

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

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.

A For the 2017 calendar year, or tax year beginning and ending

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.
 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
34-0714775

E Telephone number
216-844-1000

G Gross receipts \$ **580,069,000.**

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

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

J Website: **▶ WWW.UHHOSPITALS.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1940** **M** State of legal domicile: **OH**

Part I Summary

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

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

| | | |
|--|-----------|-----------------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 26 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 22 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 4097 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 188,169. |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 157,554. |

| | Prior Year | Current Year |
|--|--------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 8,785,000. | 10,830,000. |
| 9 Program service revenue (Part VIII, line 2g) | 292,722,000. | 362,525,000. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 25,069,000. | 127,909,000. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 77,477,000. | 78,805,000. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 404,053,000. | 580,069,000. |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,989,000. | 4,367,000. |
| 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) | 220,825,000. | 261,225,000. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 246,588,000. | 281,223,000. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 470,402,000. | 546,815,000. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -66,349,000. | 33,254,000. |

| | Beginning of Current Year | End of Year |
|--|---------------------------|----------------|
| 20 Total assets (Part X, line 16) | 4,499,388,000. | 4,271,071,000. |
| 21 Total liabilities (Part X, line 26) | 2,635,017,000. | 2,136,857,000. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,864,371,000. | 2,134,214,000. |

Part II Signature Block

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

Sign Here
 Signature of officer: *Michael A. Szubski*
 Date: **11/15/18**
MICHAEL A. SZUBSKI, CFO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **REBECCA LYONS**
 Preparer's signature: *Rebecca Lyons*
 Date: **11/15/18**
 Check if self-employed: PTIN: **P01487105**
 Firm's name: **DELOITTE TAX LLP**
 Firm's EIN: **▶ 86-1065772**
 Firm's address: **250 EAST 5TH STREET SUITE 1900 CINCINNATI, OH 45202**
 Phone no. (513) **784-7100**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 498,357,000. including grants of \$ 4,367,000.) (Revenue \$ 441,330,000.) SEE SCHEDULE O.

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 498,357,000.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

| | | Yes | No |
|--|------------|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | X | |
| 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 | | X |
| 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 | X | |
| 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 | X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| 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 | X | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 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 | | X |
| 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 | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X | |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | X |
| 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 | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | X |
| 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 | | X |
| 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 | X | |
| 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 | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| 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 | X | |
| 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 | | X |
| 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 | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | X | |

Note. All Form 990 filers are required to complete Schedule O

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 | 2100 | | |
| 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | X | |
| 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 | 4097 | | |
| 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) | | X | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | X | |
| 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)? | | X | |
| b If "Yes," enter the name of the foreign country: CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | X |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| 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? | | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| 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? | | | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | |
| 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? | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 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. | | | |
| 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 | | | |
| c Enter the amount of reserves on hand | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

| | | Yes | No |
|--|-----------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a | 26 | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | 22 | |
| 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? | 2 | | X |
| 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? | 3 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 Did the organization have members or stockholders? | 6 | X | |
| 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? | 7a | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | X | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 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 | 9 | | X |

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

| | | Yes | No |
|---|------------|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b 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? | 10b | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b 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 | 12a | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | X | |
| 13 Did the organization have a written whistleblower policy? | 13 | X | |
| 14 Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a The organization's CEO, Executive Director, or top management official | 15a | X | |
| b Other officers or key employees of the organization | 15b | X | |
| 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? | 16a | X | |
| b 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? | 16b | X | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 - (216) 844-1000
3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122

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 | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 3,752,000. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 7,078,000. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h Total. Add lines 1a-1f | | 10,830,000. | | | |
| | Program Service Revenue | 2 a PROGRAM SERVICE CORPORATE ALLOCAT | Business Code 900099 | 360,756,000. | 360,756,000. | |
| b PROGRAM SERVICE REVENUE | | 900099 | 1,769,000. | 1,769,000. | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 362,525,000. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 49,095,000. | | 188,169. | 48,906,831. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | 0. | | |
| | | c Gain or (loss) | | 78,814,000. | | |
| | d Net gain or (loss) | | 78,814,000. | | | 78,814,000. |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | | b Less: direct expenses | b | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a INTER-COMPANY TRANSFERS | | 900099 | 26,292,000. | 26,292,000. | | |
| | b ANCILLARY REVENUE | 900099 | 21,151,000. | 21,151,000. | | |
| | c JV INCOME | 900099 | 12,690,000. | 12,690,000. | | |
| | d All other revenue | 900099 | 18,672,000. | 18,672,000. | | |
| | e Total. Add lines 11a-11d | | 78,805,000. | | | |
| 12 Total revenue. See instructions. | | 580,069,000. | 441,330,000. | 188,169. | 127,720,831. | |

Part IX Statement of Functional Expenses

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 4,367,000. | 4,367,000. | | |
| 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 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 16,618,000. | | 16,618,000. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 36,000. | 36,000. | | |
| 7 Other salaries and wages | 224,580,000. | 211,105,000. | 13,475,000. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | -25,718,000. | -24,175,000. | -1,543,000. | |
| 9 Other employee benefits | 29,626,000. | 27,848,000. | 1,778,000. | |
| 10 Payroll taxes | 16,083,000. | 15,118,000. | 965,000. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 1,697,000. | 1,595,000. | 102,000. | |
| c Accounting | 512,000. | 481,000. | 31,000. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 37,128,000. | 34,900,000. | 2,228,000. | |
| 12 Advertising and promotion | 11,382,000. | 10,699,000. | 683,000. | |
| 13 Office expenses | 9,242,000. | 8,687,000. | 555,000. | |
| 14 Information technology | 72,513,000. | 68,162,000. | 4,351,000. | |
| 15 Royalties | | | | |
| 16 Occupancy | 20,011,000. | 18,810,000. | 1,201,000. | |
| 17 Travel | 1,780,000. | 1,673,000. | 107,000. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 45,546,000. | 42,813,000. | 2,733,000. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 45,898,000. | 43,144,000. | 2,754,000. | |
| 23 Insurance | -4,829,000. | -4,829,000. | | |
| 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 NONSERVICE PERIOD | 23,521,000. | 22,110,000. | 1,411,000. | |
| b OTHER PURCHASED SERVICE | 8,234,000. | 7,740,000. | 494,000. | |
| c OTHER EXPENSES | 4,717,000. | 4,434,000. | 283,000. | |
| d OTHER THAN TEMPORARY DE | 1,841,000. | 1,731,000. | 110,000. | |
| e All other expenses | 2,030,000. | 1,908,000. | 122,000. | |
| 25 Total functional expenses. Add lines 1 through 24e | 546,815,000. | 498,357,000. | 48,458,000. | 0. |
| 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 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 X

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|--------------|--------------------|----------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | 0. | |
| | 2 Savings and temporary cash investments | 213,239,000. | 2 | 184,085,000. | |
| | 3 Pledges and grants receivable, net | 7,732,000. | 3 | 7,822,000. | |
| | 4 Accounts receivable, net | 16,278,000. | 4 | 22,227,000. | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | | 6 | |
| | 7 Notes and loans receivable, net | | | 7 | |
| | 8 Inventories for sale or use | | | 8 | |
| | 9 Prepaid expenses and deferred charges | 19,630,000. | 9 | | 28,495,000. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 834,800,000. | | | |
| | b Less: accumulated depreciation | 10b 399,982,000. | 418,621,000. | 10c | 434,818,000. |
| | 11 Investments - publicly traded securities | 1,140,018,000. | 11 | | 1,337,721,000. |
| | 12 Investments - other securities. See Part IV, line 11 | 307,451,000. | 12 | | 323,190,000. |
| | 13 Investments - program-related. See Part IV, line 11 | 2,274,161,000. | 13 | | 1,879,080,000. |
| | 14 Intangible assets | 2,614,000. | 14 | | 2,313,000. |
| | 15 Other assets. See Part IV, line 11 | 99,644,000. | 15 | | 51,320,000. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 4,499,388,000. | 16 | | 4,271,071,000. | |
| Liabilities | 17 Accounts payable and accrued expenses | 247,764,000. | 17 | 259,948,000. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 53,000. | 19 | 0. | |
| | 20 Tax-exempt bond liabilities | 1,119,237,000. | 20 | | 1,139,000,000. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 215,276,000. | 23 | | 169,603,000. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,052,687,000. | 25 | | 568,306,000. |
| | 26 Total liabilities. Add lines 17 through 25 | 2,635,017,000. | 26 | | 2,136,857,000. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 1,508,451,000. | 27 | 1,738,449,000. | |
| | 28 Temporarily restricted net assets | 13,378,000. | 28 | 23,679,000. | |
| | 29 Permanently restricted net assets | 342,542,000. | 29 | 372,086,000. | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| 33 Total net assets or fund balances | 1,864,371,000. | 33 | | 2,134,214,000. | |
| 34 Total liabilities and net assets/fund balances | 4,499,388,000. | 34 | | 4,271,071,000. | |

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 | 580,069,000. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 546,815,000. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 33,254,000. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,864,371,000. |
| 5 | Net unrealized gains (losses) on investments | 5 | 3,682,000. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 232,907,000. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,134,214,000. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|--|-----------|----------|----------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 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? | 2c | X | |
| 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? | 3a | X | |
| 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 | 3b | X | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public Inspection

| | |
|---|---|
| Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | Employer identification number 34-0714775 |
|---|---|

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1
 - 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 | | |
| UNIVERSITY HOSPITALS CLEVELAND | 34-1567805 | 3 | X | | 0. | 0. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|--------------------------|---|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 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.) | | | | | | |

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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 in line 12 on 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> | X | |
| 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> | | X |
| 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> | | X |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | X |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | X |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | X |
| 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> | | X |
| 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> | | X |
| 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> | | X |
| 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> | | X |
| 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> | | X |
| 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 10b below.</i> | | X |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|------------|----------|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | X |
| b A family member of a person described in (a) above? | 11b | X |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | X |

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? 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. | 1 | |
| 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? 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. | 2 | |

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)? 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). | 1 | X |

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? | 1 | |
| 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | |
| 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

| Section A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) |
|--|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| 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 | (A) Prior Year | (B) Current Year |
|---|----------------|------------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | Current Year |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE A, PART IV, SECTION C, LINE 1

THE CONTROL AND MANAGEMENT OF UHHS (I.E. THE SUPPORTING ORGANIZATION) IS VESTED IN THE INDIVIDUALS THAT SERVE AS MEMBERS AND DIRECTORS OF UHHS PURSUANT TO ITS APPLICABLE GOVERNANCE DOCUMENTS. UHHS IS THE PARENT ENTITY OF A MULTI-ENTITY HEALTHCARE DELIVERY SYSTEM, WHEREBY UHHS'S DIRECT AND INDIRECT 501(C)(3) SUBSIDIARY ENTITIES CONSTITUTE THE SUPPORTED ORGANIZATIONS. UHHS POSSESSES RESERVED RIGHTS WITH RESPECT TO ITS SUBSIDIARY ENTITIES, INCLUDING WITHOUT LIMITATION THE RIGHT TO APPROVE BUDGETS, OTHER FINANCIAL MATTERS AND STRATEGIC PLANS, APPROVE AMENDMENTS TO CONSTITUTIVE DOCUMENTS AND APPROVE THE APPOINTMENT OF OFFICERS AND DIRECTORS FOR ALL OF ITS SUBSIDIARY ENTITIES. RELATED ENTITIES WITHIN THE SYSTEM ARE GOVERNED BY SYSTEM-WIDE MANAGEMENT POLICIES AND PROCEDURES, COMPLIANCE GUIDELINES, CODES OF CONDUCT AND APPROVAL OF MATTERS RELATED TO FINANCING, INVESTMENTS, LEGAL, MATERIAL ASSET SALES OR TRANSFERS, AND STRATEGIC AND CAPITAL BUDGETS. ALL OF WHICH HAVE BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS FOR UHHS.

PUBLIC CHARITY CLASSIFICATION OF SUPPORTED MEMBERS IS SHOWN

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

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.)

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

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.)

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 (UHGMC) - 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 - 34-1260978

170(B)(1)(A)(III)

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

SAMARITAN PROFESSIONAL CORPORATION - 34-1856531

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.)

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 RAINBOW CARE CONNECTION INC. - 46-1074672

509(A)(2)

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

ROBINSON HEALTH AFFILIATES - 34-1499719

509(A)(3) - TYPE I ORGANIZATION

3605 WARRENSVILLE CENTER RD -MSC 9155

SHAKER HEIGHTS, OH 44122

PART I LINE 12G

(I) NAME OF SUPPORTED ORGANIZATION: ROBINSON HEALTH SYSTEM, INC.

(II) EIN OF SUPPORTED ORGANIZATION: 46-1382538

(III) TYPE OF ORG. (DESCRIBED ON LINES 1-10 ABOVE OR IRC SECTION):

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.)

170(B)(1)(A)(III)

(IV) IS THE SUPPORTED ORG. LISTED IN YOUR GOVERNING DOCUMENTS? YES

(V) AMOUNT OF MONETARY SUPPORT: \$700

UNIVERSITY HOSPITALS HOME CARE SERVICES, INC. (HCS) - 34-1527536

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PART I LINE 12G

(I) NAME OF SUPPORTED ORGANIZATION: UH CLEVELAND MEDICAL CENTER

(II) EIN OF SUPPORTED ORGANIZATION: 34-1567805

(III) TYPE OF ORG. (DESCRIBED ON LINES 1-10 ABOVE OR IRC SECTION):

509(A) (3) - TYPE II ORGANIZATION

(IV) IS THE SUPPORTED ORG. LISTED IN YOUR GOVERNING DOCUMENTS? YES

(V) AMOUNT OF MONETARY SUPPORT: \$0

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

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.)

SAMARITAN HOSPITAL HOSPITALITY SHOP - 34-0808574

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PART I LINE 12G

(I) NAME OF SUPPORTED ORGANIZATION: SAMARITAN REGIONAL HEALTH SYSTEM

(II) EIN OF SUPPORTED ORGANIZATION: 34-0714535

(III) TYPE OF ORG. (DESCRIBED ON LINES 1-10 ABOVE OR IRC SECTION):

170(B)(1)(A)(III)

(IV) IS THE SUPPORTED ORG. LISTED IN YOUR GOVERNING DOCUMENTS? YES

(V) AMOUNT OF MONETARY SUPPORT: \$0

HEATHER HILL INC. (HHI) - 34-0771884

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER ROAD - MSC 9155

SHAKER HEIGHTS, OH 44122

PART I LINE 12G

(I) NAME OF SUPPORTED ORGANIZATION: 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: \$0

UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLRF) -

34-1720429

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.)

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: UNIVERSITY HOSPITALS CLEVELAND

MEDICAL CENTER

(II) EIN OF SUPPORTED ORGANIZATION: 34-1567805

(III) TYPE OF ORG. (DESCRIBED ON LINES 1-10 ABOVE OR IRC SECTION):

170(B)(1)(A)(III)

(IV) IS THE SUPPORTED ORG. LISTED IN YOUR GOVERNING DOCUMENTS? YES

(V) AMOUNT OF MONETARY SUPPORT: \$0

UNIVERSITY HOSPITALS MEDICAL GROUP, INC. (UHMG) - 20-4881619

509(A)(3) - TYPE II ORGANIZATION

11100 EUCLID AVENUE

CLEVELAND, OH 44106

PART I LINE 12G

(I) NAME OF SUPPORTED ORGANIZATION: UH CLEVELAND MEDICAL CENTER

(II) EIN OF SUPPORTED ORGANIZATION: 34-1567805

(III) TYPE OF ORG. (DESCRIBED ON LINES 1-10 ABOVE OR IRC SECTION):

509(A) (3) - TYPE II ORGANIZATION

(IV) IS THE SUPPORTED ORG. LISTED IN YOUR GOVERNING DOCUMENTS? YES

(V) AMOUNT OF MONETARY SUPPORT: \$60,050,000 SAMARITAN PROFESSIONAL

CORPORATION - 34-1856531

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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 organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. Employer identification number 34-0714775

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

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) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <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 style="width: 65%;">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) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | X | | 7,590. |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | X | | 17,569. |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 12,024. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 37,183. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| 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 campaign activity 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART II-B

THE UNIVERSITY HOSPITALS GOVERNMENT & COMMUNITY RELATIONS DEPARTMENT
SERVES TO PROMOTE AND EDUCATE THE COMMUNITIES IT SERVES REGARDING
HEALTHCARE RELATED ISSUES THAT MAY IMPACT THE HEALTH SYSTEM. THE
DEPARTMENT ADVOCATES ON BEHALF OF THE SYSTEM WITH ELECTED AND APPOINTED
OFFICIALS AT ALL LEVELS: FEDERAL, STATE, AND LOCAL.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. Employer identification number 34-0714775

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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 _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 14.39 %
 - b** Permanent endowment ▶ 63.46 %
 - c** Temporarily restricted endowment ▶ 22.15 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|----------|----------|
| (i) unrelated organizations | | X |
| (ii) related organizations | X | |
- b** If "Yes" on line 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 | | 58,672,000. | | 58,672,000. |
| b Buildings | | 203,421,000. | 76,741,000. | 126,680,000. |
| c Leasehold improvements | | 13,040,000. | 7,825,000. | 5,215,000. |
| d Equipment | | 498,225,000. | 306,398,000. | 191,827,000. |
| e Other | | 61,442,000. | 9,018,000. | 52,424,000. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 434,818,000. |

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) OTHER SECURITIES | 323,190,000. | END-OF-YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 323,190,000. | |

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) PERPETUAL TRUSTS | 201,425,000. | END-OF-YEAR MARKET VALUE |
| (2) INVESTMENT IN AFFILIATES | 1,677,655,000. | COST |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 1,879,080,000. | |

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 | |
| (2) DUE TO THIRD PARTIES | 537,000. |
| (3) OTHER CURRENT LIABILITIES | 41,053,000. |
| (4) PENSION LIABILITIES | 386,385,000. |
| (5) INTEREST RATE SWAP LIABILITY | 58,180,000. |
| (6) SELF INSURED LIABILITY | 18,533,000. |
| (7) INTERCOMPANY PAYABLE | 354,000. |
| (8) OTHER LIABILITIES | 24,659,000. |
| (9) PROFESSIONAL LIABILITY-WRA | 38,605,000. |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 568,306,000. |

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.

PART V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS VARIES DEPENDING ON DONOR STIPULATIONS. ALL SPENDING OF ENDOWMENT EARNINGS ARE DONE SO IN ACCORDANCE WITH DONOR INTENT AND APPLICABLE LAW.

PART X, LINE 2:

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. MUST RECOGNIZE 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%

Part XIII Supplemental Information (continued)

LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF DECEMBER 31, 2017 AND 2016, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

FORM 990, SCHEDULE D, PART V

IN 2016 THE HEALTH SYSTEM ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD CODIFICATION TOPIC 820 ("FASB"). AS A RESULT THE HEALTH SYSTEM'S ENDOWMENT FUNDS FOR 2016 AND 2017 HAVE BEEN PRESENTED TO CONFORM TO THE STANDARD. THE 2013-2015 YEARS HAVE BEEN RESTATED FOR COMPARATIVE PURPOSES.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

| | |
|---|---|
| Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | Employer identification number 34-0714775 |
|---|---|

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA/CARIBBEAN | | 0 | INVESTMENTS | | 204,429,000. |
| CENTRAL AMERICA/CARIBBEAN | | 1 | PROGRAM SERVICES | OFFSHORE CAPTIVE MANAGEMENT | 1,869,000. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 1 | | | 206,298,000. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 1 | | | 206,298,000. |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization **UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.** Employer identification number **34-0714775**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 85287 | 80-0196696 | 501(C)(3) | 17,000. | 0. | | | GENERAL SUPPORT |
| BOARD OF REGENTS OF THE UNIV UW-MADISON GAR ACCT MILWAUKEE, WI 53278 | 95-6006144 | 501(C)(3) | 90,000. | 0. | | | GENERAL SUPPORT |
| CHILDRENS HOSPITAL CORPORATION PO BOX 7199 COLUMBUS, OH 43205 | 04-2774441 | 501(C)(3) | 75,000. | 0. | | | GENERAL SUPPORT |
| CLEVELAND CLINIC FOUNDATION PO BOX 931760 CLEVELAND, OH 44193 | 34-0714553 | 501(C)(3) | 75,000. | 0. | | | GENERAL SUPPORT |
| CMC PHARMACEUTICALS INC 7100 EUCLID AVE CLEVELAND, OH 44103 | 47-5087029 | | 7,575. | 0. | | | GENERAL SUPPORT |
| CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106 | 34-1018992 | 501(C)(3) | 300,000. | 0. | | | GENERAL SUPPORT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 21.

3 Enter total number of other organizations listed in the line 1 table ▶ 1.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| DARTMOUTH COLLEGE ONE MEDICAL CENTER DRIVE LEBANON, NH 03756 | 02-0222111 | 501(C)(3) | 75,000. | 0. | | | GENERAL SUPPORT |
| M D ANDERSON CANCER CENTER PO BOX 297402 HOUSTON, TX 77297 | 74-6001118 | 501(C)(3) | 75,000. | 0. | | | GENERAL SUPPORT |
| MASSACHUSETTS GENERAL HOSPITAL 275 CAMBRIDGE ST, 4TH FLOOR BOSTON, MA 02114 | 04-2697983 | 501(C)(3) | 250,000. | 0. | | | GENERAL SUPPORT |
| NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVE, RMC91A - NEW YORK, NY 10016 | 13-5562308 | 501(C)(3) | 36,000. | 0. | | | GENERAL SUPPORT |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA - 14946 GREENLEAF STREET - SHERMAN OAKS, CA 91403 | 71-0965664 | 501(C)(3) | 886,115. | 0. | | | GENERAL SUPPORT |
| STANFORD UNIVERSITY BOARD OF TRUSTEES - 326 GALVEZ STREET - STANFORD, CA 94305 | 94-1156365 | 501(C)(3) | 280,000. | 0. | | | GENERAL SUPPORT |
| THE UNIVERSITY OF ARIZONA ARIZONA CENTER FOR INTEGRATIVE MEDI TUCSON, AZ 85724 | 74-2652689 | 501(C)(3) | 75,000. | 0. | | | GENERAL SUPPORT |
| TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215 | 04-2103547 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| TRUSTEES OF COLUMBIA UNIVERSITY 622 WEST 113TH STREET NEW YORK, NY 10025 | 13-5598093 | 501(C)(3) | 3,850. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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 |
| UNIVERSITY OF MARYLAND 601 W LOMBARD STREET BALTIMORE, MD 21201 | 52-6002033 | 501(C)(3) | 50,000. | 0. | | | GENERAL SUPPORT |
| UNIVERSITY OF MICHIGAN 1015 LS&A BUILDING ANN ARBOR, MI 48109 | 38-6006309 | 501(C)(3) | 75,000. | 0. | | | GENERAL SUPPORT |
| UNIVERSITY OF PITTSBURGH 5150 CENTER AVE PITTSBURGH, PA 15232 | 25-0965591 | 501(C)(3) | 50,000. | 0. | | | GENERAL SUPPORT |
| UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 75284 | 75-6002868 | 501(C)(3) | 75,000. | 0. | | | GENERAL SUPPORT |
| VANDERBILT UNIVERSITY MEDICAL CENTER - DEPARTMENT OF FINANCE - ATLANTA, GA 31192 | 62-0476822 | 501(C)(3) | 225,000. | 0. | | | GENERAL SUPPORT |
| WASHINGTON UNIVERSITY 129 SCHMITZ HALL SEATTLE, WA 98195 | 43-0653611 | 501(C)(3) | 75,000. | 0. | | | GENERAL SUPPORT |
| YALE UNIVERSITY 2 WHITNEY AVE NEW HAVEN, CT 06510 | 06-0646973 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| | | | | | | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ASSISTANCE PROVIDED BY UHHS TO CHARITABLE ORGANIZATIONS ARE MADE IN
FURTHERANCE OF THE RECIPIENT ORGANIZATIONS' EXEMPT PURPOSE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.**

| | |
|---|---|
| Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | Employer identification number 34-0714775 |
|---|---|

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | X | |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | X | |
| 9 | X | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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 aren't 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 | | | | |
| (1) SEE SCHED. O TR. 1.6033-2(D)(5) SEE SCHED. O | (i) 1,342,551. | 713,672. | 1,423,312. | 430,927. | 10,998. | 3,921,460. | 703,792. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) SEE SCHED. O TR. 1.6033-2(D)(5) SEE SCHED. O | (i) 675,978. | 85,575. | 20,073. | 30,583. | 16,302. | 828,511. | 0. |
| | (ii) 773,616. | 0. | 23,378. | 204,325. | 507. | 1,001,826. | 0. |
| (3) SEE SCHED. O TR. 1.6033-2(D)(5) SEE SCHED. O | (i) 4,486,524. | 2,079,766. | 2,550,113. | 586,356. | 117,715. | 9,820,474. | 907,491. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) SEE SCHED. O TR. 1.6033-2(D)(5) SEE SCHED. O | (i) 755,311. | 398,275. | 769,875. | 75,907. | 48,124. | 2,047,492. | 391,796. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) SEE SCHED. O TR 1.6033-2(D) SEE SCHED. O | (i) 3,013,060. | 1,166,106. | 2,751,543. | 123,243. | 98,921. | 7,152,873. | 1,048,532. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) SEE SCHED. O TR. 1.6033-2(D)(5) SEE SCHED. O | (i) 339,676. | 97,664. | 46,065. | 22,468. | 12,861. | 518,734. | 30,370. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |

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.

PART I, LINES 4A-B:

SEE SCHEDULE O TREASURY REGULATION 1.6033-2(D)(5) ELECTION THE LISTING OF PERSONS AND AMOUNTS FOR ABOVE QUESTIONS ARE INCLUDED ON UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN.

PART I, LINE 7:

CERTAIN EMPLOYEES DISCLOSED IN PART VII RECEIVE BONUS PAYMENTS WHICH WOULD QUALIFY AS NON-FIXED PAYMENTS.

PART I, LINE 8:

CERTAIN EMPLOYEE COMPENSATION DISCLOSED IN PART VII MEET THE REQUIREMENTS OF THE INITIAL CONTRACT EXCEPTION.

ENTITY 1

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

Supplemental Information on Tax-Exempt Bonds
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

| | |
|---|---|
| Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | Employer identification number 34-0714775 |
|---|---|

| Part I Bond Issues | | | | | | | | | | | |
|--|----------------|-------------|-----------------|-----------------|-----------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A CUYAHOGA COUNTY, OHIO | 34-6000817 | 000000000 | 12/31/03 | 14,389,000. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |
| B OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756AYZ9 | 02/07/07 | 290,313,879. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |
| C OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756AU42 | 02/12/10 | 94,797,375. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |
| D OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756A2H4 | 12/27/10 | 71,125,000. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |

| Part II Proceeds | | | | | | | | | | |
|---|-------------|----|--------------|----|-------------|----|-------------|----|--|--|
| 1 Amount of bonds retired | A | | B | | C | | D | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 14,389,000. | | 310,070,762. | | 94,797,375. | | 71,125,000. | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | 27,711,071. | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | |
| 7 Issuance costs from proceeds | | | 2,142,789. | | 1,272,375. | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | 280,216,902. | | | | | | | |
| 11 Other spent proceeds | 14,389,000. | | | | 93,525,000. | | 71,125,000. | | | |
| 12 Other unspent proceeds | | | | | | | | | | |
| 13 Year of substantial completion | 2004 | | 2011 | | 2010 | | 2010 | | | |
| 14 Were the bonds issued as part of a current refunding issue? | X | | | X | X | | X | | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X | | |
| 16 Has the final allocation of proceeds been made? | X | | X | | X | | X | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | | | |

| Part III Private Business Use | | | | | | | | |
|--|-----|----|-----|----|-----|----|-----|----|
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | A | | B | | C | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | | | X | | X | | |

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

Supplemental Information on Tax-Exempt Bonds
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

| | |
|---|---|
| Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | Employer identification number 34-0714775 |
|---|---|

| Part I Bond Issues | | | | | | | | | | | |
|--|----------------|-------------|-----------------|-----------------|-----------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Deceased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756CAS7 | 06/21/12 | 189,782,379. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |
| B OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 000000000 | 09/11/12 | 40,710,000. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |
| C OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756CBH0 | 10/23/12 | 55,371,387. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |
| D OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 000000000 | 10/23/12 | 23,775,000. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |

| Part II Proceeds | | | | | | | | | | |
|---|--------------|-------------|-------------|-------------|------|----|------------|----|--|--|
| 1 Amount of bonds retired | A | | B | | C | | D | | | |
| | 10,290,000. | 31,420,000. | | | | | 5,130,000. | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 189,782,379. | 40,710,000. | 55,371,387. | 23,775,000. | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | |
| 7 Issuance costs from proceeds | 2,092,370. | 170,000. | 740,026. | 195,000. | | | | | | |
| 8 Credit enhancement from proceeds | 349,258. | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | | | | | | | | |
| 11 Other spent proceeds | 187,340,751. | 40,540,000. | 54,631,361. | 23,580,000. | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | |
| 13 Year of substantial completion | 2012 | | 2012 | | 2012 | | 2012 | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | | |
| 14 Were the bonds issued as part of a current refunding issue? | | X | X | | X | | X | | | |
| 15 Were the bonds issued as part of an advance refunding issue? | X | | | X | X | | | X | | |
| 16 Has the final allocation of proceeds been made? | X | | X | | X | | X | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | | | |

| Part III Private Business Use | | | | | | | | |
|--|-----|----|-----|----|-----|----|-----|----|
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | A | | B | | C | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| | | X | | | | X | | X |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | X | | X |

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

Supplemental Information on Tax-Exempt Bonds
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization **UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.** Employer identification number **34-0714775**

| Part I Bond Issues | | | | | | | | | | | |
|--|----------------|-------------|-----------------|-----------------|-----------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Deceased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756CCB2 | 12/10/13 | 124,142,966. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |
| B OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756CCC0 | 11/06/14 | 100,361,458. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |
| C OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 000000000 | 07/15/15 | 20,000,000. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |
| D OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756CCF3 | 10/01/15 | 100,000,000. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |

| Part II Proceeds | | | | | | | | | | |
|---|--------------|----|--------------|----|-------------|----|--------------|----|--|--|
| 1 Amount of bonds retired | A | | B | | C | | D | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 124,142,966. | | 100,361,458. | | 20,000,000. | | 100,000,577. | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | |
| 5 Capitalized interest from proceeds | 1,442,966. | | 1,221,881. | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | |
| 7 Issuance costs from proceeds | | | | | | | 1,204,500. | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | 10,000,000. | | | | 37,316,424. | | | |
| 11 Other spent proceeds | 122,700,000. | | 89,139,577. | | 20,000,000. | | 61,479,653. | | | |
| 12 Other unspent proceeds | | | | | | | | | | |
| 13 Year of substantial completion | 2013 | | 2015 | | 2015 | | 2015 | | | |
| 14 Were the bonds issued as part of a current refunding issue? | X | | X | | X | | X | | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X | | |
| 16 Has the final allocation of proceeds been made? | X | | | X | X | | | X | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | | | |

| Part III Private Business Use | | | | | | | | |
|--|-----|----|-----|----|-----|----|-----|----|
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | A | | B | | C | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | X | | X |

ENTITY 4

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

Supplemental Information on Tax-Exempt Bonds
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization **UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.** Employer identification number **34-0714775**

| Part I Bond Issues | | | | | | | | | | | |
|--|----------------|-------------|-----------------|-----------------|-----------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Deceased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 000000000 | 12/18/15 | 91,000,000. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |
| B OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 67756CCZ9 | 03/31/16 | 249,373,895. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |
| C OHIO HIGHER EDUCATIONAL FACILITY COMMISSION | 34-6849674 | 000000000 | 03/24/17 | 50,000,000. | SEE PART VI FOR DESCRIPTION | | X | | X | | X |
| D | | | | | | | | | | | |

| Part II Proceeds | | | | | | | | | | |
|--|-------------|----|--------------|----|-------------|----|-----|----|--|--|
| | A | | B | | C | | D | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | | |
| 1 Amount of bonds retired | 1,155,000. | | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 91,000,000. | | 249,373,895. | | 50,000,000. | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | |
| 5 Capitalized interest from proceeds | 639,084. | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | |
| 7 Issuance costs from proceeds | | | 1,924,715. | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | |
| 10 Capital expenditures from proceeds | 12,370,586. | | | | 50,000,000. | | | | | |
| 11 Other spent proceeds | 77,990,329. | | 247,449,180. | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | |
| 13 Year of substantial completion | 2015 | | 2016 | | 2017 | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | | |
| 14 Were the bonds issued as part of a current refunding issue? | X | | | X | | X | | | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | X | | | X | | | | |
| 16 Has the final allocation of proceeds been made? | | X | X | | | X | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | | | | |

| Part III Private Business Use | | | | | | | | |
|---|-----|----|-----|----|-----|----|-----|----|
| | A | | B | | C | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | X | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | | X | | X | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | X | | X | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | | X | | X | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | X | | X | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | | | X | | X | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | | | X | | X | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | | X | | X | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | X | | | X | X | | X | |
| c No rebate due? | X | | X | | | X | | X |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | | X | | X | X | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | | X | | X | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | | | X | | X | |
| c Are there any research agreements that may result in private business use of bond-financed property? | X | | | | X | | X | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | | | X | | X | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | | X | | X | X | | X | |
| c No rebate due? | X | | X | | X | | | X |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | X | | | X | X | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | X | | X | | X | |
| c Are there any research agreements that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | X | | X | | X | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | X | | X | | X | | X | |
| b Exception to rebate? | | X | | X | | X | | X |
| c No rebate due? | | X | | X | | X | | X |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | X | | X | | X | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | X | | X | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | X | | X | | X | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | X | | X | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | X | | X | | X | | | |
| b Exception to rebate? | | X | | X | | X | | |
| c No rebate due? | | X | | X | | X | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | | X | X | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X | | X | | X | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

FORM 990, SCHEDULE K, SUPPLEMENTAL INFORMATION - ENTITY 1

PART I, LINE A, COLUMN (F), REISSUANCE OF SERIES 2001 BONDS ISSUED 11/30/2001.

PART I, LINE B, COLUMN (F), THE SERIES 2007A BONDS WERE USED FOR CONSTRUCTION AND EQUIPMENT RELATED TO VISION 2010 PROJECTS.

PART I, LINE C, COLUMN (F), THE SERIES 2010A BONDS REDEEMED ALL OF THE OUTSTANDING SERIES 1985 BONDS, ISSUED 12/10/1985, ALL OF THE OUTSTANDING SERIES 2008A BONDS, ISSUED 05/08/2008, AND A PORTION OF THE SERIES 2008B BONDS, ISSUED 05/08/2008.

PART I, LINE D, COLUMN (F), THE SERIES 2010B BONDS REDEEMED ALL OF THE OUTSTANDING SERIES 2008C BONDS ISSUED 05/08/2008. THE 2008C BOND REFUNDED THE SERIES 1996AB BONDS ISSUED 4/18/1996.

PART II, LINE 3, COLUMN (B), DIFFERENCE RELATES TO INVESTMENT EARNINGS.

PART IV, LINE 2C, COLUMN (A), THE SERIES 2001 REBATE CALCULATIONS WERE PERFORMED THROUGH THE COMPUTATION PERIODS OF 11/15/2006 AND 11/15/2011.

PART IV, LINE 2C, COLUMN (B), THE SERIES 2007A REBATE CALCULATIONS WERE PERFORMED ON 03/06/2012 AND 02/09/2017 FOR THE COMPUTATION PERIODS OF 02/06/2012 AND 02/06/2017 RESPECTIVELY.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (*Continued*)

FORM 990, SCHEDULE K, SUPPLEMENTAL INFORMATION - ENTITY 2

PART I, LINE A, COLUMN (F), THE SERIES 2012A BONDS REFUNDED ALL OF THE OUTSTANDING SERIES 2009A BONDS, ISSUED 03/24/2009.

PART I, LINE B, COLUMN (F), THE SERIES 2012B BONDS REDEEMED ALL OF THE OUTSTANDING SERIES 1996A BONDS, ISSUED 04/18/1996, AND ALL OF THE OUTSTANDING SERIES 1996B BONDS, ISSUED 04/18/1996.

PART I, LINE C, COLUMN (F), THE SERIES 2012C BONDS REFUNDED A PORTION OF THE OUTSTANDING SERIES 2009B BONDS, ISSUED 08/06/2009 AND A PORTION OF THE OUTSTANDING SERIES 2009C BONDS, ISSUED 08/06/2009.

PART I, LINE D, COLUMN (F), THE SERIES 2012D BONDS REFUNDED A PORTION OF THE OUTSTANDING SERIES 2009B BONDS, ISSUED 08/06/2009 AND A PORTION OF THE OUTSTANDING SERIES 2009C BONDS, ISSUED 08/06/2009.

PART IV, LINE 2C, COLUMN (A), THE SERIES 2012A REBATE CALCULATION WAS PERFORMED 07/13/2017 FOR THE COMPUTATION PERIOD OF 06/20/2017.

PART IV, LINE 2C, COLUMN (B), THE SERIES 2012B REBATE CALCULATION WAS PERFORMED 10/10/2017 FOR THE COMPUTATION PERIOD OF 09/10/2017.

PART IV, LINE 2C, COLUMN (C), THE SERIES 2012C REBATE CALCULATION WAS PERFORMED 10/25/2017 FOR THE COMPUTATION PERIOD OF 10/22/2017.

FORM 990, SCHEDULE K, SUPPLEMENTAL INFORMATION - ENTITY 3

PART I, LINE A, COLUMN (F), THE SERIES 2013A AND 2013B BONDS REFUNDED ALL OF THE OUTSTANDING SERIES 2008BDE BONDS, ISSUED 05/08/2008.

PART I, LINE B, COLUMN (F), THE SERIES 2014ABC BONDS WERE ISSUED FOR THE ACQUISITIONS OF UH PARMA MEDICAL CENTER AND UH ELYRIA MEDICAL CENTER, AND NEW MONEY USED FOR ROUTINE CAPITAL EXPENDITURES AND TO REFUND BONDS ISSUED 04/02/2014 AND 04/17/2014.

PART I, LINE C, COLUMN (F), THE SECOND DRAW ON THE SERIES 2014C BONDS, ISSUED 07/15/2015, REFUNDED THE REMAINING OUTSTANDING SERIES 2009C BONDS, ORIGINALLY ISSUED 08/06/2009.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions *(Continued)*

PART I, LINE D, COLUMN (F), THE SERIES 2015ABC BONDS WERE ISSUED FOR THE ACQUISITION OF UH PORTAGE MEDICAL CENTER, NEW MONEY USED FOR ROUTINE CAPITAL EXPENDITURES, AND TO REFUND A PORTION OF THE SERIES 2010B BONDS ORIGINALLY ISSUED 12/27/2010 AND 06/01/2015.

PART II, LINE 3, COLUMN (D), DIFFERENCE RELATES TO INVESTMENT EARNINGS.

FORM 990, SCHEDULE K, SUPPLEMENTAL INFORMATION - ENTITY 4

PART I, LINE A, COLUMN (F), THE SERIES 2015DE BONDS WERE ISSUED FOR THE ACQUISITION OF UH SAMARITAN MEDICAL CENTER, AND THE ACQUISITION OF THE REMAINING 50% INTEREST IN UH ST. JOHN MEDICAL CENTER.

PART I, LINE B, COLUMN (F), THE SERIES 2016A BONDS WERE ISSUED TO REFUND A PORTION OF THE SERIES 2007A BONDS ORIGINALLY ISSUED 02/07/2007.

PART I, LINE C, COLUMN (F), THE SERIES 2017AB BONDS WERE ISSUED FOR THE ACQUISITION OF ROUTINE CAPITAL EXPENDITURES. FORM 8038 FOR THIS ISSUE INCORRECTLY IDENTIFIED THE ISSUE AS FIXED YIELD.

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 |
| DEE HASLAM | SEE PART V | 3,432,000. | SEE PART V | | X |
| LLOYD CHELETTE | SEE PART V | 35,965. | SEE PART V | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

FORM 990, SCHEDULE L, PART IV RESPONSES

LINE 1 - RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MS. HASLAM IS A CURRENT DIRECTOR ON THE UHHS BOARD AND 50% OWNER OF THE CLEVELAND BROWNS FOOTBALL TEAM. UHHS IS THE MEDICAL PARTNER FOR THE CLEVELAND BROWNS FOOTBALL TEAM.

DESCRIPTION OF THE TRANSACTION:

UNIVERSITY HOSPITALS PROVIDES MEDICAL SERVICES TO THE CLEVELAND BROWNS FOOTBALL TEAM.

AMOUNT OF THE TRANSACTION: \$3,432,000

FORM 990, SCHEDULE L, PART IV RESPONSES

LINE 1 - RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF MR. MICHAEL A. SZUBSKI, UHHS CFO.

DESCRIPTION OF TRANSACTION:

A FAMILY MEMBER OF MR. SZUBSKI IS EMPLOYED BY UHHS.

AMOUNT OF TRANSACTION: \$35,965

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public
Inspection

Name of the organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

FORM 990, PART III, LINE 1

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.

FORM 990, PART I, LINE 6

VOLUNTEER INFORMATION CAN BE FOUND IN THE UNIVERSITY HOSPITALS HEALTH
SYSTEM, INC. GROUP RETURN.

FORM 990, PART III, LINE 4A

COMMITMENT TO THE COMMUNITY REMAINS AT THE CORE OF THE SYSTEM'S
MISSION: TO HEAL. TO TEACH. TO DISCOVER. IN 2017, UNIVERSITY HOSPITALS
DEDICATED MORE THE \$325 MILLION TO COMMUNITY BENEFIT PROGRAMS IN
NORTHEAST OHIO CONSISTING OF:

- EDUCATION AND TRAINING = \$77 MILLION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

| | |
|--|--|
| Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | Employer identification number 34-0714775 |
|--|--|

- RESEARCH = \$37 MILLION
- CHARITY CARE = \$43 MILLION
- MEDICAID SHORTFALL = \$164 MILLION
- COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = \$24 MILLION
- HOSPITAL CARE ASSURANCE PROGRAM (HCAP) = (\$20 MILLION)

REFER TO SCHEDULE H IN THE UH GROUP RETURN FOR FURTHER DETAIL ON HOW THE SYSTEM MEASURES AND REPORTS COMMUNITY BENEFIT. COMMUNITY BENEFIT FOR 2017 TOTALED \$325 MILLION.

IN ADDITION TO CHARITY CARE AND INSUFFICIENT FUNDING FROM THE MEDICAID PROGRAM, THE SYSTEM INCURS SIGNIFICANT LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENT FOR SERVICES RENDERED OR INSURED PATIENTS WHO FAIL TO REMIT CO-PAYMENTS AND DEDUCTIBLES AS REQUIRED UNDER APPLICABLE HEALTH INSURANCE ARRANGEMENTS. THE 2017 PROVISION FOR BAD DEBT OF \$113 MILLION REPRESENTS REVENUES FOR SERVICES PROVIDED THAT ARE DEEMED TO BE UNCOLLECTIBLE.

THE SYSTEM HAS A BROAD PRESENCE THROUGHOUT NORTHEAST OHIO, INCLUDING CUYAHOGA, LORAIN, GEAUGA, ASHTABULA, PORTAGE, ASHLAND, AND RICHLAND COUNTIES SERVICE AREAS. THE BREADTH OF THE SYSTEM'S SERVICE AREA IS COVERED THROUGH ITS ACADEMIC MEDICAL CENTER, COMMUNITY MEDICAL CENTERS, JOINT VENTURES, AMBULATORY HEALTH CENTERS AND MEDICAL PRACTICES.

THE UH HEALTH SYSTEM PROVIDES WORK DIRECTLY FOR MORE THAN 26,000 EMPLOYEES AND PHYSICIANS. UH PROVIDES MANY COMMUNITY BENEFITS DIRECTLY AND INDIRECTLY THROUGH NEW OR EXPANDED BUSINESS OPPORTUNITIES AND

| | |
|--|--|
| Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | Employer identification number 34-0714775 |
|--|--|

THROUGH IMPORTANT CAPITAL INVESTMENTS IN OUR FACILITIES. UH HAS COMMITTED - AND CONTINUES TO COMMIT - MILLIONS OF DOLLARS TO FACILITIES AND OPERATIONS WITHIN THE CITY OF CLEVELAND AND THROUGHOUT OUR REGION, PROVIDING CONSTRUCTION AND HOSPITAL-BASED JOBS. STATE-OF-THE-ART FACILITIES AND SERVICES AT UH CLEVELAND MEDICAL CENTER, OUR WORLD-RENOWNED ACADEMIC MEDICAL CENTER IN CLEVELAND, PROVIDE CLEVELAND RESIDENTS AND PEOPLE FROM THROUGHOUT THE REGION AND THE WORLD WITH THE FINEST IN PRIMARY AND SPECIALTY HEALTH CARE. THE FACILITIES ALLOW US TO CONDUCT VITAL MEDICAL RESEARCH AND OFFER ADVANCED TRAINING FOR STUDENTS AND HEALTH PROFESSIONALS. THE QUENTIN & ELISABETH ALEXANDER NEONATAL INTENSIVE CARE UNIT AT UH RAINBOW BABIES & CHILDREN'S HOSPITAL SERVES OUR MOST VULNERABLE CHILDREN. THE SYSTEM'S EMERGENCY FACILITIES AT OUR MEDICAL CENTERS AND THE SYSTEM'S SEIDMAN CANCER CENTER AT UH CLEVELAND MEDICAL CENTER AND VARIOUS COMMUNITY MEDICAL CENTERS, CONTINUE TO PROVIDE EXPANDED EMPLOYMENT OPPORTUNITIES WHILE EXTENDING UH'S MISSION TO MORE PATIENTS. NEW STATE-OF-THE-ART OUTPATIENT HEALTH CENTERS IN THE REGION HAVE SPURRED ECONOMIC GROWTH WHILE GIVING PEOPLE ACCESS TO THE CARE THEY NEED CLOSE TO HOME AND EXPANDING OUR COMMUNITY BENEFIT PROGRAMS.

THE SYSTEM IS PROUD TO CONTRIBUTE TO THE HEALTH OF OUR CITIZENS AND TO BE A POSITIVE ECONOMIC FORCE IN OUR REGION. FOR MORE DETAILED INFORMATION ON THE SYSTEM'S COMMUNITY BENEFIT OR TO VIEW THE 2017 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW.UHHOSPITALS.ORG.

FORM 990, PART VI, SECTION A, LINE 6:

| | |
|--|--|
| Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | Employer identification number 34-0714775 |
|--|--|

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. IS ORGANIZED SUCH THAT THE CURRENT DIRECTORS ARE THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS MAY DESIGNATE THOSE THAT SERVE AS CHAIRPERSON AND VICE CHAIRPERSON OF THE BOARD.

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.

FORM 990, PART VI, SECTION B, LINE 12C:

UH HAS ADOPTED FOUR CONFLICT OF INTEREST POLICIES: THE FIRST RELATES TO ALL EMPLOYEES AND AFFILIATED PHYSICIANS; THE SECOND RELATES TO UH AND ALL ITS SUBSIDIARIES AND APPLIES TO ALL DIRECTORS, OFFICERS, SUBSTANTIAL CONTRIBUTORS AND RELATED PARTIES; THE THIRD APPLIES TO PHYSICIANS AND OTHER LICENSED PRACTITIONERS. IN ADDITION, UH HAS A SEPARATE BOARD DISCLOSURE OF INTEREST POLICY. UH REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICIES. UH MANAGEMENT, ALL

| | |
|---|---|
| Name of the organization <p style="text-align: center;">UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</p> | Employer identification number <p style="text-align: center;">34-0714775</p> |
|---|---|

DIRECTORS, AND ALL PHYSICIANS AND ADVANCED PRACTICE PROFESSIONALS ARE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE AND PROVIDE INFORMATION REGARDING ANY INTERESTS THAT MAY BE POTENTIAL CONFLICTS PURSUANT TO THE CONFLICT OF INTEREST POLICIES. THEY ARE REQUIRED TO PROVIDE ANY CHANGES OR NEW DISCLOSURES SHOULD THEY OCCUR. ALL DISCLOSURES AND SUBSEQUENT UPDATES TO DISCLOSURES ARE REVIEWED BY THE UH COMPLIANCE AND ETHICS DEPARTMENT. BOARD-LEVEL AND KEY PERSONNEL CONFLICTS ARE REVIEWED AND APPROVED, IF APPROPRIATE, BY THE AUDIT AND COMPLIANCE COMMITTEE OF THE UHHS BOARD AND/OR THE UHHS BOARD. IF A CONFLICT EXISTS WITH A DIRECTOR, CERTAIN RESTRICTIONS MAY BE IMPOSED, SUCH AS EXCUSING THE DIRECTOR FROM THE ROOM DURING DISCUSSION AND/OR VOTING WITH REGARD TO A PROPOSED TRANSACTION. EDUCATION REGARDING CONFLICTS OF INTEREST IS INCLUDED IN THE ANNUAL COMPLIANCE TRAINING THAT INCLUDES ALL DIRECTORS, EMPLOYEES, PHYSICIANS AND LICENSED PRACTITIONERS.

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") AND DOCUMENTED IN THE COMMITTEE MINUTES. 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.

| | |
|---|---|
| Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | Employer identification number 34-0714775 |
|---|---|

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.

FORM 990, PART VII, SECTION A

TREASURY REGULATION 1.6033-2(D) (5) ELECTION

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 UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|---|---------------------|
| INVESTMENT IN SUBSIDIARIES | -420,581,000. |
| ADDITIONAL MINIMUM LIABILITY | -32,631,000. |
| OTHER CHANGES IN FUND BALANCE | 22,257,000. |
| EQUITY TRANSFERS | 646,521,000. |
| NET ASSETS RELEASED FROM RESTRICTION | -1,733,000. |
| CHANGE IN BENEFICIAL INTEREST FND | 19,074,000. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 232,907,000. |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ **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.**

OMB No. 1545-0047

2017

Open to Public
Inspection

| | |
|---|---|
| Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | Employer identification number 34-0714775 |
|---|---|

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| MEDINA COMMUNITY HEALTHCARE PROPERTIES 11100 EUCLID AVE. CLEVELAND, OH 44106 | REAL ESTATE | OHIO | 0. | 0. | JHHS |
| JWR COMMERCIAL PROPERTIES, LLC 11100 EUCLID AVE. CLEVELAND, OH 44106 | REAL ESTATE | OHIO | 0. | 0. | JHHS |
| CHESTER ROAD COMMERCIAL PROPERTIES LLC 11100 EUCLID AVE. CLEVELAND, OH 44106 | REAL ESTATE | OHIO | 0. | 0. | JHHS |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| PARMA HOSPITAL HEALTH CARE FOUNDATION - 34-1626664, 7007 POWERS BLVD, PARMA, OH 44129 | SUPPORT HOSPITAL | OHIO | 501(C)(3) | LINE 12A, I | PARMA COMMUNITY MEDICAL CENTER | X | |
| ELYRIA MEDICAL CENTER FOUNDATION - 61-1579760, 630 EAST RIVER STREET, ELYRIA, OH 44035 | SUPPORT HOSPITAL | OHIO | 501(C)(3) | LINE 12A, I | ELYRIA MEDICAL CENTER | X | |
| ROBINSON MEMORIAL HOSPITAL FOUNDATION - 34-1510544, 6847 N. CHESTNUT STREET PO BOX, RAVENNA, OH 44266 | SUPPORT HOSPITAL | OHIO | 501(C)(3) | LINE 12D, III-O | ROBINSON HEALTH SYSTEM INC. | X | |
| SAMARITAN HOSPITAL FOUNDATION - 34-1783215 663 EAST MAIN STREET ASHLAND, OH 44805 | SUPPORT HOSPITAL | OHIO | 501(C)(3) | LINE 12A, I | SAMARITAN REGIONAL MEDICAL CENTER | X | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

SEE PART VII FOR CONTINUATIONS

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 | |
| SAMARITAN REGIONAL PAIN MANAGEMENT LLC - 46-2286785, 1025 CENTER STREET, ASHLAND, OH 44805 | MEDICAL SERVICES | OH | N/A | N/A | N/A | N/A | | | N/A | N/A | | 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.

| (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 |
| UNIVERSITY HOSPITALS HOLDINGS, INC. - 34-1768931, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122 | HOLDING COMPANY | OH | UHHS | C CORP | 453,892,658. | 86,374,887. | 100.00% | X | |
| UNIVERSITY HOSPITALS HEALTH CARE ENTERPRISES - 34-1510005, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122 | MEDICAL MGMT. | OH | N/A | C CORP | N/A | N/A | N/A | X | |
| UNIVERSITY HOSPITALS PHYSICIAN SERVICES - 34-1768929, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122 | PHYSICIAN ADM | OH | N/A | C CORP | N/A | N/A | N/A | X | |
| UNIVERSITY PRIMARY CARE PRACTICES, INC. - 34-1768928, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122 | PHYSICIAN GROUP | OH | N/A | C CORP | N/A | N/A | N/A | X | |
| UHHS PROVIDER & CENTRAL VERIFICATION ORG - 34-1908517, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122 | MEDICAL MGMT. | OH | N/A | C CORP | N/A | N/A | N/A | X | |

Part IV Continuation of 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 |
| UNIVERSITY HOSPITALS HEALTH SYSTEM MCO - 34-1843674, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122 | WORKERS COMPENSATION | OH | N/A | C CORP | N/A | N/A | N/A | X | |
| WESTERN RESERVE ASSURANCE CO. LTD. SPC - 98-0462740, PO BOX 1051 GT KY1, , GRAND CAYMAN, CAYMAN ISLANDS | INSURANCE | CAYMAN ISLANDS | N/A | C CORP | N/A | N/A | N/A | X | |
| CEDAR BRAINARD SURGERY CENTER, INC. - 20-4957632, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122 | HOLDING COMPANY | OH | N/A | C CORP | N/A | N/A | N/A | X | |
| BMH DEVELOPMENT CORP - 34-1346212 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 | LAND DEVELOP | OH | OH CONNEAUT MEDICAL CENTER | C CORP | 64,257. | 267,795. | 100.00% | X | |
| CENTER FOR ORTHOPEDICS, INC. - 34-1665082 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 | PHYSICIANS GROUP | OH | N/A | C CORP | N/A | N/A | N/A | X | |
| COMPREHENSIVE VENTURES UNLIMITED, INC. - 34-1596060, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122 | PHYSICIAN ADM | OH | UHCHCO, INC. | C CORP | 1,253,154. | 6,457,189. | 100.00% | X | |
| POWERS PROFESSIONAL CORPORATION - 34-1735290 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 | PHYSICIANS GROUP | OH | PARMA COMMUNITY MEDICAL CENTER | C CORP | 3,233,369. | 108,248. | 100.00% | X | |
| PRL CORPORATION - 34-1499245 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 | PHYSICIANS GROUP | OH | PARMA COMMUNITY MEDICAL CENTER | C CORP | 2,074,199. | 7,968,755. | 100.00% | X | |
| NORTH OHIO HEART, INC. - 27-2574020 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 | PHYSICIANS GROUP | OH | UHCHCO, INC. | C CORP | 20,710,669. | 2,440,498. | 100.00% | X | |
| EMH PROFESSIONAL SERVICES, INC. - 34-1778419 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122 | PHYSICIANS GROUP | OH | N/A | C CORP | N/A | N/A | N/A | X | |
| UNIVERSITY HOSPITALS ACCOUNTABLE CARE - 81-3836118, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122 | ACCOUNT CARE | OH | N/A | C CORP | N/A | N/A | N/A | X | |
| HEALTH DESIGN PLUS - 34-1593929 1755 GEORGETOWN RD HUDSON, OH 44236 | 3RD PARTY ADMINISTRATION | OH | N/A | C CORP | N/A | N/A | N/A | X | |

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

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

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

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.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | A | 24,220. | GENERAL LEDGER |
| (2) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM POWERS PROFESSIONAL CORPORAT | A | 184,998. | GENERAL LEDGER |
| (3) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM THE PARMA COMMUNITY GENERAL | A | 38,034. | GENERAL LEDGER |
| (4) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UH REGIONAL HOSPITALS - BEDF | A | 98,166. | GENERAL LEDGER |
| (5) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UH REGIONAL HOSPITALS - RICH | A | 119,608. | GENERAL LEDGER |
| (6) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS AHUJA M | A | 972,853. | GENERAL LEDGER |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (7) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS CLEVELA | A | 7,286,834. | GENERAL LEDGER |
| (8) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS GEAUGA | A | 513,357. | GENERAL LEDGER |
| (9) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS GENEVA | A | 52,835. | GENERAL LEDGER |
| (10) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS LABORAT | A | 371,989. | GENERAL LEDGER |
| (11) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS MEDICAL | A | 2,793,116. | GENERAL LEDGER |
| (12) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS PHYSICI | A | 8,041,567. | GENERAL LEDGER |
| (13) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS ST. JOH | A | 7,847. | GENERAL LEDGER |
| (14) UNIVERSITY HOSPITALS PHYSICIAN SERVICES INC. FROM UNIVERSITY HOSPITALS HEAL | A | 1,006. | GENERAL LEDGER |
| (15) EMH REGIONAL MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 377,155,235. | GENERAL LEDGER |
| (16) 5805 EUCLID, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 685,783. | GENERAL LEDGER |
| (17) AMHERST HOSPITAL ASSOCIATION, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, I | R | 759,090. | GENERAL LEDGER |
| (18) CENTER FOR ORTHOPEDICS, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 15,463,084. | GENERAL LEDGER |
| (19) COMPCARE TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 506,865. | GENERAL LEDGER |
| (20) COMPREHENSIVE HEALTH CARE OF OHIO, INC. TO UNIVERSITY HOSPITALS HEALTH SYST | R | 4,642,273. | GENERAL LEDGER |
| (21) COMPREHENSIVE VENTURES UNLIMITED, INC. TO UNIVERSITY HOSPITALS HEALTH SYST | R | 8,250,746. | GENERAL LEDGER |
| (22) EMC ELIMINATIONS TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 3,497,154. | GENERAL LEDGER |
| (23) EMH PROFESSIONAL SERVICES, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 11,013,207. | GENERAL LEDGER |
| (24) HEALTH DESIGN PLUS TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 2,442,475. | GENERAL LEDGER |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (7) NORTH OHIO HEART, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 1,377,230. | GENERAL LEDGER |
| (8) POWERS PROFESSIONAL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 16,874,268. | GENERAL LEDGER |
| (9) PRL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 13,587,354. | GENERAL LEDGER |
| (10) ROBINSON HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 76,550,835. | GENERAL LEDGER |
| (11) SAMARITAN PROFESSIONAL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM, I | R | 1,096,820. | GENERAL LEDGER |
| (12) SAMARITAN REGIONAL HEALTH SYSTEM TO UNIVERSITY HOSPITALS HEALTH SYSTEM, IN | R | 8,586,965. | GENERAL LEDGER |
| (13) ST. JOHN MEDICAL GROUP TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 557,710. | GENERAL LEDGER |
| (14) THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION TO UNIVERSITY HOSPITALS HE | R | 1,400,290. | GENERAL LEDGER |
| (15) THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION TO UNIVERSITY HOSPITALS HE | R | 18,255,098. | GENERAL LEDGER |
| (16) UH REGIONAL HOSPITALS - BEDFORD CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYSTE | R | 761,091. | GENERAL LEDGER |
| (17) UH REGIONAL HOSPITALS - RICHMOND CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYST | R | 4,798,257. | GENERAL LEDGER |
| (18) UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER INC. TO UNIVERSITY HOSPITALS HEAL | R | 53,768,224. | GENERAL LEDGER |
| (19) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT | R | 14,885,576. | GENERAL LEDGER |
| (20) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT | R | 266,976,504. | GENERAL LEDGER |
| (21) UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALT | R | 1,747,386. | GENERAL LEDGER |
| (22) UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH S | R | 10,249,694. | GENERAL LEDGER |
| (23) UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH | R | 8,082,454. | GENERAL LEDGER |
| (24) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS HEALTH SY | R | 629,914,012. | GENERAL LEDGER |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (7) UNIVERSITY HOSPITALS HOME CARE SERVICES, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 6,780,406. | GENERAL LEDGER |
| (8) UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 5,050,646. | GENERAL LEDGER |
| (9) UNIVERSITY HOSPITALS MEDICAL GROUP, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 60,050,002. | GENERAL LEDGER |
| (10) UNIVERSITY HOSPITALS PHYSICIAN SERVICES INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 223,980,310. | GENERAL LEDGER |
| (11) UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 1,455,300. | GENERAL LEDGER |
| (12) UNIVERSITY PRIMARY CARE PRACTICES, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 131,827,055. | GENERAL LEDGER |
| (13) WESTSHORE PRIMARY CARE ASSOCIATES, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. | R | 702,091. | GENERAL LEDGER |
| (14) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM 5805 EUCLID, INC. | S | 685,783. | GENERAL LEDGER |
| (15) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM AMHERST HOSPITAL ASSOCIATION | S | 759,090. | GENERAL LEDGER |
| (16) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM CENTER FOR ORTHOPEDICS, INC. | S | 15,463,084. | GENERAL LEDGER |
| (17) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM COMPCARE | S | 506,865. | GENERAL LEDGER |
| (18) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM COMPREHENSIVE HEALTH CARE OF | S | 4,642,273. | GENERAL LEDGER |
| (19) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM COMPREHENSIVE VENTURES UNLIM | S | 8,250,746. | GENERAL LEDGER |
| (20) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM EMC ELIMINATIONS | S | 3,497,154. | GENERAL LEDGER |
| (21) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM EMH PROFESSIONAL SERVICES, INC. | S | 11,013,207. | GENERAL LEDGER |
| (22) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM EMH REGIONAL MEDICAL CENTER | S | 377,155,235. | GENERAL LEDGER |
| (23) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM HEALTH DESIGN PLUS | S | 2,442,475. | GENERAL LEDGER |
| (24) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM NORTH OHIO HEART, INC. | S | 1,377,230. | GENERAL LEDGER |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (7) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM POWERS PROFESSIONAL CORPORAT | S | 16,874,268. | GENERAL LEDGER |
| (8) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM PRL CORPORATION | S | 13,587,354. | GENERAL LEDGER |
| (9) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM ROBINSON HEALTH SYSTEM, INC. | S | 76,550,835. | GENERAL LEDGER |
| (10) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM SAMARITAN PROFESSIONAL CORPO | S | 1,096,820. | GENERAL LEDGER |
| (11) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM SAMARITAN REGIONAL HEALTH SY | S | 8,586,965. | GENERAL LEDGER |
| (12) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM ST. JOHN MEDICAL GROUP | S | 557,710. | GENERAL LEDGER |
| (13) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM THE PARMA COMMUNITY GENERAL | S | 1,400,290. | GENERAL LEDGER |
| (14) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM THE PARMA COMMUNITY GENERAL | S | 18,255,098. | GENERAL LEDGER |
| (15) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UH REGIONAL HOSPITALS - BEDF | S | 761,091. | GENERAL LEDGER |
| (16) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UH REGIONAL HOSPITALS - RICH | S | 4,798,257. | GENERAL LEDGER |
| (17) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS AHUJA M | S | 53,768,224. | GENERAL LEDGER |
| (18) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS CLEVELA | S | 14,885,576. | GENERAL LEDGER |
| (19) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS CLEVELA | S | 266,976,504. | GENERAL LEDGER |
| (20) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS CONNEAU | S | 1,747,386. | GENERAL LEDGER |
| (21) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS GEAUGA | S | 10,249,694. | GENERAL LEDGER |
| (22) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS GENEVA | S | 8,082,454. | GENERAL LEDGER |
| (23) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS HEALTH | S | 629,914,012. | GENERAL LEDGER |
| (24) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS HOME CA | S | 6,780,406. | GENERAL LEDGER |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (7) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS LABORAT | S | 5,050,646. | GENERAL LEDGER |
| (8) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS MEDICAL | S | 60,050,002. | GENERAL LEDGER |
| (9) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS PHYSICI | S | 223,980,310. | GENERAL LEDGER |
| (10) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS ST. JOH | S | 1,455,300. | GENERAL LEDGER |
| (11) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM UNIVERSITY PRIMARY CARE PRAC | S | 131,827,055. | GENERAL LEDGER |
| (12) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. FROM WESTSHORE PRIMARY CARE ASSOC | S | 702,091. | GENERAL LEDGER |
| (13) | | | |
| (14) | | | |
| (15) | | | |
| (16) | | | |
| (17) | | | |
| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

5805 EUCLID, INC.

DIRECT CONTROLLING ENTITY: UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER