06/19) | 50.00 0.00 | X | | X | | | | 227,271 | 0 | 24,301 |
| ECC - BECK JOHN DIRECTOR/PRESIDENT (BEGIN 05/19) | 50.00 0.00 | X | | X | | | | 196,491 | 0 | 39,823 |
| UHLSF - GOODELLE MICHAEL DIRECTOR | 50.00 0.00 | X | | | | | | 190,835 | 0 | 38,387 |
| ST JOHN - O'MALLEY CHERYL H FORMER KEY EMPLOYEE | 50.00 0.00 | | | | | | X | 181,810 | 0 | 6,945 |
| CONNEAUT-SOORIYAPALAN N MD DIRECTOR EX OFFICIO (BEGIN 05/19) | 2.00 50.00 | X | | | | | | 0 | 178,097 | 6,842 |
| ELYRIA - KODSY MAHER MD DIRECTOR EX OFFICIO (BEGIN 02/19) | 50.00 0.00 | X | | | | | | 133,091 | 0 | 2,103 |

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 | | | |
| SPC - COX KATHY DIRECTOR EX OFFICIO (END 03/19) | 2.00 50.00 | X | | | | | | 0 | 109,297 | 24,953 |
| CCO - MONHEIM KAREN M MD DIRECTOR | 2.00 50.00 | X | | | | | | 0 | 96,554 | 19,198 |
| GEAUGA - JARZEMBAK KELLIE DIRECTOR EX OFFICIO | 50.00 0.00 | X | | | | | | 107,961 | 0 | 6,177 |
| SAMARITAN - STEIN ANDREW MD DIRECTOR (END 04/19) | 50.00 0.00 | X | | | | | | 64,901 | 0 | 6,485 |
| AHUJA - PAPA ALAN J FACHE DIR (EX-OFF)/PRES (BEGIN 11/19) | 50.00 0.00 | X | | X | | | | 55,455 | 0 | 1,757 |
| PARMA-BERGMANN PETER DIR (EX-OFF)/ PRES. (END 01/19) | 50.00 0.00 | X | | X | | | | 47,559 | 0 | 4,259 |
| SPC - BOGGS DANNY L PRESIDENT (END 03/19) | 50.00 0.00 | | | X | | | | 30,381 | 0 | 0 |
| SAMARITAN - HUNT JOYCE ANNE DIRECTOR | 50.00 0.00 | X | | | | | | 21,033 | 0 | 1,220 |
| AHUJA - KLINE ANDREW L DIRECTOR | 50.00 0.00 | X | | | | | | 14,537 | 0 | 44 |
| ACO - MONHEIM KAREN M MD DIRECTOR (END 04/19) | 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 | | | |
| ACO - SZUBSKI MICHAEL A DIRECTOR/TREASURER (END 04/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| AHUJA - CANADY WILLIAM DIRECTOR (BEGIN 09/19) (END 12/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AHUJA - CONIGLIO GWENAY S DIRECTOR (END 02/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AHUJA - DOODY RICHARD DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AHUJA - FINE LAUREN RICH DIRECTOR (BEGIN 09/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AHUJA - GLICK ROBERT A DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AHUJA - HABER IRWIN G DIRECTOR/VICE CHAIRPERSON | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| AHUJA - JORDAN SHARON SOBOL DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AHUJA - LAUER DEBORAH A DIRECTOR (END 04/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AHUJA - ROSENBERG ENID 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 | | | |
| AHUJA - SEITZ THOMAS W DIRECTOR/ VICE CHAIR (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| AHUJA - SETHI NEIL MD DIRECTOR/CHAIRPERSON | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| AHUJA - SHARPNACK PATRICIA DNP RN DIRECTOR EX OFFICIO | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AHUJA - SIMON MD DANIEL I DIRECTOR EX OFFICIO | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AHUJA - ZELMAN DANIEL N DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| AMHERST - YUZON FLORENCIO MD DIRECTOR | 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 EX OFFICIO (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CCO - HANSON RICHARD A DIR (EX-OFF) (B 05/19) (E 09/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CCO - MEGERIAN CLIFF MD DIRECTOR (BEGIN 02/19) | 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 - MONTER BRIAN DIRECTOR EX OFFICIO (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CCO - PLUSH MARK J DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CCO - PRONOVOST PETER MD DIR (BEG 01/19) / V CHR (BEG 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| CCO - SZUBSKI MICHAEL A DIRECTOR/ TREASURER/ CHAIR | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| CCO - TAIT PAUL G DIRECTOR (BEGIN 01/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CCO - TOPALSKY GEORGE MD DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| 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 - KODSY MAHER MD DIRECTOR EX OFFICIO (BEGIN 02/19) | 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 - LONG REV JANET DIRECTOR/ CHAIR (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| CHCO - MERCADO PHILIP C DIRECTOR (END 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CHCO - MIGGINS LYNN DIR, CHR(B 5/19), V CHR(E 5/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| CHCO - REIDY JOAN DIRECTOR | 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 - TAIT PAUL G DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CHCO - WALDHEGER PRISCILLA MD DIRECTOR (END 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CONNEAUT - BOWLER CONNIE DIRECTOR EX OFFICIO | 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 DIR, CHR (BEG 05/19), V CHR | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| CONNEAUT - DECK CHARLES V DIRECTOR/VICE CHAIR | 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 (END 09/19) | 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 EX OFFICIO (END 05/19) | 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 - LEGEZA MICHAEL D DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CONNEAUT - MCLAUGHLIN LORI E DIRECTOR, CHAIR (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| CONNEAUT-NEWCOMB CHRISTOPHER 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 - SKUFCA MICHAEL DDS DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| CONNEAUT - VARCKETTE STEVE DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ECC - HANSON RICHARD A DIRECTOR/CHAIR (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| ECC - JURIS SUSAN V DIRECTOR/PRESIDENT (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| ELYRIA - BALLINGER MARCIA PHD DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ELYRIA - BRAGG DAN A DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ELYRIA - CORCORAN KEVIN DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ELYRIA - LONG REV JANET DIRECTOR/CHAIR (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| ELYRIA - MERCADO PHILIP C DIRECTOR (END 08/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ELYRIA - MIGGINS LYNN DIRECTOR/SECRETARY/CHAIR (BEG 05/19) | 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 - REIDY JOAN DIRECTOR | 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 - TAIT PAUL G DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ELYRIA - WALDHEGER PRISCILLA MD DIRECTOR (END 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GEAUGA - ANDRES BLAKE DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GEAUGA - BALOGH SCOTT DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GEAUGA-BEVERAGE MORRIS W JR DIRECTOR (BEGIN 05/19) | 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/CHAIR (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| GEAUGA - HOSIER-ORVIS PAIGE 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 | | | |
| GEAUGA - JEMISON TRACY DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GEAUGA - KARLOVEC JOHN DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GEAUGA - KINNEY WARD BUD L DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GEAUGA - KNECHT BARBARA L DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GEAUGA - LEININGER KIMM DIRECTOR | 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/TREASURER/CHAIR (BEG 05/19) | 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 W MD DIRECTOR EX OFFICIO (END 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GEAUGA - WALDECK JOHN JACK W DIRECTOR/VICE CHAIR/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 | | | |
| GENEVA - BOWLER CONNIE DIRECTOR EX OFFICIO | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| 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 DIR/CHR (BEG 05/19)/V CHR (END 05/19) | 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 (END 09/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GENEVA - HOCKADAY JAMES E DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GENEVA - JONES M STEVEN DIRECTOR EX OFFICIO/ PRESIDENT | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| GENEVA - KUMAR AJAY MD 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 - LEGEZA MICHAEL D DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GENEVA - MCLAUGHLIN LORI E DIRECTOR/CHAIR (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| GENEVA-NEWCOMB CHRISTOPHER DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GENEVA - SKUFCA MICHAEL DDS DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GENEVA-SOORIYAPALAN N MD DIRECTOR EX OFFICIO (BEGIN 05/19) | 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 | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| HOME CARE - HANSON RICHARD A DIRECTOR/VP/CHAIR (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| HOME CARE - SPARKMAN-BEIERL BRANDY DIRECTOR/PRESIDENT | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| HOME CARE-TOPALSKY G MD DIRECTOR (BEGIN 05/19) | 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 - BOYKO TIMOTHY A DIRECTOR/ CHAIR | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| PARMA - BUNDY JOHN H DIRECTOR (END 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| 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 - GISZTL RODNEY DIRECTOR (BEGIN 05/19) | 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 (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| PARMA - MONTER BRIAN DIR (EX-OFF)/ PRES. (BEGIN 03/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| PARMA - MOORE ERIC J ESQ DIRECTOR/ VICE CHAIR (BEGIN 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| PARMA - PIMPAS ANGELO N 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 | | | |
| PARMA - SPEAR BRENDA DIRECTOR/ VICE CHAIR (BEGIN 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| PARMA - TAIT PAUL G DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| PARMA - THOMAS DONNA ESQ DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| PARMA - WILKINSON SCOTT A DIRECTOR (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| PARMA - ZANIN CLAUDIO DIRECTOR/ SECRETARY | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| PORTAGE - ADAMS BRIAN K DIRECTOR EX OFFICIO | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| PORTAGE - BROOME BARBARA ANN DIRECTOR/VICE CHAIR (BEGIN 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| PORTAGE - COE RICHARD J DIRECTOR EX OFFICIO (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| PORTAGE - CONNER MARJORIE DIRECTOR/CHAIR (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| PORTAGE - DORSEY MARLENE PHD 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 - FLYNN SCOTT ESQ DIRECTOR/ VICE CHAIR (BEGIN 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| PORTAGE - FRENCH MATTHEW C DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| PORTAGE - JONES M STEVEN DIRECTOR EX OFFICIO/ PRESIDENT | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| PORTAGE - LEWIS MICHAEL A DIRECTOR/ CHAIR (BEGIN 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| PORTAGE - SAHR MICHELLE DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| PORTAGE - SNOWBERGER THOMAS D DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| PORTAGE - TREXLER THOMAS DIRECTOR (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| REGIONAL - BRUMBERGS PETER DIRECTOR (END 02/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| REGIONAL - CORRENTI MARY ANN DIRECTOR/CHAIR | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| REGIONAL - GREIG JUDITH C RN 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 | | | |
| REGIONAL - HANFF POLLY M DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| REGIONAL - JONES M STEVEN DIR EXOF/INT PRES(B 3/19)(E 4/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| 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 - MORGAN TIMOTHY M DIRECTOR (END 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| 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 | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| 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 |

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 - ZELLER LORNA A DIRECTOR (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| SAM SHOP - BEER ANNE DIRECTOR/ VICE CHAIR (END 03/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| SAM SHOP - COWEN TIMOTHY DIRECTOR/ CHAIR (END 03/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| SAM SHOP - SHAW ANNETTE DIR/SEC/TREAS (END 03/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| SAMARITAN - BEER ANNE DIR/CHR (B 5/19)/V CHR (E 5/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| SAMARITAN - CHANDLER POLLY DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| SAMARITAN - COWEN TIMOTHY DIRECTOR/ CHAIR (END 05/19) | 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/ VICE CHAIR (BEGIN 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| SAMARITAN - HEIMANN SUSAN 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 - 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 |
| SAMARITAN - MCGEE THOMAS DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| SAMARITAN - MYERS PAUL R DIRECTOR EX OFFICIO | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| SAMARITAN - SHAW ANNETTE DIRECTOR/ SECRETARY | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| SAMARITAN - ZOLTANSKI JOAN MD DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| SPC - COWEN TIMOTHY DIRECTOR (END 03/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| SPC - DAWSON PATRICIA POWER DIRECTOR (END 03/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| SPC - FOZIO LINDA DIRECTOR EX OFFICIO (END 03/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| SPC - HECKER BRAD DIRECTOR/ SECRETARY (END 03/19) | 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 | | | |
| SPC - KELLY MICHAEL J SR DIRECTOR/ CHAIR (END 03/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| SPC - MYERS PHIL MD DIRECTOR (END 03/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ST JOHN - BLOXDORF GREGORY DO DIRECTOR EX OFFICIO | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ST JOHN-CLOUGH MAYOR DENNIS DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ST JOHN - DAVIE DIANE DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ST JOHN - GAUGHAN PATRICIA DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ST JOHN - GIANFAGNA JEAN M DIRECTOR (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ST JOHN - MACKINLAY SARA ANN DIRECTOR, CHAIR (BEGIN 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| ST JOHN - MCQUISTON EDWARD DIRECTOR (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ST JOHN - SIMON MD DANIEL I 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 | | | |
| ST JOHN - SMITH ROBERT C DIRECTOR/CHAIRPERSON (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| ST JOHN - STANO DIANE PHD OSU DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ST JOHN - YATES VIVIAN DIRECTOR EX OFFICIO | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHCMC - ADLER-RASKIND JULIE DIRECTOR | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHCMC - CAMIENER DAVID A DIRECTOR | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHCMC - CARR DAVID DIRECTOR | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHCMC - CLARK JILL DIRECTOR (BEGIN 05/19) | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHCMC - HALLBERG CHARLES E DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHCMC - HARRIS TIMOTHY S DIRECTOR (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHCMC - HYLAND CHRISTOPHER J DIRECTOR (END 05/19) | 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 - KELSHEIMER JERRY L DIRECTOR/ CHAIRPERSON | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| UHCMC - KENNEDY TERRI DIRECTOR EX OFFICIO | 2.00 0.00 | X | | 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 (END 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHCMC - PHYFER CHERI M DIRECTOR (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHCMC - PRIEMER WILLIAM A DIRECTOR (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHCMC - REYNOLDS DAVID M DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHCMC - RICCI KENNETH C DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHCMC - SCHULTZ STEPHEN A DIRECTOR (END 02/19) | 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 - 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 - 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 - ZENTY THOMAS F III DIRECTOR EX OFFICIO | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHHS - ADELMAN JOEL E DIRECTOR (BEGIN 09/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHHS - ADELMAN SHELDON G DIRECTOR (END 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHHS - AHUJA MONTE DIRECTOR (END 05/19) | 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 - ANTON ARTHUR F DIR/CHR (B 5/19)/ V CHR (E 5/19) | 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 - BAUM ROBIN I DIRECTOR (BEGIN 05/19) | 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 | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHHS - CONNOR CHRISTOPHER M DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHHS - DECKARD JENNIFER DIRECTOR (BEGIN 09/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHHS - DELLA RATTA RALPH DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHHS - ETTINGER HEATHER R 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 - 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/ VICE CHAIR (BEGIN 05/19) | 2.00 0.00 | X | | 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/ VICE CHAIR (BEGIN 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| UHHS - NOVAK ERNEST J JR DIRECTOR (END 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHHS - PIANALTO SANDRA DIRECTOR/ CHAIR (END 05/19) | 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 | | | |
| UHHS - POTASH STEVEN DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHHS - SETHI NEIL MD DIRECTOR (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHHS - SMITH ROBERT C DIRECTOR (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHHS - YOUNG WILLIAM A JR DIRECTOR EX OFFICIO | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHLSF - BOND BRADLEY C DIR (BEG 05/19)/ TREAS (BEG 06/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| UHLSF - DZIEDZICKI RONALD E DIR/SEC/CHR (END 06/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| UHLSF - HARFORD TODD DIRECTOR (END 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHLSF - SALVINO SONIA DIRECTOR/ TREASURER (END 05/19) | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| UHMG - CHICKERELLA DANIELLE DIRECTOR (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHMG - CLARK JILL DIRECTOR (BEGIN 05/19) | 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 | | | |
| 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 - MEGERIAN CLIFF MD DIRECTOR/ PRESIDENT | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| UHMG - SABIK JOSEPH MD DIRECTOR EX OFFICIO | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| UHMG - SALVINO SONIA DIRECTOR/ SECRETARY/ TREASURER | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| UHMG - SHAUGHNESSY MARIAN K DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHMG - SIMON MD DANIEL I DIRECTOR EX OFFICIO/ CHAIRPERSON | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| UHMG - SNOWBERGER THOMAS D DIRECTOR | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHREC - SIMON MD DANIEL I DIRECTOR (BEGIN 05/19) | 2.00 0.00 | X | | | | | | 0 | 0 | 0 |
| UHREC - SZUBSKI MICHAEL A DIRECTOR (BEGIN 05/19) | 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 | | | |
| ACO - SCHARIO MARK E SECRETARY (END 04/19) | 2.00 0.00 | | | X | | | | 0 | 0 | 0 |
| CCO - HILLARD BRADLEY G DO PRESIDENT | 2.00 0.00 | | | X | | | | 0 | 0 | 0 |
| SAM SHOP - MCNEIL KAREN PRESIDENT (END 03/19) | 2.00 0.00 | | | X | | | | 0 | 0 | 0 |
| ST JOHN - SALVINO SONIA TREASURER/SECRETARY | 2.00 0.00 | | | X | | | | 0 | 0 | 0 |
| UHCMC - ADELMAN HARLIN G ESQ SEC/ CLO (BEGIN 03/19)/ ASST SEC | 2.00 0.00 | | | X | | | | 0 | 0 | 0 |
| UHCMC - MILLER JANET L ESQ CLO/ SECRETARY (END 03/19) | 2.00 0.00 | | | X | | | | 0 | 0 | 0 |
| UHHS - ADELMAN HARLIN G ESQ CLO/ SECRETARY (BEGIN 03/19) | 2.00 0.00 | | | X | | | | 0 | 0 | 0 |
| UHHS - BLAKE JEAN D RN CHIEF NURSING OFFICER (END 05/19) | 2.00 0.00 | | | X | | | | 0 | 0 | 0 |
| UHHS - SZUBSKI MICHAEL A CHIEF FINANCIAL OFFICER/ TREASURER | 2.00 0.00 | | | X | | | | 0 | 0 | 0 |
| UHHS - TAIT PAUL G CHIEF STRATEGY OFFICER | 2.00 0.00 | | | X | | | | 0 | 0 | 0 |

TY 2019 Affiliate Listing

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

TY 2019 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 |
| 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 |
| 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 |

TY 2019 Affiliate Listing

| Name | Address | EIN | Name control |
|--|---|------------|---------------------|
| SAMARITAN PROFESSIONAL CORPORATION | 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122 | 34-1856531 | 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 instructions and the latest information.

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|------------|---|-----------|--|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | |
| 16a | 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/> | | |
| b | 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/> | | |
| 17a | 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/> | | |
| b | 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/> | | |
| 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 ▶ <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|-----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9,000 | 2,800,000 | 147,000 | 913,000 | 387,000 | 4,256,000 |
| 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 | 9,000 | 2,800,000 | 147,000 | 913,000 | 387,000 | 4,256,000 |
| 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.) | | | | | | 4,256,000 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|-----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6. | 9,000 | 2,800,000 | 147,000 | 913,000 | 387,000 | 4,256,000 |
| 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.) | 9,000 | 2,800,000 | 147,000 | 913,000 | 387,000 | 4,256,000 |

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 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | 100.000 % |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | 100.000 % |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|-----|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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? | | No |
| b | A family member of a person described in (a) above? | | No |
| 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> | | 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> | | 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> | | |

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> | | |

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> | Yes | No |
| 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> | | |

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

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

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

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

| Section D - Distributions | Current Year |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 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-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|--|
| <p>PUBLIC CHARITY CLASSIFICATION OF EACH GROUP MEMBER IS SHOWN</p> | <p>AMHERST HOSPITAL ASSOCIATION, INC. - 34-0067060 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 EMH REGIONAL MEDICAL CENTER - 34-0714612 170(B)(1) (A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 PARMA COMMUNITY GENERAL HOSPITAL - 34-0827442 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 ROBINSON HEALTH SYSTEM, INC. - 46-1382538 170(B)(1)(A)(III) 3605 WARRENSVILLE 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 44122 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 170(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) - 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 SAMARITAN PROFESSIONAL CORPORATION - 34-1856531 170(B)(1)(A)(III) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION - 27-3970270 509(A)(2) 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION - 90-0794903 509(A)(2) 3605 WARRENSVILLE CENTER RD. - MSC 9155 SHAKER HEIGHTS, OH 44122 UNIVERSITY HOSPITALS 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): 170(B)(1)(A)(III) (IV) IS THE SUPPORTED ORG. LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT: \$17,875,000 COMPREHENSIVE HEALTH CARE OF OHIO, INC. - 34-1492733 509(A)(3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) NAME OF SUPPORTED ORGANIZATION: EMH REGIONAL MEDICAL CENTER (II) EIN OF SUPPORTED ORGANIZATION: 34-0714612 (III) TYPE OF ORG. (DESCRIBED ON LINES 1-10 ABOVE OR IRC SECTION): 170(B)(1)(A)(III) (IV) IS THE SUPPORTED ORG. LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT: \$0 SAMARITAN HOSPITAL</p> |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|---|
| <p>PUBLIC CHARITY CLASSIFICATION OF EACH GROUP MEMBER IS SHOWN</p> | <p>LITY SHOP - 34-0808574 509(A)(3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) NAME OF SUPPORTED ORGANIZATION: SAMARITA N REGIONAL HEALTH SYSTEM (II) EIN OF SUPPORTED ORGANIZATION: 34-0714535 (III) TYPE OF ORG. (DESCRIBED ON LINES 1-10 ABOVE OR IRC SECTION): 170(B)(1)(A)(III) (IV) IS THE SUPPORTED O RG. LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT: \$0 HEATHER HIL L INC. (HHI) - 34-0771884 509(A)(3) - TYPE II ORGANIZATION 3605 WARRENSVILLE CENTER ROAD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) NAME OF SUPPORTED ORGANIZATION: UH CLEVELAND MEDICAL CENTER (II) EIN OF SUPPORTED ORGANIZATION: 34-1567805 (III) TYPE OF ORG. (DESCRIBED ON LINES 1-10 ABOVE OR IRC SECTION): 170(B)(1)(A)(III) (IV) IS THE SUPPORTED O RG. LISTED IN YOUR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT: \$0 UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF) - 34-1720429 509(A)(3) - TYPE II ORGANIZA TION 3605 WARRENSVILLE CENTER RD - MSC 9155 SHAKER HEIGHTS, OH 44122 PART I LINE 12G (I) N AME OF SUPPORTED ORGANIZATION: UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (II) EIN OF S UPPORTED ORGANIZATION: 34-1567805 (III) TYPE OF ORG. (DESCRIBED ON LINES 1-10 ABOVE OR IRC SECTION): 170(B)(1)(A)(III) (IV) IS THE SUPPORTED ORG. LISTED IN YOUR GOVERNING DOCUMENTS ? YES (V) AMOUNT OF MONETARY SUPPORT: \$0 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) NAME OF SUPPORTED ORGANIZATION: UH CLEVELAND MEDICA L CENTER (II) EIN OF SUPPORTED ORGANIZATION: 34-1567805 (III) TYPE OF ORG. (DESCRIBED ON L INES 1-10 ABOVE OR IRC SECTION): 170(B)(1)(A)(III) (IV) IS THE SUPPORTED ORG. LISTED IN YO UR GOVERNING DOCUMENTS? YES (V) AMOUNT OF MONETARY SUPPORT: \$68,661,000</p> |

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. |

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 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

2019
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) | 7,997 | 16,057 | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 244,658 | 491,252 | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | 252,655 | 507,309 | | | | | | | | | | | | |
| d Other exempt purpose expenditures | 1,139,243,340 | 3,714,853,069 | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 1,139,495,995 | 3,715,360,378 | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000 | 1,000,000 | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | | 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. |
| 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (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 | 282,398 | 627,175 | 423,303 | 507,309 | 1,840,185 |
| 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 | 8,225 | 17,170 | 17,431 | 16,057 | 58,883 |

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 \$158,894 1E - NO 1F - YES \$130,315 1G - YES \$116,305 1H - NO 1I - NO 1J - \$405,514 2A - NO |

TY 2019 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: 7,997

Total Direct Lobbying: 244,658

Total Lobbying Expenditures: 252,655

Other Exempt Purpose Expenditures: 1,762,648,204

Total Exempt Purpose Expenditures: 1,762,900,859

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: 466

Total Direct Lobbying: 14,260

Total Lobbying Expenditures: 14,726

Other Exempt Purpose Expenditures: 116,404,625

Total Exempt Purpose Expenditures: 116,419,351

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: 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: 106
Total Direct Lobbying: 3,233
Total Lobbying Expenditures: 3,339
Other Exempt Purpose Expenditures: 25,654,844
Total Exempt Purpose Expenditures: 25,658,183
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: 769
Total Direct Lobbying: 23,542
Total Lobbying Expenditures: 24,311
Other Exempt Purpose Expenditures: 170,607,594
Total Exempt Purpose Expenditures: 170,631,905
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: 196
Total Direct Lobbying: 6,005
Total Lobbying Expenditures: 6,201
Other Exempt Purpose Expenditures: 40,989,576
Total Exempt Purpose Expenditures: 40,995,777
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: 446
Total Direct Lobbying: 13,634
Total Lobbying Expenditures: 14,080
Other Exempt Purpose Expenditures: 119,056,275
Total Exempt Purpose Expenditures: 119,070,355
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: 160
Total Direct Lobbying: 4,905
Total Lobbying Expenditures: 5,065
Other Exempt Purpose Expenditures: 37,895,574
Total Exempt Purpose Expenditures: 37,900,639
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: UNIVERSITY HOSPITALS MEDICAL GROUP INC
Address. Either US or Foreign Type: 11100 EUCLID AVENUE
CLEVELAND, OH 44106
EIN: 20-4881619
Electing Organization Checkbox:
Total Grassroots Lobbying: 1,764
Total Direct Lobbying: 53,968
Total Lobbying Expenditures: 55,732
Other Exempt Purpose Expenditures: 491,222,263
Total Exempt Purpose Expenditures: 491,277,995
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: | 521 |
| Total Direct Lobbying: | 15,954 |
| Total Lobbying Expenditures: | 16,475 |
| Other Exempt Purpose Expenditures: | 812,961,525 |
| Total Exempt Purpose Expenditures: | 812,978,000 |
| 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: | 920 |
| Total Direct Lobbying: | 28,162 |
| Total Lobbying Expenditures: | 29,082 |
| Other Exempt Purpose Expenditures: | 192,946,050 |
| Total Exempt Purpose Expenditures: | 192,975,132 |
| 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: 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: 722
Total Direct Lobbying: 23,605
Total Lobbying Expenditures: 24,327
Other Exempt Purpose Expenditures: 188,505,554
Total Exempt Purpose Expenditures: 188,529,881
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: 3
Total Direct Lobbying: 82
Total Lobbying Expenditures: 85
Other Exempt Purpose Expenditures: 51,107
Total Exempt Purpose Expenditures: 51,192
Lobbying Nontaxable Amount: 10,238
Grassroots Nontaxable Amount: 2,560
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: 62
Total Lobbying Expenditures: 64
Other Exempt Purpose Expenditures: 858,258
Total Exempt Purpose Expenditures: 858,322
Lobbying Nontaxable Amount: 153,748
Grassroots Nontaxable Amount: 38,437
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: 871
Total Direct Lobbying: 26,663
Total Lobbying Expenditures: 27,534
Other Exempt Purpose Expenditures: 201,928,061
Total Exempt Purpose Expenditures: 201,955,595
Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: 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: 565

Total Direct Lobbying: 17,276

Total Lobbying Expenditures: 17,841

Other Exempt Purpose Expenditures: 131,194,913

Total Exempt Purpose Expenditures: 131,212,754

Lobbying Nontaxable Amount: 1,000,000

Grassroots Nontaxable Amount: 250,000

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: ST JOHN MEDICAL CENTER
Address. Either US or Foreign Type: 3605 WARRENSVILLE CENTER RD
SHAKER HEIGHTS, OH 44122
EIN: 34-1260978

Electing Organization Checkbox:

Total Grassroots Lobbying: 679

Total Direct Lobbying: 20,778

Total Lobbying Expenditures: 21,457

Other Exempt Purpose Expenditures: 164,969,083

Total Exempt Purpose Expenditures: 164,990,540

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: 341

Total Direct Lobbying: 10,420

Total Lobbying Expenditures: 10,761

Other Exempt Purpose Expenditures: 69,914,629

Total Exempt Purpose Expenditures: 69,925,390

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: 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: | 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: | 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 |

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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)
Protection of natural habitat
Preservation of open space
Preservation of an historically important land area
Preservation of a certified historic structure

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

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?
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)?
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:
(ii) Revenue included on Form 990, Part VIII, line 1: 780,584
(ii) Assets included in Form 990, Part X: 7,300,000
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other SEE SUPPLEMENTAL INFORMATION
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" 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 | 179,723,000 | 187,557,000 | 159,046,000 | 149,283,000 | 148,982,000 |
| b Contributions | 9,871,000 | 5,345,000 | 8,523,000 | 7,136,000 | 7,350,000 |
| c Net investment earnings, gains, and losses | 32,087,000 | -5,466,000 | 28,790,000 | 10,239,000 | -357,000 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 10,378,000 | 7,713,000 | 8,802,000 | 7,612,000 | 6,692,000 |
| f Administrative expenses | | | | | |
| g End of year balance | 211,303,000 | 179,723,000 | 187,557,000 | 159,046,000 | 149,283,000 |

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

- a** Board designated or quasi-endowment ▶ 6.580 %
 - b** Permanent endowment ▶ 68.950 %
 - c** Temporarily restricted endowment ▶ 24.470 %
- 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:

- (i)** unrelated organizations
- (ii)** related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | No |
| 3a(ii) | Yes | |
| 3b | Yes | |

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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 | | 162,289,000 | | 162,289,000 |
| b Buildings | | 1,971,239,000 | 895,262,000 | 1,075,977,000 |
| c Leasehold improvements | | 32,392,000 | 22,261,000 | 10,131,000 |
| d Equipment | | 1,677,156,000 | 1,176,963,000 | 500,193,000 |
| e Other | | 76,327,000 | 44,735,000 | 31,592,000 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 1,780,182,000 |

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 | 287,125,000 | F |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 287,125,000 | |

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (1) BENEFICIAL INT. IN FOUNDATION | 157,938,000 | F |
| (2) INVESTMENT IN AFFILIATES | 135,592,000 | C |
| (3) INVESTMENTS - PROGRAM RELATED | 209,499,000 | F |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | 503,029,000 | |

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 865,793,000 |

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

Supplemental Information

| Return Reference | Explanation |
|-------------------|---|
| PART III, LINE 4: | THE UH ART COLLECTION INCLUDES APPROXIMATELY 2,926 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, 2019 AND 2018, 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 2016-2019 HAVE BEEN PRESENTED TO CONFORM TO THE STANDARD. THE 2015 YEAR HAS 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
2019
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 10 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 | 45,569 | 126,000 | 80,432 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 45,569 | 126,000 | 80,432 |

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, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR, PA, SC, TN, UT, VA, WI

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) Total events |
|--|---|---|-------------------------------|-----------------------------|---------------------------------|
| | | <u>FIVE STAR (GALA)</u> (event type) | <u>DINNER</u> (event type) | <u>10</u> (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 1,283,402 | 188,908 | 967,004 | 2,439,314 |
| | 2 Less: Contributions | 1,027,219 | 137,818 | 739,476 | 1,904,513 |
| | 3 Gross income (line 1 minus line 2) | 256,183 | 51,090 | 227,528 | 534,801 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | 10,145 | 10,145 |
| | 6 Rent/facility costs | 334,883 | 7,099 | 25,574 | 367,556 |
| | 7 Food and beverages | 143,991 | 22,691 | 162,085 | 328,767 |
| | 8 Entertainment | | 1,250 | 7,525 | 8,775 |
| | 9 Other direct expenses | 375,965 | 4,360 | 76,495 | 456,820 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 1,172,063 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -637,262 | |

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 | | 800 | 18,275 |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | 4,900 | 4,900 |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| Revenue | 6 Volunteer labor | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100.000% <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100.000% <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | 4,900 |
| Revenue | 8 Net gaming income summary. Subtract line 7 from line 1, column (d). ▶ | | | | 14,175 |

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: RAFFLES AT EVENTS ONLY, LICENSE NOT REQUIRED IN OHIO.

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

b If "Yes," explain: _____

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

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

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

- ▶ 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.

Name of the organization
 UNIVERSITY HOSPITALS HEALTH SYSTEM INC
 GROUP RETURN

Employer identification number
 90-0059117

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | Yes | |
| 1b If "Yes," was it a written policy? | Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000.0000000000</u> % | Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | Yes | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | | No |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | |
| 6a Did the organization prepare a community benefit report during the tax year? | Yes | |
| b If "Yes," did the organization make it available to the public? | Yes | |

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

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 49,897,624 | | 49,897,624 | 1.450 % |
| b Medicaid (from Worksheet 3, column a) | | | 746,073,726 | 528,647,041 | 217,426,685 | 6.330 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 795,971,350 | 528,647,041 | 267,324,309 | 7.780 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 10,850,907 | 1,683,015 | 9,167,892 | 0.270 % |
| f Health professions education (from Worksheet 5) | | | 119,973,652 | 30,358,572 | 89,615,080 | 2.610 % |
| g Subsidized health services (from Worksheet 6) | | | 36,200,123 | 22,329,991 | 13,870,132 | 0.400 % |
| h Research (from Worksheet 7) | | | 82,090,604 | 35,046,359 | 47,044,245 | 1.370 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 1,530,199 | | 1,530,199 | 0.040 % |
| j Total. Other Benefits | | | 250,645,485 | 89,417,937 | 161,227,548 | 4.690 % |
| k Total. Add lines 7d and 7j | | | 1,046,616,835 | 618,064,978 | 428,551,857 | 12.470 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | 47,449 | | 47,449 | 0 % |
| 3 Community support | | | 56,377 | | 56,377 | 0 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | 32,351 | | 32,351 | 0 % |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | 863 | | 863 | 0 % |
| 9 Other | | | 28,903 | | 28,903 | 0 % |
| 10 Total | | | 165,943 | | 165,943 | 0 % |

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? | 1 | No |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 116,000,000 |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | |

Section B. Medicare

| | | |
|---|---|-------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 548,561,315 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 618,565,681 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -70,004,366 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other | | |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

| (a) Name of entity | (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 EMH SHEFFIELD MEDICAL BUILDING CONDOMINIUM ASSOCIATION | CONDO MANAGEMENT | 56.000 % | | |
| 2 GATES MEDICAL CENTER INC | CONDO MANAGEMENT | 40.000 % | | |
| 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): _____

| | | 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>19</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. | Yes | |
| 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>19</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-</u> | Yes | |
| a | If "Yes" (list url): <u>HEALTH-NEE</u> | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|---|---|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>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: 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) | 19 | No |
| 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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) | 21 | Yes |
|-----------|---|----|-----|

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>19</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | | No |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. | Yes | |
| 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>19</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? HTTP://WWW.UHHOSPITALS.ORG/ABOUT/COMMUNITY-BENEFIT/COMMUNITY- | Yes | |
| | a If "Yes" (list url): <u>HEALTH-NEEDS-</u> | | |
| | b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 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: | 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 checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>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? 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) | 19 | No |
| 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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) | 21 | Yes |
|-----------|---|----|-----|

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>19</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. | Yes | |
| 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>19</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: | 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 checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>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: 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) | 19 | No |
| 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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) | 21 | Yes |
|-----------|---|----|-----|

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>19</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 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 | Yes | |
| 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>19</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____ | | No |
| 10a | _____ | | |
| 10b | 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: | 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 checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>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: 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) | 19 | No |
| 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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) | 21 | Yes |
|-----------|---|----|-----|

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, 20a, 20b, 20c, 20d, 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 2019 TOTALED \$429 MILLION AS COMPARED TO THE 2018 COMMUNITY BENEFIT TOTAL OF \$383 MILLION. THE 2019 COMMUNITY BENEFIT NUMBER CONSISTED OF CHARITY CARE (\$50 MILLION), MEDICAID SHORTFALL (\$231 MILLION), RESEARCH (\$47 MILLION), EDUCATION AND TRAINING (\$90 MILLION), AND COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT (\$25 MILLION), LESS HOSPITAL CARE ASSURANCE PROGRAM ("HCAP") (\$14 MILLION). TO MEASURE AND REPORT COMMUNITY BENEFIT, THE SYSTEM HAS FOLLOWED INTERNAL REVENUE SERVICE GUIDELINES. AS SUCH, THE INFORMATION FOR 2019 REPRESENTS THE REVISED REQUIREMENT TO OFFSET VARIOUS COMMUNITY BENEFIT PROGRAMS WITH RELATED REVENUE RECEIVED. FOR 2019, THIS REVENUE OFFSET WAS \$14 MILLION. THE 2018 INFORMATION PROVIDED ABOVE (\$383 MILLION) INCLUDED A REVENUE OFFSET OF \$19 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: \$34,818,165. THE TOTAL AMOUNT OF ASSOCIATED DIRECT OFFSETTING REVENUE IS \$22,320,847. THE TOTAL AMOUNT OF NET COMMUNITY BENEFIT EXPENSE INCLUDED IN LINE 7G IS \$12,497,318. |

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 | <p>COMMITMENT TO THE COMMUNITY REMAINS AT THE CORE OF THE SYSTEM'S MISSION: TO HEAL. TO TEACH. TO DISCOVER. THE SYSTEM SUPPORTS NUMEROUS COMMUNITY BUILDING ACTIVITIES THROUGH ALL SYSTEM ENTITIES AND NOT JUST THOSE REPORTED WITHIN THE UH GROUP 990. MANY OF OUR COMMUNITY BUILDING ACTIVITIES ARE DIFFICULT TO QUANTIFY OR REPORT WITHIN THE SPECIFIC CATEGORIES PROVIDED IN SCHEDULE H, AS THEY OCCUR SYSTEM-WIDE AND NOT AT SPECIFIC ENTITY LEVELS.THE SYSTEM IS PROUD TO CONTRIBUTE TO THE ECONOMIC GROWTH OF THE COMMUNITIES WE SERVE. THE UH HEALTH SYSTEM PROVIDES EMPLOYMENT DIRECTLY FOR OVER 29,700 EMPLOYEES AND PHYSICIANS. 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.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 8: | UH HOSPITALS PROVIDE SERVICES TO MANY LOW-INCOME MEDICARE RECIPIENTS. THE MEDICARE LOSSES SUSTAINED AT THESE HOSPITALS ARE A RESULT OF MEDICARE REIMBURSING AT LESS THAN OPERATING COSTS. IRS REV. RUL. 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR HOSPITALS, PROVIDES THAT IF A HOSPITAL SERVES PATIENTS COVERED BY GOVERNMENTAL HEALTH BENEFITS (INCLUDING MEDICARE), THEN THIS INDICATES THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. IN TURN, TREATING MEDICARE PATIENTS IS CONSIDERED A COMMUNITY BENEFIT. COSTS WERE DERIVED USING THE MEDICARE COST REPORT. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 9B: | PATIENT LIABILITIES FOR SERVICES RENDERED BY UH HOSPITAL FACILITIES SHALL BE COLLECTED FROM ALL PATIENTS. AMOUNTS OWED BY PATIENTS QUALIFYING FOR CHARITY CARE UNDER THE UH HOSPITALS FACILITIES' CHARITY/FINANCIAL ASSISTANCE POLICY SHALL NOT BE BILLED TO PATIENTS AT AMOUNTS THAT ARE MORE THAN THE AMOUNTS GENERALLY BILLED TO MEDICARE PATIENTS. IF A PATIENT QUALIFIES FOR A 100% FINANCIAL ASSISTANCE DISCOUNT, COLLECTION OF THE ACCOUNT IS NOT PURSUED. IF A PATIENT RECEIVES A PARTIAL DISCOUNT DUE TO MEDICAL INDIGENCY UNDER THE FINANCIAL ASSISTANCE POLICY, ANY REMAINING BALANCE NOT DISCOUNTED IS TREATED IN ACCORDANCE WITH THE UH HOSPITALS COLLECTION POLICY. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 2: | <p>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 2019 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW.UHHOSPITALS.ORG.</p> |

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. AS OF THE 2017 CENSUS, THE TOTAL POPULATION FOR CUYAHOGA COUNTY IS 1,248,514. 59.0 % OF THE POPULATION IDENTIFIES AS WHITE ALONE, 29.1% AFRICAN AMERICAN, 5.9% HISPANIC OR LATINO, AND 6.0% AS MORE THAN ONE RACE OR OTHER. CUYAHOGA COUNTY ALSO ENCOMPASSES THE CITY OF CLEVELAND. THE TOTAL POPULATION FOR THE CITY OF CLEVELAND AS OF 2017 IS 385,552. 32.9% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 48.3% AFRICAN AMERICAN, 12.4% HISPANIC OR LATINO, AND 6.4% 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 UNDER THE AGE OF 18 AND 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. 94.6% OF THE POPULATION IN CUYAHOGA COUNTY HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT, AND 89.9% IN THE STATE OF OHIO. AS OF 2017, 18.0% OF THE POPULATION OF THE COUNTY IS BELOW THE POVERTY LINE COMPARED TO 33.1% IN THE CITY OF CLEVELAND. BOTH OF WHICH ARE HIGHER THAN THE 14.0% 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 AS OF THE 2017 CENSUS IS 93,895. 96.7% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 1.4% AS HISPANIC OR LATINO, 1.2% AFRICAN AMERICAN, AND 3.0% AS MORE THAN ONE RACE OR OTHER. THE MEDIAN AGE IS 44.4 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.65 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.09 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS \$228,000. 90.3% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 38.0% HAS A BACHELOR'S DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS \$39,513. 6.5% OF INDIVIDUALS AND 4.3% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO. FACILITY 6 -- UH GENEVA MEDICAL CENTER FACILITY 7 -- UH CONNEAUT MEDICAL CENTER THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS ASHTABULA COUNTY. THE TOTAL POPULATION FOR ASHTABULA COUNTY AS OF THE 2017 CENSUS IS 98,622. 92.9% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 4.0% AS HISPANIC OR LATINO, 3.7% AFRICAN AMERICAN, 0.5% ASIAN, AND 2.9% AS MORE THAN ONE RACE OR OTHER. THE MEDIAN AGE IS 42.5 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.48 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.05 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS \$106,300. 85.7% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 13.4% HAS A BACHELOR'S DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS \$23,297. 19.8% OF INDIVIDUALS AND 14.2% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO. FACILITY 9 -- UH ELYRIA MEDICAL CENTER THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS LORAIN COUNTY. THE TOTAL POPULATION FOR LORAIN COUNTY AS OF THE 2017 CENSUS IS 307,924. 78.1% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 10.0% AS HISPANIC OR LATINO, 7.6% AFRICAN AMERICAN, 1.1% ASIAN, AND 3.2% 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 3.03 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS \$143,600. 89.3% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 23.6% HAS A BACHELOR'S DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS \$28,525. 13.9% OF INDIVIDUALS AND 10.4% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO. FACILITY 11 -- UH PORTAGE MEDICAL CENTER UH 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. ACCORDING TO THE 2017 CENSUS, THE POPULATION IS 162,080. 91.0% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 4.1% IDENTIFY AS AFRICAN AMERICAN, 1.9% IDENTIFY AS ASIAN, 1.7% IDENTIFY AS HISPANIC OR L</p> |

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 4: | <p>ATINO, AND 3.0% IDENTIFY AS TWO OR MORE RACES OR OTHER. THE MEDIAN AGE IN PORTAGE COUNTY IS 37.8 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.49 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.06 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS \$152,000. 91.9% OF THE POPULATION HAS A HIGH DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, AND OF THAT 27.4% HAS A BACHELOR'S DEGREE OR HIGHER. THE PER CAPITA PERSONAL INCOME IS \$27,985. 14.5% OF INDIVIDUALS AND 9.3% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO. 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 COMPOSED OF CITIES, VILLAGES AND TOWNSHIPS. ITS COUNTY SEAT IS THE CITY OF ASHLAND, WHERE THE HOSPITAL IS LOCATED. ACCORDING TO THE 2017 CENSUS, THE POPULATION IS 53,299. 98.2% OF THE POPULATION IDENTIFIES AS WHITE, 1.3% IDENTIFIES AS AFRICAN AMERICAN, 1.3% IDENTIFIES AS HISPANIC OR LATINO, 0.8% IDENTIFIES AS ASIAN, AND 2.2% IDENTIFIES AS TWO OR MORE OR OTHER. THE MEDIAN AGE IN ASHLAND COUNTY IS 40.4 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.49 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.00 PEOPLE. THE MEDIAN HOME VALUE IN THE COUNTY IS \$122,000. 88.4% OF THE POPULATION HAS A HIGH DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, AND OF THAT 20.2% HAS A BACHELOR'S DEGREE OR HIGHER. THE PER CAPITA PERSONAL INCOME IS \$72,510. 14.2% OF INDIVIDUALS AND 9.4% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO. 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 OLMS TED, SHEFFIELD LAKE/VILLAGE AND BAY VILLAGE). 61% OF UH AVON'S DISCHARGES ARE RESIDENTS OF LORAIN COUNTY. THE PRIMARY SERVICE AREA FOR UH AVON REHABILITATION HOSPITAL IS LORAIN COUNTY. THE TOTAL POPULATION FOR LORAIN COUNTY AS OF THE 2017 CENSUS IS 307,924. 78.1% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 10.0% AS HISPANIC OR LATINO, 7.6% AFRICAN AMERICAN, 1.1% ASIAN, AND 3.2% 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 3.03 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS \$143,600. 89.3% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 23.6% HAS A BACHELOR'S DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS \$28,525. 13.9% OF INDIVIDUALS AND 10.4% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO.</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 WWW.UHHOSPITALS.ORG 1142 | 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 WWW.UHHOSPITALS.ORG 1142 | X | X | X | X | | X | X | | LVL 1 TRAUMA CTR | A |
| 3 | UH GEauga MEDICAL CENTER 13207 RAVENNA ROAD CHARDON, OH 44024 WWW.UHHOSPITALS.ORG 1001 | X | X | | | | | X | | IP PSYCHIATRIC UNIT | B |
| 4 | UH AHUJA MEDICAL CENTER 3999 RICHMOND ROAD BEACHWOOD, OH 44122 WWW.UHHOSPITALS.ORG 1497 | X | X | | | | | X | | | A |
| 5 | UH REGIONAL HOSPITALS 27100 CHARDON ROAD RICHMOND HEIGHTS, OH 44143 WWW.UHHOSPITALS.ORG 1141&1008 | 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 | | 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 |
|---|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 6 | UH GENEVA MEDICAL CENTER 870 WEST MAIN STREET GENEVA, OH 44041 WWW.UHHOSPITALS.ORG 1108 | X | | | | X | | X | | | A |
| 7 | UH CONNEAUT MEDICAL CENTER 158 WEST MAIN ROAD CONNEAUT, OH 44030 WWW.UHHOSPITALS.ORG 1107 | X | | | | X | | X | | | A |
| 8 | UH PARMA MEDICAL CENTER 7007 POWERS BLVD PARMA, OH 44129 WWW.UHHOSPITALS.ORG 1007 | X | X | | | | | X | | | A |
| 9 | UH ELYRIA MEDICAL CENTER 630 EAST RIVER STREET ELYRIA, OH 44035 WWW.UHHOSPITALS.ORG 1217 | X | X | | | | | X | | | A |
| 10 | UH ST JOHN MEDICAL CENTER 29000 CENTER RIDGE ROAD WESTLAKE, OH 44145275 WWW.UHHOSPITALS.ORG 1034 | X | X | | X | | | X | | | A |

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

| Section A. Hospital Facilities | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 14 | | | | | | | | | | | |
| Name, address, primary website address, and state license number | | | | | | | | | | | |
| 11 | UH PORTAGE MEDICAL CENTER 6847 NORTH CHESTNUT STREET RAVENNA, OH 44266 WWW.UHHOSPITALS.ORG 1255 | X | X | | X | | | X | | | C |
| 12 | UH SAMARITAN MEDICAL CENTER 1025 CENTER STREET ASHLAND, OH 44805 WWW.SAMARITANHOSPITAL.ORG 1104 | X | X | | | | | X | | | D |
| 13 | UNIVERSITY HOSPITALS REHABILITATION HOSPITAL 23333 HARVARD ROAD BEACHWOOD, OH 44122 WWW.UHHOSPITALS.ORG 1509 | X | | | | | | | | REHABILITATION | A |
| 14 | UH AVON REHABILITATION HOSPITAL 37900 CHESTER ROAD AVON, OH 44011 WWW.UHHOSPITALS.ORG 1523 | 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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES. |

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: | UH CLEVELAND MEDICAL CENTER'S 2019 CHNA CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA RESIDENTS AND HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, AND OTHER RELEVANT ORGANIZATIONS 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH CLEVELAND MEDICAL CENTER; DEMOGRAPHICS OF UH CLEVELAND MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); HIGH FREQUENCY OF INAPPROPRIATE EMERGENCY DEPARTMENT USE; QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE AND LEAD POISONING). |

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 BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH PARMA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, UH REHABILITATION HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM. |

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 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND. |

Form 990 Part V Section B 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 THREE PRIORITY HEATH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM: PRIORITY HEATH 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: AWARENESS BUILDING AND 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 ACCESS TO CANCER-RELATED INFORMATIONPRIORITY HEALTH NEED #2: POVERTY- STRATEGY #1: EMPLOY AND RETAIN COMMUNITY RESIDENTS IN DEVELOPED CAREERS FOR ENVIRONMENTAL SERVICES & NUTRITION SERVICES- STRATEGY #2: FACILITATE A PIPELINE PROGRAM FOR SECONDARY SCHOOL STUDENTS OF A MINORITY- STRATEGY #3: PROVIDE FOOD FOR UH PATIENTS WHEN EXPERIENCING FOOD INSECURITYPRIORITY 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 COUNTYIN 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 2019 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 2019 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. SOME NEEDS NOT BEING ADDRESSED ARE HIGH BLOOD LEAD LEVELS, CHILDHOOD ASTHMA, INFLUENZA, TOBACCO USE, AND SUICIDE PREVENTION. 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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES. |

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 MEDICAL CENTER'S 2019 ASSESSMENT CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, AND OTHER RELEVANT ORGANIZATIONS 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH RAINBOW BABIES & CHILDREN'S HOSPITAL; DEMOGRAPHICS OF UH RAINBOW BABIES & CHILDREN'S HOSPITAL PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); ACCESS TO DENTAL CARE FOR CHILDREN; ACCESS TO PRIMARY CARE; QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE AND LEAD POISONING); REDUCE INFANT MORTALITY (E.G. EXTREME PREMATURITY, BIRTH DEFECTS, AND SLEEP-RELATED DEATHS). |

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 CONDUCT 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 BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH PARMA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, UH REHABILITATION HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM. |

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 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND. |

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 HEALTH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM: PRIORITY HEALTH 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 COORDINATION PRIORITY HEALTH NEED #2: INFANT MORTALITY- STRATEGY #1: OFFER CENTERING PREGNANCY PROGRAM- STRATEGY #2: CENTERING PREGNANCY APPROACH TO PRENATAL CARE THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 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 2019 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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES. |

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 2019 ASSESSMENT CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH AHUJA MEDICAL CENTER; DEMOGRAPHICS OF UH AHUJA MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); REDUCING HOSPITALIZATION AND DECREASING HOSPITAL READMISSION; QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND LEAD POISONING). |

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 RAINBOW BABIES & CHILDREN'S HOSPITAL, UH CLEVELAND MEDICAL CENTER, UH REGIONAL HOSPITALS (UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH PARMA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM. |

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 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND. |

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 DISEASES PRIORITY HEALTH NEED #2: POVERTY- STRATEGY #2: ANNUAL EVENT TO TARGET UNDER-RESOURCED COMMUNITY MEMBERSTHE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 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. |

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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES. |

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 5 -- UH REGIONAL HOSPITALS PART V, SECTION B, LINE 5:</p> | <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 RANDOMIZED TELEPHONE SURVEYS OF HOUSEHOLDS IN CUYAHOGA COUNTY, AS WELL AS, 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH RICHMOND MEDICAL CENTER; DEMOGRAPHICS OF UH RICHMOND MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); REDUCING THE PREVALENCE OF RESPIRATORY DISEASE AND IMPROVING PATIENTS' QUALITY OF LIFE IN ACCORDANCE WITH THE DISEASE; CHRONIC DISEASE (E.G. HEART DISEASE, CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMELESSNESS RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCE OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND LEAD POISONING). 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 RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN CUYAHOGA COUNTY, AS WELL AS, 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH BEDFORD MEDICAL CENTER; DEMOGRAPHICS OF UH BEDFORD MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. HEART DISEASE, CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); REDUCING HOSPITALIZATION AND DECREASING HOSPITAL READMISSION; QUALITY OF LIFE INDICA</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: | TORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); BEHAVIORAL RISK FACTORS (E.G. OB ESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH IN DICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE) ; MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABU SE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY , AND LEAD POISONING). |

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 (UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER) IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH CLEVELAND MEDICAL CENTER, UH AHUJA MEDICAL CENTER, UH PARMA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM. |

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 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND. |

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, SUPPORT SERVICES, AND FINANCIAL COUNSELLING THE FOLLOWING NEEDS WERE IDENTIFIED IN THE 2019 CHNA, BUT ARE NOT BEING ADDRESSED IN 2019 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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 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 AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION. |

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'S CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY BY SURVEYS ADMINISTERED THROUGH RANDOMIZED EMAIL LIST SERVS, SOCIAL MEDIA SURVEYS, AND PUBLIC NOTICES IN ASHTABULA COUNTY. 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. DATA WAS ALSO OBTAINED BY INDEPENDENT RESEARCHERS FROM THE TOLEDO-BASED HOSPITAL COUNCIL OF NORTHWEST OHIO AND THEIR PARTNERS AT THE UNIVERSITY OF TOLEDO. THE SURVEY DATA WAS COLLECTED FROM A CROSS-SECTIONAL, RANDOMIZED SAMPLE OF 1,200 ASHTABULA COUNTY RESIDENTS AGED 19 YEARS AND OLDER. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE HEALTH ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 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 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHTABILA COUNTY: ASHTABULA CITY HEALTH DEPARTMENT, ASHTABULA COUNTY CHILDREN'S SERVICES, ASHTABULA COUNTY COMMISSIONERS, ASHTABULA COUNTY COMMUNITY ACTION AGENCY, ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER, ASHTABULA COUNTY ENGINEERS DEPARTMENT, ASHTABULA COUNTY FAMILY & CHILDREN'S FIRST COUNCIL, ASHTABULA COUNTY HEALTH DEPARTMENT, ASHTABULA COUNTY JOB & FAMILY SERVICES, ASHTABULA COUNTY MEDICAL CENTER, ASHTABULA COUNTY MENTAL HEALTH RECOVERY BOARD, ASHTABULA COUNTY REGIONAL HOME HEALTH SERVICES, ASHTABULA COUNTY YMCA, CATHOLIC CHARITIES OF ASHTABULA COUNTY, CENTER FOR HEALTH AFFAIRS, COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY, CONNEAUT CITY HEALTH DEPARTMENT, COUNTRY NEIGHBOR, GLENBEIGH, KENT STATE UNIVERSITY-ASHTABULA, LAKE AREA RECOVERY CENTER, OHIO STATE UNIVERSITY COOPERATIVE EXTENSION-ASHTABULA COUNTY, AND SIGNATURE HEALTH/FAMILY PLANNING ASSOCIATION OF NORTHEAST OHIO. |

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 TWO PRIORITY HEALTH NEEDS AND TWO 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 CARE PRIORITY 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 CAMPAIGNS CROSS-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 WORKERS NEEDS IDENTIFIED IN 2019 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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 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 AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION. |

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'S CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY BY SURVEYS ADMINISTERED THROUGH RANDOMIZED EMAIL LIST SERVS, SOCIAL MEDIA SURVEYS, AND PUBLIC NOTICES IN ASHTABULA COUNTY. 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. DATA WAS ALSO OBTAINED BY INDEPENDENT RESEARCHERS FROM THE TOLEDO-BASED HOSPITAL COUNCIL OF NORTHWEST OHIO AND THEIR PARTNERS AT THE UNIVERSITY OF TOLEDO. THE SAMPLE COLLECTED BY THEM WAS A RANDOMIZED MIXTURE OF 1,200 ASHTABULA COUNTY RESIDENTS 19 YEARS AND OLDER. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE HEALTH ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 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 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 7 -- UH CONNEAUT MEDICAL CENTER PART V, SECTION B, LINE 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHTABILA COUNTY: ASHTABULA CITY HEALTH DEPARTMENT, ASHTABULA COUNTY CHILDREN'S SERVICES, ASHTABULA COUNTY COMMISSIONERS, ASHTABULA COUNTY COMMUNITY ACTION AGENCY, ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER, ASHTABULA COUNTY ENGINEERS DEPARTMENT, ASHTABULA COUNTY FAMILY & CHILDREN'S FIRST COUNCIL, ASHTABULA COUNTY HEALTH DEPARTMENT, ASHTABULA COUNTY JOB & FAMILY SERVICES, ASHTABULA COUNTY MEDICAL CENTER, ASHTABULA COUNTY MENTAL HEALTH RECOVERY BOARD, ASHTABULA COUNTY REGIONAL HOME HEALTH SERVICES, ASHTABULA COUNTY YMCA, CATHOLIC CHARITIES OF ASHTABULA COUNTY, CENTER FOR HEALTH AFFAIRS, COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY, CONNEAUT CITY HEALTH DEPARTMENT, COUNTRY NEIGHBOR, GLENBEIGH, KENT STATE UNIVERSITY-ASHTABULA, LAKE AREA RECOVERY CENTER, OHIO STATE UNIVERSITY COOPERATIVE EXTENSION-ASHTABULA COUNTY, AND SIGNATURE HEALTH/FAMILY PLANNING ASSOCIATION OF NORTHEAST OHIO. |

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 CONNEAUT MEDICAL CENTER IDENTIFIED THE FOLLOWING TWO PRIORITY HEALTH NEEDS AND TWO 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 CARE PRIORITY 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 CAMPAIGNS CROSS-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 WORKERS NEEDS IDENTIFIED IN 2019 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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES. |

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: | UH PARMA MEDICAL CENTER'S 2019 ASSESSMENT CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, AND OTHER RELEVANT ORGANIZATIONS 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH PARMA MEDICAL CENTER; DEMOGRAPHICS OF UH PARMA MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); HIGH FREQUENCY OF INAPPROPRIATE EMERGENCY DEPARTMENT USE; QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); INCREASING ACCESS TO PRIMARY CARE; MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND LEAD POISONING). |

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 RAINBOW BABIES & CHILDREN'S HOSPITAL, UH CLEVELAND MEDICAL CENTER, UH REGIONAL HOSPITALS (UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH AHUJA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM. |

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 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND. |

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 (INCLUDES CHRONIC DISEASE MANAGEMENT AND PREVENTION) THE STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: 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 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 2019 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, 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 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 AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES. |

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: | THE UH ELYRIA MEDICAL CENTER'S CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH 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 29%. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSE IN THE HEALTH ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 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). |

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, UH AVON REHABILITATION HOSPITAL, CLEVELAND CLINIC AVON HOSPITAL, MERCY HEALTH ALLEN HOSPITAL, MERCY HEALTH LORAIN HOSPITAL AND SPECIALTY HOSPITAL OF LORAIN ARE INCLUDED IN THE 2019 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 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY: ALCOHOL AND DRUG ADDICTION SERVICES BOARD OF LORAIN COUNTY, LORAIN COUNTY BOARD OF MENTAL HEALTH, LORAIN COUNTY HEALTH & DENTISTRY, LORAIN COUNTY METRO PARKS, LORAIN COUNTY OFFICE ON AGING, LORAIN COUNTY PUBIC HEALTH, AND UNITED WAY OF GREATER 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: | THE 2019 IMPLEMENTATION STRATEGY FOR UH ELYRIA MEDICAL CENTER IDENTIFIED THE FOLLOWING TWO PRIORITY HEATH NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM: PRIORITY HEATH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION- STRATEGY #1: PREDIABETES (AND OBESITY) SCREENING AND REFERRAL - STRATEGY #2: DIABETES AWARENESS CLASSES - STRATEGY #3: COMMUNITY FITNESS PROGRAMS PRIORITY HEALTH NEED #2: MENTAL HEALTH AND ADDICTION- STRATEGY #1: CELL PHONE-BASED SUPPORT PROGRAMS- STRATEGY #2: EMERGENCY ROOM AND FIRST RESPONDER OVERDOSE RESPONSE TRAINING (NALOXONE ACCESS)- STRATEGY #3: COMMUNITY-WIDE CARE COORDINATION THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: ACCESS TO CARE OR PREVENTION AS STAND-ALONE PRIORITIES. ASPECTS OF THESE HEALTH NEEDS ARE ENCOMPASSED IN OTHER EFFORTS BEING ADDRESSED. OTHER LORAIN COUNTY PARTNERS ARE ALSO ADDRESSING PREVENTION AND OTHER 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 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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES. |

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 10 -- UH ST. JOHN MEDICAL CENTER PART V, SECTION B, LINE 5:</p> | <p>UH ST. JOHN MEDICAL CENTER'S 2019 ASSESSMENT CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, AND OTHER RELEVANT ORGANIZATIONS 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH ST. JOHN MEDICAL CENTER; DEMOGRAPHICS OF UH ST. JOHN MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); HIGH FREQUENCY OF INAPPROPRIATE EMERGENCY DEPARTMENT USE; QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND LEAD POISONING).</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 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 RAINBOW BABIES & CHILDREN'S HOSPITAL, UH CLEVELAND MEDICAL CENTER, UH REGIONAL HOSPITALS (UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH AHUJA MEDICAL CENTER, UH PARMA MEDICAL CENTER, AND UH REHABILITATION HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM. |

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 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND. |

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, EXERCISE PROMOTION, 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. THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 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. |

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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES. |

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: | UH REHABILITATION HOSPITAL'S 2019 ASSESSMENT CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, AND OTHER RELEVANT ORGANIZATIONS 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH REHABILITATION HOSPITAL; DEMOGRAPHICS OF UH REHABILITATION HOSPITAL'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND LEAD POISONING). |

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 2019 CHNA FOR CUYAHOGA COUNTY: UH CLEVELAND MEDICAL CENTER, UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS UH REGIONAL HOSPITALS (UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH PARMA MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM. |

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 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND. |

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 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 FOR THE LOCAL COMMUNITY- STRATEGY #2: COMMUNITY EDUCATION ON RISK FACTORS ASSOCIATED WITH DIABETES THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 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. |

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 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 B-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 2019 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 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 AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION. |

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 3 -- UH GEAUGA MEDICAL CENTER PART V, SECTION B, LINE 5: | UH GEAUGA MEDICAL CENTER'S 2019 ASSESSMENT TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN GEAUGA COUNTY, REGIONAL FORUMS, 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 26%. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 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. ADDICTION, HEALTH STATUS PERCEPTIONS, ADULT TOBACCO, DRUG, AND ALCOHOL USE, SEXUAL BEHAVIOR, AND MENTAL HEALTH); CHRONIC DISEASE (E.G. CARDIOVASCULAR HEALTH, CANCER, ASTHMA, ARTHRITIS, DIABETES); AND SOCIAL CONDITIONS (E.G. 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 B-FACILITY 3 -- UH GEAUGA MEDICAL CENTER PART V, SECTION B, LINE 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A JOINT CHNA FOR GEAUGA COUNTY: CASA FOR KIDS OF GEAUGA COUNTY, CATHOLIC CHARITIES COMMUNITY SERVICES, CHAGRIN FALLS PARK COMMUNITY CENTER, DDC CLINIC, FAMILY PLANNING ASSOCIATION OF NORTHEAST OHIO, INC. (A DIVISION OF SIGNATURE HEALTH), FAMILY PRIDE, GEAUGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES, GEAUGA COUNTY BOARD OF HEALTH, GEAUGA COUNTY BOARD OF MENTAL HEALTH & RECOVERY SERVICES, GEAUGA COUNTY CLERK OF COURTS, GEAUGA COUNTY COMMISSIONERS, GEAUGA COUNTY DEPARTMENT ON AGING, GEAUGA COUNTY EDUCATIONAL SERVICE CENTER: (REPRESENTING ALL GEAUGA COUNTY SCHOOL DISTRICTS), GEAUGA PUBLIC HEALTH, GEAUGA COUNTY HEALTH DISTRICT ADVISORY COUNCIL, GEAUGA COUNTY HUNGER TASK FORCE, GEAUGA COUNTY JOB AND FAMILY SERVICES, GEAUGA COUNTY PUBLIC LIBRARY SYSTEM, GEAUGA COUNTY RESIDENTS, GEAUGA COUNTY SHERIFF, GEAUGA COUNTY TOWNSHIP ASSOCIATION, GEAUGA FAMILY FIRST COUNCIL, GEAUGA PARK DISTRICT, LAKE-GEAUGA HEAD START, LAKE GEAUGA RECOVERY CENTERS, LIFE ACT, MIDDLEFIELD CARE CENTER, NAMI GEAUGA, OHIO DEPARTMENT OF HEALTH, RAVENWOOD MENTAL HEALTH CENTER, STARTING POINT, TORCHLIGHT YOUTH MENTORING ALLIANCE, UNITED WAY SERVICES OF GEAUGA COUNTY, AND WOMENSAFE, INC. |

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 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 WITH WELLNESS NAVIGATOR - STRATEGY #2: SCREENING EVENTS- STRATEGY #3: CANCER SCREENING EVENTS- STRATEGY #4: CHRONIC DISEASE EDUCATION- STRATEGY #5: INITIATE AN OUTPATIENT CHRONIC DISEASE CLINIC PRIORITY HEALTH NEED #3: MATERNAL AND INFANT HEALTH- STRATEGY #1: BREASTFEEDING PROMOTION PROGRAMS CROSS-CUTTING FACTOR: PUBLIC HEALTH SYSTEM, PREVENTION AND HEALTH BEHAVIORS- STRATEGY #1: CHILD-SPECIFIC EDUCATION- STRATEGY #2: AMISH OUTREACH PROGRAMS NEEDS IDENTIFIED IN THE 2019 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 B-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 B-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 B-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 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 11: UH PORTAGE MEDICAL CENTER, - 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 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 2019 CHNA EXAMINED 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 STATUES INDICATORS PROJECT, THE OHIO DEPARTMENT OF HEALTH, THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (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 WERE ALSO USED. MEDICALLY UNDERSERVED AREAS AND POPULATIONS, HEALTH PROFESSIONAL SHORTAGE AREAS, AND HOSPITAL UTILIZATION WERE ALSO ASSESSED. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 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 AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES. |

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 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 A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. THE MAILING SURVEY WAS SENT TO 1,200 ADULTS IN PORTAGE COUNTY AND THE RESPONSE RATE WAS 27%, WHICH SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. ADOLESCENTS WERE RANDOMLY CHOSEN AFTER APPROVAL BY SUPERINTENDENT AND PARENT APPROVAL. THE RESPONSE RATE FOR ADOLESCENTS WAS 94%. FINALLY, A CHILD SURVEY WAS SENT TO 2,400 PARENTS WITH A RESPONSE RATE OF 7% WHICH SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY AT A 7% MARGIN OF ERROR. COUNTY-LEVEL DATA, NUMEROUS CDC SITES, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, US CENSUS DATA, AND OTHER NATIONAL AND LOCAL SOURCES WERE ALSO USED IN COLLECTING SECONDARY DATA. COMMUNITY LEADERS FROM THE PORTAGE CITY HEALTH DISTRICT AND RAVENNA CITY 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTH CARE ACCESS (E.G. HEALTH CARE COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, MEN/WOMEN'S HEALTH, AND ORAL HEALTH); HEALTH BEHAVIORS (E.G. HEALTH STATUS PERCEPTIONS, ADULT WEIGH STATUS, ADULT TOBACCO USE, ADULT ALCOHOL CONSUMPTION, ADULT DRUG USE, ADULT SEXUAL BEHAVIOR, AND ADULT MENTAL HEALTH); CHRONIC DISEASE (E.G. CARDIOVASCULAR HEALTH, CANCER, ARTHRITIS, ASTHMA, DIABETES, AND QUALITY OF LIFE); SOCIAL CONDITIONS (E.G. SOCIAL DETERMINANTS OF HEALTH AND ENVIRONMENTAL HEALTH); YOUTH HEALTH (E.G. YOUTH WEIGHT STATUES, YOUTH TOBACCO USE, YOUTH SEXUAL BEHAVIOR, YOUTH MENTAL HEALTH, YOUTH SOCIAL DETERMINANTS OF HEALTH, AND YOUTH VIOLENCE); CHILD HEALTH (E.G. HEALTH AND FUNCTIONAL STATUS, HEALTH CARE ACCESS, EARLY CHILDHOOD, MIDDLE CHILDHOOD, FAMILY AND COMMUNITY CHARACTERISTICS, AND PARENT HEALTH). |

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 11 -- UH PORTAGE MEDICAL CENTER PART V, SECTION B, LINE 6A: | THE FOLLOWING HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY CHNA FOR PORTAGE COUNTY: AKRON CHILDREN'S HOSPITAL AND UH PORTAGE 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 C-FACILITY 11 -- UH PORTAGE MEDICAL CENTER PART V, SECTION B, LINE 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A CHNA FOR PORTAGE COUNTY: AXESSPOINTE COMMUNITY HEALTH CENTER, CHILDREN'S ADVANTAGE, COLEMAN PROFESSIONAL SERVICES, FAMILY AND CHILDREN FIRST COUNCIL, FAMILY AND COMMUNITY SERVICES, HIRAM COLLEGE, KENT CITY BOARD OF HEALTH, KENT CITY HEALTH DEPARTMENT, KENT STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH & CENTER FOR PUBLIC POLICY AND HEALTH, KENT STATE UNIVERSITY HEALTH SERVICES, KENT STATE UNIVERSITY, CENTER FOR NUTRITION OUTREACH, MENTAL HEALTH & RECOVERY BOARD OF PORTAGE COUNTY, NORTHEAST OHIO MEDICAL UNIVERSITY, OHIOCAN, PARTA, PORTAGE COUNTY BOARD OF HEALTH, PORTAGE COUNTY CHILDREN'S SERVICES , PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT, PORTAGE COUNTY COMMISSIONERS, PORTAGE COUNTY JOB & FAMILY SERVICES, PORTAGE COUNTY SAFE COMMUNITIES COALITION, PORTAGE COUNTY SCHOOL DISTRICTS, PORTAGE COUNTY SHERIFF'S DEPARTMENT, PORTAGE COUNTY TOWNSHIP TRUSTEES, PORTAGE COUNTY VETERANS SERVICES, PORTAGE COUNTY WIC, PORTAGE LEARNING CENTERS, PORTAGE PARK DISTRICT, PORTAGE SUBSTANCE ABUSE COMMUNITY COALITION, RAVENNA CITY BOARD OF HEALTH, SEQUOIA WELLNESS, SUICIDE PREVENTION COALITION OF PORTAGE COUNTY, THE PORTAGE FOUNDATION, TOWNHALL II, AND UNITED WAY OF PORTAGE 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 C-FACILITY 11 -- UH PORTAGE MEDICAL CENTER PART V, SECTION B, LINE 11: | BASED ON THE PORTAGE COUNTY CHNA, UH PORTAGE MEDICAL CENTER DECIDED TO FOCUS ON THE FOLLOWING THREE PRIORITY HEALTH NEEDS: PRIORITY HEALTH NEED #1: MENTAL HEALTH, SUBSTANCE USE, AND ADDICTION PRIORITY HEALTH NEED #2: CHRONIC DISEASE PRIORITY HEALTH NEED #3: MATERNAL, INFANT, AND CHILD HEALTH CROSS-CUTTING FACTOR #1: HEALTHCARE SYSTEM AND ACCESS CROSS-CUTTING FACTOR #2: SOCIAL DETERMINANTS OF HEALTH CROSS-CUTTING FACTOR #3: HEALTH EQUITY STRATEGIES FOR THE KEY ISSUES WILL BE OUTLINED IN THE 2020-2022 IMPLEMENTATION STRATEGY. UH PORTAGE WILL BE IMPLEMENTING STRATEGIES IN BOTH THE IDENTIFIED PRIORITY AREAS. ANY NEEDS NOT BEING ADDRESSED BY THE UH PORTAGE MEDICAL CENTER 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 C-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 C-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 C-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 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 2019 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, 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 ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 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 AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES. |

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: | THE UH AVON REHABILITATION HOSPITAL'S 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 29%. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSE IN THE HEALTH ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 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). |

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 6A: | THE HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY. UH ELYRIA MEDICAL CENTER, UH AVON REHABILITATION HOSPITAL, CLEVELAND CLINIC AVON HOSPITAL, MERCY HEALTH ALLEN HOSPITAL, MERCY HEALTH LORAIN HOSPITAL, AND SPECIALTY HOSPITAL OF LORAIN ARE INCLUDED IN THE 2019 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 C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL PART V, SECTION B, LINE 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY: ALCOHOL AND DRUG ADDICTION SERVICES, BOARD OF LORAIN COUNTY, LORAIN COUNTY BOARD OF MENTAL HEALTH, LORAIN COUNTY HEALTH & DENTISTRY, LORAIN COUNTY METRO PARKS, LORAIN COUNTY OFFICE ON AGING, LORAIN COUNTY PUBIC HEALTH, AND UNITED WAY OF GREATER 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 C-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL PART V, SECTION B, LINE 11: | THE 2017 IMPLEMENTATION STRATEGY FOR UH AVON REHABILITATION HOSPITAL IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEED AND ASSOCIATED STRATEGIES TO ADDRESS IT IN SUBSEQUENT YEARS: PRIORITY HEALTH NEED: WELLNESS/WEIGHT-CONTROL- STRATEGY #1: DEVELOP AND LAUNCH A WELLNESS PROGRAM EMPHASIZING WEIGHT ISSUES- STRATEGY #2: INCREASE THE AWARENESS OF, ACCESS TO, AND PARTICIPATION IN THIS WELLNESS PROGRAM IMPLEMENTATION STRATEGIES BEGAN IN 2017. THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: ACCESS TO CARE OR PREVENTION AS STAND-ALONE PRIORITIES. ASPECTS OF THESE HEALTH NEEDS ARE ENCOMPASSED IN OTHER EFFORTS BEING ADDRESSED. OTHER LORAIN COUNTY PARTNERS ARE ALSO ADDRESSING PREVENTION AND OTHER 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 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 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 D-FACILITY 12 -- UH SAMARITAN 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 2019 CHNA EXAMINED 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 STATUES INDICATORS PROJECT, THE OHIO DEPARTMENT OF HEALTH, THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (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 WERE ALSO USED. MEDICALLY UNDERSERVED AREAS AND POPULATIONS, HEALTH PROFESSIONAL SHORTAGE AREAS, AND HOSPITAL UTILIZATION WERE ALSO ASSESSED. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 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 AND CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES. |

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 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 A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. THE MAILING SURVEY WAS SENT TO 1,200 ADULTS IN ASHLAND COUNTY AND THE RESPONSE RATE WAS 30%, WHICH FORCED THE CONFIDENCE LEVEL TO RISE FROM +/- 5% TO +/-5.25%. ADOLESCENTS WERE RANDOMLY CHOSEN AFTER APPROVAL BY SUPERINTENDENT AND PARENT APPROVAL. THE RESPONSE RATE FOR ADOLESCENTS WAS 93%. COUNTY-LEVEL DATA, NUMEROUS CDC SITES, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, US CENSUS DATA, AND OTHER NATIONAL AND LOCAL SOURCES WERE ALSO USED IN COLLECTING SECONDARY DATA. 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 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTH CARE ACCESS (E.G. HEALTH CARE COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, MEN/WOMEN'S HEALTH, AND ORAL HEALTH); HEALTH BEHAVIORS (E.G. HEALTH STATUS PERCEPTIONS, ADULT WEIGH STATUS, ADULT TOBACCO USE, ADULT ALCOHOL CONSUMPTION, ADULT DRUG USE, ADULT SEXUAL BEHAVIOR, AND ADULT MENTAL HEALTH); CHRONIC DISEASE (E.G. CARDIOVASCULAR HEALTH, CANCER, ARTHRITIS, ASTHMA, DIABETES, AND QUALITY OF LIFE); SOCIAL CONDITIONS (E.G. SOCIAL DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, AND PARENTING); YOUTH HEALTH (E.G. YOUTH WEIGHT STATUES, YOUTH TOBACCO USE, YOUTH SEXUAL BEHAVIOR, YOUTH MENTAL HEALTH, YOUTH SOCIAL DETERMINANTS OF HEALTH, AND YOUTH VIOLENCE). |

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 12 -- UH SAMARITAN MEDICAL CENTER PART V, SECTION B, LINE 6B: | THE FOLLOWING ORGANIZATIONS WORKED IN COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHLAND COUNTY: CITY OF ASHLAND, ASHLAND COUNTY HEALTH DEPARTMENT, ASHLAND COUNTY MENTAL HEALTH & RECOVERY BOARD, ASHLAND CITY SCHOOLS, MAPLETON LOCAL SCHOOLS, ASHLAND COUNTY COMMUNITY ACADEMY, ASHLAND COUNTY FAMILY & CHILDREN FIRST COUNCIL, ASHLAND COUNTY CATHOLIC CHARITIES, ASHLAND COUNTY COUNCIL ON AGING, ASHLAND COUNTY BOARD OF DEVELOPMENTAL DISABILITIES, APPLESEED COMMUNITY MENTAL HEALTH CENTER, ASHLAND COUNTY BOARD OF HEALTH, ASHLAND YMCA, ASHLAND COUNTY CHAMBER OF COMMERCE, ASHLAND PARENTING PLUS, ASHLAND COUNTY EMA, ASHLAND COUNTY JOB & FAMILY SERVICES, AND SAFE HAVEN OF ASHLAND, OHIO. |

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 12 -- UH SAMARITAN MEDICAL CENTER PART V, SECTION B, LINE 11: | BASED ON THE ASHLAND COUNTY CHNA, UH SAMARITAN MEDICAL CENTER DECIDED TO FOCUS ON THE FOLLOWING TWO PRIORITY HEALTH NEEDS: PRIORITY HEALTH NEED #1: MENTAL HEALTH AND ADDICTION PRIORITY HEALTH NEED #2: CHRONIC DISEASE CROSS-CUTTING FACTOR #1: PUBLIC HEALTH SYSTEM, PREVENTION, AND HEALTH BEHAVIORS CROSS-CUTTING FACTOR #2: SOCIAL DETERMINANTS OF HEALTH STRATEGIES FOR THE KEY ISSUES WILL BE OUTLINED IN THE 2020-2022 IMPLEMENTATION STRATEGY. UH SAMARITAN WILL BE IMPLEMENTING STRATEGIES IN BOTH THE IDENTIFIED PRIORITY AREAS. ANY NEEDS NOT BEING ADDRESSED BY THE UH SAMARITAN MEDICAL CENTER 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 D-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 D-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 D-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 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

| Name and address | Type of Facility (describe) |
|---|---|
| 1 1 - UH CHAGRIN HIGHLANDS MEDICAL CENTER 3909 ORANGE PLACE ORANGE VILLAGE, OH 44122 | OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC |
| 1 2 - UH WESTLAKE HEALTH CENTER 960 CLAGUE ROAD WESTLAKE, OH 44145 | OUTPATIENT HEALTH CENTER& SURGICAL CENTER & RAINBOW |
| 2 3 - UH SEIDMAN CANCER CENTER AT MONARCH 5885 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124 | OUTPATIENT HEALTH CENTER |
| 3 4 - UH TWINSBURG HEALTH CENTER 8819 COMMONS BLVD SUITE 100 TWINSBURG, OH 44087 | OUTPATIENT HEALTH CENTER& RAINBOW SPECIALY CLINIC |
| 4 5 - UH SHARON HEALTH CENTER 5133 RIDGE RD WADSWORTH, OH 44281 | OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC |
| 5 6 - UH MENTOR HEALTH CENTER 9000 MENTOR AVENUE MENTOR, OH 44060 | OUTPATIENT HEALTH CENTER& SURGICAL CENTER & RAINBOW |
| 6 7 - UH CONCORD HEALTH CENTER 7500 AUBURN ROAD PAINSVILLECONCORD J, OH 44077 | OUTPATIENT HEALTH CENTER, URGENT CARE |
| 7 8 - UH LYNDBURST SURGERY CENTER 29017 CEDAR ROAD LYNDBURST, OH 44124 | SURGICAL CENTER |
| 8 9 - UH MEDINA HEALTH CENTER OUTPATIENT HEALT 4001 CARRICK DR MEDINA, OH 44256 | OUTPATIENT HEALTH CENTER& RAINBOW SPECIALTY CLINIC |
| 9 10 - UH LANDERBROOK HEALTH CENTER 5850 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124 | OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC |
| 10 11 - UH EUCLID HEALTH CENTER 18599 LAKE SHORE BLVD EUCLID, OH 44119 | OUTPATIENT HEALTH CENTER |
| 11 12 - UH MAYFIELD VILLAGE HEALTH CENTER 730 SOM CENTER ROAD SUITE 110 MAYFIELD VILLAGE, OH 44143 | OUTPATIENT HEALTH CENTER |
| 12 13 - UH UNIVERSITY SUBURBAN HEALTH CENTER 1611 SOUTH GREEN ROAD SOUTH EUCLID, OH 44121 | OUTPATIENT HEALTH CENTER& RAINBOW SPECIALTY CLINIC |
| 13 14 - UH HUDSON HEALTH CENTER 5778 DARROW ROAD HUDSON, OH 44236 | OUTPATIENT HEALTH CENTER |
| 14 15 - UH MADISON HEALTH CENTER 701 NORTH LAKE STREET MADISON, OH 44057 | OUTPATIENT HEALTH CENTER |

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

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

2019

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.

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 noncash 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 19
3 Enter total number of other organizations listed in the line 1 table 0

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 |
| ACHIEVEMENT CENTER FOR CHILDREN 4255 NORTHFIELD RD HIGHLAND HILLS, OH 44128 | 34-0714766 | 501(C)3 | 8,500 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMER CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303 | 13-1788491 | 501(C)3 | 100,000 | | | | GENERAL SUPPORT |
| AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231 | 13-5613797 | 501(C)3 | 161,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EASTER SEALS NORTHERN OHIO 2173 N RIDGE RD E STE G LORAIN, OH 44055 | 31-4380051 | 501(C)3 | 15,000 | | | | GENERAL SUPPORT |
| FLASHES OF HOPE 36 S FRANKLIN STREET CHAGRIN FALLS, OH 44022 | 04-3648694 | 501(C)3 | 10,000 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVENUE SUITE 3103A CLEVELAND, OH 44114 | 20-4948838 | 501(C)3 | 16,800 | | | | GENERAL SUPPORT |
| GREATER CLEV FOOD BANK INC 15500 SOUTH WATERLOO RD CLEVELAND, OH 44110 | 34-1292848 | 501(C)3 | 11,750 | | | | 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 CLEV SPORTS COMMISSION 334 EUCLID AVENUE STE 100 CLEVELAND, OH 44114 | 31-1381131 | 501(C)3 | 50,000 | | | | GENERAL SUPPORT |
| MIDTOWN CLEVELAND INC 5000 EUCLID AVE STE 100 CLEVELAND, OH 44103 | 34-1381334 | 501(C)3 | 24,000 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RONALD MCDONALD HOUSE OF CLE 10415 EUCLID AVENUE CLEVELAND, OH 44106 | 34-1269123 | 501(C)3 | 35,000 | | | | GENERAL SUPPORT |
| VALUES IN ACTION FOUNDATION 6700 BETA DR SUITE 120 MAYFIELD, OH 44143 | 34-1795459 | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YWCA OF GREATER CLEV 4019 PROSPECT AVE CLEVELAND, OH 44103 | 34-0714800 | 501(C)3 | 75,000 | | | | GENERAL SUPPORT |
| ELYRIA MEDICAL CENTER FOUNDATION 630 EAST RIVER STREET ELYRIA, OH 44035 | 61-1579760 | 501(C)3 | 43,671 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PARMA HOSPITAL HEALTH CARE FOUNDATION 7007 POWERS BLVD PARMA, OH 44129 | 34-1626664 | 501(C)3 | 1,625,200 | | | | GENERAL SUPPORT |
| ROBINSON MEMORIAL HOSPITAL FOUNDATION 6847 N CHESTNUT STREET PO BOX 1204 RAVENNA, OH 44266 | 34-1510544 | 501(C)3 | 454,210 | | | | 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 REGIONAL TRANSIT AUTHORITY 1240 WEST 6TH STREET CLEVELAND, OH 44113 | | GOVERNMENT | 125,000 | | | | GENERAL SUPPORT |

Schedule J (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM INC GROUP RETURN

Employer identification number 90-0059117

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include questions 1a through 9 regarding compensation reporting, including travel expenses, substantiation, compensation committees, and contingent compensation.

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. |
| PART I, LINE 8 | CERTAIN EMPLOYEE COMPENSATION DISCLOSED IN PART VII MEET THE REQUIREMENTS OF THE INITIAL CONTRACT EXCEPTION. |
| PART I, LINE 4A | THE FOLLOWING PERSONS RECEIVED SEVERANCE PAYMENTS IN 2019: BLAKE, JEAN D.: \$393,859 JURIS, SUSAN: \$203,715 MAITLAND, KEITH: \$201,427 PETERS, JEFFREY H.: \$942,950 |
| PART I, LINE 4B | THE FOLLOWING PERSONS PARTICIPATED IN, OR RECEIVED PAYMENT FROM A NONQUALIFIED RETIREMENT PLAN (457(F)OR SERP) IN 2019: ADELMAN, HARLIN G. ESQ. (\$76,530 - SERP) BAMBAKIDIS, NICHOLAS C. (\$21,228 - SERP) BECK, ERIC H. (\$77,012 - SERP) BENOIT, WILLIAM A. (\$41,409 - SERP) BERGMANN, PETER U FACHE (\$45,450 - SERP) BISHOP, SHERRI L. (\$93,703 - SERP) BIXENSTINE, KIM F. (\$37,432 - SERP) BLAKE, JEAN D. RN (\$92,163 - SERP) BOND, BRADLEY C. (\$65,206 - SERP) BRIEN, WILLIAM W. (\$89,040 - SERP) BROWN, SAM H. (\$24,398 - SERP) CHICKERELLA, DANIELLE (\$46,464 - SERP) CHRISTIAN, VALDA CLARK (\$35,011 - SERP) COSTA, MARCO A. (\$98,611 - SERP) DAVID, ROBERT G. (\$64,570 - SERP) DECARLO, DONALD P. (\$35,049 - SERP) DEPOMPEI, PATRICIA M. (\$79,537 - SERP) DZIEDZICKI, RONALD E. (\$88,920 - SERP) GARTLAND, HEIDI I. (\$40,213 - SERP) HANSON, RICHARD A. (\$119,372 - SERP) HARFORD, TODD R. (\$17,647 - SERP) HERTZ, ANDREW R. MD (\$54,240 - SERP) JONES, STEVEN M. (\$89,381 - SERP) JURIS, SUSAN (\$40,338 - SERP) KEEGAN, ARTHUR EDWIN (\$70,064 - SERP) MCCOMSEY, GRACE A (\$16,207 - SERP) MCNEIL, KAREN (\$34,167 - SERP) MEGERIAN, CLIFF MD (\$196,311 - SERP) MILLER, JANET (\$55,724 - SERP) MONTER, BRIAN (\$45,965 - SERP) O'MALLEY, CHERYL H. (\$15,039 - SERP) PAPA, ALAN J. (\$5,531 - SERP) PIRTZ, JASON M. (\$12,800 - SERP) PRONOVOST, PETER J. (\$114,188 - SERP) ROWELL, ROBERTA J. (\$35,504 - SERP) SALVINO, SONIA (\$66,977 - SERP) SCHARIO, MARK E. (\$35,436 - SERP) SIMON, DANIEL I. MD (\$206,647 - SERP) SINK, KRISTI (\$49,075 - SERP) SNOWBERGER, THOMAS D. (\$120,641 - SERP) STAMLER, JONATHAN (\$28,975 - SERP) STANDLEY, STEVEN D. (\$134,428 - SERP) STROSACKER, ROBYN MD (\$29,567 - SERP) SZUBSKI, MICHAEL A (\$191,025 - SERP) TAIT, PAUL G. (\$129,894 - SERP) TEKNOS, THEODOROS N. (\$137,405 - SERP) VEHOVEC, MICHAEL R. (\$50,700 - SERP) ZELIS, CYNTHIA B.R. (\$68,652 - SERP) ZENTY, THOMAS F III (\$438,751 - SERP) ZOLTANSKI, JOAN MD (\$32,250 - SERP) |
| 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. |

| 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 | | | | |
| 21GEAUGA - JONES M STEVEN DIRECTOR EX OFF/ PRES. (END 02/19) | (i) | 527,454 | 211,665 | 98,036 | 41,400 | 15,409 | 893,964 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1UHCMC - DZIEDZICKI RONALD E COO (END 07/19) | (i) | 535,480 | 197,835 | 97,758 | 27,400 | 17,369 | 875,842 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2AHUJA - JURIS SUSAN V DIR (EX-OFF) /PRES. (END 06/19) | (i) | 195,062 | 132,440 | 339,293 | 135,237 | 26,304 | 828,336 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3UHHS - BISHOP SHERRI L CHIEF DEVELOPMENT OFFICER | (i) | 435,015 | 176,655 | 101,332 | 81,400 | 30,080 | 824,482 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4UHHS - MILLER JANET L ESQ SECRETARY/ CLO (END 05/19) | (i) | 194,011 | 228,609 | 169,620 | 218,515 | 3,023 | 813,778 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5UHCMC - DEPOMPEI PATRICIA M PRES RAINBOW BABIES & CHILDREN | (i) | 480,449 | 169,002 | 85,030 | 44,200 | 26,914 | 805,595 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6UHHS - PRONOVOST PETER MD CHIEF CLINICAL TRANSFORM. OFFICER | (i) | 761,253 | 0 | 4,667 | 31,780 | 123 | 797,823 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7UHHS - BRIEN WILLIAM W MD CMO/ CHIEF QUALITY OFFICER | (i) | 555,840 | 185,517 | 9,027 | 40,000 | 783 | 791,167 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8ACO - BECK ERIC DO DIRECTOR (END 04/19) | (i) | 514,496 | 164,361 | 72,953 | 18,200 | 14,674 | 784,684 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9UHMG - MILLER MARLENE MD DIRECTOR EX OFFICIO | (i) | 596,014 | 26,970 | 56,521 | 38,463 | 26,842 | 744,810 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10UHMG - ADELMAN HARLIN G ESQ FORMER OFFICER | (i) | 488,824 | 137,747 | 63,667 | 22,400 | 28,137 | 740,775 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11UHMG - SALATA ROBERT A MD DIRECTOR EX OFFICIO | (i) | 601,661 | 54,863 | 17,905 | 41,400 | 18,659 | 734,488 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12GEAUGA - STEFANO GREGORY MD DIRECTOR EX OFFICIO (BEGIN 05/19) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 586,364 | 100,007 | 1,501 | 11,200 | 25,413 | 724,485 | 0 |
| 13UHCMC - SALVINO SONIA TREASURER | (i) | 389,536 | 158,544 | 71,495 | 41,400 | 26,569 | 687,544 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14ECC - BOND BRADLEY C DIRECTOR/SECRETARY/TREASURER | (i) | 398,598 | 165,377 | 67,921 | 22,400 | 26,360 | 680,656 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15ST JOHN - DAVID ROBERT G DIRECTOR EX OFFICIO/PRESIDENT | (i) | 389,756 | 141,166 | 62,678 | 41,400 | 24,823 | 659,823 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16CCO - ZELIS CYNTHIA MD DIRECTOR | (i) | 405,109 | 155,022 | 18,373 | 38,600 | 28,082 | 645,186 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17UHCMC - MACTAY MD MITCHELL DIRECTOR EX OFFICIO | (i) | 518,259 | 53,925 | 5,237 | 32,871 | 29,265 | 639,557 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18SPC - TAVALLAEE MEHRDAD M MD DIRECTOR (END 03/19) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 574,619 | 0 | 2,836 | 12,600 | 25,826 | 615,881 | 0 |
| 19CCO - HERTZ ANDREW R MD DIRECTOR | (i) | 424,716 | 109,596 | 2,825 | 36,407 | 9,487 | 583,031 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 41 UHCMC - STROSACKER ROBYN MD COO (BEGIN 07/19)/ CMO | (i) | 412,853 | 108,159 | 2,030 | 21,000 | 15,974 | 560,016 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 HOME CARE - SILA CATHY MD DIRECTOR/SECRETARY/TREASURER | (i) | 499,868 | 0 | 6,554 | 39,900 | 1,221 | 547,543 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 PARMA - SINK KRISTI M FORMER OFFICER | (i) | 380,380 | 103,317 | 2,601 | 14,035 | 24,720 | 525,053 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 REGIONAL - MONTER BRIAN DIR (EX-OFF)/ PRESIDENT (END 03/19) | (i) | 372,707 | 101,645 | 1,479 | 18,200 | 25,415 | 519,446 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 UHMG - RONIS ROBERT FORMER DIRECTOR/FORMER KEY EMPLOYEE | (i) | 403,067 | 51,581 | 7,391 | 38,900 | 17,103 | 518,042 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 ECC - VEHOVEC MICHAEL R DIRECTOR/CHAIRPERSON (BEGIN 05/19) | (i) | 299,767 | 122,285 | 54,143 | 40,132 | 570 | 516,897 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 GEAUGA - DECARLO DONALD DIR (EX-OFF)/ PRES. (BEGIN 02/19) | (i) | 362,831 | 75,490 | 3,057 | 36,880 | 25,082 | 503,340 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 UHHS - KEEGAN ARTHUR EDWIN CHIEF MARKETING OFFICER | (i) | 333,212 | 123,722 | 4,865 | 18,107 | 17,069 | 496,975 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 UHHS - GARTLAND HEIDI I FORMER KEY EMPLOYEE | (i) | 301,902 | 95,610 | 43,771 | 44,200 | 9,529 | 495,012 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 UHHS - PANDRANGI VASU MD DIRECTOR EX OFFICIO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 424,422 | 0 | 31,691 | 14,000 | 14,282 | 484,395 | 0 |
| 10 UHMG - RAO GOUTHAM MD DIRECTOR | (i) | 422,572 | 0 | 2,268 | 13,710 | 26,360 | 464,910 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 PORTAGE - BENOIT WILLIAM DIRECTOR EX OFFICIO/ PRESIDENT | (i) | 314,193 | 92,817 | 11,654 | 19,600 | 26,085 | 464,349 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 REGIONAL - ROWELL ROBIN DIR EX OFF/ PRES (BEG 04/19) | (i) | 297,234 | 77,519 | 36,589 | 25,200 | 27,028 | 463,570 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 HOME CARE-CHICKERELLA D DIRECTOR | (i) | 328,612 | 80,840 | 1,724 | 38,600 | 8,452 | 458,228 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 UHHS - BIXENSTINE KIM F CHIEF COMPLIANCE OFFICER (END 2019) | (i) | 80,038 | 141,187 | 108,391 | 111,684 | 11,369 | 452,669 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 UHREC - MCCOMSEY GRACE MD DIRECTOR (BEGIN 05/19) | (i) | 317,973 | 56,257 | 30,951 | 18,870 | 27,380 | 451,431 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 ACO - HILLARD BRADLEY G DO PRESIDENT (END 04/19) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 315,574 | 34,719 | 16,038 | 31,242 | 37,323 | 434,896 | 0 |
| 17 SAMARITAN-MACDONALD MARY C MD DIRECTOR EX OFFICIO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 376,659 | 0 | 5,419 | 14,000 | 27,356 | 423,434 | 0 |
| 18 HOME CARE - MAITLAND KEITH RPH FORMER OFFICER/FORMER DIRECTOR | (i) | 0 | 0 | 299,232 | 78,994 | 22,180 | 400,406 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 UHHS - CHRISTIAN VALDA CLARK CHIEF COMPLIANCE OFFICER (BEGIN 2019) | (i) | 285,761 | 21 | 90,266 | 0 | 20,850 | 396,898 | 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 | | | | |
| 61CCO - SCHARIO MARK E SECRETARY | (i) | 265,442 | 79,931 | 3,250 | 20,833 | 26,642 | 396,098 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 UHMG - HARDING CLIFFORD V MD DIRECTOR (END 05/19) | (i) | 312,531 | 55,816 | 4,594 | 16,754 | 3,363 | 393,058 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 REGIONAL - BEJANISHVILI TAMAR MD DIRECTOR EX OFFICIO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 347,546 | 0 | 811 | 11,200 | 24,859 | 384,416 | 0 |
| 3 UHMG - ZOLTANSKI JOAN MD DIRECTOR | (i) | 264,346 | 73,612 | 2,005 | 15,693 | 27,322 | 382,978 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4CCO - HOYNES SEAN MD DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 287,458 | 0 | 2,107 | 41,350 | 28,948 | 359,863 | 0 |
| 5GENEVA - HOWE EVAN MD DIRECTOR EX OFFICIO (END 05/19) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 270,842 | 0 | 40,604 | 9,800 | 23,207 | 344,453 | 0 |
| 6 SAMARITAN - STENCEL MICHAEL MD DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 242,909 | 0 | 3,488 | 72,278 | 17,044 | 335,719 | 0 |
| 7 SAMARITAN - HARFORD TODD DIR (EX-OFF)/ PRES. (BEGIN 07/19) | (i) | 236,677 | 24,260 | 37,513 | 21,053 | 13,524 | 333,027 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 CONNEAUT - KUMAR AJAY MD DIRECTOR EX OFFICIO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 295,592 | 0 | 489 | 8,400 | 15,235 | 319,716 | 0 |
| 9UHCMC - PIRTZ JASON M CHIEF NURSING OFFICER (BEGIN 08/19) | (i) | 206,564 | 26,874 | 40,434 | 13,606 | 25,449 | 312,927 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 ACO-HAMMACK ELIZABETH ESQ FORMER OFFICER | (i) | 220,473 | 34,443 | 784 | 17,256 | 25,137 | 298,093 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 CCO-RAVICHANDRAN K MD DIRECTOR (BEGIN 05/19) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 225,134 | 17,884 | 2,204 | 15,161 | 32,036 | 292,419 | 0 |
| 12UHLSF - BROWN SAM H DIR/ PRES/ SECR (BEGIN 2019) | (i) | 192,470 | 56,820 | 1,009 | 10,882 | 26,831 | 288,012 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 CCO - HARWELL CARLA M MD DIRECTOR (END 05/19) | (i) | 212,086 | 0 | 2,027 | 16,927 | 27,763 | 258,803 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 SAMARITAN - MCNEIL KAREN DIR (EX-OFF)/ PRES (END 06/19) | (i) | 133,080 | 71,140 | 23,051 | 13,562 | 10,739 | 251,572 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15ECC - BECK JOHN DIRECTOR/PRESIDENT (BEGIN 05/19) | (i) | 168,354 | 27,287 | 850 | 13,210 | 26,613 | 236,314 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 UHLSF - GOODELLE MICHAEL DIRECTOR | (i) | 162,217 | 21,318 | 7,300 | 13,077 | 25,310 | 229,222 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 ST JOHN - O'MALLEY CHERYL H FORMER KEY EMPLOYEE | (i) | 94,131 | 80,559 | 7,120 | 3,049 | 3,896 | 188,755 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 CONNEAUT-SOORIYAPALAN N MD DIRECTOR EX OFFICIO (BEGIN 05/19) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 177,766 | 0 | 331 | 6,242 | 600 | 184,939 | 0 |

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM INC
GROUP RETURN

Employer identification number
90-0059117

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the 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 | 138,439 | 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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

2019

▶ **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 | 89 | 780,584 | APPRAISALS, RECEIPT |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | X | | 453 | RECEIPT |
| 5 Clothing and household goods | X | | 54,067 | RECEIPT, FMV, RETAIL PRICE |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 135 | 8,820,206 | FMV |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>EVENT AUCTION ITEMS</u>) | X | 122 | 94,451 | RECEIPT, FMV |
| 26 Other ▶ (<u>SUPPLIES</u>) | X | 31 | 25,791 | RECEIPT, INVOICE, FM |
| 27 Other ▶ (<u>MISCELLANEOUS</u>) | X | 25 | 11,633 | 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** 5

| | | | |
|--|--|-----|----|
| 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 isn't required to be used for exempt purposes for the entire holding period? | | Yes | 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 didn't 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: | STATE STREET GLOBAL SERVICES CORPORATION WAS USED IN 2019 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

2019**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 2019, UNIVERSITY HOSPITALS DEDICATED MORE THAN \$429 MILLION TO COMMUNITY BENEFIT PROGRAMS IN NORTHEAST OHIO CONSISTING OF: - EDUCATION AND TRAINING = \$ 90 MILLION - RESEARCH = \$ 47 MILLION - CHARITY CARE = \$50 MILLION - MEDICAID SHORTFALL = \$231 MILLIO N - COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = \$25 MILLION - HOSPITAL C ARE ASSURANCE PROGRAM (HCAP) RECEIPTS = (\$14 MILLION). REFER TO SCHEDULE H FOR FURTHER DET AIL ON HOW THE SYSTEM MEASURES AND REPORTS COMMUNITY BENEFIT. COMMUNITY BENEFIT FOR 2019 T OTALED \$429 MILLION. IN ADDITION TO CHARITY CARE AND INSUFFICIENT FUNDING FROM THE MEDICAL D PROGRAM, THE SYSTEM INCURS SIGNIFICANT LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO M AKE PAYMENT FOR SERVICES RENDERED OR INSURED PATIENTS WHO FAIL TO REMIT CO-PAYMENTS AND DE DUCTIBLES AS REQUIRED UNDER APPLICABLE HEALTH INSURANCE ARRANGEMENTS. IN 2019, \$116 MILLIO N REPRESENTED REVENUES FOR SERVICES PROVIDED THAT ARE DEEMED TO BE UNCOLLECTIBLE. THE SYST EM HAS A BROAD PRESENCE THROUGHOUT NORTHEAST OHIO, INCLUDING CUYAHOGA, LORAIN, GEauga, ASH TABULA, 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 PROV IDES WORK DIRECTLY FOR MORE THAN 29,700 EMPLOYEES AND PHYSICIANS. UH PROVIDES MANY COMMUNI TY BENEFITS DIRECTLY AND INDIRECTLY THROUGH NEW OR EXPANDED BUSINESS OPPORTUNITIES AND THR OUGH 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 F ACILITIES AND SERVICES AT UH CLEVELAND MEDICAL CENTER, OUR WORLD-RENOWNED ACADEMIC MEDICAL CENTER IN CLEVELAND, PROVIDE CLEVELAND RESIDENTS AND PEOPLE FROM THROUGHOUT THE REGION AN D 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 PROF ESSIONALS. THE QUENTIN & ELISABETH ALEXANDER NEONATAL INTENSIVE CARE UNIT AT UH RAINBOW BA BIES & CHILDREN'S HOSPITAL SERVES OUR MOST VULNERABLE CHILDREN. THE SYSTEM'S EMERGENCY FAC ILITIES AT OR MEDICAL CENTERS AND THE SYSTEM'S SEIDMAN CANCER CENTER AT UH CLEVELAND MEDIC AL CENTER AND VARIOUS COMMUNITY MEDICAL CENTERS, CONTINUE TO PROVIDE EXPANDED EMPLOYMENT O PPORTUNITIES WHILE EXTENDING UH'S MISSION TO MORE PATIENTS. NEW STATE-OF-THE-ART OUTPATIE N T 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 I N THE REGION. FOR MORE DETAILE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART III - PROGRAM SERVICE, LINE 4A | D INFORMATION ON THE SYSTEM'S COMMUNITY BENEFIT OR TO VIEW THE 2019 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 \$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 \$100,000,000 -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 | <p>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.</p> |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PARTS VIII, IX AND X: | <p>IN ORDER TO PROVIDE A MORE COMPLETE AND ACCURATE PICTURE OF UNIVERSITY HOSPITALS HEALTH SY STEM'S FINANCIAL INFORMATION, UH HAS INCLUDED ALL FINANCIAL DATA FOR BOTH THE CONSOLIDATED GROUP AND PARENT ORGANIZATION IN THIS FORM 990 FOR PARTS VIII, IX AND X, INCLUDING SUPPLEMENTAL INFORMATION REQUIRED IN SCHEDULE D. PLEASE REFER TO THE AUDITED FINANCIAL STATEMENTS ATTACHED TO THIS RETURN AND THE SEPARATELY FILED FORM 990 FOR THE UH PARENT FOR ADDITIONAL INFORMATION. RECONCILIATION OF GROUP PRESENTATION PART VIII - STATEMENT OF REVENUE UH GROUP AND UH PARENT ELIMINATIONS UH GROUP UH PARENT PARENT ONLY (WITHOUT UH COMBINED PARENT) LINE 1H 84,856,000 (14,640,000) 2,547,000 72,763,000 LINE 2G 3,722,294,000 (538,541,000) 480,793,000 3,664,546,000 LINE 3 39,294,000 (38,914,000) - 380,000 LINE 6 - - - - LINE 7D 32,915,000 (32,866,000) - 49,000 LINE 8C (637,000) - - (637,000) LINE 9 14,000 - - 14,000 LINE 11E 169,019,000 (75,557,000) - 93,462,000 LINE 12 4,047,755,000 (700,518,000) 483,34 0,000 3,830,577,000 *TOTAL REVENUE REPORTED ON LINE 12 OF \$4,047,755,000 CONSISTED OF \$3,889,089,433 EXEMPT FUNCTION REVENUE, \$2,559,891 OF UNRELATED BUSINESS REVENUE, AND \$71,249,676 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 6,295,000 (6,295,000) - - LINE 3 590,000 (590,000) - - LINE 5 38,944,000 (16,457,000) - 22,487,000 LINE 6 9,545,000 (1,542,000) - 8,003,000 LINE 7 1,637,896,000 (303,256,000) - 1,334,640,000 LINE 8 44,012,000 19,082,000 - 63,094,000 LINE 9 212,017,000 (47,088,000) - 164,929,000 LINE 10 108,979,000 (20,634,000) - 88,345,000 LINE 11B 2,057,000 (1,751,000) - 306,000 LINE 11C 1,185,000 (665,000) - 520,000 LINE 11D 507,000 (26,000) - 481,000 LINE 11E 126,000 - - 126,000 LINE 11G 113,922,000 (28,968,000) - 84,954,000 LINE 12 11,836,000 (8,514,000) - 3,322,000 LINE 13 831,856,000 (8,182,000) - 823,674,000 LINE 14 88,718,000 (83,794,000) - 4,924,000 LINE 16 163,408,000 (21,768,000) - 141,640,000 LINE 17 11,461,000 (3,139,000) - 8,322,000 LINE 20 44,127,000 (44,128,000) - (1,000) LINE 22 176,073,000 (60,763,000) - 115,310,000 LINE 23 39,168,000 9,792,000 - 48,960,000 LINE 24 380,190,000 (184,291,000) 480,793,000 676,692,000 LINE 25 3,922,912,000 (812,977,000) 480,793,000 3,590,728,000 TOTAL FUNCTIONAL EXPENSES REPORTED ON LINE 25 OF \$3,922,912,000 CONSISTED OF \$3,659,996,000 PROGRAM SERVICE EXPENSES, \$249,304,000 OF MANAGEMENT AND GENERAL EXPENSES, AND \$13,612,000 OF FUNDRAISING EXPENSES. PART X - BALANCE SHEET UH GROUP AND UH PARENT ELIMINATIONS UH GROUP UH PARENT WITHOUT UH COMBINED PARENT) LINE 2 251,467,000 (248,540,000) - 2,927,000 LINE 3 59,238,000 (7,703,000) - 51,535,000 LINE 4 565,871,000 (7,499,000) - 558,372,000 LINE 7 - - - - LINE 8 79,204,000 - - 79,204,000 LINE 9 38,324,000 (31,339,000) - 6,985,000 LINE 10C 1,780,182,000 (529,061,000) - 1,251,121,000 LINE 11 1,441,264,000 (1,438,319,000) - 2,945,000 LINE 12 287</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PARTS VIII, IX AND X: | <p>,125,000 (286,941,000) - 184,000 LINE 13 503,028,000 (1,894,078,000) 1,565,937,000 174,887 ,000 LINE 14 19,960,000 (15,550,000) - 4,410,000 LINE 15 259,275,000 (147,240,000) - 112,0 35,000 LINE 16 5,284,938,000 (4,606,270,000) 1,565,937,000 2,244,605,000 LINE 17 464,521,0 00 (293,767,000) - 170,754,000 LINE 18 - - - - LINE 19 1,593,000 - - 1,593,000 LINE 20 1,2 19,829,000 (1,219,814,000) - 15,000 LINE 23 39,749,000 (39,749,000) - - LINE 25 865,793,00 0 (762,762,000) - 103,031,000 LINE 26 2,591,485,000 (2,316,092,000) - 275,393,000 LINE 27 1,817,213,000 (1,823,506,000) 1,565,937,000 1,559,644,000 LINE 28 876,240,000 (466,672,000) - 409,568,000 LINE 32 2,693,453,000 (2,290,178,000) 1,565,937,000 1,969,212,000 LINE 33 5,284,938,000 (4,606,271,000) 1,565,937,000 2,244,605,000</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART XI, LINE 9: | NET ASSETS RELEASED FROM RESTRICTION -32,697,000. INVESTMENT IN SUBSIDIARIES 13,610,000. ADDITIONAL MINIMUM LIABILITY -49,944,000. EQUITY TRANSFERS -116,840,000. OTHER CHANGES IN FUND BALANCE 80,002,000. CHANGE IN BENEFICIAL INTEREST FOUNDATIONS 15,408,000. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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.

See Additional Data Table

| (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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 | 334,532 | 354,136 | | 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 | Yes | |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | | No |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o Sharing of paid employees with related organization(s) | | No |
| p Reimbursement paid to related organization(s) for expenses | | No |
| q Reimbursement paid by related organization(s) for expenses | | No |
| r Other transfer of cash or property to related organization(s) | Yes | |
| s Other transfer of cash or property from related organization(s) | 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 |
|--|--------------------------------|---|----------------------------|-------------------------------------|--|
| JWR COMMERCIAL PROPERTIES LLC 11100 EUCLID AVE CLEVELAND, OH 44106 | REAL ESTATE | OH | 0 | 0 | UHHS |
| CHESTER ROAD COMMERCIAL PROPERTIES LLC 11100 EUCLID AVE CLEVELAND, OH 44106 | REAL ESTATE | OH | 0 | 0 | UHHS |
| UH HEALTH SOLUTIONS LLC 11100 EUCLID AVE CLEVELAND, OH 44106 | SUPPORT SERVICES | OH | 0 | 0 | UHHS |
| UH HEALTH VENTURES LLC 11100 EUCLID AVE CLEVELAND, OH 44106 | SUPPORT SERVICES | OH | 0 | 0 | UHHS |
| UH RESEARCH EDUCATION AND COLLABORATION LLC 11100 EUCLID AVE CLEVELAND, OH 44106 27-1287585 | SUPPORT SERVICES | OH | 0 | 0 | UHHS |
| UH REGIONAL PRACTICES LLC 11100 EUCLID AVE CLEVELAND, OH 44106 | SUPPORT SERVICES | OH | 0 | 0 | UHHS |
| UH MEDS LLC 11100 EUCLID AVE CLEVELAND, OH 44106 | 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 | COMPREHENSIVE HEALTH CARE OF OHIO INC | Yes | |
| 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122 | GRANT FUNDING | UK | N/A | N/A | UHHS | 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 |
| 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 | |
| UNIVERSITY HOSPITALS HOLDINGS INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1768931 | HOLDING COMPANY | OH | UHHS | C | -114,895,141 | 96,490,665 | 100.000 % | Yes | |
| UNIVERSITY HOSPITALS PHYSICIAN SERVICES 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1768929 | PHYSICIAN ADMINISTRATION | OH | N/A | C | | | | Yes | |
| UNIVERSITY PRIMARY CARE PRACTICES INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1768928 | PHYSICAN GROUP | OH | N/A | C | | | | Yes | |
| UHHS PROVIDER & CENTRAL VERIFICATION ORG 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1908517 | MEDICAL MANAGEMENT | OH | N/A | C | | | | Yes | |
| CEDAR BRAINARD SURGERY CENTER INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 20-4957632 | HOLDING COMPANY | OH | N/A | C | | | | Yes | |
| UNIVERSITY HOSPITALS HEALTH CARE ENTERPRISES 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1510005 | MEDICAL MANAGEMENT | OH | N/A | C | | | | Yes | |
| BMH DEVELOPMENT CORP 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1346212 | LAND DEVELOPMENT | OH | CONNEAUT MEDICAL CENTER | C | -5,230 | | 100.000 % | Yes | |
| COMPREHENSIVE VENTURES UNLIMITED INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1596060 | PHYSICIAN ADMINISTRATION | OH | UHCHCO INC | C | -318,077 | 3,785,739 | 100.000 % | Yes | |
| NORTH OHIO HEART INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 27-2574020 | PHYSICIANS GROUP | OH | UHCHCO INC | C | -12,494,294 | 2,463,716 | 100.000 % | Yes | |
| POWERS PROFESSIONAL CORPORATION 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1735290 | PHYSICIANS GROUP | OH | PARMA COMMUNITY MEDICAL CENTER | C | -305,916 | 1,102 | 100.000 % | Yes | |
| PRL CORPORATION 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1499245 | PHYSICIANS GROUP | OH | PARMA COMMUNITY MEDICAL CENTER | C | | 6,848,935 | 100.000 % | Yes | |
| UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 81-3836118 | ACCOUNT CARE | OH | N/A | C | | | | Yes | |
| EMH PROFESSIONAL SERVICES INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1778419 | PHYSICAN GROUP | OH | N/A | C | | | | Yes | |
| HEALTH DESIGN PLUS INC 1755 GEORGETOWN RD HUDSON, OH 44236 34-1593929 | THIRD PARTY ADMINISTRATOR | 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 |
| QUALITY CARE NETWORK 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 81-1081563 | MEDICAL MANAGEMENT | OH | N/A | C | | | | Yes | |
| WESTSHORE PRIMARY CARE ASSOCIATES INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1675567 | PHYSICIAN ADMINISTRATION | OH | ST JOHN MEDICAL CENTER | C | | | 100.000 % | Yes | |
| EMH MEDICAL OFFICE BUILDING IN AVON INC 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 34-1935407 | REAL ESTATE | OH | ELYRIA MEDICAL CENTER | C | | 16,742 | 100.000 % | Yes | |
| 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 |
|---|-------------------------------------|-------------------------------|---|
| SAMARITAN REGIONAL HEALTH SYSTEM FROM UNIVERSITY HOSPITALS PHYSICIAN SERVIC | A | 729,439 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS PHYSICIAN SERVICES TO UNIVERSITY HOSPITALS ST JOH | A | 825,986 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER FROM UNIVERSITY HOSPITALS CLEV | A | 292,329 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYSI | A | 1,850,978 | GENERAL LEDGER |
| UH REGIONAL HOSPITALS - BEDFORD CAMPUS FROM UNIVERSITY HOSPITALS PHYSICIAN | A | 216,845 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT | A | 7,594,061 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS CANTON-MASSILLON LLC TO UNIVERSITY HOSPITALS HEALTH S | A | 106,479 | GENERAL LEDGER |
| PRL CORPORATION FROM THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION | A | 572,661 | GENERAL LEDGER |
| PRL CORPORATION FROM UNIVERSITY HOSPITALS MEDICAL GROUP INC | A | 77,477 | GENERAL LEDGER |
| PRL CORPORATION FROM UNIVERSITY HOSPITALS PHYSICIAN SERVICES INC | A | 497,258 | GENERAL LEDGER |
| UH REGIONAL HOSPITALS - BEDFORD CAMPUS FROM UNIVERSITY HOSPITALS CLEVELAND | A | 72,870 | GENERAL LEDGER |
| COMPREHENSIVE VENTURES UNLIMITED INC FROM UH MANAGEMENT SERVICES ORG | A | 831,034 | GENERAL LEDGER |
| NORTH OHIO HEART INC FROM EMH REGIONAL MEDICAL CENTER | A | 141,691 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS MANAGEMENT SERVICES ORG FROM UNIVERSITY HOSPITALS ST | A | 52,307 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS PHYSICI | A | 9,446,467 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS MEDICAL | A | 2,908,384 | GENERAL LEDGER |
| UH REGIONAL HOSPITALS - RICHMOND CAMPUS FROM UNIVERSITY HOSPITALS PHYSICIAN | A | 66,157 | GENERAL LEDGER |
| UH REGIONAL HOSPITALS - RICHMOND CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYST | A | 121,718 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS LAB | A | 169,108 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS MED | A | 1,642,456 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS ST JOHN MEDICAL CENTER INC FROM UNIVERSITY HOSPITA | A | 510,763 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHY | A | 96,706 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYSIC | A | 303,816 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH S | A | 597,469 | GENERAL LEDGER |
| UH REGIONAL HOSPITALS - RICHMOND CAMPUS FROM UNIVERSITY HOSPITALS CLEVELAND | A | 741,675 | GENERAL LEDGER |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|-------------------------------------|-------------------------------|---|
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UH REGIONAL HOSPITALS - BEDF | A | 60,169 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS AHUJA M | A | 1,186,788 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS GENEVA | A | 64,723 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS LABORAT | A | 452,460 | GENERAL LEDGER |
| COMPREHENSIVE VENTURES UNLIMITED INC FROM ELYRIA MEDICAL CENTER | A | 50,742 | GENERAL LEDGER |
| 5805 EUCLID INC FROM UNIVERSITY HOSPITALS CLEVELAND | A | 843,573 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC FROM UNIVERSITY HOSPITALS NO RID | A | 79,678 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHY | A | 80,215 | GENERAL LEDGER |
| THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION FROM UNIVERSITY HOSPITALS | A | 324,413 | GENERAL LEDGER |
| HEALTH DESIGN PLUS INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM I | R | 155,640 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT | R | 197,893,581 | GENERAL LEDGER |
| PRL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC | R | 499,398 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS GEAGA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH S | R | 12,124,793 | GENERAL LEDGER |
| PORTAGE MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC | R | 5,526,265 | GENERAL LEDGER |
| UH REGIONAL HOSPITALS - BEDFORD CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYSTE | R | 40,066,293 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH | R | 6,817,391 | GENERAL LEDGER |
| SAMARITAN REGIONAL HEALTH SYSTEM TO UNIVERSITY HOSPITALS HEALTH SYSTEM IN | R | 1,825,491 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER INC TO UNIVERSITY HOSPITALS HEAL | R | 38,455,009 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS REGIONAL PRACTICES TO UNIVERSITY HOSPITALS HEALTH SYST | R | 612,209 | GENERAL LEDGER |
| QUALITY CARE NETWORK TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC | R | 7,776,372 | GENERAL LEDGER |
| ST JOHN WESTSHORE PRIMARY CARE TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC | R | 287,062 | GENERAL LEDGER |
| SPONSORED ACTIVITY TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC | R | 11,604,847 | GENERAL LEDGER |
| COMPREHENSIVE HEALTH CARE OF OHIO TO UNIVERSITY HOSPITALS HEALTH SYSTEM IN | R | 401,368 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS MEDICAL PRACTICES TO UNIVERSITY HOSPITALS HEALTH SY | R | 143,564,285 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION TO UNIVERSITY HOSPITA | R | 760,302 | 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 |
| ELYRIA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM INC | R | 19,816,651 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM ELIMINATIONS TO UNIVERSITY HOSPITALS HEA | R | 3,922,857 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS HOME CA | S | 19,429,130 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO ST JOHN MEDICAL CENTER | S | 5,505,401 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH HEALTH VENTURES LLC | S | 2,400,000 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO POWERS PROFESSIONAL CORPORAT | S | 308,896 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO THE PARMA COMMUNITY GENERAL | S | 6,103,731 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS CONNEAU | S | 2,240,345 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS PHYSICI | S | 264,160,749 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS ACO NFP FROM UNIVERSITY HOSPITAL HEALTH SYSTEM INC | S | 1,549,025 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO JV ELIMINATIONS | S | 545,600 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH REGIONAL HOSPITALS - RICH | S | 41,285,669 | GENERAL LEDGER |
| CLEVELAND MEDICAL CENTER ELIMINATIONS FROM UNIVERSITY HOSPITALS HEALTH SYST | S | 3,377,257 | GENERAL LEDGER |
| NORTH OHIO HEART INC FROM UNIVERSITY HOSPITALS HEALTH SYSTEM INC | S | 12,101,156 | GENERAL LEDGER |
| AMHERST HOSPITAL ASSOCIATION FROM UNIVERSITY HOSPITALS HEALTH SYSTEM I | S | 279,550 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO EMH PROFESSIONAL SERVICES I | S | 255,050 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS ACO INC | S | 423,801 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO PORTAGE HEALTH AFFILIATES | S | 369,495 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH NO RIDGEVILLE ENDOSCOPY CE | S | 109,420 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO SAMARITAN PROFESSIONAL CORPORA | S | 99,838 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS MEDICAL | S | 72,285,384 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH AHUJA MEDICAL CENTER | K | 1,186,788 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH CLEVELAND MEDICAL CENTER | K | 7,594,061 | GENERAL LEDGER |
| 5805 EUCLID INC TO UH CLEVELAND MEDICAL CENTER | K | 843,573 | GENERAL LEDGER |
| UHRH BEDFORD MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER | K | 72,870 | 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 |
| UHRH RUCHMOND MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER | K | 741,675 | GENERAL LEDGER |
| ST JOHN MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER | K | 510,763 | GENERAL LEDGER |
| PORTAGE MEDICAL CENTER TO UH CLEVELAND MEDICAL CENTER | K | 292,329 | GENERAL LEDGER |
| NORTH OHIO HEART INC TO EMH REGIONAL MEDICAL CENTER | K | 141,691 | GENERAL LEDGER |
| COMPREHENSIVE VENTURES UNLIMITED TO EMH REGIONAL MEDICAL CENTER | K | 50,742 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO GEauga MEDICAL CENTER | K | 597,469 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO GENEVA MEDICAL CENTER | K | 64,723 | GENERAL LEDGER |
| PRL CORPORATION TO THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION | K | 572,661 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH CANTON-MASSILLON LLC | K | 106,479 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH LAB SERVICES FOUNDATION | K | 452,460 | GENERAL LEDGER |
| UH CLEVELAND MEDICAL CENTER TO UH LAB SERVICES FOUNDATION | K | 169,108 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH PHYSICIANS SERVICES ORG | K | 9,446,467 | GENERAL LEDGER |
| UHRH BEDFORD MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG | K | 216,845 | GENERAL LEDGER |
| UH GEauga MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG | K | 303,816 | GENERAL LEDGER |
| UH CONNEAUT MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG | K | 96,706 | GENERAL LEDGER |
| UHRH RICHMOND MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG | K | 66,157 | GENERAL LEDGER |
| SAMARITAN MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG | K | 729,439 | GENERAL LEDGER |
| UH ST JOHN MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG | K | 825,986 | GENERAL LEDGER |
| UH PORTAGE MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG | K | 1,850,978 | GENERAL LEDGER |
| THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION TO UH PHYSICIANS SERVICES | K | 324,413 | GENERAL LEDGER |
| PRL CORPORATION TO UH PHYSICIANS SERVICES ORG | K | 497,258 | GENERAL LEDGER |
| COMPREHENSIVE VENTURES UNLIMITED TO UH PHYSICIANS SERVICES ORG | K | 831,034 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UHRH BEDFORD MEDICAL CENTER | K | 60,169 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UHRH RICHMOND MEDICAL CENTER | K | 121,718 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UNIVERSITY HOSPITALS MEDICAL GR | K | 2,908,384 | 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 |
|---|-------------------------------------|-------------------------------|---|
| UH CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS MEDICAL GROUP | K | 1,642,456 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS PHYSICIANS SERVICES ORG TO UH ST JOHN MEDICAL CENTER | K | 52,307 | GENERAL LEDGER |
| UH GENEVA MEDICAL CENTER TO UH PHYSICIANS SERVICES ORG | K | 80,215 | GENERAL LEDGER |
| UNIVERSITY HOSPITALS HEALTH SYSTEM INC TO UH NO RIDGEVILLE ENDOSCOPY CEN | K | 79,678 | GENERAL LEDGER |
| PRL CORPORATION TO UNIVERSITY HOSPITALS MEDICAL GROUP | K | 77,477 | GENERAL LEDGER |