

**\*PUBLIC DISCLOSURE\***

EXTENDED TO NOVEMBER 15, 2021

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

<b>A</b> For the <b>2020</b> calendar year, or tax year beginning and ending																												
<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</b></td> <td><b>D</b> Employer identification number <b>34-0714775</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <b>216-844-1000</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>G</b> Gross receipts \$ <b>765,170,000.</b></td> </tr> <tr> <td><b>3605 WARRENSVILLE CENTER ROAD</b></td> <td></td> <td><b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>SHAKER HEIGHTS, OH 44122</b></td> <td><b>H(b)</b> Are all subordinates included? Yes No</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>MICHAEL A. SZUBSKI</b> <b>SAME AS C ABOVE</b></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527</td> <td><b>H(c)</b> Group exemption number ▶ <b>3829</b></td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>WWW.UHHOSPITALS.ORG</b></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td><b>L</b> Year of formation: <b>1940</b> <b>M</b> State of legal domicile: <b>OH</b></td> </tr> </table>	<b>C</b> Name of organization <b>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</b>		<b>D</b> Employer identification number <b>34-0714775</b>	Doing business as		<b>E</b> Telephone number <b>216-844-1000</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>765,170,000.</b>	<b>3605 WARRENSVILLE CENTER ROAD</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code <b>SHAKER HEIGHTS, OH 44122</b>		<b>H(b)</b> Are all subordinates included? Yes No	<b>F</b> Name and address of principal officer: <b>MICHAEL A. SZUBSKI</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number ▶ <b>3829</b>	<b>J</b> Website: ▶ <b>WWW.UHHOSPITALS.ORG</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1940</b> <b>M</b> State of legal domicile: <b>OH</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNIVERSITY HOSPITALS (THE SYSTEM) IS GUIDED BY ITS MISSION, "TO HEAL. TO TEACH. TO DISCOVER."</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	27
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	21
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....	<b>5</b>	5197
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	21
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	-15,341.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	14,640,000.	19,605,000.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	538,541,000.	578,661,000.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	71,780,000.	49,829,000.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	75,557,000.	117,075,000.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	700,518,000.	765,170,000.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	6,885,000.	5,925,000.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	369,895,000.	366,870,000.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	436,197,000.	405,053,000.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	812,977,000.	777,848,000.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	-112,459,000.	-12,678,000.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	4,606,270,000.	5,291,459,000.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	2,316,092,000.	2,810,620,000.
		2,290,178,000.	2,480,839,000.

**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.

<b>Sign Here</b>	Signature of officer		Date		
	MICHAEL A. SZUBSKI, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	SHAWNA M. JANSONS	<i>Shawna M. Jansons</i>	11/12/2021	<input type="checkbox"/>	P01222873
	Firm's name ▶ DELOITTE TAX LLP	Firm's EIN ▶ 86-1065772			
	Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4200 INDIANAPOLIS, IN 46204-5108	Phone no. (317) 464-8600			

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 \$ 608,710,000. including grants of \$ 5,925,000. ) (Revenue \$ 695,736,000. ) SEE SCHEDULE O.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 608,710,000.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		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>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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>		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>		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>		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>		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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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>	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>		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>	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>		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>	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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	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>	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>	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>		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>		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
<b>1a</b>	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 on Schedule O.		
	1a 27		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 21		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</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?	X	
<b>16b</b>			

**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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEE SCH O TR 1.6033-2(D) (5) SEE SCHED. O	50.00 0.00			X				7,905,065.	0.	565,968.
(2) SEE SCH O TR 1.6033-2(D) (5) SEE SCHED. O	50.00 0.00					X		5,100,240.	0.	169,748.
(3) SEE SCH O TR 1.6033-2(D) (5) SEE SCHED. O	50.00 50.00	X						2,486,633.	1,670,151.	190,675.
(4) SEE SCH O TR 1.6033-2(D) (5) SEE SCHED. O	50.00 0.00				X			2,336,586.	0.	103,748.
(5) SEE SCH O TR 1.6033-2(D) (5) SEE SCHED. O	50.00 0.00	X		X				2,323,234.	0.	79,247.
(6) SEE SCH O TR 1.6033-2(D) (5) SEE SCHED. O	50.00 0.00						X	520,613.	0.	38,154.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							20,672,371.	1,670,151.	1,147,540.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							20,672,371.	1,670,151.	1,147,540.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 406

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	10,492,000.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	9,113,000.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			19,605,000.			
Program Service Revenue	<b>2 a</b>	PROGRAM SERVICE CORPORATE ALLOCAT	Business Code	900099	575,124,000.	575,124,000.		
	<b>b</b>	PROGRAM SERVICE REVENUE		900099	3,537,000.	3,537,000.		
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			578,661,000.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			34,441,000.		-15,341. 34,456,341.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other			
						15,388,000.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	0.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	15,388,000.				
<b>d</b>	Net gain or (loss) .....			15,388,000.		15,388,000.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	INS. PROCEEDS/REFUNDS	Business Code	900099	26,053,000.	26,053,000.		
	<b>b</b>	SPECIAL CHARGES		900099	22,700,000.	22,700,000.		
	<b>c</b>	JV INCOME		900099	15,098,000.	15,098,000.		
	<b>d</b>	All other revenue .....		900099	53,224,000.	53,224,000.		
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			117,075,000.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			765,170,000.	695,736,000.	-15,341.	49,844,341.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,461,000.	5,461,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	464,000.	464,000.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	17,183,000.		17,183,000.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	559,000.		559,000.	
<b>7</b> Other salaries and wages .....	292,133,000.	233,706,000.	58,427,000.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-21,675,000.	-17,340,000.	-4,335,000.	
<b>9</b> Other employee benefits .....	57,914,000.	46,331,000.	11,583,000.	
<b>10</b> Payroll taxes .....	20,756,000.	16,605,000.	4,151,000.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	2,817,000.	2,254,000.	563,000.	
<b>c</b> Accounting .....	700,000.	560,000.	140,000.	
<b>d</b> Lobbying .....	21,000.		21,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	29,699,000.	23,759,000.	5,940,000.	
<b>12</b> Advertising and promotion .....	12,906,000.	10,325,000.	2,581,000.	
<b>13</b> Office expenses .....	21,655,000.	17,324,000.	4,331,000.	
<b>14</b> Information technology .....	87,813,000.	70,250,000.	17,563,000.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	20,281,000.	16,225,000.	4,056,000.	
<b>17</b> Travel .....	899,000.	719,000.	180,000.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	52,917,000.	42,334,000.	10,583,000.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	70,685,000.	56,548,000.	14,137,000.	
<b>23</b> Insurance .....	-2,712,000.	-2,712,000.		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SWAP VALUATION ADJUSTME	36,473,000.	29,178,000.	7,295,000.	
<b>b</b> OTHER PURCHASED SERVICE	32,286,000.	25,829,000.	6,457,000.	
<b>c</b> OTHER NONSERVICE PERIOD	24,318,000.	19,454,000.	4,864,000.	
<b>d</b> SPECIAL CHARGES	2,377,000.	1,902,000.	475,000.	
<b>e</b> All other expenses	11,918,000.	9,534,000.	2,384,000.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	777,848,000.	608,710,000.	169,138,000.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	248,540,000.	<b>2</b>	818,096,000.
	<b>3</b> Pledges and grants receivable, net .....	7,703,000.	<b>3</b>	7,432,000.
	<b>4</b> Accounts receivable, net .....	7,499,000.	<b>4</b>	25,136,000.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	0.	<b>8</b>	13,000.
	<b>9</b> Prepaid expenses and deferred charges .....	31,339,000.	<b>9</b>	41,649,000.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,090,294,000.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 568,474,000.		
		529,061,000.	<b>10c</b>	521,820,000.
	<b>11</b> Investments - publicly traded securities .....	1,438,319,000.	<b>11</b>	1,848,538,000.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	286,941,000.	<b>12</b>	256,093,000.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,894,078,000.	<b>13</b>	1,606,186,000.
	<b>14</b> Intangible assets .....	15,550,000.	<b>14</b>	23,534,000.
<b>15</b> Other assets. See Part IV, line 11 .....	147,240,000.	<b>15</b>	142,962,000.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,606,270,000.	<b>16</b>	5,291,459,000.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	293,767,000.	<b>17</b>	342,790,000.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	1,219,814,000.	<b>20</b>	1,492,244,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	39,749,000.	<b>23</b>	6,167,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	762,762,000.	<b>25</b>	969,419,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,316,092,000.	<b>26</b>	2,810,620,000.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,823,506,000.	<b>27</b>	1,958,815,000.
	<b>28</b> Net assets with donor restrictions .....	466,672,000.	<b>28</b>	522,024,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	2,290,178,000.	<b>32</b>	2,480,839,000.
<b>33</b> Total liabilities and net assets/fund balances .....	4,606,270,000.	<b>33</b>	5,291,459,000.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	765,170,000.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	777,848,000.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-12,678,000.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,290,178,000.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	74,373,000.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	128,966,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	2,480,839,000.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization <b>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</b>	Employer identification number <b>34-0714775</b>
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**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 MEDICAL CENTER	34-1567805	3	X		0.	0.
<b>Total</b>					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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <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
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
<b>b</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>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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
<b>8</b> 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
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		X
<b>b</b> A family member of a person described in line 11a above?		X
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		X

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

**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.)

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UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CMC) - 34-0714550

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

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UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER (GMC) - 34-0816492

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

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UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (UHGMC) - 34-0714461

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

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UH REGIONAL HOSPITALS - 34-1924226

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

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UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER - 34-1260978

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

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UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION - 27-3970270

**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)(2)

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION - 90-0794903

509(A)(2)

3605 WARRENSVILLE CENTER RD. - MSC 9155

SHAKER HEIGHTS, OH 44122

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

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PART I LINE 12G

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

(II) EIN OF SUPPORTED ORGANIZATION: 34-1567805

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

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

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

(V) AMOUNT OF MONETARY SUPPORT: \$30,013,000

COMPREHENSIVE HEALTH CARE OF OHIO, INC. - 34-1492733

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PART I LINE 12G

(I) NAME OF SUPPORTED ORGANIZATION: EMH REGIONAL MEDICAL CENTER

**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.)

(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

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 (UHLSF) -

34-1720429

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 HEALTH SYSTEM,

INC.

(II) EIN OF SUPPORTED ORGANIZATION: 34-0714775



**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.)

(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

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

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PART I LINE 12G

(I) NAME OF SUPPORTED ORGANIZATION: UH CLEVELAND 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: \$68,426,000

PART IV, SECTION A, LINE 2

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. AS INDICATED IN PART IV,

SECTION A, LINE 1'S NARRATIVE, SOME OF THESE SUPPORTED ORGANIZATIONS

ARE OTHER THAN 509(A)(1) AND 509(A)(2) ORGANIZATIONS.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**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](http://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 <p style="text-align: center;">UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</p>	Employer identification number <p style="text-align: center;">34-0714775</p>
---	---

**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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		8,105.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		6,720.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		5,932.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			20,757.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

<b>Name of the organization</b> UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	<b>Employer identification number</b> 34-0714775
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
  - 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	211,303,000.	179,723,000.	187,557,000.	159,046,000.	149,283,000.
b Contributions	10,211,000.	9,871,000.	5,345,000.	8,523,000.	7,136,000.
c Net investment earnings, gains, and losses	24,607,000.	32,087,000.	-5,466,000.	28,790,000.	10,239,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,217,000.	10,378,000.	7,713,000.	8,802,000.	7,612,000.
f Administrative expenses					
g End of year balance	241,904,000.	211,303,000.	179,723,000.	187,557,000.	159,046,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  5.5700 %
  - b Permanent endowment  64.6200 %
  - c Term endowment  29.8100 %
- 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? <input checked="" type="checkbox"/> | X   |    |
- 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		69,310,000.		69,310,000.
b Buildings		258,345,000.	97,212,000.	161,133,000.
c Leasehold improvements		14,745,000.	10,642,000.	4,103,000.
d Equipment		719,853,000.	447,719,000.	272,134,000.
e Other		28,041,000.	12,901,000.	15,140,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				521,820,000.

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

**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	217,943,000.	END-OF-YEAR MARKET VALUE
(2) INVESTMENT IN AFFILIATES	1,388,243,000.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,606,186,000.	

**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)	
<b>Total.</b> (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) PENSION LIABILITIES	447,534,000.
(3) INTEREST RATE SWAP LIABILITY	107,132,000.
(4) SELF INSURED LIABILITY	56,192,000.
(5) OTHER LIABILITIES	129,332,000.
(6) PROFESSIONAL LIABILITY-WRA	65,944,000.
(7) PROFESSIONAL LIABILITY-CURRENT	35,046,000.
(8) LIABILITY RELATED TO THE SALE OF FUTURE REVENUE	92,519,000.
(9) DEFERRED PAYROLL TAXES	35,720,000.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	969,419,000.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...



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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

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,  
2020 AND 2019, 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 2016-2020 HAVE BEEN PRESENTED TO CONFORM TO THE STANDARD.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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		191,240,000.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM		0	INVESTMENTS		4,500,000.
CENTRAL AMERICA/CARIBBEAN		1	PROGRAM SERVICES	OFFSHORE CAPITVE MANAGEMENT	-2,824,000.
<b>3 a</b> Subtotal .....	0	1			192,916,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	1			192,916,000.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		FRANCE	GENERAL SUPPORT	5,982.		0.		
		CHINA	GENERAL SUPPORT	435,219.		0.		
		GERMANY	GENERAL SUPPORT	22,965.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ► 0

3 Enter total number of other organizations or entities ..... ► 3



**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BOARD OF REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO - 9500 GILMAN DR - LA JOLLA, CA 92093	95-6006144	501(C)(3)	293,396.	0.			GENERAL SUPPORT
CHILDRENS HOSPITAL CORPORATION P.O. BOX 7199 COLUMBUS, OH 43205	04-2774441	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	519,644.	0.			GENERAL SUPPORT
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, SUITE N2100 BALTIMORE, MD 21211	52-0595110	501(C)(3)	50,000.	0.			GENERAL SUPPORT
LOUISIANA STATE UNIVERSITY HEALTH 1700 TULANE AVENUE NEW ORLEANS, LA 70112	72-6087770	501(C)(3)	177,133.	0.			GENERAL SUPPORT
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	50,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **15.**
- 3** Enter total number of other organizations listed in the line 1 table **5.**

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

Schedule I (Form 990) 2020



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 14946 GREENLEAF STREET - SHERMAN OAKS, CA 91403	71-0965664	501(C)(3)	431,478.	0.			GENERAL SUPPORT
STANFORD UNIVERSITY BOARD OF TRUSTEES - 326 GALVEZ STREET - STANFORD, CA 94305	94-1156365	501(C)(3)	300,000.	0.			GENERAL SUPPORT
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 506 S WRIGHT STREET, ROOM 209 - URBANA, IL 61801	37-6000511	501(C)(3)	150,000.	0.			GENERAL SUPPORT
UNIVERSITY OF MASSACHUSETTS WORCESTER - 333 SOUTH STREET, SUITE 450 - SHREWSBURY, MA 01545	04-3167352	501(C)(3)	150,000.	0.			GENERAL SUPPORT
UNIVERSITY OF OKLAHOMA 905 ASP AVENUE, ROOM 244 NORMAN, OK 73019	73-6017987	501(C)(3)	50,000.	0.			GENERAL SUPPORT
UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 75284	75-6002868	501(C)(3)	120,000.	0.			GENERAL SUPPORT
WASHINGTON UNIVERSITY 129 SCHMITZ HALL SEATTLE, WA 98195	43-0653611	501(C)(3)	409,000.	0.			GENERAL SUPPORT
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065	13-1623978	501(C)(3)	50,000.	0.			GENERAL SUPPORT
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	150,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CEPTER BIOPARTNERS LLC 4-19 4TH STREET FAIR LAWN, NJ 07410-1459	46-3549175		27,143.	0.			GENERAL SUPPORT
LAKEPHARMA INC 530 HARBOR BOULEVARD BELMONT, CA 94002	26-4117157		6,400.	0.			GENERAL SUPPORT
NANOSCALE COMBINATORIAL SYSTHESIS INC - 3100 CENTRAL EXPRESSWAY - SANATA CLARA, CA 95051	86-0909295		19,500.	0.			GENERAL SUPPORT
SR CONSULTING LLC 5909 SHELBY OAKS DRIVE, SUITE 200 MEMPHIS, TN 38134-7318	81-1906652		32,000.	0.			GENERAL SUPPORT
THE JACKSON LABORATORY P.O. BOX 254 BAR HARBOR, ME 04609	01-0211513		69,515.	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:

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

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 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>	X	
<b>9</b>	X	

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

Schedule J (Form 990) 2020

**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 SCH O TR 1.6033-2(D) (5) SEE SCHED. O	(i)	4,825,955.	1,349,247.	1,729,863.	423,654.	142,314.	8,471,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SEE SCH O TR 1.6033-2(D) (5) SEE SCHED. O	(i)	2,998,488.	695,430.	1,406,322.	86,895.	82,853.	5,269,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SEE SCH O TR 1.6033-2(D) (5) SEE SCHED. O	(i)	969,292.	356,188.	1,161,153.	20,375.	26,375.	2,533,383.	0.
	(ii)	1,589,071.	27,685.	53,395.	104,958.	38,967.	1,814,076.	0.
(4) SEE SCH O TR 1.6033-2(D) (5) SEE SCHED. O	(i)	1,754,693.	428,529.	153,364.	36,875.	66,873.	2,440,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SEE SCH O TR 1.6033-2(D) (5) SEE SCHED. O	(i)	1,408,378.	377,614.	537,242.	70,145.	9,102.	2,402,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SEE SCH O TR 1.6033-2(D) (5) SEE SCHED. O	(i)	323,594.	55,603.	141,416.	20,211.	17,943.	558,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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:

MANAGEMENT INCENTIVE PLAN (MIP) PAYMENTS ARE CALCULATED ANNUALLY AS A

PERCENTAGE OF BASE SALARY BASED UPON GOAL ATTAINMENT FOR EACH INCENTIVE

CYCLE. THE ELIGIBLE INCENTIVE PERCENTAGE IS DEPENDENT UPON EACH

INDIVIDUAL'S LEADERSHIP LEVEL IN THE ORGANIZATION.

PART I, LINE 8:

CERTAIN EMPLOYEE COMPENSATION DISCLOSED IN PART VII MEET THE REQUIREMENTS

OF THE INITIAL CONTRACT EXCEPTION.

FORM 990, SCHEDULE J, PART II

FORM 990 REPORTING REQUIREMENTS RELATED TO ITEMS SUCH AS DEFERRED

COMPENSATION PROGRAMS REQUIRE DUAL REPORTING IN SOME YEARS FOR VARIOUS

PARTICIPANTS. AS SUCH, AMOUNTS MAY BE SHOWN IN PART VII AND SCHEDULE J

**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.

DURING A YEAR IN WHICH THOSE AMOUNTS WERE DEFERRED, AND AGAIN IN

SUBSEQUENT YEARS IN PART VII AND SCHEDULE J WHEN ACTUALLY PAID. ONLY

SCHEDULE J INCLUDES A COLUMN (F), NOTING THESE AMOUNTS WERE PREVIOUSLY

REPORTED.

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 1

OMB No. 1545-0047

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

**2020**  
**Open to Public Inspection**

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

<b>Part I Bond Issues</b>											
(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
<b>A</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CAS7	06/21/12	189,782,379.	SEE PART VI FOR DESCRIPTION		X		X		X
<b>B</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CCB2	12/10/13	124,142,966.	SEE PART VI FOR DESCRIPTION		X		X		X
<b>C</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CCC0	11/06/14	100,361,458.	SEE PART VI FOR DESCRIPTION		X		X		X
<b>D</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CCF3	10/01/15	100,000,000.	SEE PART VI FOR DESCRIPTION		X		X		X

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired	21,805,000.		14,810,000.		25,000,000.					
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	189,782,379.		124,142,966.		100,361,458.			100,000,577.		
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds			1,442,966.		1,221,881.					
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	2,092,370.							1,204,500.		
<b>8</b> Credit enhancement from proceeds	349,258.									
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds					10,000,000.			37,316,424.		
<b>11</b> Other spent proceeds	187,340,751.		122,700,000.		89,139,577.			61,479,653.		
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion	2012		2013		2015		2015			
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X		X		X			
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X		X			X	
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

Schedule K (Form 990) 2020



**Supplemental Information on Tax-Exempt Bonds**

ENTITY 2

OMB No. 1545-0047

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

**2020**  
**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	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CCZ9	03/31/16	249,373,895.	SEE PART VI FOR DESCRIPTION		X		X		X
B	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CDF2	09/26/18	243,220,482.	SEE PART VI FOR DESCRIPTION		X		X		X
C	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CDP0	01/23/20	613,525,516.	SEE PART VI FOR DESCRIPTION		X		X		X
D												

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired			52,150,000.					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	249,373,895.		245,082,583.		614,154,226.			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds			292,106.					
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,924,715.		1,763,911.		3,175,157.			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			130,075,136.		81,306,736.			
11	Other spent proceeds	247,449,180.		112,951,430.		311,515,000.			
12	Other unspent proceeds					218,157,333.			
13	Year of substantial completion	2016		2019					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X		X			
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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			

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

Schedule K (Form 990) 2020

**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		X
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X		X		X
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 .....	.00 %		.00 %		.00 %		.00 %	
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 .....	.00 %		.00 %		.00 %		.00 %	
6 Total of lines 4 and 5 .....	.00 %		.00 %		.00 %		.00 %	
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	

**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		
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 .....	.00 %		.00 %		.00 %			
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 .....	.00 %		.00 %		.00 %			
6 Total of lines 4 and 5 .....	.00 %		.00 %		.00 %			
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		
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			

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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? .....								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		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		X
7 Has the organization established written procedures to monitor the requirements of section 148? .....	X		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		X	

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

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**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X	X			
<b>b</b> Name of provider .....					WELLS FARGO BANK, N			
<b>c</b> Term of hedge .....					.1000000			
<b>d</b> Was the hedge superintegrated? .....						X		
<b>e</b> Was the hedge terminated? .....						X		
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		
<b>7</b> 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 - PART I, COLUMN (F)

PART I, COLUMN (F) THE SERIES 2012A BONDS ISSUED 6/21/2012 REFUNDED

ALL OF THE OUTSTANDING SERIES 2009A BONDS ISSUED 3/24/2009.

PART I, COLUMN (F) THE SERIES 2013A AND 2013B BONDS ISSUED 12/10/2013

REFUNDED ALL OF THE OUTSTANDING SERIES 2008BDE BONDS ISSUED 5/8/2008.

PART I, COLUMN (F) THE PROCEEDS OF THE SERIES 2014ABC ISSUED 11/6/2014

WERE USED FOR THE ACQUISITIONS OF UH PARMA MEDICAL CENTER AND UH ELYRIA MEDICAL CENTER, AS WELL AS FOR ROUTINE CAPITAL EXPENDITURES AND TO REFUND BONDS ISSUED 4/2/2014 AND 4/17/2014.

PART I, COLUMN (F) THE PROCEEDS OF THE SERIES 2015ABC BONDS ISSUED

10/1/2015 WERE USED FOR THE ACQUISITION OF UH PORTAGE MEDICAL CENTER, AS WELL AS FOR ROUTINE CAPITAL EXPENDITURES AND TO REFUND A PORTION OF BONDS ISSUED 12/27/2010 AND ALL THE OUTSTANDING DEBT ISSUED 6/1/2015.

PART I, COLUMN (F) THE SERIES 2016A BONDS ISSUED 3/31/2016 REFUNDED A

PORTION OF THE SERIES 2007A BONDS ISSUED 2/7/2007.

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

PART I, COLUMN (F) THE PROCEEDS OF THE SERIES 2018ABCD BONDS ISSUED 9/26/2018 WERE USED FOR ROUTINE CAPITAL EXPENDITURES, AND TO REFUND ALL OF THE SERIES 2014C BONDS ISSUED 11/6/2014, A PORTION OF THE SECOND DRAW OF THE SERIES 2014C BONDS ISSUED 7/15/2015, AND ALL OF THE OUTSTANDING SERIES 2015DE BONDS ISSUED 12/18/2015.

PART I, COLUMN (F) THE PROCEEDS OF THE SERIES 2020ABCDE BONDS ISSUED 1/23/2020 WERE USED FOR BUILDING AND EQUIPPING A HOSPITAL FACILITY, AND TO REFUND PORTIONS OF BONDS ISSUED 11/6/2014 AND 9/26/2018 AND ALL OF THE OUTSTANDING BONDS ISSUED 2/7/2007, 2/12/2010, 10/23/2012, AND 10/24/2018.

FORM 990, SCHEDULE K, SUPPLEMENTAL INFORMATION - PART IV, LINE 2C PART IV, LINE 2C, FOR THE 6/21/2012 BONDS - THE REBATE CALCULATION FOR THE SERIES 2012A BONDS WAS PERFORMED ON 7/13/2017 FOR THE COMPUTATION PERIOD ENDED 6/20/2017.

PART IV, LINE 2C, FOR THE 12/10/2013 BONDS - THE REBATE CALCULATION FOR THE SERIES 2013AB BONDS WAS PERFORMED ON 12/11/2018 FOR THE COMPUTATION PERIOD ENDED 12/9/2018.

FORM 990, SCHEDULE K, SUPPLEMENTAL INFORMATION ALL DIFFERENCES BETWEEN AMOUNTS REPORTED ON PART II, LINE 3, AND PART I, COLUMN (E) ARE DUE TO INVESTMENT EARNINGS.

WITH RESPECT TO EACH OF THE ADVANCE REFUNDING ISSUES INCLUDED HEREIN (SEE PART II LINE 15), PART IV LINE 6 IS BEING ANSWERED WITHOUT REGARD TO YIELD-RESTRICTED ADVANCE REFUNDING ESCROWS FINANCED WITH PROCEEDS OF THE BONDS.

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

# Transactions With Interested Persons

OMB No. 1545-0047

# 2020

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://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 Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DEE HASLAM	SEE PART V	3,676,847.	SEE PART V		X
DANIEL CONNOR	SEE PART V	168,657.	SEE PART V		X
LLOYD CHELETTE	SEE PART V	33,569.	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: \$3,676,847.

FORM 990, SCHEDULE L, PART IV RESPONSES

LINE 2 - RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF MR. CHRISTOPHER M. CONNOR, CURRENT DIRECTOR ON THE UHHS BOARD.

DESCRIPTION OF TRANSACTION:

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



**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

AMOUNT OF TRANSACTION: \$168,657.

FORM 990, SCHEDULE L, PART IV RESPONSES

LINE 3 - 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: \$33,569.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 2020, UNIVERSITY HOSPITALS  
DEDICATED MORE THE \$483 MILLION TO COMMUNITY BENEFIT PROGRAMS IN  
NORTHEAST OHIO CONSISTING OF:

- EDUCATION AND TRAINING = \$93 MILLION

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	Employer identification number 34-0714775
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- RESEARCH = \$57 MILLION

- CHARITY CARE = \$51 MILLION

- MEDICAID SHORTFALL = \$282 MILLION

- COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = \$26

MILLION

- HOSPITAL CARE ASSURANCE PROGRAM (HCAP) = (\$27 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 2020 TOTALED \$483 MILLION.

IN ADDITION TO CHARITY CARE AND INSUFFICIENT FUNDING FROM THE MEDICAID

PROGRAM, THE SYSTEM INCURS SIGNIFICANT LOSSES RELATED TO SELF-PAY

PATIENTS WHO FAIL TO MAKE PAYMENT FOR SERVICES RENDERED OR INSURED

PATIENTS WHO FAIL TO REMIT CO-PAYMENTS AND DEDUCTIBLES AS REQUIRED

UNDER APPLICABLE HEALTH INSURANCE ARRANGEMENTS. IN 2020, \$112 MILLION

REPRESENTED REVENUES FOR SERVICES PROVIDED THAT WERE 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 32,050

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
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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.

DURING 2020 THE FILING ORGANIZATION'S OPERATIONS WERE SIGNIFICANTLY  
 IMPACTED BY THE CHALLENGES OF THE COVID-19 GLOBAL PANDEMIC AS  
 SHELTER-IN-PLACE ORDERS AND GOVERNMENT MANDATES TO SUSPEND ELECTIVE  
 PROCEDURES WERE IMPLEMENTED IN ORDER TO COMBAT THE OUTBREAK. THE SYSTEM  
 HONORED ITS COMMITMENT TO ITS COMMUNITIES BY TAKING COVID-19  
 PREPAREDNESS MEASURES SUCH AS IMPLEMENTING SIGNIFICANT NEW SAFETY  
 MEASURES AT ITS HOSPITALS, CREATING AND EXPANDING BED CAPACITY,  
 ACQUIRING PERSONAL PROTECTIVE EQUIPMENT AND OTHER SUPPLIES, EXPANDING

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	Employer identification number 34-0714775
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TESTING CAPABILITIES, REDEPLOYING CAREGIVERS TO AREAS OF NEED, AND INVESTING IN ALTERNATIVE MEANS OF CARE. THE CANCELLATION OR POSTPONEMENT OF ALL ELECTIVE PROCEDURES AND NON-URGENT AMBULATORY VISITS RESULTED IN A SIGNIFICANT REDUCTION IN PATIENT VOLUMES. IN ADDITION TO LOST REVENUE ASSOCIATED WITH LOWER PATIENT VOLUMES, THE SYSTEM EXPERIENCED AN INCREASE IN OPERATING COSTS ASSOCIATED WITH THE RESPONSE TO THE COVID-19 PANDEMIC, AS WELL AS AN INCREASE IN SUPPLY EXPENSES AS A RESULT OF SHORTAGES, DELAYS AND SIGNIFICANT PRICE INCREASES IN MEDICAL SUPPLIES, PARTICULARLY PERSONAL PROTECTIVE EQUIPMENT AND CERTAIN PHARMACEUTICALS, WHICH ADVERSELY IMPACTED OPERATING RESULTS IN FISCAL YEAR 2020.

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 2020 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW.UHHOSPITALS.ORG.

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

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

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

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

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:

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

CHANGE IN BENEFICIAL INTEREST FND	17,709,000.
FUNDED STATUS ADJUSTMENT	-35,473,000.
INVESTMENT IN SUBSIDIARIES	-280,598,000.
NET ASSETS RELEASED FROM RESTRICTION	-970,000.
OTHER CHANGES IN FUND BALANCE	38,620,000.
EQUITY TRANSFERS	389,678,000.
TOTAL TO FORM 990, PART XI, LINE 9	128,966,000.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	Employer identification number 34-0714775
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**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
JWR COMMERCIAL PROPERTIES, LLC 11100 EUCLID AVE. CLEVELAND, OH 44106	REAL ESTATE	OHIO	0.	0.	UHHS
CHESTER ROAD COMMERCIAL PROPERTIES LLC 11100 EUCLID AVE. CLEVELAND, OH 44106	INACTIVE	OHIO	0.	0.	UHHS
UH HEALTH SOLUTIONS, LLC 11100 EUCLID AVE. CLEVELAND, OH 44106	SUPPORT SERVICES	OHIO	0.	0.	UHHS
UH RESEARCH EDUCATION AND COLLABORATION LLC - 27-1287585, 11100 EUCLID AVE., CLEVELAND, OH 44106	SUPPORT SERVICES	OHIO	0.	0.	UHHS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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 12A, I	ROBINSON HEALTH SYSTEM INC.	X	
SAMARITAN HOSPITAL FOUNDATION - 34-1783215 663 EAST MAIN STREET ASHLAND, OH 44805	SUPPORT HOSPITAL	OHIO	501(C)(3)	LINE 12C, III-FI	SAMARITAN REGIONAL MEDICAL CENTER	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
5805 EUCLID, INC. - 81-4962989 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	SUPPORT HOSPITAL	OHIO	501(C)(3)	LINE 12B, II	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS HEALTH SYSTEM - HEATHER HILL, INC. - 34-0771884, 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO	501(C)(3)	LINE 12B, II	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
FUND FOR CURES UK, LTD. 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	GRANT FUNDING	UNITED KINGDOM	N/A	N/A	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
KETTERING MOHICAN AREA MEDICAL CENTER INC. 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO				X	
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER - 34-1567805, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC. - 26-4827222, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER - 34-0714550, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER - 34-0714461, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UH REGIONAL HOSPITALS - 34-1924226 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
PARMA COMMUNITY GENERAL HOSPITAL - 34-0827442, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
EMH REGIONAL MEDICAL CENTER - 34-0714612 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	COMPREHENSIVE HEALTHCARE OF OHIO, INC.	X	
UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER - 34-1260978, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
AMHERST HOSPITAL ASSOCIATION INC. - 34-0067060, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS MEDICAL GROUP, INC. - 20-4881619, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OHIO	501(C)(3)	LINE 12B, II	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION - 34-1720429, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH	LAB SERVICES	OHIO	501(C)(3)	LINE 12B, II	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS HOME CARE SERVICES, INC. - 34-1527536, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HOME CARE	OHIO	501(C)(3)	LINE 12B, II	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
ROBINSON HEALTH SYSTEM, INC. - 46-1382538 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
SAMARITAN REGIONAL HEALTH SYSTEM - 34-0714535, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION - 90-0794903, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH	HEALTHCARE	OHIO	501(C)(3)	LINE 10	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
COMPREHENSIVE HEALTH CARE OF OHIO, INC. - 34-1492733, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 12B, II	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS GEauga MEDICAL CENTER - 34-0816492, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	

**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		X	N/A		X	N/A
UHHS ENDOSCOPY HOLDINGS, LLC - 83-1284090, 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122	MEDICAL SERVICES	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
UH CANTON-ENDOSCOPY, LLC - 83-0638696, 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122	MEDICAL SERVICES	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
UH VALUEHEALTH HOLDINGS, LLC 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122	HOLDING COMPANY	OH	N/A	N/A	N/A	N/A		X	N/A		X	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
WESTERN RESERVE ASSURANCE CO. LTD. SPC - 98-0462740, PO BOX 1051 GT KY1, , GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	UHHS	C CORP	0.	0.	100%		X
USHC MANAGEMENT, INC - 34-1395971 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44122	HOLDING COMPANY	OH	UHHS	C CORP	7,878.	2,376.	100%		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
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 HOSPITALS HOLDINGS, INC. - 34-1768931, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	HOLDING COMPANY	OH	UHHS	C CORP	-84,046,686.	221,903,402.	100%		X

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
UH CLINICAL ASSOCIATES, LLC 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122	MEDICAL SERVICES	OH	N/A	N/A	N/A	N/A		X	N/A	X		N/A
UNIVERSITY SUBURBAN REAL ESTATE, LTD - 34-1397180, 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH	REAL ESTATE	OH	USHC MANAGEMENT, INC.	UNRELATED	-903,043.	3,448,482.		X	-903,043.	X		50.82%

**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 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 ACCOUNTABLE CARE ORG, INC. - 81-3836118, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	ACCOUNT CARE	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
QUALITY CARE NETWORK - 81-1081563 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	MEDICAL MGMT.	OH	N/A	C CORP	N/A	N/A	N/A		X
PRL CORPORATION - 34-1499245 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	PARMA COMMUNITY MEDICAL CENTER	C CORP	0.	6,306,351.	100%		X
POWERS PROFESSIONAL CORPORATION - 34-1735290 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	PARMA COMMUNITY MEDICAL CENTER	C CORP	-83,665.	-1,946.	100%		X
NORTH OHIO HEART, INC. - 27-2574020 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	UHCHCO, INC.	C CORP	-12,183,192.	1,545,167.	100%		X
EMH SHEFFIELD MEDICAL BUILDING CONDO - 26-0636602, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	REAL ESTATE	OH	N/A	C CORP	N/A	N/A	N/A		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
EMH MEDICAL OFFICE BUILDING IN AVON, INC - 34-1935407, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	REAL ESTATE	OH	ELYRIA MEDICAL CENTER	C CORP	0.	40,712.	100%		X
COMPREHENSIVE VENTURES UNLIMITED, INC. - 34-1596060, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	PHYSICIAN ADM	OH	UHCHCO, INC.	C CORP	321,162.	3,626,277.	100%		X
BMH DEVELOPMENT CORP - 34-1346212 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	LAND DEVELOP	OH	UH CONNEAUT MEDICAL CENTER	C CORP	0.	0.	100%		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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	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
UH AHUJA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, (1) INC.	A	893,147.	GENERAL LEDGER
UH CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH (2) SYSTEM, INC.	A	7,675,417.	GENERAL LEDGER
GEAUGA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, (3) INC.	A	378,064.	GENERAL LEDGER
GENEVA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, (4) INC.	A	66,352.	GENERAL LEDGER
UH SAMARITAN MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH (5) SYSTEM, INC.	A	194,802.	GENERAL LEDGER
UH LAB SERVICES FOUNDATION TO UNIVERSITY HOSPITALS HEALTH (6) SYSTEM, INC.	A	453,381.	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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) UH MANAGEMENT SERVICES ORG TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	A	8,606,436.	GENERAL LEDGER
(8) UHRH BEDFORD MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	A	61,668.	GENERAL LEDGER
(9) UHRH RICHMOND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	A	121,415.	GENERAL LEDGER
(10) UNIVERSITY HOSPITALS MEDICAL GR TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	A	2,875,444.	GENERAL LEDGER
(11) UH NO. RIDGEVILLE ENDOSCOPY CEN TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	A	102,443.	GENERAL LEDGER
(12) UH HOME CARE SERVICES INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	A	29,964.	GENERAL LEDGER
(13) ST. JOHN MEDICAL GROUP TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	A	42,597.	GENERAL LEDGER
(14) PARMA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	A	24,886.	GENERAL LEDGER
(15) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH MANAGEMENT SERVICES ORG	R	195,228,619.	GENERAL LEDGER
(16) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS MEDICAL GR	R	72,707,185.	GENERAL LEDGER
(17) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS HOLDINGS,	R	38,869,013.	GENERAL LEDGER
(18) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH HOME CARE SERVICES INC	R	32,467,326.	GENERAL LEDGER
(19) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY SUBURBAN REAL ESTATE	R	20,388,474.	GENERAL LEDGER
(20) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO NORTH OHIO HEART INC.	R	11,509,276.	GENERAL LEDGER
(21) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UHACO NFP	R	2,061,191.	GENERAL LEDGER
(22) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH HEALTH VENTURES LLC	R	1,840,624.	GENERAL LEDGER
(23) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO FUND FOR CURES UK	R	598,586.	GENERAL LEDGER
(24) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH CANTON - MASSILLON, LLC	R	501,395.	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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH NO. RIDGEVILLE ENDOSCOPY CEN	R	445,765.	GENERAL LEDGER
(8) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO EMH PROFESSIONAL SERVICES INC	R	310,273.	GENERAL LEDGER
(9) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO POWERS PROFESSIONAL CORP	R	89,883.	GENERAL LEDGER
(10) UH HEALTH SOLUTIONS LLC TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	138,897.	GENERAL LEDGER
(11) PRL CORPORATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	333,487.	GENERAL LEDGER
(12) HEALTH DESIGN PLUS, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	395,671.	GENERAL LEDGER
(13) UH CANTON-MASSILLON, LLC TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	613,931.	GENERAL LEDGER
(14) COMPREHENSIVE HEALTH CARE OF OHIO TO UNIVERSITY HOSPITALS HEALTH SYSTEM, IN	S	867,942.	GENERAL LEDGER
(15) CONNEAUT MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	1,267,973.	GENERAL LEDGER
(16) UH NO. RIDGEVILLE ENDOSCOPY CENTER LLC TO UNIVERSITY HOSPITALS HEALTH SYSTE	S	1,579,350.	GENERAL LEDGER
(17) UHRH RICHMOND MEDICAL CENTER CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYSTEM,	S	2,619,920.	GENERAL LEDGER
(18) QUALITY CARE NETWORK TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	3,537,511.	GENERAL LEDGER
(19) AMHERST TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	5,177,523.	GENERAL LEDGER
(20) UH LAB SERVICES FOUNDATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	5,531,716.	GENERAL LEDGER
(21) PARMA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	6,080,265.	GENERAL LEDGER
(22) UNIVERSITY HOSPITALS REGIONAL PRACTICES TO UNIVERSITY HOSPITALS HEALTH SYST	S	7,588,230.	GENERAL LEDGER
(23) GENEVA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	9,178,032.	GENERAL LEDGER
(24) UHACO INC TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	11,311,874.	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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ELYRIA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	12,413,553.	GENERAL LEDGER
(8) PORTAGE MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	18,190,336.	GENERAL LEDGER
(9) UHRH BEDFORD MEDICAL CENTER CAMPUS TO UNIVERSITY HOSPITALS HEALTH SYSTEM, I	S	18,845,464.	GENERAL LEDGER
(10) COMPREHENSIVE VENTURES UNLIMITED TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC	S	23,315,462.	GENERAL LEDGER
(11) GEAUGA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	25,248,771.	GENERAL LEDGER
(12) SAMARITAN MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	28,886,768.	GENERAL LEDGER
(13) ST. JOHN MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	29,091,367.	GENERAL LEDGER
(14) AHUJA MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	42,108,624.	GENERAL LEDGER
(15) UNIVERSITY HOSPITALS MEDICAL PRACTICES TO UNIVERSITY HOSPITALS HEALTH SYSTE	S	96,990,012.	GENERAL LEDGER
(16) CLEVELAND MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	376,875,379.	GENERAL LEDGER
(17) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH AHUJA MEDICAL CENTER	J	893,147.	GENERAL LEDGER
(18) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH CLEVELAND MEDICAL CENTER	J	7,675,417.	GENERAL LEDGER
(19) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO GEAUGA MEDICAL CENTER	J	378,064.	GENERAL LEDGER
(20) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO GENEVA MEDICAL CENTER	J	66,352.	GENERAL LEDGER
(21) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH SAMARITAN MEDICAL CENTER	J	194,802.	GENERAL LEDGER
(22) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH LAB SERVICES FOUNDATION	J	453,381.	GENERAL LEDGER
(23) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH MANAGEMENT SERVICES ORG	J	8,606,436.	GENERAL LEDGER
(24) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UHRH BEDFORD MEDICAL CENTER	J	61,668.	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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UHRH RICHMOND MEDICAL CENTER	J	121,415.	GENERAL LEDGER
(8) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS MEDICAL GR	J	2,875,444.	GENERAL LEDGER
(9) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. TO UH NO. RIDGEVILLE ENDOSCOPY CEN	J	102,443.	GENERAL LEDGER
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER

EIN: 34-1567805

3605 WARRENSVILLE CENTER ROAD-MSC 9155

SHAKER HEIGHTS, OH 44122

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION

EIN: 34-1720429

3605 WARRENSVILLE CENTER ROAD-MSC 9155

SHAKER HEIGHTS, OH 44122

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION

EIN: 90-0794903

3605 WARRENSVILLE CENTER ROAD-MSC 9155

SHAKER HEIGHTS, OH 44122

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

UNIVERSITY SUBURBAN REAL ESTATE, LTD

EIN: 34-1397180

3605 WARRENSVILLE CENTER ROAD

SHAKER HEIGHTS, OH 44122

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	Taxpayer identification number (TIN)  34-0714775
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3605 WARRENSVILLE CENTER ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHAKER HEIGHTS, OH 44122	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MICHAEL A. SZUBSKI

- The books are in the care of ▶ 3605 WARRENSVILLE CENTER ROAD - SHAKER HEIGHTS, OH 44122  
Telephone No. ▶ (216) 844-1000 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box  ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2020 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  
Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.