

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

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 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending																													
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN</td> <td>D Employer identification number 90-0059117</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number (216) 844-1000</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">3605 WARRENSVILLE CENTER ROAD</td> <td rowspan="2">G Gross receipts \$ 4,403,851,000.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SHAKER HEIGHTS, OH 44122</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: MICHAEL A. SZUBSKI SAME AS C ABOVE</td> <td>H(a) Is this a group return STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527</td> <td>H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">J Website: WWW.UHHOSPITALS.ORG</td> <td>H(c) Group exemption number ▶ 3829</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td>L Year of formation:</td> </tr> <tr> <td colspan="2"></td> <td>M State of legal domicile:</td> </tr> </table>	C Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN		D Employer identification number 90-0059117	Doing business as		E Telephone number (216) 844-1000	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	3605 WARRENSVILLE CENTER ROAD		G Gross receipts \$ 4,403,851,000.	City or town, state or province, country, and ZIP or foreign postal code SHAKER HEIGHTS, OH 44122		F Name and address of principal officer: MICHAEL A. SZUBSKI SAME AS C ABOVE		H(a) Is this a group return STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	J Website: WWW.UHHOSPITALS.ORG		H(c) Group exemption number ▶ 3829	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation:			M State of legal domicile:
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNIVERSITY HOSPITALS (THE SYSTEM) IS GUIDED BY ITS MISSION "TO HEAL. TO TEACH. TO DISCOVER."		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	164
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	112
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	28155
	6 Total number of volunteers (estimate if necessary)	6	1857
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,008,281.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	439,443.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	228,533,000.	79,033,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,701,447,000.	4,218,393,000.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	282,000.	58,000.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,880,000.	105,832,000.
		4,027,142,000.	4,403,316,000.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	1,895,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,709,234,000.	1,836,644,000.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,736,000.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,074,327,000.	2,247,045,000.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,783,561,000.	4,085,584,000.
19 Revenue less expenses. Subtract line 18 from line 12	243,581,000.	317,732,000.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,307,020,000.	2,443,180,000.
	22 Net assets or fund balances. Subtract line 21 from line 20	610,841,000.	529,367,000.
	1,696,179,000.	1,913,813,000.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MICHAEL A. SZUBSKI, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SHAWNA M. JANSONS	Preparer's signature <i>Shawna Janson</i>	Date 11/14/2022	Check if self-employed <input type="checkbox"/>	PTIN P01222873
	Firm's name ▶ DELOITTE TAX LLP	Firm's EIN ▶ 86-1065772	Phone no. (317) 464-8600		
	Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4200 INDIANAPOLIS, IN 46204-5108				

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 \$ 3,828,173,000. including grants of \$ 1,895,000.) (Revenue \$ 4,318,525,860.) 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 3,828,173,000.

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> ? See instructions	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 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> See instructions		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?	X	
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)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 28155		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.			

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
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 164 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.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 112		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS**
- 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 RD, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ZENTY, THOMAS F. III SEE SCHEDULE O	2.00 50.00	X						0.	5,396,717.	682,779.
(2) MEGERIAN, CLIFF MD SEE SCHEDULE O	4.00 50.00	X						0.	2,573,373.	50,441.
(3) SIMON, DANIEL I. MD SEE SCHEDULE O	4.00 50.00	X		X				0.	1,946,974.	49,718.
(4) SZUBSKI, MICHAEL A. SEE SCHEDULE O	2.00 50.00	X		X				0.	1,825,358.	52,767.
(5) SABIK, JOSEPH MD SEE SCHEDULE O	50.00 2.00	X						1,373,073.	0.	47,817.
(6) BECK, ERIC H. DO, MPH SEE SCHEDULE O	6.00 50.00	X		X				0.	1,341,386.	46,125.
(7) GLOTZBECKER, MICHAEL P SEE SCHEDULE O	50.00 0.00					X		1,340,463.	0.	46,015.
(8) EUBANKS, JASON D SEE SCHEDULE O	50.00 0.00					X		1,336,874.	0.	29,392.
(9) TEKNOS, THEODOROS N. MD SEE SCHEDULE O	2.00 50.00			X				0.	1,289,313.	47,756.
(10) VOOS, JAMES SEE SCHEDULE O	50.00 0.00	X						1,274,037.	0.	46,938.
(11) KONHEIM, ARI L SEE SCHEDULE O	50.00 0.00					X		1,271,391.	0.	44,917.
(12) JAIN, MUKESH MD SEE SCHEDULE O	2.00 50.00	X						0.	1,260,837.	46,881.
(13) TAIT, PAUL G. SEE SCHEDULE O	8.00 50.00	X						0.	1,225,447.	52,367.
(14) DEVANEY, ERIC J SEE SCHEDULE O	50.00 0.00					X		1,201,633.	0.	48,686.
(15) SELMAN, WARREN R. MD SEE SCHEDULE O	50.00 0.00	X						1,188,453.	0.	53,341.
(16) BAMBAKIDIS, NICHOLAS C SEE SCHEDULE O	50.00 0.00					X		1,148,703.	0.	49,204.
(17) SINK, KRISTI M. SEE SCHEDULE O	4.00 50.00	X		X				0.	774,884.	396,812.

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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) DAVID, ROBERT G. SEE SCHEDULE O	2.00 50.00	X		X				0.	1,027,881.	142,797.
(19) SNOWBERGER, THOMAS D. SEE SCHEDULE O	4.00 50.00	X						0.	1,118,072.	37,391.
(20) PRONOVOST, PETER MD SEE SCHEDULE O	2.00 50.00	X		X				0.	1,121,799.	22,010.
(21) TOPALSKY, GEORGE MD SEE SCHEDULE O	4.00 50.00	X						0.	839,514.	250,399.
(22) BOND, BRADLEY C. SEE SCHEDULE O	14.00 50.00	X		X				0.	1,025,459.	49,349.
(23) MILLER, CHRISTOPHER N. MD SEE SCHEDULE O	50.00 0.00	X		X			923,890.	0.	0.	46,660.
(24) ADELMAN, HARLIN G. ESQ. SEE SCHEDULE O	2.00 50.00			X				0.	903,962.	52,822.
(25) GUAY, MARC MD SEE SCHEDULE O	4.00 50.00	X						0.	797,412.	149,368.
(26) JONES, M. STEVEN SEE SCHEDULE O	10.00 50.00	X		X				0.	808,671.	104,141.
1b Subtotal							11,058,517.	25,277,059.	2,646,893.	
c Total from continuation sheets to Part VII, Section A							3,292,958.	16,982,914.	1,636,405.	
d Total (add lines 1b and 1c)							14,351,475.	42,259,973.	4,283,298.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2,026**

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(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			
(27) DEPOMPEI, PATRICIA M. SEE SCHEDULE O	4.00 50.00	X					0.	797,868.	47,927.	
(28) STROSACKER, ROBYN MD SEE SCHEDULE O	2.00 50.00			X			0.	799,511.	45,779.	
(29) STEFANO, GREGORY MD SEE SCHEDULE O	2.00 50.00	X					0.	757,611.	38,028.	
(30) SALATA, ROBERT A. MD SEE SCHEDULE O	50.00 0.00	X					690,817.	0.	39,745.	
(31) CHANG, PHILLIP MD SEE SCHEDULE O	2.00 50.00			X			0.	693,830.	33,831.	
(32) MILLER, MARLENE MD SEE SCHEDULE O	50.00 0.00	X					676,014.	0.	46,494.	
(33) SALVINO, SONIA SEE SCHEDULE O	6.00 50.00	X		X			0.	627,419.	52,167.	
(34) MONTER, BRIAN SEE SCHEDULE O	8.00 50.00	X		X			0.	607,549.	46,913.	
(35) PAPA, ALAN J. FACHE SEE SCHEDULE O	10.00 50.00	X		X			0.	599,215.	40,289.	
(36) SILA, CATHY MD SEE SCHEDULE O	52.00 0.00	X		X			611,461.	0.	27,321.	
(37) CHICKERELLA, DANIELLE SEE SCHEDULE O	4.00 50.00	X		X			0.	573,870.	28,757.	
(38) DECARLO, DONALD SEE SCHEDULE O	2.00 50.00	X		X			0.	540,614.	45,396.	
(39) HINCHEY, PAUL R. SEE SCHEDULE O	6.00 50.00	X					0.	570,487.	14,349.	
(40) BENOIT, WILLIAM SEE SCHEDULE O	4.00 50.00	X		X			0.	485,696.	46,913.	
(41) RAO, GOUTHAM MD SEE SCHEDULE O	50.00 0.00	X					488,859.	0.	42,756.	
(42) ROWELL, ROBIN SEE SCHEDULE O	2.00 50.00	X		X			0.	476,349.	52,546.	
(43) RAPKIN, DAVID S. MD SEE SCHEDULE O	2.00 50.00	X					0.	454,508.	68,441.	
(44) VEHOVEC, MICHAEL R. SEE SCHEDULE O	2.00 50.00	X		X			0.	483,961.	25,387.	
(45) CARPENTER, JENNIFER SEE SCHEDULE O	2.00 50.00	X					0.	445,971.	58,463.	
(46) BEJANISHVILI, TAMAR MD SEE SCHEDULE O	2.00 50.00	X					0.	451,359.	39,181.	
Total to Part VII, Section A, line 1c										

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 (check all that apply)						(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			
(47) MILLER, JANET L. ESQ. SEE SCHEDULE O	0.00 50.00						X	0.	466,544.	3,453.
(48) SIPPEY, MEGAN MD SEE SCHEDULE O	2.00 50.00	X						0.	445,194.	19,092.
(49) HILL, JAMES L. SEE SCHEDULE O	2.00 50.00	X						0.	418,328.	44,986.
(50) SYLVAN, DAVID SEE SCHEDULE O	2.00 50.00	X						0.	442,319.	17,579.
(51) ZOLTANSKI, JOAN MD SEE SCHEDULE O	52.00 0.00	X						424,649.	0.	33,188.
(52) COLE, MELISSA CNP SEE SCHEDULE O	2.00 50.00	X		X				0.	408,248.	47,767.
(53) SCHARIO, MARK E. SEE SCHEDULE O	2.00 50.00			X				0.	391,505.	49,316.
(54) PIRTZ, JASON M. SEE SCHEDULE O	2.00 50.00			X				0.	373,524.	42,862.
(55) HARFORD, TODD SEE SCHEDULE O	4.00 50.00	X		X				0.	356,756.	46,916.
(56) BROWN, SAM H. SEE SCHEDULE O	2.00 50.00	X		X				0.	360,813.	42,353.
(57) ROYAL, KIMBERLY S. DO SEE SCHEDULE O	2.00 50.00	X						0.	340,528.	35,906.
(58) SAGUE, JONATHAN SEE SCHEDULE O	2.00 50.00	X						0.	350,923.	22,572.
(59) HOYNES, SEAN MD SEE SCHEDULE O	2.00 50.00	X						0.	318,333.	41,176.
(60) KUMAR, AJAY MD SEE SCHEDULE O	4.00 50.00	X						0.	338,265.	18,346.
(61) ADAIR, BRETT DO SEE SCHEDULE O	2.00 50.00	X						0.	336,940.	16,342.
(62) STENCEL, MICHAEL MD SEE SCHEDULE O	2.00 50.00	X						0.	322,434.	30,141.
(63) RAVICHANDRAN, KAMALESWARY MD SEE SCHEDULE O	2.00 50.00	X						0.	280,067.	46,700.
(64) SNELSON, MARC MD SEE SCHEDULE O	52.00 0.00	X						272,535.	0.	47,587.
(65) GLOWCZEWSKI, JASON SEE SCHEDULE O	6.00 50.00	X		X				0.	297,312.	19,611.
(66) HAMMACK, ELIZABETH R. ESQ. SEE SCHEDULE O	0.00 50.00						X	0.	271,560.	44,928.
Total to Part VII, Section A, line 1c										

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 (check all that apply)						(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			
(67) HERTZ, ANDREW R. MD SEE SCHEDULE O	2.00 50.00	X						0.	256,998.	3,417.
(68) MONHEIM, KAREN M. MD SEE SCHEDULE O	2.00 50.00	X						0.	229,649.	29,373.
(69) GOODELLE, MICHAEL SEE SCHEDULE O	2.00 50.00	X						0.	199,721.	33,658.
(70) SOORIYAPALAN, NISHANTHINI MD SEE SCHEDULE O	4.00 50.00	X						0.	181,695.	6,978.
(71) BECK, JOHN SEE SCHEDULE O	2.00 50.00	X		X				0.	115,128.	35,457.
(72) JURIS, SUSAN V. SEE SCHEDULE O	0.00 50.00						X	0.	114,312.	8,399.
(73) JARZEMBAK, KELLIE SEE SCHEDULE O	52.00 0.00	X						107,970.	0.	6,417.
(74) HUNT, JOYCE ANNE SEE SCHEDULE O	52.00 0.00	X						20,653.	0.	1,202.
(75) AGRANOVICH, CHERYL SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(76) ANDRES, BLAKE SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(77) ANNABLE, CATHY J. S. MD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(78) BALL, STANLEY C. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(79) BALLINGER, MARCIA PHD SEE SCHEDULE O	4.00 0.00	X		X				0.	0.	0.
(80) BALOGH, SCOTT SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(81) BARR, WILLIAM H. III SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(82) BEER, ANNE SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(83) BEVERAGE, MORRIS W. JR., EDM SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(84) BLOXDORF, GREGORY DO SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(85) BOWLER, CONNIE SEE SCHEDULE O	4.00 0.00	X		X				0.	0.	0.
(86) BOYKO, TIMOTHY A. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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 (check all that apply)						(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			
(87) BRADLEY, SALLY SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(88) BRAGG, DAN A. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(89) BRECHT, CHRISTOPHER E. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(90) BROOME, BARBARA ANN SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(91) BURKHOLDER, HARVEY SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(92) CAMIENER, DAVID A. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(93) CARR, DAVID SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(94) CHANDLER, POLLY SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(95) CHILDERS, WILLIAM SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(96) CIACCIA, JULIUS JR. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(97) CLARK, JILL SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(98) CLOUGH, MAYOR DENNIS SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(99) COE, RICHARD J. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(100) CONNER, MARJORIE SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(101) CORCORAN, KEVIN SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(102) CORRENTI, MARY ANN SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(103) COWEN, TIMOTHY SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(104) DANA, RICHARD L. SEE SCHEDULE O	4.00 0.00	X		X				0.	0.	0.
(105) DAVIE, DIANE SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(106) DEBS, MICHAEL MD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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 (check all that apply)						(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			
(107) DECK, CHARLES V. SEE SCHEDULE O	4.00 0.00	X		X				0.	0.	0.
(108) DESOUZA, LESLEY SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(109) DOLL, DAVID SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(110) DOODY, RICHARD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(111) EGGLESTON, INDRANI SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(112) EMRHEIN, WILLIAM SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(113) FINE, LAUREN RICH SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(114) FITTS, JOHN T. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(115) FLYNN, SCOTT ESQ. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(116) FRENCH, MATTHEW C. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(117) GARCIA, RICHARD SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(118) GAUGHAN, HON. PATRICIA ANN SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(119) GIANFAGNA, JEAN M. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(120) GILMAN, THOMAS R. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(121) GISZTL, RODNEY SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(122) GREIG, JUDITH C. RN SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(123) GUSZ, JOHN R. MD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(124) HABER, IRWIN G. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(125) HANFF, POLLY M. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(126) HARDIN, JR. CHARLES W. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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 (check all that apply)						(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			
(127) HARRINGTON-MCLAUGHLIN, JILL SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(128) HARRIS, TIMOTHY S. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(129) HEIMANN, SUSAN SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(130) HOCKADAY, JAMES E. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(131) HOSIER-ORVIS, B. PAIGE SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(132) IMHOFF, DONNA PHD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(133) JEMISON, TRACY SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(134) JORDAN, SHARON SOBOL SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(135) JUDD, JAMES (DELL) O. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(136) KARLOVEC, JOHN D. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(137) KELLY, MICHAEL J. SR. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(138) KELSAY, RALPH J. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(139) KELSHEIMER, JERRY L. SEE SCHEDULE O	2.00 2.00	X						0.	0.	0.
(140) KINNEY, WARD (BUD) L. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(141) KLINE, ANDREW L. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(142) KNECHT, BARBARA L. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(143) KOURY, LEE M. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(144) LAISURE, COLLETTE SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(145) LEGEZA, MICHAEL D. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(146) LEININGER, KIMM SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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 (check all that apply)						(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			
(147) LEWIS, MICHAEL A. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(148) LONG, REV. JANET SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(149) MACKINLAY, SARA ANN SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(150) MAINE, KAREEM D. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(151) MARKOWITZ, DALE H. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(152) MCGEE, THOMAS SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(153) MCQUISTON, EDWARD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(154) METCALF BEASLEY, TERESA SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(155) MIGGINS, LYNN SEE SCHEDULE O	4.00 2.00	X		X				0.	0.	0.
(156) MILLER, MARCIA J. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(157) MILLER, PETE C. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(158) MOORE, ERIC J. ESQ. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(159) MYERS, PAUL R. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(160) NEWCOMB, CHRISTOPHER M. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(161) OWEN, MELISSA SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(162) PAUL, STAMY S. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(163) PHYFER, CHERI M. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(164) PLECHA, DONNA MD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(165) PLUMMER, DEBORAH L. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(166) PLUSH, MARK J. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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 (check all that apply)						(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			
(167) POLITO, MARIA ANN SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(168) PRAUSE, JACK H. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(169) PRIEMER, WILLIAM A. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(170) REIDY, JOAN SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(171) REYNOLDS, DAVID M. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(172) RICHARDSON, SEAN SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(173) RIEMENSCHNEIDER, CPA DANIEL R. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(174) RILEY, LORI A. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(175) ROSENBERG, ENID SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(176) SAHR, MICHELLE SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(177) SARGENT, STEVE SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(178) SCHULZE-FLYNN, CYNTHIA V. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(179) SEITZ, THOMAS W. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(180) SETHI, NEIL M.D. SEE SCHEDULE O	2.00 2.00	X		X				0.	0.	0.
(181) SHARPBACK, PATRICIA DNP, RN SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(182) SIRACUSA, ANTHONY SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(183) SKODA, GREGORY J. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(184) SKORY, JOHN E. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(185) SKUFCA, MICHAEL DDS SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(186) SMITH, GERI M. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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 (check all that apply)						(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			
(187) SPALSBURG, ANGELA SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(188) SPEAR, BRENDA SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0.	0.	0.
(189) STANO, DIANE PHD, OSU SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(190) STEINHILBER, JEFFREY SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(191) TAYLOR, EDDIE JR. SEE SCHEDULE O	2.00 2.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0.	0.	0.
(192) THOMAS, DONNA ESQ. SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(193) TIFFT, VICTORIA SEE SCHEDULE O	4.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(194) TREXLER, THOMAS SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(195) VARCKETTE, STEVE SEE SCHEDULE O	4.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(196) WALDECK, JOHN (JACK) W. SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(197) WILKINSON, SCOTT A. SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(198) YATES, VIVIAN SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(199) ZANIN, CLAUDIO SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0.	0.	0.
(200) ZELIS, CYNTHIA MD SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(201) ZELLER, LORNA A. SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(202) ZELMAN, DANIEL N. SEE SCHEDULE O	2.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
Total to Part VII, Section A, line 1c								3,292,958.	16,982,914.	1,636,405.

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,184,000.				
	d Related organizations	1d	2,790,000.				
	e Government grants (contributions)	1e	56,767,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,292,000.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,595,000.				
	h Total. Add lines 1a-1f		79,033,000.				
Program Service Revenue	2 a NET PROGRAM SERVICE RE	Business Code					
		900099	4,186,469,000.	4,186,469,000.			
	b GOVERNMENT REIMBURSEME	900099	31,924,000.	31,924,000.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		4,218,393,000.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		208,000.		171,141.	36,859.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	150,000.				
	c Gain or (loss)	7c	-150,000.				
	d Net gain or (loss)		-150,000.			-150,000.	
8 a Gross income from fundraising events (not including \$ 1,184,000. of contributions reported on line 1c). See Part IV, line 18	8a		247,000.				
			385,000.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-138,000.			-138,000.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a JV INCOME	Business Code					
		900099	446,000.	446,000.			
	b _____						
	c _____						
	d All other revenue	900099	105,524,000.	99,686,860.	5,837,140.		
e Total. Add lines 11a-11d		105,970,000.					
12 Total revenue. See instructions		4,403,316,000.	4,318,525,860.	6,008,281.	-251,141.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,895,000.	1,895,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,071,000.	6,647,000.	424,000.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,421,000.	1,336,000.	85,000.	
7 Other salaries and wages	1,474,388,000.	1,377,506,000.	87,926,000.	8,956,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,196,000.	73,504,000.	4,692,000.	
9 Other employee benefits	179,506,000.	166,552,000.	10,631,000.	2,323,000.
10 Payroll taxes	96,062,000.	90,298,000.	5,764,000.	
11 Fees for services (nonemployees):				
a Management				
b Legal	1,429,000.	1,343,000.	86,000.	
c Accounting	562,000.	528,000.	34,000.	
d Lobbying	406,000.		406,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	83,960,000.	78,774,000.	5,028,000.	158,000.
12 Advertising and promotion	2,482,000.	2,044,000.	130,000.	308,000.
13 Office expenses	1,056,827,000.	993,245,000.	63,399,000.	183,000.
14 Information technology	5,513,000.	5,162,000.	330,000.	21,000.
15 Royalties				
16 Occupancy	159,677,000.	150,026,000.	9,576,000.	75,000.
17 Travel	5,081,000.	4,697,000.	300,000.	84,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	114,494,000.	107,605,000.	6,868,000.	21,000.
23 Insurance	51,344,000.	48,263,000.	3,081,000.	
24 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.)				
a CORPORATE ALLOCATIONS	520,456,000.	489,229,000.	31,227,000.	
b OTHER PURCHASED SERVICE	91,685,000.	86,048,000.	5,501,000.	136,000.
c OHIO STATE HOSPITAL FRA	90,734,000.	85,290,000.	5,444,000.	
d CWRU AFFILIATION	15,729,000.	14,785,000.	944,000.	
e All other expenses	46,666,000.	43,396,000.	2,799,000.	471,000.
25 Total functional expenses. Add lines 1 through 24e	4,085,584,000.	3,828,173,000.	244,675,000.	12,736,000.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,227,000.	2	3,499,000.
	3 Pledges and grants receivable, net	54,858,000.	3	57,514,000.
	4 Accounts receivable, net	559,913,000.	4	627,980,000.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	95,454,000.	8	96,795,000.
	9 Prepaid expenses and deferred charges	11,704,000.	9	9,925,000.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,199,621,000.		
	b Less: accumulated depreciation	10b 1,885,754,000.		
		1,265,119,000.	10c	1,313,867,000.
	11 Investments - publicly traded securities	2,626,000.	11	3,113,000.
	12 Investments - other securities. See Part IV, line 11	183,000.	12	5,000.
	13 Investments - program-related. See Part IV, line 11	195,301,000.	13	216,565,000.
	14 Intangible assets	4,410,000.	14	4,410,000.
15 Other assets. See Part IV, line 11	114,225,000.	15	109,507,000.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,307,020,000.	16	2,443,180,000.	
Liabilities	17 Accounts payable and accrued expenses	187,196,000.	17	195,159,000.
	18 Grants payable		18	
	19 Deferred revenue	1,288,000.	19	1,221,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	15,000.	23	15,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	422,342,000.	25	332,972,000.
	26 Total liabilities. Add lines 17 through 25	610,841,000.	26	529,367,000.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,277,278,000.	27	1,442,951,000.
	28 Net assets with donor restrictions	418,901,000.	28	470,862,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,696,179,000.	32	1,913,813,000.
33 Total liabilities and net assets/fund balances	2,307,020,000.	33	2,443,180,000.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,403,316,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,085,584,000.
3	Revenue less expenses. Subtract line 2 from line 1	3	317,732,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,696,179,000.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-100,098,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,913,813,000.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

FORM 990

LINE H(B) - LIST OF AFFILIATED
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 1

<u>NAME OF ORGANIZATION</u>	<u>ORGANIZATION'S ADDRESS</u>	<u>EMPLOYER ID</u>
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER (UHCMC)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1567805
COMPREHENSIVE HEALTH CARE OF OHIO, INC. (CHCO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1492733
UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION (CCO)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	90-0794903
SAMARITAN REGIONAL HEALTH SYSTEM (SAM)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714535
ROBINSON HEALTH SYSTEM, INC. (PORT)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	46-1382538
UHHS HEATHER HILL INC. (HHI)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0771884
UNIVERSITY HOSPITALS HOME CARE SERVICES, INC. (HCS)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1527536
UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1720429
UNIVERSITY HOSPITALS MEDICAL GROUP, INC. (UHMG)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	20-4881619
UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER (SJMC)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1260978
EMH REGIONAL MEDICAL CENTER (ELYRIA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714612

STATEMENT(S) 1

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

90-0059117

PARMA COMMUNITY GENERAL HOSPITAL (PARMA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0827442
UH REGIONAL HOSPITALS (UHRH)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1924226
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER (GENEVA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714461
UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER (CONN)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0714550
UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC. (AHUJA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	26-4827222
UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER (GEAUGA)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-0816492

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

Employer identification number 90-0059117

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 4
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER	34-1567805	3	X		131,194,000.	0.
UNIVERSITY HOSPITALS ROBINSON HEALTH SYSTEM, INC.	46-1382538	3	X		0.	0.
EMH REGIONAL MEDICAL CENTER	34-0714612	3	X		0.	0.
SAMARITAN REGIONAL HEALTH SYSTEM	34-0714535	3	X		0.	0.
Total					131,194,000.	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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	147,000.	913,000.	387,000.	2,061,000.	1.	3,508,001.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	147,000.	913,000.	387,000.	2,061,000.	1.	3,508,001.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						3,508,001.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	147,000.	913,000.	387,000.	2,061,000.	1.	3,508,001.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	147,000.	913,000.	387,000.	2,061,000.	1.	3,508,001.

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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	.00 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described on line 11a above?		X
c A 35% controlled entity of a person described on 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
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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 I:

PUBLIC CHARITY CLASSIFICATION OF EACH GROUP MEMBER IS SHOWN BELOW:

EMH REGIONAL MEDICAL CENTER (ELYRIA) - 34-0714612

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

PARMA COMMUNITY GENERAL HOSPITAL (PARMA) - 34-0827442

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

ROBINSON HEALTH SYSTEM, INC. (PORT) - 46-1382538

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

SAMARITAN REGIONAL HEALTH SYSTEM (SAM) - 34-0714535

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER (AHUJA) - 26-4827222

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

Part VI

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

UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER, INC. (UHCMC) -

34-1567805

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

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

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

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

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

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

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UH REGIONAL HOSPITALS (UHRH) - 34-1924226

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER (SJMC) - 34-1260978

Part VI

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

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

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION (CCO) - 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

SUPPORTED ORGANIZATION: UH CLEVELAND MEDICAL CENTER

COMPREHENSIVE HEALTH CARE OF OHIO, INC. (CHCO) - 34-1492733

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

SUPPORTED ORGANIZATION: EMH REGIONAL MEDICAL CENTER

HEATHER HILL INC. (HHI) - 34-0771884

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER ROAD - MSC 9155

SHAKER HEIGHTS, OH 44122

SUPPORTED ORGANIZATION: UH CLEVELAND 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.)

UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION (UHLSF) -

34-1720429

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

SUPPORTED ORGANIZATION: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

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

509(A)(3) - TYPE II ORGANIZATION

3605 WARRENSVILLE CENTER RD - MSC 9155

SHAKER HEIGHTS, OH 44122

SUPPORTED ORGANIZATION: UH CLEVELAND MEDICAL CENTER

SCHEDULE A, PART IV, SECTION C, LINE 1:

THE FOLLOWING GROUP SUBORDINATES RESPONDED YES:

- HEATHER HILL, INC.

THE FOLLOWING GROUP SUBORDINATES RESPONDED NO:

- COMPREHENSIVE HEALTH CARE OF OHIO

COMPREHENSIVE HEALTH CARE OF OHIO ("CHCO") IS A SUPPORTING ORGANIZATION

OF EMH REGIONAL MEDICAL CENTER AS STATED IN ITS ARTICLES. UNIVERSITY

HOSPITALS HEALTH SYSTEM, INC. ("UHHS") IS THE SOLE MEMBER OF CHCO.

CHCO IS SUPERVISED, DIRECTED AND CONTROLLED BY UHHS.

- UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION

UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION ("UHLSF") ACTS AS A

SUPPORTING ORGANIZATION TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

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.)

("UHHS"). ARTICLES OF INCORPORATION PROVIDE UHHS WITH SUPERVISION,

DIRECTION AND CONTROL OVER UHLSF.

- UNIVERSITY HOSPITALS MEDICAL GROUP, INC.

UNIVERSITY HOSPITALS MEDICAL GROUP, INC. ("UHMG") ACTS AS A SUPPORTING

ORGANIZATION TO UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER

("UHCMC"). THE CONTROL AND MANAGEMENT OF UHMG IS VESTED IN THE SAME

PERSONS THAT CONTROL AND MANAGE ITS SUPPORTED ORGANIZATION BECAUSE BOTH

ENTITIES ARE PART OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY A

COMMON PARENT, UNIVERSITY HOSPITALS HEALTH SYSTEM.

- UNIVERSITY HOSPITALS HOMECARE SERVICES, INC.

UNIVERSITY HOSPITALS HOMECARE SERVICES, INC. ("UHHCS") ACTS AS A

SUPPORTING ORGANIZATION TO UNIVERSITY HOSPITALS CLEVELAND MEDICAL

CENTER ("UHCMC"). THE CONTROL AND MANAGEMENT OF UHHCS IS VESTED IN THE

SAME PERSONS THAT CONTROL AND MANAGE ITS SUPPORTED ORGANIZATION BECAUSE

BOTH ENTITIES ARE PART OF AN INTEGRATED HEALTHCARE SYSTEM CONTROLLED BY

A COMMON PARENT, UNIVERSITY HOSPITALS HEALTH SYSTEM.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 5,478,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 2,925,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,997,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 1,934,114.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 1,420,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 1,020,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ _____ 877,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ _____ 831,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ _____ 817,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ _____ 804,449.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ _____ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ _____ 751,798.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ _____ 625,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ _____ 614,589.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ _____ 559,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ _____ 532,517.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ _____ 500,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ _____ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 490,833.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 447,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 411,007.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 410,323.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 405,171.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 373,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 371,888.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 355,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 354,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 306,868.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ _____ 292,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ _____ 290,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ _____ 264,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ _____ 255,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ _____ 251,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ _____ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	_____ _____ _____	\$ _____ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ _____	\$ _____ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ _____	\$ _____ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____ _____ _____	\$ _____ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ _____	\$ _____ 242,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ _____	\$ _____ 238,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ <u>233,051.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ <u>225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ <u>218,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ <u>205,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ <u>205,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	_____ _____ _____	\$ _____ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____ _____ _____	\$ _____ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	_____ _____ _____	\$ _____ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ _____ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	_____ _____ _____	\$ _____ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	_____ _____ _____	\$ _____ 196,479.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 195,290.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 181,665.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 181,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 164,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 154,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 150,287.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 149,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	_____ _____ _____	\$ _____ 142,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____ _____ _____	\$ _____ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____ _____ _____	\$ _____ 139,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____ _____ _____	\$ _____ 137,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____ _____ _____	\$ _____ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____ _____ _____	\$ _____ 133,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	_____ _____ _____	\$ _____ 132,066.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____ _____ _____	\$ _____ 126,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____ _____ _____	\$ _____ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____ _____ _____	\$ _____ 120,926.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____ _____ _____	\$ _____ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____ _____ _____	\$ _____ 118,727.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	_____ _____ _____	\$ _____ 115,473.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	_____ _____ _____	\$ _____ 110,619.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	_____ _____ _____	\$ _____ 110,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	_____ _____ _____	\$ _____ 104,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
89	_____ _____ _____	\$ _____ 103,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	_____ _____ _____	\$ _____ 102,485.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	_____ _____ _____	\$ _____ 102,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	_____ _____ _____	\$ _____ 100,174.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
93	_____ _____ _____	\$ _____ 100,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
94	_____ _____ _____	\$ _____ 100,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	_____ _____ _____	\$ _____ 95,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	_____ _____ _____	\$ _____ 92,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	_____ _____ _____	\$ _____ 91,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	_____ _____ _____	\$ _____ 91,178.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	_____ _____ _____	\$ _____ 90,959.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ _____ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ _____ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ _____ 85,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ _____ 82,107.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ _____ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	_____ _____ _____	\$ _____ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____ _____ _____	\$ _____ 78,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____ _____ _____	\$ _____ 78,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	_____ _____ _____	\$ _____ 75,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____ _____ _____	\$ _____ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	_____ _____ _____	\$ _____ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	_____ _____ _____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ _____	\$ 74,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	_____ _____ _____	\$ 70,469.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
130	_____ _____ _____	\$ 70,109.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	_____ _____ _____	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	_____ _____ _____	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	_____ _____ _____	\$ _____ 67,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____ _____ _____	\$ _____ 67,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____ _____ _____	\$ _____ 63,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____ _____ _____	\$ _____ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____ _____ _____	\$ _____ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____ _____ _____	\$ _____ 61,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	_____ _____ _____	\$ _____ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	_____ _____ _____	\$ _____ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	_____ _____ _____	\$ _____ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	_____ _____ _____	\$ _____ 58,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	_____ _____ _____	\$ _____ 57,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	_____ _____ _____	\$ _____ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	_____ _____ _____	\$ _____ 52,064.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
146	_____ _____ _____	\$ _____ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	_____ _____ _____	\$ _____ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	_____ _____ _____	\$ _____ 50,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	_____ _____ _____	\$ _____ 50,638.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
150	_____ _____ _____	\$ _____ 50,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	_____ _____ _____	\$ _____ 50,488.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	_____ _____ _____	\$ _____ 50,171.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	_____ _____ _____	\$ _____ 50,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	_____ _____ _____	\$ 48,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	_____ _____ _____	\$ 46,634.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	_____ _____ _____	\$ 46,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	_____ _____ _____	\$ 41,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	_____ _____ _____	\$ 41,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	_____ _____ _____	\$ 40,638.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	_____ _____ _____	\$ _____ 40,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	_____ _____ _____	\$ _____ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	_____ _____ _____	\$ _____ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	_____ _____ _____	\$ _____ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	_____ _____ _____	\$ _____ 38,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	_____ _____ _____	\$ _____ 37,753.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$ 37,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188		\$ 36,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189		\$ 36,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192		\$ 33,838.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	<hr/> <hr/> <hr/>	\$ 33,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	<hr/> <hr/> <hr/>	\$ 33,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	<hr/> <hr/> <hr/>	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	<hr/> <hr/> <hr/>	\$ 31,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	<hr/> <hr/> <hr/>	\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	<hr/> <hr/> <hr/>	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	_____ _____ _____	\$ 30,752.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
200	_____ _____ _____	\$ 30,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
201	_____ _____ _____	\$ 30,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	_____ _____ _____	\$ 30,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	_____ _____ _____	\$ 30,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	_____ _____ _____	\$ _____ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	_____ _____ _____	\$ _____ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	_____ _____ _____	\$ _____ 29,687.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	_____ _____ _____	\$ _____ 29,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	_____ _____ _____	\$ _____ 29,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	_____ _____ _____	\$ _____ 29,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	_____ _____ _____	\$ _____ 29,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	_____ _____ _____	\$ _____ 29,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	_____ _____ _____	\$ _____ 29,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	_____ _____ _____	\$ _____ 28,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	_____ _____ _____	\$ _____ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	_____ _____ _____	\$ _____ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	_____ _____ _____	\$ _____ 26,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	_____ _____ _____	\$ _____ 26,433.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
225	_____ _____ _____	\$ _____ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	_____ _____ _____	\$ _____ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	_____ _____ _____	\$ _____ 25,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	_____ _____ _____	\$ _____ 25,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	_____ _____ _____	\$ _____ 24,730.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
263	_____ _____ _____	\$ _____ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	_____ _____ _____	\$ _____ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266		\$ 21,744.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267		\$ 21,281.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268		\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269		\$ 20,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270		\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271	_____ _____ _____	\$ _____ 20,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	_____ _____ _____	\$ _____ 20,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	_____ _____ _____	\$ 19,909.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
293	_____ _____ _____	\$ 19,732.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
294	_____ _____ _____	\$ 19,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		\$ 18,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297		\$ 17,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299		\$ 17,448.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300		\$ 17,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301	_____ _____ _____	\$ _____ 17,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302	_____ _____ _____	\$ _____ 17,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303	_____ _____ _____	\$ _____ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304	_____ _____ _____	\$ _____ 16,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305	_____ _____ _____	\$ _____ 16,656.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306	_____ _____ _____	\$ _____ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307	_____ _____ _____	\$ 16,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308	_____ _____ _____	\$ 16,072.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309	_____ _____ _____	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310	_____ _____ _____	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
311	_____ _____ _____	\$ 15,746.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
312	_____ _____ _____	\$ 15,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313	_____ _____ _____	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314	_____ _____ _____	\$ 15,441.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
315	_____ _____ _____	\$ 15,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316	_____ _____ _____	\$ 15,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317	_____ _____ _____	\$ 15,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318	_____ _____ _____	\$ 15,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319	_____ _____ _____	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
320	_____ _____ _____	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
321	_____ _____ _____	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
322	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
323	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
324	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
326	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
327	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
328	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
329	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
330	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
332	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
333	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
334	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
335	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
336	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
338	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
339	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
340	_____ _____ _____	\$ _____ 14,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
341	_____ _____ _____	\$ _____ 14,552.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
342	_____ _____ _____	\$ _____ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343	_____ _____ _____	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
344	_____ _____ _____	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
345	_____ _____ _____	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
346	_____ _____ _____	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
347	_____ _____ _____	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
348	_____ _____ _____	\$ 13,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349	_____ _____ _____	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
350	_____ _____ _____	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
351	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
352	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
353	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
354	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
356	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
357	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
358	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
359	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
360	_____ _____ _____	\$ 12,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361	_____ _____ _____	\$ _____ 12,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
362	_____ _____ _____	\$ _____ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
363	_____ _____ _____	\$ _____ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
364	_____ _____ _____	\$ _____ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
365	_____ _____ _____	\$ _____ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
366	_____ _____ _____	\$ _____ 11,984.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367	_____ _____ _____	\$ _____ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
368	_____ _____ _____	\$ _____ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
369	_____ _____ _____	\$ _____ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
370	_____ _____ _____	\$ _____ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
371	_____ _____ _____	\$ _____ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
372	_____ _____ _____	\$ _____ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
373		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
374		\$ 10,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
375		\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
376		\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
377		\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
378		\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379	_____ _____ _____	\$ 10,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
380	_____ _____ _____	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
381	_____ _____ _____	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
382	_____ _____ _____	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
383	_____ _____ _____	\$ 10,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
384	_____ _____ _____	\$ 10,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
386		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
387		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
388		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
389		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
390		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
392	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
393	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
394	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
395	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
396	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
397	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
398	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
399	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
400	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
401	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
402	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
403	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
404	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
405	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
406	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
407	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
408	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
409	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
410	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
411	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
412	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
413	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
414	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
415	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
416	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
417	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
418	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
419	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
420	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
422	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
423	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
424	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
425	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
426	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
428	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
429	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
430	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
431	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
432	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
433	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
434	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
435	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
436	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
437	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
438	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
439	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
440	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
441	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
442	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
443	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
444	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
445	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
446	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
447	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
448	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
449	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
450	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
451	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
452	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
453	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
454	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
455	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
456	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
457	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
458	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
459	_____ _____ _____	\$ 9,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
460	_____ _____ _____	\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
461	_____ _____ _____	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
462	_____ _____ _____	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
463	_____ _____ _____	\$ 8,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
464	_____ _____ _____	\$ 8,826.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
465	_____ _____ _____	\$ 8,803.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
466	_____ _____ _____	\$ 8,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
467	_____ _____ _____	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
468	_____ _____ _____	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
469	_____ _____ _____	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
470	_____ _____ _____	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
471	_____ _____ _____	\$ 8,244.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
472	_____ _____ _____	\$ 8,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
473	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
474	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
475	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
476	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
477	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
478	_____ _____ _____	\$ 7,796.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
479	_____ _____ _____	\$ 7,701.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
480	_____ _____ _____	\$ 7,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
481	_____ _____ _____	\$ _____ 7,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
482	_____ _____ _____	\$ _____ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
483	_____ _____ _____	\$ _____ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
484	_____ _____ _____	\$ _____ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
485	_____ _____ _____	\$ _____ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
486	_____ _____ _____	\$ _____ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
487	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
488	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
489	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
490	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
491	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
492	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
493	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
494	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
495	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
496	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
497	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
498	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
499	_____ _____ _____	\$ 6,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
500	_____ _____ _____	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
501	_____ _____ _____	\$ 6,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
502	_____ _____ _____	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
503	_____ _____ _____	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
504	_____ _____ _____	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
505		\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
506		\$ 6,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
507		\$ 6,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
508		\$ 6,016.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
509		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
510		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
511	_____ _____ _____	\$ _____ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
512	_____ _____ _____	\$ _____ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
513	_____ _____ _____	\$ _____ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
514	_____ _____ _____	\$ _____ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
515	_____ _____ _____	\$ _____ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
516	_____ _____ _____	\$ _____ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
517	_____ _____ _____	\$ _____ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
518	_____ _____ _____	\$ _____ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
519	_____ _____ _____	\$ _____ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
520	_____ _____ _____	\$ _____ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
521	_____ _____ _____	\$ _____ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
522	_____ _____ _____	\$ _____ 5,699.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523	_____ _____ _____	\$ _____ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
524	_____ _____ _____	\$ _____ 5,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
525	_____ _____ _____	\$ _____ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
526	_____ _____ _____	\$ _____ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
527	_____ _____ _____	\$ _____ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
528	_____ _____ _____	\$ _____ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
529	_____ _____ _____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
530	_____ _____ _____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
531	_____ _____ _____	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
532	_____ _____ _____	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
533	_____ _____ _____	\$ 5,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
534	_____ _____ _____	\$ 5,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
535	_____ _____ _____	\$ 5,315.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
536	_____ _____ _____	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
537	_____ _____ _____	\$ 5,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
538	_____ _____ _____	\$ 5,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
539	_____ _____ _____	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
540	_____ _____ _____	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
541	_____ _____ _____	\$ 5,189.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
542	_____ _____ _____	\$ 5,185.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
543	_____ _____ _____	\$ 5,184.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
544	_____ _____ _____	\$ 5,184.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
545	_____ _____ _____	\$ 5,183.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
546	_____ _____ _____	\$ 5,171.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
547	_____ _____ _____	\$ 5,151.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
548	_____ _____ _____	\$ 5,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
549	_____ _____ _____	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
550	_____ _____ _____	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
551	_____ _____ _____	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
552	_____ _____ _____	\$ 5,098.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
553	_____ _____ _____	\$ 5,096.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
554	_____ _____ _____	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
555	_____ _____ _____	\$ 5,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
556	_____ _____ _____	\$ 5,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
557	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
558	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
559	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
560	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
561	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
562	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
563	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
564	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
565	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
566	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
567	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
568	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
569	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
570	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
571	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
572	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
573	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
574	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
575	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
576	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
577	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
578	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
579	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
580	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
581	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
582	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
583	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
584	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
585	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
586	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
587	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
588	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
589	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
590	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
591	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
592	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
593	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
594	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
595	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
596	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
597	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
598	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
599	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
600	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
601	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
602	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
603	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
604	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
605	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
606	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
607	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
608	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
609	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
610	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
611	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
612	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
613	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
614	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
615	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
616	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
617	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
618	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
619	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
620	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
621	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
622	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
623	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
624	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
625	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
626	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
627	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
628	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
629	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
630	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
631	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
632	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
633	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
634	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
635	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
636	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
637	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
638	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
639	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
640	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
641	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
642	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
643	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
644	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
645	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
646	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
647	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
648	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
649	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
650	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
651	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
652	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
653	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
654	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
655	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
656	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
657	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
658	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
659	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
660	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
661	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
662	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
663	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
664	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
665	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
666	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
667	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
668	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
669	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
670	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
671	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
672	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
673	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
674	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
675	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
676	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
677	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
678	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
679	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
680	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
681	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
682	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
683	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
684	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
685	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
686	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
687	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
688	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
689	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
690	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
691	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
692	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
693	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
694	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
695	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
22	SECURITIES <hr/> <hr/> <hr/>	\$ 532,517.	07/26/21
25	SECURITIES <hr/> <hr/> <hr/>	\$ 490,833.	06/01/21
30	SECURITIES <hr/> <hr/> <hr/>	\$ 410,323.	06/17/21
31	SECURITIES <hr/> <hr/> <hr/>	\$ 270,171.	12/31/21
47	SECURITIES <hr/> <hr/> <hr/>	\$ 237,189.	06/03/21
61	SECURITIES <hr/> <hr/> <hr/>	\$ 195,290.	05/25/21

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
72	SECURITIES _____ _____ _____	\$ 149,400.	08/25/21
88	SECURITIES _____ _____ _____	\$ 104,363.	10/07/21
92	SECURITIES _____ _____ _____	\$ 100,174.	12/31/21
93	SECURITIES _____ _____ _____	\$ 99,858.	06/07/21
129	SECURITIES _____ _____ _____	\$ 70,469.	06/03/21
145	SECURITIES _____ _____ _____	\$ 52,064.	10/26/21

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
149	SECURITIES _____ _____ _____	\$ 50,638.	12/10/21
180	SECURITIES _____ _____ _____	\$ 40,638.	09/16/21
192	SECURITIES _____ _____ _____	\$ 33,838.	12/10/21
199	SECURITIES _____ _____ _____	\$ 15,752.	02/11/21
200	SECURITIES _____ _____ _____	\$ 27,731.	03/03/21
224	SECURITIES _____ _____ _____	\$ 23,433.	01/08/21

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
262	SECURITIES _____ _____ _____	\$ 24,730.	12/29/21
292	SECURITIES _____ _____ _____	\$ 19,909.	01/26/21
293	SECURITIES _____ _____ _____	\$ 19,732.	12/22/21
314	SECURITIES _____ _____ _____	\$ 15,441.	12/02/21
319	SECURITIES _____ _____ _____	\$ 15,000.	04/13/21
320	SECURITIES _____ _____ _____	\$ 15,000.	06/30/21

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
321	SECURITIES _____ _____ _____	\$ 15,000.	04/16/21
374	SECURITIES _____ _____ _____	\$ 7,762.	12/22/21
383	SECURITIES _____ _____ _____	\$ 5,080.	08/30/21
478	SECURITIES _____ _____ _____	\$ 7,796.	12/22/21
508	SECURITIES _____ _____ _____	\$ 6,016.	09/16/21
522	SECURITIES _____ _____ _____	\$ 5,699.	12/31/21

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
535	SECURITIES _____ _____ _____	\$ 5,315.	12/22/21
543	SECURITIES _____ _____ _____	\$ 5,184.	12/31/21
544	SECURITIES _____ _____ _____	\$ 5,184.	12/31/21
545	SECURITIES _____ _____ _____	\$ 1,183.	11/23/21
547	SECURITIES _____ _____ _____	\$ 5,151.	11/24/21
552	SECURITIES _____ _____ _____	\$ 5,098.	11/05/21

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
557	SECURITIES _____ _____ _____	\$ 2,311.	09/24/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	7,373.	15,078.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	169,505.	346,672.												
c	Total lobbying expenditures (add lines 1a and 1b)	176,878.	361,750.												
d	Other exempt purpose expenditures	2,107,027,537.	5,073,795,440.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	2,107,204,415.	5,074,157,190.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	423,303.	507,309.	535,466.	361,750.	1,827,828.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	17,431.	16,057.	16,853.	15,078.	65,419.

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

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

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

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

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

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

Part IV Supplemental Information

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

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures
Part II -A

Name of Affiliated Group Member
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER

Employer ID Number
34-1567805

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
YES

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	7,373. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	169,505. b												
Total lobbying expenditures (add lines 1a and 1b)	176,878. c												
Other exempt purpose expenditures	2,107,027,537. d												
Total exempt purpose expenditures (add lines 1c and 1d).	2,107,204,415. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">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>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 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 e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
If the amount on line e is:	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
.....	1,000,000. f												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

Part IV Supplemental Information (continued)

Schedule C

**Affiliated Group Lobbying Expenditures
Part II -A**

Name of Affiliated Group Member
UH REGIONAL HOSPITALS

Employer ID Number
34-1271115

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	404. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	9,297. b												
Total lobbying expenditures (add lines 1a and 1b)	9,701. c												
Other exempt purpose expenditures	127,130,508. d												
Total exempt purpose expenditures (add lines 1c and 1d).	127,140,209. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">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>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 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 e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
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> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
.....	1,000,000. f												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member
UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER

Employer ID Number
34-0750341

Affiliated Group Member Address
158 WEST MAIN RD.
CONNEAUT, OH 44030

Electing Member
NO

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	110. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	2,520. b												
Total lobbying expenditures (add lines 1a and 1b)	2,630. c												
Other exempt purpose expenditures	30,537,285. d												
Total exempt purpose expenditures (add lines 1c and 1d).	30,539,915. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">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>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 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 e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
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Over \$17,000,000	\$1,000,000												
.....	1,000,000. f												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member
UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER

Employer ID Number
34-0816492

Affiliated Group Member Address
13207 RAVENNA RD.
CHARDON, OH 44024

Electing Member
NO

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	533. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	12,255. b												
Total lobbying expenditures (add lines 1a and 1b)	12,788. c												
Other exempt purpose expenditures	149,147,996. d												
Total exempt purpose expenditures (add lines 1c and 1d).	149,160,784. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">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>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 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 e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
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> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
.....	1,000,000. f												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER

Employer ID Number
34-0714461

Affiliated Group Member Address
870 WEST MAIN STREET
GENEVA, OH 44041

Electing Member
NO

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	178. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	4,082. b												
Total lobbying expenditures (add lines 1a and 1b)	4,260. c												
Other exempt purpose expenditures	46,191,919. d												
Total exempt purpose expenditures (add lines 1c and 1d).	46,196,179. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
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Over \$17,000,000	\$1,000,000												
.....	1,000,000. f												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member
UNIVERSITY HOSPITALS HOME CARE SERVICES

Employer ID Number
34-1527536

Affiliated Group Member Address
4901 GALAXY PARKWAY
WARRENSVILLE HEIGHTS, OH 44128

Electing Member
NO

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	397. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	9,128. b												
Total lobbying expenditures (add lines 1a and 1b)	9,525. c												
Other exempt purpose expenditures	174,460,723. d												
Total exempt purpose expenditures (add lines 1c and 1d)	174,470,248. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">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>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 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 e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
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Over \$17,000,000	\$1,000,000												
.....	1,000,000. f												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures
Part II -A

Name of Affiliated Group Member
UNIVERSITY HOSPITALS LABORATORY SERVICES

Employer ID Number
34-1720429

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures:

		Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	200.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	4,606.	b												
Total lobbying expenditures (add lines 1a and 1b)	4,806.	c												
Other exempt purpose expenditures	53,056,408.	d												
Total exempt purpose expenditures (add lines 1c and 1d)	53,061,214.	e												
Lobbying nontaxable amount.														
Enter the amount from the following table:														
<table border="1"> <thead> <tr> <th style="text-align: center;">If the amount on line e is:</th> <th style="text-align: center;">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>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 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 e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	1,000,000.	f
If the amount on line e is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
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Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures
Part II -A

Name of Affiliated Group Member
UNIVERSITY HOSPITALS MEDICAL GROUP, INC.

Employer ID Number
20-4881619

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures:

		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	1,424.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	32,742.	b
Total lobbying expenditures (add lines 1a and 1b)	34,166.	c
Other exempt purpose expenditures	541,939,968.	d
Total exempt purpose expenditures (add lines 1c and 1d)	541,974,134.	e

Lobbying nontaxable amount.

Enter the amount from the following table:

If the amount on line e is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over \$17,000,000	\$1,000,000

	1,000,000.	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer ID Number
34-0714775

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	1,048. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	24,102. b												
Total lobbying expenditures (add lines 1a and 1b)	25,150. c												
Other exempt purpose expenditures	842,337,850. d												
Total exempt purpose expenditures (add lines 1c and 1d).	842,363,000. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
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Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member
UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER

Employer ID Number
26-4827222

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
NO

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	768. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	17,667. b												
Total lobbying expenditures (add lines 1a and 1b)	18,435. c												
Other exempt purpose expenditures	209,092,079. d												
Total exempt purpose expenditures (add lines 1c and 1d)	209,110,514. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
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Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member
PARMA COMMUNITY GENERAL HOSPITAL ASSOC.

Employer ID Number
34-0827442

Affiliated Group Member Address
3605 WARRENSVILLE CENTER RD.
SHAKER HEIGHTS, OH 44122

Electing Member
NO

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	575. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	13,218. b												
Total lobbying expenditures (add lines 1a and 1b)	13,793. c												
Other exempt purpose expenditures	181,561,375. d												
Total exempt purpose expenditures (add lines 1c and 1d).	181,575,168. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
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Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member
 COMPREHENSIVE HEALTH CARE OF OHIO, INC.

Employer ID Number
 34-1492733

Affiliated Group Member Address
 3605 WARRENSVILLE CENTER RD.
 SHAKER HEIGHTS, OH 44122

Electing Member
 NO

Limits on Lobbying Expenditures:

	2.	35.	37.	2,328.	2,365.	473.	118.	0.	0.	0.	0.	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)												1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)												b												
Total lobbying expenditures (add lines 1a and 1b)												c												
Other exempt purpose expenditures												d												
Total exempt purpose expenditures (add lines 1c and 1d)												e												
Lobbying nontaxable amount.																								
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Subtract line 1g from line 1a (limit to zero)												h												
Subtract line 1f from line 1c (limit to zero)												i												
Member's share of excess lobbying expenditures												0.												

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures
Part II -A

Name of Affiliated Group Member
EMH REGIONAL MEDICAL CENTER

Employer ID Number
34-0714512

Affiliated Group Member Address
3605 WARRENSVILLE CENTER RD.
SHAKER HEIGHTS, OH 44122

Electing Member
NO

Limits on Lobbying Expenditures:

		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	642.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	14,771.	b
Total lobbying expenditures (add lines 1a and 1b)	15,413.	c
Other exempt purpose expenditures	194,567,393.	d
Total exempt purpose expenditures (add lines 1c and 1d)	194,582,806.	e

Lobbying nontaxable amount.

Enter the amount from the following table:

If the amount on line e is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over \$17,000,000	\$1,000,000

	1,000,000.	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member
ROBINSON HEALTH SYSTEM, INC.

Employer ID Number
46-1382538

Affiliated Group Member Address
3605 WARRENSVILLE CENTER RD.
SHAKER HEIGHTS, OH 44122

Electing Member
NO

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	525. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	12,069. b												
Total lobbying expenditures (add lines 1a and 1b)	12,594. c												
Other exempt purpose expenditures	155,919,367. d												
Total exempt purpose expenditures (add lines 1c and 1d).	155,931,961. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">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>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 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 e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
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Over \$17,000,000	\$1,000,000												
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Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member
ST. JOHN MEDICAL CENTER

Employer ID Number
34-1260978

Affiliated Group Member Address
3605 WARRENSVILLE CENTER RD.
SHAKER HEIGHTS, OH 44122

Electing Member
NO

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	606. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	13,943. b												
Total lobbying expenditures (add lines 1a and 1b)	14,549. c												
Other exempt purpose expenditures	178,502,194. d												
Total exempt purpose expenditures (add lines 1c and 1d).	178,516,743. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">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>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 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 e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
If the amount on line e is:	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
.....	1,000,000. f												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures
Part II -A

Name of Affiliated Group Member
SAMARITAN REGIONAL HEALTH SYSTEM

Employer ID Number
34-0714535

Affiliated Group Member Address
3605 WARRENSVILLE CENTER RD.
SHAKER HEIGHTS, OH 44122

Electing Member
NO

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	293. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	6,732. b												
Total lobbying expenditures (add lines 1a and 1b)	7,025. c												
Other exempt purpose expenditures	82,320,510. d												
Total exempt purpose expenditures (add lines 1c and 1d).	82,327,535. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">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>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 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 e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
If the amount on line e is:	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
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Over \$17,000,000	\$1,000,000												
.....	1,000,000. f												
Grassroots nontaxable amount (enter 25% of line 1f)	250,000. g												
Subtract line 1g from line 1a (limit to zero)	0. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

Employer identification number
90-0059117

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (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?

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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	▶ \$	127,100.
(ii) Assets included in Form 990, Part X	▶ \$	8,423,916.

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 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	241,904,000.	211,303,000.	179,723,000.	187,557,000.	159,046,000.
b Contributions	22,145,000.	10,211,000.	9,871,000.	5,345,000.	8,523,000.
c Net investment earnings, gains, and losses	41,936,000.	24,607,000.	32,087,000.	-5,466,000.	28,790,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	14,161,000.	4,217,000.	10,378,000.	7,713,000.	8,802,000.
f Administrative expenses					
g End of year balance	291,824,000.	241,904,000.	211,303,000.	179,723,000.	187,557,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.3400 %
 - b Permanent endowment 61.4300 %
 - c Term endowment 34.2300 %
- 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 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		132,009,000.		132,009,000.
b Buildings		1,928,037,000.	918,351,000.	1,009,686,000.
c Leasehold improvements		20,997,000.	15,231,000.	5,766,000.
d Equipment		1,086,989,000.	910,783,000.	176,206,000.
e Other		31,589,000.	41,389,000.	-9,800,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,313,867,000.

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)		
Total. (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) BENEFICIAL INT. IN FOUNDATION	199,980,000.	END-OF-YEAR MARKET VALUE
(2) INVESTMENT IN AFFILIATES	5,827,000.	COST
(3) INVESTMENTS - PROGRAM RELATED	10,757,000.	END-OF-YEAR MARKET VALUE
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	216,564,000.	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MEDICARE ACCELERATED	184,197,000.
(3) DUE TO THIRD PARTIES	56,044,000.
(4) PENSION LIABILITY	44,318,000.
(5) RESEARCH INST OPTION LIABILITY	18,492,000.
(6) OTHER LIABILITIES	29,525,000.
(7) DUE TO AFFILIATES	1,000.
(8) PROFESSIONAL LIABILITY-WRA	395,000.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	332,972,000.

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.

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

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

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

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

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE UH ART COLLECTION INCLUDES APPROXIMATELY 3,152 ORIGINAL WORKS OF ART,

MANY DONATED OVER THE YEARS. ARTWORK INCLUDES PAINTINGS, PHOTOS,

SCULPTURES AND THE LIKE. THE UH ART COLLECTION HAS BEEN ESTABLISHED TO

ENCOURAGE REFLECTION, AND TO DELIGHT, UPLIFT AND COMFORT OUR PATIENTS,

VISITORS, AND EMPLOYEES.

PART V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUND VARIES DEPENDING ON

DONOR STIPULATIONS. ALL SPENDING OF ENDOWMENT EARNINGS ARE DONE SO IN

ACCORDANCE WITH DONOR INTENT AND APPLICABLE LAW. ENDOWMENTS ARE HELD ON

THE BOOKS OF THE PARENT ORGANIZATION OF THE GROUP MEMBERS. SPENDING

Part XIII Supplemental Information (continued)

ALLOCATIONS ARE MADE TO THE PROPER UH ENTITY BY THE PARENT TO COMPLY WITH

DONOR WISHES.

PART X, LINE 2:

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. MUST RECONGIZE THE TAX BENEFIT

FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE

TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES,

BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED

IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED

BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF

BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF DECEMBER 31, 2021 AND 2020,

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. DOES NOT HAVE ANY UNCERTAIN TAX

POSITIONS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FIVE STAR GOLF/CHEF (event type)	HENNESSY GOLF (event type)	6 (total number)		
Revenue	1	Gross receipts	833,267.	122,750.	474,485.	1,430,502.
	2	Less: Contributions	686,537.	102,450.	394,619.	1,183,606.
	3	Gross income (line 1 minus line 2)	146,730.	20,300.	79,866.	246,896.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	30,308.			30,308.
	7	Food and beverages	80,630.	28,161.	102,665.	211,456.
	8	Entertainment				
	9	Other direct expenses	104,844.	5,393.	33,052.	143,289.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				385,053.
11	Net income summary. Subtract line 10 from line 3, column (d)				-138,157.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number	90-0059117
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			49,505,851.		49,505,851.	1.21%
b Medicaid (from Worksheet 3, column a)			962,181,102.	703,700,119.	258,480,983.	6.33%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			1011686953.	703,700,119.	307,986,834.	7.54%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,820,937.	1,337,547.	7,483,390.	.18%
f Health professions education (from Worksheet 5)			134,475,378.	30,609,233.	103,866,145.	2.54%
g Subsidized health services (from Worksheet 6)			35,690,659.	21,611,264.	14,079,395.	.34%
h Research (from Worksheet 7)			102,296,836.	36,793,864.	65,502,972.	1.60%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			619,278.	69,836.	549,442.	.01%
j Total. Other Benefits			281,903,088.	90,421,744.	191,481,344.	4.67%
k Total. Add lines 7d and 7j			1293590041.	794,121,863.	499,468,178.	12.21%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			34,274.		34,274.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			34,274.		34,274.	.00%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	546,526,083.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	642,398,650.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-95,872,567.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 EMH SHEFFIELD MEDICAL BUILDING CONDOMINIUM ASSOCIATION	CONDO MANAGEMENT	33.33%		66.67%
2 GATES MEDICAL CENTER, INC	CONDO MANAGEMENT	40.00%		60.00%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 14

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 UH CLEVELAND MEDICAL CENTER 11100 EUCLID AVENUE CLEVELAND, OH 44106 WWW.UHHOSPITALS.ORG STLIC:1142 UH CLEVELAND MEDICAL CENTER EIN:34-1567805	X	X		X		X	X		IP PSYCH./IP REHAB./SKILLED NURSING LVL 1	A
2 UH RAINBOW BABIES & CHILDREN'S HOSPIT 11100 EUCLID AVENUE CLEVELAND, OH 44106 WWW.UHHOSPITALS.ORG STLIC:1142 UH CLEVELAND MEDICAL CENTER EIN:34-1567805	X	X	X	X		X	X		LVL 1 TRAUMA CTR	A
3 UH GEAUGA MEDICAL CENTER 13207 RAVENNA ROAD CHARDON, OH 44024 WWW.UHHOSPITALS.ORG STLIC:1001 UH GEAUGA MEDICAL CENTER EIN:34-0816492	X	X					X		IP PSYCHIATRIC UNIT	B
4 UH AHUJA MEDICAL CENTER 3999 RICHMOND ROAD BEACHWOOD, OH 44122 WWW.UHHOSPITALS.ORG STLIC:1497 UH AHUJA MEDICAL CENTER EIN:26-4827222	X	X					X			A
5 UH REGIONAL HOSPITALS 27100 CHARDON ROAD RICHMOND HEIGHTS, OH 44143 WWW.UHHOSPITALS.ORG STLIC:1141&1008 UH REGIONAL HOSPITALS EIN:34-1924226	X	X		X			X			A
6 UH GENEVA MEDICAL CENTER 870 WEST MAIN STREET GENEVA, OH 44041 WWW.UHHOSPITALS.ORG STLIC:1108 UH GENEVA MEDICAL CENTER EIN:34-0714461	X				X		X			A
7 UH CONNEAUT MEDICAL CENTER 158 WEST MAIN ROAD CONNEAUT, OH 44030 WWW.UHHOSPITALS.ORG STLIC:1107 UH CONNEAUT MEDICAL CENTER EIN:34-0714550	X				X		X			A
8 UH PARMA MEDICAL CENTER 7007 POWERS BLVD PARMA, OH 44129 WWW.UHHOSPITALS.ORG STLIC:1007 UH PARMA MEDICAL CENTER EIN:34-0827442	X	X					X			A
9 UH ELYRIA MEDICAL CENTER 630 EAST RIVER STREET ELYRIA, OH 44035 WWW.UHHOSPITALS.ORG STLIC:1217 UH ELYRIA MEDICAL CENTER EIN:34-0714612	X	X					X			A
10 UH ST. JOHN MEDICAL CENTER 29000 CENTER RIDGE ROAD WESTLAKE, OH 44145-5275 WWW.UHHOSPITALS.ORG STLIC:1034 UH ST. JOHN MEDICAL CENTER EIN:34-1260978	X	X		X			X			A

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group REPORTING GROUP A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group REPORTING GROUP A

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group REPORTING GROUP A

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group REPORTING GROUP A

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group REPORTING GROUP B

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3, 12

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group REPORTING GROUP B

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group REPORTING GROUP B

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group REPORTING GROUP B

		Yes	No
<p>22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>			
<p>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</p> <p>If "Yes," explain in Section C.</p>		23	x
<p>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</p> <p>If "Yes," explain in Section C.</p>		24	x

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: UH CLEVELAND MEDICAL CENTER
- FACILITY 2: UH RAINBOW BABIES & CHILDREN'S HOSPITAL
- FACILITY 4: UH AHUJA MEDICAL CENTER
- FACILITY 5: UH REGIONAL HOSPITALS
- FACILITY 6: UH GENEVA MEDICAL CENTER
- FACILITY 7: UH CONNEAUT MEDICAL CENTER
- FACILITY 8: UH PARMA MEDICAL CENTER
- FACILITY 9: UH ELYRIA MEDICAL CENTER
- FACILITY 10: UH ST. JOHN MEDICAL CENTER
- FACILITY 11: UH PORTAGE MEDICAL CENTER
- FACILITY 13: UNIVERSITY HOSPITALS REHABILITATION HOSPITAL
- FACILITY 14: UH AVON REHABILITATION HOSPITAL

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED

SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE

EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE

CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY

BOARD OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION

RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE

UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. THE

ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY

STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE

COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OTHER GREATER CLEVELAND ORGANIZATIONS.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER

FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP

("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE

2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO

ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY

SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE

PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA,

HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT

REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR

NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS

IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET

VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE

ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN

THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 5: UH CLEVELAND MEDICAL CENTER'S 2019 CHNA

CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA

RESIDENTS AND HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING

DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE

ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE

BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF

HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS

AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM

THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH, AND OTHER RELEVANT ORGANIZATIONS OFFERED THEIR ANALYSIS BASED ON

THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES, PARTICIPATING

COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT

HEALTH NEEDS. THE 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A

DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH CLEVELAND MEDICAL CENTER;

DEMOGRAPHICS OF UH CLEVELAND MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET

AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED;

OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE

(E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); HIGH

FREQUENCY OF INAPPROPRIATE EMERGENCY DEPARTMENT USE; QUALITY OF LIFE

INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER

TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER

CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES

OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS'

UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE

SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION

RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH

INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND

FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL

HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL

AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE AND LEAD POISONING).

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH CLEVELAND

MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH RAINBOW BABIES &

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHILDREN'S HOSPITAL, UH AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS (UH

BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH PARMA MEDICAL

CENTER, UH ST. JOHN MEDICAL CENTER, UH REHABILITATION HOSPITAL, SOUTHWEST

GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND THE

METROHEALTH SYSTEM.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH

PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND

DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH

IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH

AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR UH

CLEVELAND MEDICAL CENTER IDENTIFIED THE FOLLOWING FOUR PRIORITY HEATH

NEEDS AND ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEATH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: COMMUNITY-BASED EDUCATION AND HEALTH SCREENINGS

- STRATEGY #2: TARGETED SCREENING AND EDUCATION AMONG HIGH-RISK

POPULATIONS

- STRATEGY #3: DECREASE BARRIERS TO CANCER SCREENING AND TREATMENT

PRIORITY HEALTH NEED #2: IMPROVE COMMUNITY CONDITIONS

- STRATEGY #1: SAFETY TRAINING

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- STRATEGY #2: CO-LOCATE PROGRAMS AND SERVICES WITHIN A COMMUNITY-BASED

MEDICAL CENTER IN AN UNDER-RESOURCED NEIGHBORHOOD

- STRATEGY #3: HOSPITAL-BASED INTERVENTION TO INTERRUPT GUN-RELATED

VIOLENCE AND RETALIATION

PRIORITY HEALTH NEED #3: MENTAL HEALTH AND ADDICTION

- STRATEGY #1: COMMUNITY-BASED EDUCATION AND STRATEGIC PARTNERSHIPS

PRIORITY HEALTH NEED #4: ELIMINATING STRUCTURAL RACISM

- STRATEGY #1: JOB PIPELINE PROGRAM FOR MINORITIZED SECONDARY SCHOOL

STUDENTS INTERESTED IN BECOMING PHYSICIANS

IN ADDITION TO THE AFOREMENTIONED STRATEGIC INITIATIVES OUTLINED IN DETAIL

IN THIS PLAN, THE HOSPITAL WILL EITHER BEGIN OR CONTINUE TO PROVIDE OTHER

COMMUNITY BENEFIT PROGRAMS RESPONSIVE TO THE HEALTH NEEDS IDENTIFIED IN

THE 2019 CHNA. THESE MAY INCLUDE, BUT ARE NOT LIMITED TO, HEALTH EDUCATION

PROGRAMS, SCREENINGS, SUPPORT GROUPS AND OTHER COMMUNITY HEALTH

IMPROVEMENT SERVICES; MEDICAL RESEARCH; EDUCATION FOR PHYSICIANS, NURSES

AND ALLIED HEALTH PROFESSIONALS AND ACCESS TO CARE THROUGH THE UH HOSPITAL

FINANCIAL ASSISTANCE PROGRAM.

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE FOUR

ISSUES ABOVE AS THOSE ISSUES WERE CHOSEN BASED ON THE NUMBER OF COMMUNITY

MEMBERS IMPACTED AND THE HOSPITAL BEING IN THE BEST POSITION TO HAVE A

POSITIVE IMPACT ON THOSE ISSUES. THE ISSUES WHICH WERE NOT CHOSEN TO BE A

FOCUS OF THIS PLAN WERE THOSE WHERE THE HOSPITAL IS NOT IN A POSITION TO

HAVE A SIGNIFICANT POSITIVE IMPACT AND OR OTHERS ARE KNOWN TO BE FOCUSING

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ON THAT ISSUE.

NOT ALL NEEDS IDENTIFIED IN THE 2019 CHNA ARE BEING ADDRESSED BUT THROUGH

IMPLEMENTING THE ABOVE STRATEGIES, THE HOSPITAL ANTICIPATES THE FOLLOWING

IMPROVEMENTS IN COMMUNITY HEALTH: POSITIVE IMPACT ON THE REDUCTION OF

CARDIOVASCULAR DISEASE; POSITIVE IMPACT ON THE REDUCTION OF INFANT

MORTALITY AND IMPROVED INFANT HEALTH; REDUCED INAPPROPRIATE EMERGENCY ROOM

USE AND POSITIVE IMPACT ON THE REDUCTION OF CANCER MORTALITY RATES,

FOCUSING ON LUNG, COLON, BREAST AND CERVICAL CANCERS. COINCIDENT WITH THIS

WILL BE A POSITIVE IMPACT ON RATES OF TOBACCO USE. SOME NEEDS NOT BEING

ADDRESSED ARE HIGH BLOOD LEAD LEVELS, CHILDHOOD ASTHMA, INFLUENZA, TOBACCO

USE, AND SUICIDE PREVENTION. THESE NEEDS ARE ALSO BEING ADDRESSED IN UH

CLINICAL SETTINGS.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED

SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE

EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE

CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY

BOARD OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION

RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE

UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. THE

ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY

STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE

COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OTHER GREATER CLEVELAND ORGANIZATIONS.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER

FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP

("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE

2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO

ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY

SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE

PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA,

HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT

REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR

NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS

IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET

VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE

ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN

THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL

PART V, SECTION B, LINE 5: THE UH RAINBOW BABIES & CHILDREN'S MEDICAL

CENTER'S 2019 ASSESSMENT CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY

(SURVEY OF MARKET AREA RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME

SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES

OF HEALTH CARE ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS

REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL

SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF

MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY

LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PUBLIC HEALTH, AND OTHER RELEVANT ORGANIZATIONS OFFERED THEIR ANALYSIS

BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES.

PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF

SIGNIFICANT HEALTH NEEDS. THE 2019 REPORT ADDRESSES THE FOLLOWING BROAD

TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH RAINBOW BABIES &

CHILDREN'S HOSPITAL; DEMOGRAPHICS OF UH RAINBOW BABIES & CHILDREN'S

HOSPITAL PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE, GENDER, AND

RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES (E.G. TRUST

AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. CARDIOVASCULAR DISEASE,

CHILDHOOD ASTHMA, AND DIABETES); ACCESS TO DENTAL CARE FOR CHILDREN;

ACCESS TO PRIMARY CARE; QUALITY OF LIFE INDICATORS (E.G. POVERTY, HOMICIDE

RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING EARLY

DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH CANCER

MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE (E.G.

EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND

TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS

(E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE);

ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR

QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION

(E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND

VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE AND LEAD

POISONING); REDUCE INFANT MORTALITY (E.G. EXTREME PREMATURE BIRTH

DEFECTS, AND SLEEP-RELATED DEATHS).

GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH RAINBOW

BABIES & CHILDREN'S HOSPITAL IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH

CLEVELAND MEDICAL CENTER, UH AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS

(UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH PARMA

MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, UH REHABILITATION HOSPITAL,

SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND

THE METROHEALTH SYSTEM.

GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH

PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND

DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH

IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH

AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR UH

RAINBOW BABIES & CHILDREN'S HOSPITAL IDENTIFIED THE FOLLOWING PRIORITY

HEALTH NEED AND ASSOCIATED STRATEGIES TO ADDRESS IT:

PRIORITY HEATH NEED #1: IMPROVE COMMUNITY CONDITIONS/ELIMINATING

STRUCTURAL RACISM

- STRATEGY #1: MOBILE DENTAL CLINIC

- STRATEGY #2: NUTRITION PROGRAMMING TO ADDRESS FOOD INSECURITY

- STRATEGY #3: CENTERING PREGNANCY

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY

HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: HIGH BLOOD LEAD LEVELS,

CHILDHOOD ASTHMA, INFLUENZA, TOBACCO USE/CHRONIC OBSTRUCTIVE PULMONARY

DISEASE, AND SUICIDE PREVENTION. THESE HEALTH NEEDS ARE BEING ADDRESSED IN

UH CLINICAL SETTINGS.

GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 2 -- UH RAINBOW BABIES & CHILDREN'S HOSPITAL

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED

SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE

EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE

CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY

BOARD OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION

RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE

UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. THE

ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY

STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE

COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF

OTHER GREATER CLEVELAND ORGANIZATIONS.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER

FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP

("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE

2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO

ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY

SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA,

HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT

REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR

NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS

IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET

VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE

ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN

THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 5: UH AHUJA MEDICAL CENTER'S 2019 ASSESSMENT

CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA

RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING

DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE

ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE

BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF

HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS

AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM

THE CUYAHOGA COUNTY BOARD OF HEALTH OFFERED THEIR ANALYSIS BASED ON THEIR

WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES. PARTICIPATING COMMUNITY

LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH

NEEDS. THE 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION

OF THE COMMUNITY SURROUNDING THE UH AHUJA MEDICAL CENTER; DEMOGRAPHICS OF

UH AHUJA MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G. AGE,

GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING THEMES

(E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. CARDIOVASCULAR

DISEASE, CHILDHOOD ASTHMA, AND DIABETES); REDUCING HOSPITALIZATION AND

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DECREASING HOSPITAL READMISSION; QUALITY OF LIFE INDICATORS (E.G. POVERTY,

HOMICIDE RATES, AND FOOD INSECURITY); CANCER TREATMENT (E.G. INCREASING

EARLY DETECTION, REDUCING BARRIERS TO CANCER CARE, AND REDUCING THE HIGH

CANCER MORTALITY RATES); REDUCING INCIDENCES OF CARDIOVASCULAR DISEASE

(E.G. EARLY DETECTION, INCREASING PATIENTS' UNDERSTANDING OF ITS SEVERITY,

AND TEACHING CARDIOVASCULAR DISEASE SELF-TREATMENT); BEHAVIORAL RISK

FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND

TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD

POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL

HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER

SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT

BIRTH RATE, INFANT MORTALITY, AND LEAD POISONING).

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH AHUJA

MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH RAINBOW BABIES &

CHILDREN'S HOSPITAL, UH CLEVELAND MEDICAL CENTER, UH REGIONAL HOSPITALS

(UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH PARMA

MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION

HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL

CENTER, AND THE METROHEALTH SYSTEM.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND

DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH

IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH

AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR UH AHUJA

MEDICAL CENTER IDENTIFIES THE FOLLOWING THREE PRIORITY HEALTH NEEDS AND

ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: COMMUNITY-BASED EDUCATION, HEALTH SCREENING AND SUPPORT

GROUPS TO PREVENT AND/OR MANAGE CHRONIC DISEASES

PRIORITY HEALTH NEED #2: IMPROVE COMMUNITY CONDITIONS

- STRATEGY #1: STRATEGIC PARTNERSHIPS AND PROGRAMMING TO ADDRESS SOCIAL

DETERMINANTS OF HEALTH

PRIORITY HEALTH NEED #3: MENTAL HEALTH AND ADDICTION

- STRATEGY #1: COMMUNITY-BASED EDUCATION TO PROMOTE POSITIVE MENTAL HEALTH

THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY

HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: HIGH BLOOD LEAD LEVELS,

CHILDHOOD ASTHMA, INFLUENZA, TOBACCO USE/CHRONIC OBSTRUCTIVE PULMONARY

DISEASE, AND SUICIDE PREVENTION. THESE HEALTH NEEDS ARE BEING ADDRESSED IN

UH CLINICAL SETTINGS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 4 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE FACILITIES' FINANCIAL ASSISTANCE POLICY.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED

SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE

EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE

CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY

BOARD OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION

RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE

UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. THE

ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY

STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE

COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF

OTHER GREATER CLEVELAND ORGANIZATIONS.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER

FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP

("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE

2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO

ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY

SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE

PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA,

HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT

REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR

NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS

IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET

VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN

THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 5: THE CHNA FOR THE RICHMOND CAMPUS OF UH

REGIONAL HOSPITALS (UH RICHMOND MEDICAL CENTER) TOOK INTO ACCOUNT INPUT

FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH

RANDOMIZED TELEPHONE SURVEYS OF HOUSEHOLDS IN CUYAHOGA COUNTY, AS WELL AS,

A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS.

COMMUNITY LEADERS FROM THE CUYAHOGA COUNTY BOARD OF HEALTH OFFERED THEIR

ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES.

PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF

SIGNIFICANT HEALTH NEEDS. THE 2019 REPORT ADDRESSES THE FOLLOWING BROAD

TOPICS: A DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH RICHMOND MEDICAL

CENTER; DEMOGRAPHICS OF UH RICHMOND MEDICAL CENTER'S PRIMARY AND SECONDARY

MARKET AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS

SERVED; OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); REDUCING

THE PREVALENCE OF RESPIRATORY DISEASE AND IMPROVING PATIENTS' QUALITY OF

LIFE IN ACCORDANCE WITH THE DISEASE; CHRONIC DISEASE (E.G. HEART DISEASE,

CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); QUALITY OF LIFE

INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER

TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER

CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES

OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS'

UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE

SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION

RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND

FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL

HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL

AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND LEAD

POISONING).

THE CHNA FOR THE BEDFORD CAMPUS OF UH REGIONAL HOSPITALS (UH BEDFORD

MEDICAL CENTER) TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE

BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF

HOUSEHOLDS IN CUYAHOGA COUNTY, AS WELL AS, A SERIES OF MAIL SURVEYS AND

IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE

CUYAHOGA COUNTY BOARD OF HEALTH OFFERED THEIR ANALYSIS BASED ON THEIR WORK

AS A LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCY. PARTICIPATING COMMUNITY

LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH

NEEDS. THE 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A DESCRIPTION

OF THE COMMUNITY SURROUNDING THE UH BEDFORD MEDICAL CENTER; DEMOGRAPHICS

OF UH BEDFORD MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET AREAS (E.G.

AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED; OVERARCHING

THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE (E.G. HEART

DISEASE, CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); REDUCING

HOSPITALIZATION AND DECREASING HOSPITAL READMISSION; QUALITY OF LIFE

INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); BEHAVIORAL

RISK FACTORS (E.G. OBESITY, FLU VACCINATION RATES, PHYSICAL ACTIVITY, AND

TOBACCO USE); ENVIRONMENTAL HEALTH INDICATORS (E.G. CHILDHOOD LEAD

POISONING, EPA AIR QUALITY STANDARDS, AND FOODBORNE DISEASE); MENTAL

HEALTH AND ADDICTION (E.G. MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER

SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BIRTH RATE, INFANT MORTALITY, AND LEAD POISONING).

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH REGIONAL

HOSPITALS (UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER) IN

THE JOINT CHNA FOR CUYAHOGA COUNTY: UH RAINBOW BABIES & CHILDREN'S

HOSPITAL, UH CLEVELAND MEDICAL CENTER, UH AHUJA MEDICAL CENTER, UH PARMA

MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION

HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL

CENTER, AND THE METROHEALTH SYSTEM.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH

PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND

DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH

IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH

AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR UH

REGIONAL HOSPITALS IDENTIFIED THE FOLLOWING TWO PRIORITY HEALTH NEEDS AND

ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- STRATEGY #1: COMMUNITY-BASED EDUCATION AND HEALTH SCREENINGS TO PREVENT

AND/OR MANAGE CHRONIC DISEASES

PRIORITY HEALTH NEED #2: IMPROVE COMMUNITY CONDITIONS

- STRATEGY #1: RAISE AWARENESS ABOUT HOSPITAL UTILIZATION OPTIONS AND

FINANCIAL ASSISTANCE AVAILABLE FOR MEDICAL CARE

THE FOLLOWING NEEDS WERE IDENTIFIED IN THE 2019 CHNA, BUT ARE NOT BEING

ADDRESSED IN 2019 INCLUDE: HIGH BLOOD LEAD LEVELS, CHILDHOOD ASTHMA,

INFLUENZA, TOBACCO USE/CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND SUICIDE

PREVENTION. THESE NEEDS ARE BEING ADDRESSED IN UH CLINICAL SETTINGS.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 5 -- UH REGIONAL HOSPITALS

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED

SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE

EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS COUNTY HEALTH

ASSESSMENT, CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO

DEPARTMENT OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITALIZATION

ASSOCIATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES.

THE HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH THE CENTER FOR

HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS")

TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. THE

HOSPITAL COUNCIL OF NORTHWEST OHIO RETAINED THE CENTER FOR HEALTH AFFAIRS

TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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

GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH GENEVA MEDICAL CENTER'S CHNA TOOK INTO
 ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE
 COMMUNITY BY SURVEYS ADMINISTERED THROUGH RANDOMIZED EMAIL LIST SERVS,
 SOCIAL MEDIA SURVEYS, AND PUBLIC NOTICES IN ASHTABULA COUNTY. COMMUNITY
 LEADERS FROM THE ASHTABULA CITY HEALTH DEPARTMENT AND ASHTABULA COUNTY
 HEALTH DEPARTMENT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL
 GOVERNMENTAL PUBLIC HEALTH AGENCIES. PARTICIPATING COMMUNITY LEADERS
 PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. DATA
 WAS ALSO OBTAINED BY INDEPENDENT RESEARCHERS FROM THE TOLEDO-BASED
 HOSPITAL COUNCIL OF NORTHWEST OHIO AND THEIR PARTNERS AT THE UNIVERSITY OF
 TOLEDO. THE SURVEY DATA WAS COLLECTED FROM A CROSS-SECTIONAL, RANDOMIZED
 SAMPLE OF 1,200 ASHTABULA COUNTY RESIDENTS AGED 19 YEARS AND OLDER. THIS
 RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE HEALTH
 ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 REPORT
 ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTHCARE ACCESS (HEALTHCARE
 COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, WOMEN'S HEALTH,

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MEN'S HEALTH, AND ORAL HEALTH), HEALTH BEHAVIORS (HEALTH STATUS

PERCEPTIONS, ADULT WEIGHT STATUS, ADULT TOBACCO USE, ADULT ALCOHOL

CONSUMPTION, DRUG USE, SEXUAL BEHAVIOR, MENTAL HEALTH), CHRONIC DISEASE

(CARDIOVASCULAR HEALTH, CANCER, ASTHMA, ARTHRITIS, DIABETES, QUALITY OF

LIFE), AND SOCIAL CONDITIONS (SOCIAL DETERMINANTS OF HEALTH, ENVIRONMENTAL

HEALTH, AND PARENTING).

GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR ASHTABILA

COUNTY. UH GENEVA MEDICAL CENTER AND UH CONNEAUT MEDICAL CENTER ARE

INCLUDED IN THE JOINT CHNA FOR ASHTABULA COUNTY.

GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHTABULA COUNTY: ASHTABULA CITY

HEALTH DEPARTMENT, ASHTABULA COUNTY CHILDREN'S SERVICES, ASHTABULA COUNTY

COMMISSIONERS, ASHTABULA COUNTY COMMUNITY ACTION AGENCY, ASHTABULA COUNTY

EDUCATIONAL SERVICE CENTER, ASHTABULA COUNTY ENGINEERS DEPARTMENT,

ASHTABULA COUNTY FAMILY & CHILDREN'S FIRST COUNCIL, ASHTABULA COUNTY

HEALTH DEPARTMENT, ASHTABULA COUNTY JOB & FAMILY SERVICES, ASHTABULA

COUNTY MEDICAL CENTER, ASHTABULA COUNTY MENTAL HEALTH RECOVERY BOARD,

ASHTABULA COUNTY REGIONAL HOME HEALTH SERVICES, ASHTABULA COUNTY YMCA,

CATHOLIC CHARITIES OF ASHTABULA COUNTY, CENTER FOR HEALTH AFFAIRS,

COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY, CONNEAUT CITY HEALTH

DEPARTMENT, COUNTRY NEIGHBOR, GLENBEIGH, KENT STATE UNIVERSITY-ASHTABULA,

LAKE AREA RECOVERY CENTER, OHIO STATE UNIVERSITY COOPERATIVE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EXTENSION-ASHTABULA COUNTY, AND SIGNATURE HEALTH/FAMILY PLANNING

ASSOCIATION OF NORTHEAST OHIO.

GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR UH GENEVA

MEDICAL CENTER IDENTIFIED THE FOLLOWING TWO PRIORITY HEALTH NEEDS AND

CROSSING-CUTTING FACTOR, ALONG WITH STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE

- STRATEGY #1: PRESCRIPTIONS FOR PHYSICAL ACTIVITY
- STRATEGY #2: HYPERTENSION SCREENING AND FOLLOW UP
- STRATEGY #3: DIABETES PREVENTION PROGRAM (DPP) AND PREDIABETES SCREENING

AND REFERRAL

PRIORITY HEALTH NEED #2: MENTAL HEALTH AND ADDICTION

- STRATEGY #1: SCHOOL-BASED ALCOHOL/OTHER DRUG PREVENTION PROGRAMS
- STRATEGY #2: SAFE DISPOSAL OF PRESCRIPTION DRUGS

CROSS-CUTTING FACTOR #1: HEALTHCARE SYSTEM AND ACCESS

- STRATEGY #1: IMPROVE ACCESS TO COMPREHENSIVE PRIMARY CARE
- STRATEGY #2: SCREENING FOR SOCIAL DETERMINANTS OF HEALTH (SDOH) USING A

STANDARDIZED TOOL

- STRATEGY #3: COMMUNITY HEALTH WORKERS (INCLUDING WORKERS IN

COMMUNITY-BASED SETTINGS) TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

NEEDS IDENTIFIED IN 2019 WHICH ARE NOT BEING ADDRESSED INCLUDE SUICIDE

PREVENTION. THIS SPECIFIC ISSUE IS BEING ADDRESSED BY OTHER PARTNERS IN

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASHTABULA COUNTY.

GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 6 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE
FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED

SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE

EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS COUNTY HEALTH

ASSESSMENT, CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO

DEPARTMENT OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITALIZATION

ASSOCIATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES.

THE HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH THE CENTER FOR

HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS")

TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. THE

HOSPITAL COUNCIL OF NORTHWEST OHIO RETAINED THE CENTER FOR HEALTH AFFAIRS

TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY

SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE

PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA,

HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT

REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR

NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS

IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET

VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE

ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN

THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH CONNEAUT MEDICAL CENTER'S CHNA TOOK

INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE

COMMUNITY BY SURVEYS ADMINISTERED THROUGH RANDOMIZED EMAIL LIST SERVS,

SOCIAL MEDIA SURVEYS, AND PUBLIC NOTICES IN ASHTABULA COUNTY. COMMUNITY

LEADERS FROM THE ASHTABULA CITY HEALTH DEPARTMENT AND ASHTABULA COUNTY

HEALTH DEPARTMENT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL

GOVERNMENTAL PUBLIC HEALTH AGENCIES. PARTICIPATING COMMUNITY LEADERS

PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. DATA

WAS ALSO OBTAINED BY INDEPENDENT RESEARCHERS FROM THE TOLEDO-BASED

HOSPITAL COUNCIL OF NORTHWEST OHIO AND THEIR PARTNERS AT THE UNIVERSITY OF

TOLEDO. THE SAMPLE COLLECTED BY THEM WAS A RANDOMIZED MIXTURE OF 1,200

ASHTABULA COUNTY RESIDENTS 19 YEARS AND OLDER. THIS RETURN RATE AND SAMPLE

SIZE MEANS THAT THE RESPONSES IN THE HEALTH ASSESSMENT SHOULD BE

REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 REPORT ADDRESSES THE

FOLLOWING BROAD TOPICS: HEALTHCARE ACCESS (HEALTHCARE COVERAGE, ACCESS AND

UTILIZATION, PREVENTIVE MEDICINE, WOMEN'S HEALTH, MEN'S HEALTH, AND ORAL

HEALTH), HEALTH BEHAVIORS (HEALTH STATUS PERCEPTIONS, ADULT WEIGHT STATUS,

ADULT TOBACCO USE, ADULT ALCOHOL CONSUMPTION, DRUG USE, SEXUAL BEHAVIOR,

MENTAL HEALTH), CHRONIC DISEASE (CARDIOVASCULAR HEALTH, CANCER, ASTHMA,

ARTHRITIS, DIABETES, QUALITY OF LIFE), AND SOCIAL CONDITIONS (SOCIAL

DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, AND PARENTING).

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR ASHTABILA

COUNTY. UH GENEVA MEDICAL CENTER AND UH CONNEAUT MEDICAL CENTER ARE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INCLUDED IN THE JOINT CHNA FOR ASHTABULA COUNTY.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHTABULA COUNTY: ASHTABULA CITY

HEALTH DEPARTMENT, ASHTABULA COUNTY CHILDREN'S SERVICES, ASHTABULA COUNTY

COMMISSIONERS, ASHTABULA COUNTY COMMUNITY ACTION AGENCY, ASHTABULA COUNTY

EDUCATIONAL SERVICE CENTER, ASHTABULA COUNTY ENGINEERS DEPARTMENT,

ASHTABULA COUNTY FAMILY & CHILDREN'S FIRST COUNCIL, ASHTABULA COUNTY

HEALTH DEPARTMENT, ASHTABULA COUNTY JOB & FAMILY SERVICES, ASHTABULA

COUNTY MEDICAL CENTER, ASHTABULA COUNTY MENTAL HEALTH RECOVERY BOARD,

ASHTABULA COUNTY REGIONAL HOME HEALTH SERVICES, ASHTABULA COUNTY YMCA,

CATHOLIC CHARITIES OF ASHTABULA COUNTY, CENTER FOR HEALTH AFFAIRS,

COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY, CONNEAUT CITY HEALTH

DEPARTMENT, COUNTRY NEIGHBOR, GLENBEIGH, KENT STATE UNIVERSITY-ASHTABULA,

LAKE AREA RECOVERY CENTER, OHIO STATE UNIVERSITY COOPERATIVE

EXTENSION-ASHTABULA COUNTY, AND SIGNATURE HEALTH/FAMILY PLANNING

ASSOCIATION OF NORTHEAST OHIO.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR CONNEAUT

MEDICAL CENTER IDENTIFIED THE FOLLOWING TWO PRIORITY HEALTH NEEDS AND

CROSSING-CUTTING FACTOR, ALONG WITH STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE

- STRATEGY #1: PRESCRIPTIONS FOR PHYSICAL ACTIVITY

- STRATEGY #2: HYPERTENSION SCREENING AND FOLLOW UP

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- STRATEGY #3: DIABETES PREVENTION PROGRAM (DPP) AND PREDIABETES SCREENING

AND REFERRAL

PRIORITY HEALTH NEED #2: MENTAL HEALTH AND ADDICTION

- STRATEGY #1: SCHOOL-BASED ALCOHOL/OTHER DRUG PREVENTION PROGRAMS

- STRATEGY #2: SAFE DISPOSAL OF PRESCRIPTION DRUGS

CROSS-CUTTING FACTOR #1: HEALTHCARE SYSTEM AND ACCESS

- STRATEGY #1: IMPROVE ACCESS TO COMPREHENSIVE PRIMARY CARE

- STRATEGY #2: SCREENING FOR SOCIAL DETERMINANTS OF HEALTH (SDOH) USING A

STANDARDIZED TOOL

- STRATEGY #3: COMMUNITY HEALTH WORKERS (INCLUDING WORKERS IN

COMMUNITY-BASED SETTINGS) TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

NEEDS IDENTIFIED IN 2019 WHICH ARE NOT BEING ADDRESSED INCLUDE SUICIDE

PREVENTION. THIS SPECIFIC ISSUE IS BEING ADDRESSED BY OTHER PARTNERS IN

ASHTABULA COUNTY.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 7 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED

SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE

EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE

CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY

BOARD OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION

RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. THE

ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY

STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE

COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF

OTHER GREATER CLEVELAND ORGANIZATIONS.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER

FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP

("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE

2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO

ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY

SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE

PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA,

HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT

REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR

NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS

IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET

VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE

ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN

THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 5: UH PARMA MEDICAL CENTER'S 2019 ASSESSMENT

CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA

RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING

DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE

ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH PARMA

MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH RAINBOW BABIES &

CHILDREN'S HOSPITAL, UH CLEVELAND MEDICAL CENTER, UH REGIONAL HOSPITALS

(UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH AHUJA

MEDICAL CENTER, UH ST. JOHN MEDICAL CENTER, AND UH REHABILITATION

HOSPITAL, SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL

CENTER, AND THE METROHEALTH SYSTEM.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH

PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND

DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH

IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH

AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR UH PARMA

MEDICAL CENTER IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS AND

ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: COMMUNITY-BASED EDUCATION AND HEALTH SCREENINGS TO PREVENT

AND/OR MANAGE CHRONIC DISEASES, PARTICULARLY FOR DIABETES AND HEART

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DISEASE

PRIORITY HEALTH NEED #2: IMPROVE COMMUNITY CONDITIONS

- STRATEGY #1: HEALTHY FOOD ACCESS

THE STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS

IDENTIFIED IN THE 2019 CHNA: HIGH BLOOD LEAD LEVELS, CHILDHOOD ASTHMA,
INFLUENZA, TOBACCO USE/CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND SUICIDE
PREVENTION. THESE NEEDS ARE BEING ADDRESSED IN UH CLINICAL SETTINGS.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO
BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING
DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT
THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH
TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS
INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES
OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL
ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS
AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES
AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL
COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 8 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED

SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE

EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE

CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, U.S. CENSUS

BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION RESEARCH CENTER FOR HEALTHY

NEIGHBORHOODS AT CASE WESTERN RESERVE UNIVERSITY, AND OTHER NATIONAL,

STATE AND LOCAL DATA SOURCES.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER

FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP

("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE

2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER

FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE

ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO

REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND

EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS

THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON

BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH

SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON

QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA,

ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH ELYRIA MEDICAL CENTER'S CHNA TOOK INTO

ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE

COMMUNITY THROUGH A RANDOMIZED TELEPHONE SURVEY OF HOUSEHOLDS IN LORAIN

COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH COMMUNITY

LEADERS. COMMUNITY LEADERS FROM THE ELYRIA CITY HEALTH DISTRICT AND THE

LORAIN COUNTY GENERAL HEALTH DISTRICT OFFERED THEIR ANALYSIS BASED ON

THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES. PARTICIPATING

COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT

HEALTH NEEDS. SURVEYS WERE MAILED OUT TO 2,400 ADULTS IN LORAIN COUNTY.

THE RESPONSE RATE FOR THE GENERAL POPULATION WAS 29%. THIS RETURN RATE AND

SAMPLE SIZE MEANS THAT THE RESPONSE IN THE HEALTH ASSESSMENT SHOULD BE

REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 REPORT ADDRESSES THE

FOLLOWING BROAD TOPICS: HEALTHCARE ACCESS (HEALTHCARE COVERAGE, ACCESS AND

UTILIZATION, PREVENTIVE MEDICINE, WOMEN'S HEALTH, MEN'S HEALTH, AND ORAL

HEALTH), HEALTH BEHAVIORS (HEALTH STATUS PERCEPTIONS, ADULT WEIGHT STATUS,

TOBACCO USE, ALCOHOL CONSUMPTION, DRUG USE, SEXUAL BEHAVIOR, MENTAL

HEALTH), CHRONIC DISEASE (HEART HEALTH, CANCER, ASTHMA, ARTHRITIS,

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DIABETES, AND QUALITY OF LIFE), SOCIAL CONDITIONS (SOCIAL DETERMINANTS OF

HEALTH, ENVIRONMENTAL HEALTH, PARENTING, MATERNAL AND INFANT HEALTH),

RURAL HEALTH, SUBURBAN HEALTH, URBAN HEALTH, AND YOUTH HEALTH (WEIGHT

STATUS, TOBACCO USE, ALCOHOL USE, DRUG USE, MENTAL HEALTH, SAFETY AND

VIOLENCE ISSUES, AND PERCEPTIONS).

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY.

UH ELYRIA MEDICAL CENTER, UH AVON REHABILITATION HOSPITAL, CLEVELAND

CLINIC AVON HOSPITAL, MERCY HEALTH ALLEN HOSPITAL, MERCY HEALTH LORAIN

HOSPITAL AND SPECIALTY HOSPITAL OF LORAIN ARE INCLUDED IN THE 2019 CHNA

FOR LORAIN COUNTY.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY: ALCOHOL AND DRUG

ADDICTION SERVICES BOARD OF LORAIN COUNTY, LORAIN COUNTY BOARD OF MENTAL

HEALTH, LORAIN COUNTY HEALTH & DENTISTRY, LORAIN COUNTY METRO PARKS,

LORAIN COUNTY OFFICE ON AGING, LORAIN COUNTY PUBIC HEALTH, AND UNITED WAY

OF GREATER LORAIN COUNTY.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR UH ELYRIA

MEDICAL CENTER IDENTIFIED THE FOLLOWING TWO PRIORITY HEATH NEEDS AND

ASSOCIATED STRATEGIES TO ADDRESS THEM:

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRIORITY HEATH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: COMMUNITY-BASED EDUCATION, HEALTH SCREENINGS AND PHYSICAL

ACTIVITIES TO PREVENT AND/OR MANAGE CHRONIC DISEASES

PRIORITY HEATH NEED #2: CANCER

- STRATEGY #1: INCREASE SCREENING AND IMMUNIZATION RATES IN THREE CANCERS

WITH EVIDENCE-BASED RECOMMENDATIONS IN TARGET HIGH-RISK SUBPOPULATIONS IN

LORAIN COUNTY

- STRATEGY #2: DECREASE BARRIERS TO TREATMENT

THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY

HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: MENTAL HEALTH AND ADDICTION AS

WELL AS ACCESS TO CARE OR PREVENTION AS STAND-ALONE PRIORITIES. ASPECTS OF

THESE HEALTH NEEDS ARE ENCOMPASSED IN OTHER EFFORTS BEING ADDRESSED. OTHER

LORAIN COUNTY PARTNERS ARE ALSO ADDRESSING PREVENTION AND OTHER NEEDS.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 9 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED

SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE

EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE

CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY

BOARD OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION

RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE

UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. THE

ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF OTHER GREATER CLEVELAND ORGANIZATIONS.

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

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 5: UH ST. JOHN MEDICAL CENTER'S 2019 ASSESSMENT CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM

THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC

HEALTH, AND OTHER RELEVANT ORGANIZATIONS OFFERED THEIR ANALYSIS BASED ON

THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES. PARTICIPATING

COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT

HEALTH NEEDS. THE 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A

DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH ST. JOHN MEDICAL CENTER;

DEMOGRAPHICS OF UH ST. JOHN MEDICAL CENTER'S PRIMARY AND SECONDARY MARKET

AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED;

OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE

(E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); HIGH

FREQUENCY OF INAPPROPRIATE EMERGENCY DEPARTMENT USE; QUALITY OF LIFE

INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY); CANCER

TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO CANCER

CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING INCIDENCES

OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING PATIENTS'

UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR DISEASE

SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU VACCINATION

RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL HEALTH

INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY STANDARDS, AND

FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G. MENTAL

HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE); MATERNAL

AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY, AND LEAD

POISONING).

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH ST. JOHN

MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY: UH RAINBOW BABIES &

CHILDREN'S HOSPITAL, UH CLEVELAND MEDICAL CENTER, UH REGIONAL HOSPITALS

(UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH AHUJA

MEDICAL CENTER, UH PARMA MEDICAL CENTER, AND UH REHABILITATION HOSPITAL,

SOUTHWEST GENERAL HEALTH CENTER, ST. VINCENT CHARITY MEDICAL CENTER, AND

THE METROHEALTH SYSTEM.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH

PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND

DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH

IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH

AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR ST. JOHN

MEDICAL CENTER IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS AND

ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: COMMUNITY-BASED EDUCATION, HEALTH SCREENINGS AND PHYSICAL

ACTIVITIES TO PREVENT AND/OR MANAGE CHRONIC DISEASES

PRIORITY HEALTH NEED #2: ENHANCE TRUST

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- STRATEGY #1: STRATEGIC PARTNERSHIPS AND COMMUNITY ENGAGEMENT TO BUILD

AND/OR MAINTAIN TRUST

THE HOSPITAL HAS AND WILL CONTINUE TO SUSTAIN SEVERAL EFFORTS WHICH DO

ADDRESS EACH OF THE COMMUNITY HEALTH NEEDS IN SOME WAY. THE COMMUNITY

HEALTH NEEDS INCLUDE: POVERTY, FOOD INSECURITY, LEAD POISONING, HEART

DISEASE, CHILDHOOD ASTHMA, VACCINATION RATES, TOBACCO USE, LACK OF

PHYSICAL ACTIVITY, SUICIDE, HOMICIDE/VIOLENCE, AND INFANT MORTALITY. THE

IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH

NEEDS IDENTIFIED IN THE 2019 CHNA: HIGH BLOOD LEAD LEVELS, CHILDHOOD

ASTHMA, INFLUENZA, TOBACCO USE/CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND

SUICIDE PREVENTION. THESE HEALTH NEEDS ARE BEING ADDRESSED IN UH CLINICAL

SETTINGS.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED ECONOMIC

INDICATORS SUCH AS POVERTY, UNEMPLOYMENT, STATE BUDGET DEVELOPMENTS,

HOUSEHOLD INCOME AND HEALTH STATUS INDICATORS FROM SOURCES SUCH AS COUNTY

HEALTH RANKINGS, THE COMMUNITY HEALTH STATUES INDICATORS PROJECT, THE OHIO

DEPARTMENT OF HEALTH, THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

(CDC), BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY

HEALTH COMMUNITY NEEDS INDEX, AND THE U.S. DEPARTMENT OF AGRICULTURE. DATA

FROM THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

REGARDING FEDERALLY QUALIFIED HEALTH CENTERS WERE ALSO USED. MEDICALLY

UNDERSERVED AREAS AND POPULATIONS, HEALTH PROFESSIONAL SHORTAGE AREAS, AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HOSPITAL UTILIZATION WERE ALSO ASSESSED.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER

FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP

("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE

2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER

FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE

ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND

CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO

REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND

EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS

THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON

BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH

SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON

QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA,

ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH PORTAGE MEDICAL CENTER CHNA TOOK INTO

ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE

COMMUNITY THROUGH A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH

COMMUNITY LEADERS. THE MAILING SURVEY WAS SENT TO 1,200 ADULTS IN PORTAGE

COUNTY AND THE RESPONSE RATE WAS 27%, WHICH SHOULD BE REPRESENTATIVE OF

THE ENTIRE COUNTY. ADOLESCENTS WERE RANDOMLY CHOSEN AFTER APPROVAL BY

SUPERINTENDENT AND PARENT APPROVAL. THE RESPONSE RATE FOR ADOLESCENTS WAS

94%. FINALLY, A CHILD SURVEY WAS SENT TO 2,400 PARENTS WITH A RESPONSE

RATE OF 7% WHICH SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY AT A 7%

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MARGIN OF ERROR. COUNTY-LEVEL DATA, NUMEROUS CDC SITES, THE BEHAVIORAL

RISK FACTOR SURVEILLANCE SYSTEM, US CENSUS DATA, AND OTHER NATIONAL AND

LOCAL SOURCES WERE ALSO USED IN COLLECTING SECONDARY DATA. COMMUNITY

LEADERS FROM THE PORTAGE CITY HEALTH DISTRICT AND RAVENNA CITY HEALTH

DISTRICT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL GOVERNMENTAL

PUBLIC HEALTH AGENCIES. PARTICIPATING COMMUNITY LEADERS PROVIDED INPUT

INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. THE 2019 REPORT

ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTH CARE ACCESS (E.G. HEALTH CARE

COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE MEDICINE, MEN/WOMEN'S HEALTH,

AND ORAL HEALTH); HEALTH BEHAVIORS (E.G. HEALTH STATUS PERCEPTIONS, ADULT

WEIGH STATUS, ADULT TOBACCO USE, ADULT ALCOHOL CONSUMPTION, ADULT DRUG

USE, ADULT SEXUAL BEHAVIOR, AND ADULT MENTAL HEALTH); CHRONIC DISEASE

(E.G. CARDIOVASCULAR HEALTH, CANCER, ARTHRITIS, ASTHMA, DIABETES, AND

QUALITY OF LIFE); SOCIAL CONDITIONS (E.G. SOCIAL DETERMINANTS OF HEALTH

AND ENVIRONMENTAL HEALTH); YOUTH HEALTH (E.G. YOUTH WEIGHT STATUSES, YOUTH

TOBACCO USE, YOUTH SEXUAL BEHAVIOR, YOUTH MENTAL HEALTH, YOUTH SOCIAL

DETERMINANTS OF HEALTH, AND YOUTH VIOLENCE); CHILD HEALTH (E.G. HEALTH AND

FUNCTIONAL STATUS, HEALTH CARE ACCESS, EARLY CHILDHOOD, MIDDLE CHILDHOOD,

FAMILY AND COMMUNITY CHARACTERISTICS, AND PARENT HEALTH).

GROUP A-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT EACH SEPARATE HOSPITAL FACILITY

CHNA FOR PORTAGE COUNTY: AKRON CHILDREN'S HOSPITAL AND UH PORTAGE MEDICAL

CENTER.

GROUP A-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT A CHNA FOR PORTAGE COUNTY: AXESSPOINTE COMMUNITY

HEALTH CENTER, CHILDREN'S ADVANTAGE, COLEMAN PROFESSIONAL SERVICES, FAMILY

AND CHILDREN FIRST COUNCIL, FAMILY AND COMMUNITY SERVICES, HIRAM COLLEGE,

KENT CITY BOARD OF HEALTH, KENT CITY HEALTH DEPARTMENT, KENT STATE

UNIVERSITY COLLEGE OF PUBLIC HEALTH & CENTER FOR PUBLIC POLICY AND HEALTH,

KENT STATE UNIVERSITY HEALTH SERVICES, KENT STATE UNIVERSITY, CENTER FOR

NUTRITION OUTREACH, MENTAL HEALTH & RECOVERY BOARD OF PORTAGE COUNTY,

NORTHEAST OHIO MEDICAL UNIVERSITY, OHIOCAN, PARTA, PORTAGE COUNTY BOARD OF

HEALTH, PORTAGE COUNTY CHILDREN'S SERVICES, PORTAGE COUNTY COMBINED

GENERAL HEALTH DISTRICT, PORTAGE COUNTY COMMISSIONERS, PORTAGE COUNTY JOB

& FAMILY SERVICES, PORTAGE COUNTY SAFE COMMUNITIES COALITION, PORTAGE

COUNTY SCHOOL DISTRICTS, PORTAGE COUNTY SHERIFF'S DEPARTMENT, PORTAGE

COUNTY TOWNSHIP TRUSTEES, PORTAGE COUNTY VETERANS SERVICES, PORTAGE COUNTY

WIC, PORTAGE LEARNING CENTERS, PORTAGE PARK DISTRICT, PORTAGE SUBSTANCE

ABUSE COMMUNITY COALITION, RAVENNA CITY BOARD OF HEALTH, SEQUOIA WELLNESS,

SUICIDE PREVENTION COALITION OF PORTAGE COUNTY, THE PORTAGE FOUNDATION,

TOWNHALL II, AND UNITED WAY OF PORTAGE COUNTY.

GROUP A-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR UH

PORTAGE MEDICAL CENTER IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS AND

ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: MENTAL HEALTH AND ADDICTION

- STRATEGY #1: YOUTH ALCOHOL/OTHER DRUG PREVENTION AND MENTAL HEALTH

PROGRAMS

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- STRATEGY #2: LINKS TO CESSATION SUPPORT

PRIORITY HEALTH NEED #2: CHRONIC DISEASE

- STRATEGY #1: FOOD INSECURITY SCREENING AND REFERRAL

- STRATEGY #2: PREDIABETES SCREENING AND REFERRAL

- STRATEGY #3: HYPERTENSION SCREENING AND FOLLOW UP

- STRATEGY #4: COMMUNITY GARDENS

PRIORITY HEALTH NEED #3: MATERNAL, INFANT, AND CHILD HEALTH

- STRATEGY #1: REPRODUCTIVE HEALTH INTERVENTIONS

THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY

HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: SOCIAL DETERMINANTS OF HEALTH,

HEALTHCARE SYSTEMS AND ACCESS, AND HEALTH EQUITY. ANY NEEDS NOT BEING

ADDRESSED BY THE UH PORTAGE MEDICAL CENTER ARE BEING ADDRESSED IN UH

CLINICAL SETTINGS.

GROUP A-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 11 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED

SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE

EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE

CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, CUYAHOGA COUNTY

BOARD OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION

RESEARCH CENTER FOR HEALTHY NEIGHBORHOODS AT CASE WESTERN RESERVE

UNIVERSITY, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES. THE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL COMMUNITY

STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS OF RESIDENTS IN THE

COUNTY AS WELL AS EXISTING COMMUNITY VOICE DATA GATHERED BY A RANGE OF

OTHER GREATER CLEVELAND ORGANIZATIONS.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER

FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP

("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE

2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER TO

ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY

SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE

PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA,

HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT

REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR

NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS

IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET

VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE

ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN

THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 5: UH REHABILITATION HOSPITAL'S 2019 ASSESSMENT

CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (SURVEY OF MARKET AREA

RESIDENTS, HOSPITAL DISCHARGE DATA) AND SOME SECONDARY (REGARDING

DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE

ACCESS). THE CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE

BROAD INTERESTS OF THE COMMUNITY THROUGH RANDOMIZED MAIL SURVEYS OF

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HOUSEHOLDS IN SERVICE AREA COUNTIES, AS WELL AS, A SERIES OF MAIL SURVEYS

AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS. COMMUNITY LEADERS FROM

THE CUYAHOGA COUNTY BOARD OF HEALTH, CLEVELAND DEPARTMENT OF PUBLIC

HEALTH, AND OTHER RELEVANT ORGANIZATIONS OFFERED THEIR ANALYSIS BASED ON

THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES. PARTICIPATING

COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT

HEALTH NEEDS. THE 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: A

DESCRIPTION OF THE COMMUNITY SURROUNDING THE UH REHABILITATION HOSPITAL;

DEMOGRAPHICS OF UH REHABILITATION HOSPITAL'S PRIMARY AND SECONDARY MARKET

AREAS (E.G. AGE, GENDER, AND RACE/ETHNICITY); HOSPITAL PATIENTS SERVED;

OVERARCHING THEMES (E.G. TRUST AND STRUCTURAL RACISM); CHRONIC DISEASE

(E.G. CARDIOVASCULAR DISEASE, CHILDHOOD ASTHMA, AND DIABETES); QUALITY OF

LIFE INDICATORS (E.G. POVERTY, HOMICIDE RATES, AND FOOD INSECURITY);

CANCER TREATMENT (E.G. INCREASING EARLY DETECTION, REDUCING BARRIERS TO

CANCER CARE, AND REDUCING THE HIGH CANCER MORTALITY RATES); REDUCING

INCIDENCES OF CARDIOVASCULAR DISEASE (E.G. EARLY DETECTION, INCREASING

PATIENTS' UNDERSTANDING OF ITS SEVERITY, AND TEACHING CARDIOVASCULAR

DISEASE SELF-TREATMENT); BEHAVIORAL RISK FACTORS (E.G. OBESITY, FLU

VACCINATION RATES, PHYSICAL ACTIVITY, AND TOBACCO USE); ENVIRONMENTAL

HEALTH INDICATORS (E.G. CHILDHOOD LEAD POISONING, EPA AIR QUALITY

STANDARDS, AND FOODBORNE DISEASE); MENTAL HEALTH AND ADDICTION (E.G.

MENTAL HEALTH/SUICIDE, OPIOIDS AND OTHER SUBSTANCE ABUSE, AND VIOLENCE);

MATERNAL AND CHILD HEALTH (E.G. ADOLESCENT BIRTH RATE, INFANT MORTALITY,

AND LEAD POISONING).

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH

REHABILITATION HOSPITAL - BEACHWOOD IN THE 2019 CHNA FOR CUYAHOGA COUNTY:

UH CLEVELAND MEDICAL CENTER, UH RAINBOW BABIES & CHILDREN'S HOSPITAL, UH

AHUJA MEDICAL CENTER, UH REGIONAL HOSPITALS UH REGIONAL HOSPITALS (UH

BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL CENTER), UH PARMA MEDICAL

CENTER, UH ST. JOHN MEDICAL CENTER, SOUTHWEST GENERAL HEALTH CENTER, ST.

VINCENT CHARITY MEDICAL CENTER, AND THE METROHEALTH SYSTEM.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY: BETTER HEALTH

PARTNERSHIP, CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE, CLEVELAND

DEPARTMENT OF PUBLIC HEALTH, CUYAHOGA COUNTY BOARD OF HEALTH, HEALTH

IMPROVEMENT PARTNERSHIP-CUYAHOGA, POLICYBRIDGE, THE CENTER FOR HEALTH

AFFAIRS, AND UNITED WAY OF GREATER CLEVELAND.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR UH

REHABILITATION HOSPITAL IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEED AND

CROSSING-CUTTING FACTOR, ALONG WITH STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED: CHRONIC DISEASE MANAGEMENT AND PREVENTION

- STRATEGY #1: COMMUNITY-BASED EDUCATION AND HEALTH SCREENINGS TO PREVENT

AND/OR MANAGE CHRONIC DISEASES

CROSS-CUTTING FACTOR #1: IMPROVE COMMUNITY CONDITIONS

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- STRATEGY #1: RAISE AWARENESS ABOUT HOSPITAL UTILIZATION OPTIONS AND

FINANCIAL ASSISTANCE AVAILABLE FOR MEDICAL CARE

THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY

HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: HIGH BLOOD LEAD LEVELS,

CHILDHOOD ASTHMA, INFLUENZA, TOBACCO USE/CHRONIC OBSTRUCTIVE PULMONARY

DISEASE, AND SUICIDE PREVENTION. THESE HEALTH NEEDS ARE BEING ADDRESSED IN

UH CLINICAL SETTINGS.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP A-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED

SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE

EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS CENTER FOR DISEASE

CONTROL AND PREVENTION (CDC), OHIO DEPARTMENT OF HEALTH, U.S. CENSUS

BUREAU, OHIO HOSPITAL ASSOCIATION, PREVENTION RESEARCH CENTER FOR HEALTHY

NEIGHBORHOODS AT CASE WESTERN RESERVE UNIVERSITY, AND OTHER NATIONAL,

STATE AND LOCAL DATA SOURCES.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER

FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP

("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE

2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER

FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE

ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND

CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND

EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS

THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON

BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH

SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON

QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA,

ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP A-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 5: THE UH AVON REHABILITATION HOSPITAL'S CHNA

TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF

THE COMMUNITY THROUGH BOTH A RANDOMIZED TELEPHONE SURVEY OF HOUSEHOLDS IN

LORAIN COUNTY, A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH

COMMUNITY LEADERS. COMMUNITY LEADERS FROM THE ELYRIA CITY HEALTH DISTRICT

AND THE LORAIN COUNTY GENERAL HEALTH DISTRICT OFFERED THEIR ANALYSIS BASED

ON THEIR WORK AS LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES. PARTICIPATING

COMMUNITY LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT

HEALTH NEEDS. SURVEYS WERE MAILED OUT TO 2,400 ADULTS IN LORAIN COUNTY.

THE RESPONSE RATE FOR THE GENERAL POPULATION WAS 29%. THIS RETURN RATE AND

SAMPLE SIZE MEANS THAT THE RESPONSE IN THE HEALTH ASSESSMENT SHOULD BE

REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 REPORT ADDRESSES THE

FOLLOWING BROAD TOPICS: HEALTHCARE ACCESS (HEALTHCARE COVERAGE, ACCESS AND

UTILIZATION, PREVENTIVE MEDICINE, WOMEN'S HEALTH, MEN'S HEALTH, AND ORAL

HEALTH), HEALTH BEHAVIORS (HEALTH STATUS PERCEPTIONS, ADULT WEIGHT STATUS,

TOBACCO USE, ALCOHOL CONSUMPTION, DRUG USE, SEXUAL BEHAVIOR, MENTAL

HEALTH), CHRONIC DISEASE (HEART HEALTH, CANCER, ASTHMA, ARTHRITIS,

DIABETES, AND QUALITY OF LIFE), SOCIAL CONDITIONS (SOCIAL DETERMINANTS OF

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH, ENVIRONMENTAL HEALTH, PARENTING, MATERNAL AND INFANT HEALTH),

RURAL HEALTH, SUBURBAN HEALTH, URBAN HEALTH, AND YOUTH HEALTH (WEIGHT

STATUS, TOBACCO USE, ALCOHOL USE, DRUG USE, MENTAL HEALTH, SAFETY AND

VIOLENCE ISSUES, AND PERCEPTIONS).

GROUP A-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES WORKED IN

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY.

UH ELYRIA MEDICAL CENTER, UH AVON REHABILITATION HOSPITAL, CLEVELAND

CLINIC AVON HOSPITAL, MERCY HEALTH ALLEN HOSPITAL, MERCY HEALTH LORAIN

HOSPITAL, AND SPECIALTY HOSPITAL OF LORAIN ARE INCLUDED IN THE 2019 CHNA

FOR LORAIN COUNTY.

GROUP A-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY: ALCOHOL AND DRUG

ADDICTION SERVICES, BOARD OF LORAIN COUNTY, LORAIN COUNTY BOARD OF MENTAL

HEALTH, LORAIN COUNTY HEALTH & DENTISTRY, LORAIN COUNTY METRO PARKS,

LORAIN COUNTY OFFICE ON AGING, LORAIN COUNTY PUBIC HEALTH, AND UNITED WAY

OF GREATER LORAIN COUNTY.

GROUP A-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR UH AVON

REHABILITATION HOSPITAL IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEED AND

ASSOCIATED STRATEGIES TO ADDRESS IT:

PRIORITY HEALTH NEED #1: CHRONIC DISEASE MANAGEMENT AND PREVENTION

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- STRATEGY #1: COMMUNITY-BASED EDUCATION AND HEALTH SCREENINGS TO PREVENT

AND/OR MANAGE CHRONIC DISEASES

THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY

HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: MENTAL HEALTH AND ADDICTION AS

WELL AS ACCESS TO CARE OR PREVENTION AS STAND-ALONE PRIORITIES. ASPECTS OF

THESE HEALTH NEEDS ARE ENCOMPASSED IN OTHER EFFORTS BEING ADDRESSED. OTHER

LORAIN COUNTY PARTNERS ARE ALSO ADDRESSING PREVENTION AND OTHER NEEDS.

GROUP A-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP A-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 14 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSISTANCE POLICY.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP B

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 3: UH GEAUGA MEDICAL CENTER

- FACILITY 12: UH SAMARITAN MEDICAL CENTER

GROUP B-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED

SOCIOECONOMIC INDICATORS, SUCH AS UNEMPLOYMENT, UNINSURED, AVERAGE LIFE

EXPECTANCY, AND POVERTY INDICATORS FROM SOURCES SUCH AS COUNTY HEALTH

ASSESSMENT, CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), OHIO

DEPARTMENT OF HEALTH, U.S. CENSUS BUREAU, OHIO HOSPITALIZATION

ASSOCIATION, AND OTHER NATIONAL, STATE AND LOCAL DATA SOURCES.

THE HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH THE CENTER FOR

HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP ("CYPRESS")

TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE 2019 CHNA. THE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HOSPITAL COUNCIL OF NORTHWEST OHIO RETAINED THE CENTER FOR HEALTH AFFAIRS

TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE ENTIRE COMMUNITY

SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND CYPRESS GUIDED THE

PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO REVIEW PRIMARY DATA,

HOSPITAL UTILIZATION AND DISCHARGE DATA, AND EVALUATION OF PROGRAM IMPACT

REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS THE LEADING ADVOCATE FOR

NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON BEHALF OF 36 HOSPITALS

IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH SERVICES TO MEET

VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON QUANTITATIVE

ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA, ESPECIALLY IN

THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION.

GROUP B-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 5: UH GEAUGA MEDICAL CENTER'S 2019 ASSESSMENT

TOOK INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF

THE COMMUNITY THROUGH A RANDOMIZED MAIL SURVEY OF HOUSEHOLDS IN GEAUGA

COUNTY, REGIONAL FORUMS, AND IN-PERSON INTERVIEWS WITH COMMUNITY LEADERS.

COMMUNITY LEADERS FROM THE GEAUGA COUNTY HEALTH DISTRICT AND THE LAKE

COUNTY HEALTH DISTRICT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS LOCAL

GOVERNMENT PUBLIC HEALTH AGENCIES. PARTICIPATING COMMUNITY LEADERS

PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS. 1,200

SURVEYS WERE MAILED TO ADULTS IN GEAUGA COUNTY AND HAD A RESPONSE RATE OF

26%. THIS RETURN RATE AND SAMPLE SIZE MEANS THAT THE RESPONSES IN THE

ASSESSMENT SHOULD BE REPRESENTATIVE OF THE ENTIRE COUNTY. THE 2019 REPORT

ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTHCARE ACCESS INDICATORS (E.G.

COVERAGE, UTILIZATION, WOMEN'S HEALTH EXAMS, MEN'S HEALTH EXAMS, AND ORAL

HEALTH EXAMS); HEALTH BEHAVIORS INDICATORS (E.G. ADDICTION, HEALTH STATUS

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PERCEPTIONS, ADULT TOBACCO, DRUG, AND ALCOHOL USE, SEXUAL BEHAVIOR, AND

MENTAL HEALTH); CHRONIC DISEASE (E.G. CARDIOVASCULAR HEALTH, CANCER,

ASTHMA, ARTHRITIS, DIABETES); AND SOCIAL CONDITIONS (E.G. SOCIAL

DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, AND PARENTING).

GROUP B-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT A JOINT CHNA FOR GEAUGA COUNTY: CASA FOR KIDS OF

GEAUGA COUNTY, CATHOLIC CHARITIES COMMUNITY SERVICES, CHAGRIN FALLS PARK

COMMUNITY CENTER, DDC CLINIC, FAMILY PLANNING ASSOCIATION OF NORTHEAST

OHIO, INC. (A DIVISION OF SIGNATURE HEALTH), FAMILY PRIDE, GEAUGA COUNTY

BOARD OF DEVELOPMENTAL DISABILITIES, GEAUGA COUNTY BOARD OF HEALTH, GEAUGA

COUNTY BOARD OF MENTAL HEALTH & RECOVERY SERVICES, GEAUGA COUNTY CLERK OF

COURTS, GEAUGA COUNTY COMMISSIONERS, GEAUGA COUNTY DEPARTMENT ON AGING,

GEAUGA COUNTY EDUCATIONAL SERVICE CENTER: (REPRESENTING ALL GEAUGA COUNTY

SCHOOL DISTRICTS), GEAUGA PUBLIC HEALTH, GEAUGA COUNTY HEALTH DISTRICT

ADVISORY COUNCIL, GEAUGA COUNTY HUNGER TASK FORCE, GEAUGA COUNTY JOB AND

FAMILY SERVICES, GEAUGA COUNTY PUBLIC LIBRARY SYSTEM, GEAUGA COUNTY

RESIDENTS, GEAUGA COUNTY SHERIFF, GEAUGA COUNTY TOWNSHIP ASSOCIATION,

GEAUGA FAMILY FIRST COUNCIL, GEAUGA PARK DISTRICT, LAKE-GEAUGA HEAD START,

LAKE GEAUGA RECOVERY CENTERS, LIFE ACT, MIDDLEFIELD CARE CENTER, NAMI

GEAUGA, OHIO DEPARTMENT OF HEALTH, RAVENWOOD MENTAL HEALTH CENTER,

STARTING POINT, TORCHLIGHT YOUTH MENTORING ALLIANCE, UNITED WAY SERVICES

OF GEAUGA COUNTY, AND WOMENSAFE, INC.

GROUP B-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR UH GEAUGA

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MEDICAL CENTER IDENTIFIES THE FOLLOWING FIVE PRIORITY HEALTH NEEDS AND TWO

CROSSING-CUTTING FACTORS, ALONG WITH STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: MENTAL HEALTH

- STRATEGY #1: CAMPAIGN TO INCREASE AWARENESS OF BEHAVIORAL HEALTH WARNING

SIGNS

PRIORITY HEALTH NEED #2: ADDICTION

- STRATEGY #1: MEDICATION ASSISTED TREATMENT (MAT)

- STRATEGY #2: SCHOOL-BASED ALCOHOL/OTHER DRUG PREVENTION PROGRAMS

- STRATEGY #3: NALOXONE ACCESS

PRIORITY HEALTH NEED #3: CHRONIC DISEASE

- STRATEGY #1: PREDIABETES SCREENING AND REFERRAL

- STRATEGY #2: HYPERTENSION SCREENING AND FOLLOW UP

- STRATEGY #3: WELLNESS NAVIGATION

- STRATEGY #4: SCREENING EVENTS

CROSS-CUTTING FACTOR #1: PUBLIC HEALTH SYSTEM, PREVENTION AND HEALTH

BEHAVIORS

- STRATEGY #1: EMPLOY STRATEGIES OF INTENTIONAL INCLUSION IN THE

COLLECTION OF POPULATION HEALTH DATA TO ASSURE REPRESENTATION OF

POPULATIONS WHO EXPERIENCE HEALTH DISPARITIES AND HEALTH INEQUITIES

CROSS-CUTTING FACTOR #2: HEALTH SYSTEMS AND ACCESS

- STRATEGY #1: AMISH OUTREACH PROGRAMS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NEEDS IDENTIFIED IN THE 2019 CHNA BUT NOT BEING ADDRESSED BY THE HOSPITAL

INCLUDE: TRAUMA INFORMED CARE, SCHOOL-BASED SOCIAL AND EMOTIONAL

INSTRUCTION, DIABETES PREVENTION PROGRAM, MASS-REACH COMMUNICATIONS,

EXPANDED ACCESS TO EVIDENCE BASED TOBACCO CESSATION TREATMENTS, AND

OUTREACH TO INCREASE UPTAKE FOR EARNED INCOME TAX CREDITS. THESE NEEDS ARE

BEING ADDRESSED BY OTHER GEAUGA PARTNERS BASED ON THEIR SPECIFIC

EXPERTISE, EXPERIENCES, OR RESOURCES.

GROUP B-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP B-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

GROUP B-FACILITY 3 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSISTANCE POLICY.

GROUP B-FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 3J: IN ADDITION TO REPORTING THE ITEMS DESCRIBED

IN PART V, SECTION B, LINES 3A THROUGH 3I, THE 2019 CHNA EXAMINED ECONOMIC

INDICATORS SUCH AS POVERTY, UNEMPLOYMENT, STATE BUDGET DEVELOPMENTS,

HOUSEHOLD INCOME AND HEALTH STATUS INDICATORS FROM SOURCES SUCH AS COUNTY

HEALTH RANKINGS, THE COMMUNITY HEALTH STATUSES INDICATORS PROJECT, THE OHIO

DEPARTMENT OF HEALTH, THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

(CDC), BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), THE DIGNITY

HEALTH COMMUNITY NEEDS INDEX, AND THE U.S. DEPARTMENT OF AGRICULTURE. DATA

FROM THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

REGARDING FEDERALLY QUALIFIED HEALTH CENTERS WERE ALSO USED. MEDICALLY

UNDERSERVED AREAS AND POPULATIONS, HEALTH PROFESSIONAL SHORTAGE AREAS, AND

HOSPITAL UTILIZATION WERE ALSO ASSESSED.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. WORKED CLOSELY WITH THE CENTER

FOR HEALTH AFFAIRS ("THE CENTER") AND THE CYPRESS RESEARCH GROUP

("CYPRESS") TO COMPLETE THE DATA ASSESSMENT AND SUMMARY PORTIONS OF THE

2019 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETAINED THE CENTER

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOR HEALTH AFFAIRS TO ASSIST IN DATA COLLECTION AND ANALYSIS TO ENSURE THE

ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER AND

CYPRESS GUIDED THE PROCESS AND THEN COLLABORATED WITH THE HOSPITALS TO

REVIEW PRIMARY DATA, HOSPITAL UTILIZATION AND DISCHARGE DATA, AND

EVALUATION OF PROGRAM IMPACT REPORTS FROM PREVIOUS CHNA'S. THE CENTER IS

THE LEADING ADVOCATE FOR NORTHEAST OHIO HOSPITALS. THE CENTER ADVOCATES ON

BEHALF OF 36 HOSPITALS IN NINE COUNTIES. CYPRESS PROVIDES CUSTOM RESEARCH

SERVICES TO MEET VARIOUS MARKET AND BUSINESS RESEARCH NEEDS. THEY FOCUS ON

QUANTITATIVE ANALYSIS OF PRIMARY AND SECONDARY MARKET AND INDUSTRY DATA,

ESPECIALLY IN THE HEALTH CARE, HI-TECH, AND HIGHER EDUCATION INDUSTRIES.

GROUP B-FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH SAMARITAN MEDICAL CENTER CHNA TOOK INTO

ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE

COMMUNITY THROUGH A SERIES OF MAIL SURVEYS AND IN-PERSON INTERVIEWS WITH

COMMUNITY LEADERS. THE MAILING SURVEY WAS SENT TO 1,200 ADULTS IN ASHLAND

COUNTY AND THE RESPONSE RATE WAS 30%, WHICH FORCED THE CONFIDENCE LEVEL TO

RISE FROM +/- 5% TO +/-5.25%. ADOLESCENTS WERE RANDOMLY CHOSEN AFTER

APPROVAL BY SUPERINTENDENT AND PARENT APPROVAL. THE RESPONSE RATE FOR

ADOLESCENTS WAS 93%. COUNTY-LEVEL DATA, NUMEROUS CDC SITES, THE BEHAVIORAL

RISK FACTOR SURVEILLANCE SYSTEM, US CENSUS DATA, AND OTHER NATIONAL AND

LOCAL SOURCES WERE ALSO USED IN COLLECTING SECONDARY DATA. COMMUNITY

LEADERS FROM THE ASHLAND CITY HEALTH DISTRICT AND THE ASHLAND COUNTY

GENERAL HEALTH DISTRICT OFFERED THEIR ANALYSIS BASED ON THEIR WORK AS

LOCAL GOVERNMENTAL PUBLIC HEALTH AGENCIES. PARTICIPATING COMMUNITY

LEADERS PROVIDED INPUT INTO THE PRIORITIZATION OF SIGNIFICANT HEALTH

NEEDS. THE 2019 REPORT ADDRESSES THE FOLLOWING BROAD TOPICS: HEALTH CARE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ACCESS (E.G. HEALTH CARE COVERAGE, ACCESS AND UTILIZATION, PREVENTIVE

MEDICINE, MEN/WOMEN'S HEALTH, AND ORAL HEALTH); HEALTH BEHAVIORS (E.G.

HEALTH STATUS PERCEPTIONS, ADULT WEIGH STATUS, ADULT TOBACCO USE, ADULT

ALCOHOL CONSUMPTION, ADULT DRUG USE, ADULT SEXUAL BEHAVIOR, AND ADULT

MENTAL HEALTH); CHRONIC DISEASE (E.G. CARDIOVASCULAR HEALTH, CANCER,

ARTHRITIS, ASTHMA, DIABETES, AND QUALITY OF LIFE); SOCIAL CONDITIONS (E.G.

SOCIAL DETERMINANTS OF HEALTH, ENVIRONMENTAL HEALTH, AND PARENTING); YOUTH

HEALTH (E.G. YOUTH WEIGHT STATUSES, YOUTH TOBACCO USE, YOUTH SEXUAL

BEHAVIOR, YOUTH MENTAL HEALTH, YOUTH SOCIAL DETERMINANTS OF HEALTH, AND

YOUTH VIOLENCE).

GROUP B-FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS WORKED IN

COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHLAND COUNTY: CITY OF ASHLAND,

ASHLAND COUNTY HEALTH DEPARTMENT, ASHLAND COUNTY MENTAL HEALTH & RECOVERY

BOARD, ASHLAND CITY SCHOOLS, MAPLETON LOCAL SCHOOLS, ASHLAND COUNTY

COMMUNITY ACADEMY, ASHLAND COUNTY FAMILY & CHILDREN FIRST COUNCIL, ASHLAND

COUNTY CATHOLIC CHARITIES, ASHLAND COUNTY COUNCIL ON AGING, ASHLAND COUNTY

BOARD OF DEVELOPMENTAL DISABILITIES, APPLESEED COMMUNITY MENTAL HEALTH

CENTER, ASHLAND COUNTY BOARD OF HEALTH, ASHLAND YMCA, ASHLAND COUNTY

CHAMBER OF COMMERCE, ASHLAND PARENTING PLUS, ASHLAND COUNTY EMA, ASHLAND

COUNTY JOB & FAMILY SERVICES, AND SAFE HAVEN OF ASHLAND, OHIO.

GROUP B-FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2020 IMPLEMENTATION STRATEGY FOR UH

SAMARITAN MEDICAL CENTER IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS

AND CROSSING-CUTTING FACTORS, ALONG WITH STRATEGIES TO ADDRESS THEM:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRIORITY HEALTH NEED #1: MENTAL HEALTH AND ADDICTION

- STRATEGY #1: MUSIC THERAPY

- STRATEGY #2: COMMUNITY AWARENESS AND EDUCATION OF RISKY BEHAVIORS AND

SUBSTANCE ABUSE ISSUES AND TRENDS

- STRATEGY #3: INCREASE SAFE DISPOSAL OF PRESCRIPTION DRUGS

PRIORITY HEALTH NEED #2: CHRONIC DISEASE

- STRATEGY #1: ONLINE COMMUNITY WELLNESS CALENDAR

- STRATEGY #2: EDUCATE THE COMMUNITY ON CHRONIC PAIN MANAGEMENT BASED ON

BEST PRACTICES

- STRATEGY #3: PREDIABETES SCREENING AND REFERRAL

- STRATEGY #4: COMMUNITY WIDE PHYSICAL ACTIVITY CAMPAIGNS

CROSS-CUTTING FACTOR #1: PUBLIC HEALTH SYSTEM, PREVENTION, AND HEALTH

BEHAVIORS

- STRATEGY #1: PROGRAMS AND/OR POLICIES TO DECREASE AVAILABILITY/INCREASE

KNOWLEDGE OF TOBACCO PRODUCTS AND RISKS ASSOCIATED WITH TOBACCO USE

THE IMPLEMENTATION STRATEGY DOES NOT ADDRESS THE FOLLOWING COMMUNITY

HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA: SOCIAL DETERMINANTS OF HEALTH

AND HEALTHCARE SYSTEMS AND ACCESS. ANY NEEDS NOT BEING ADDRESSED BY THE UH

SAMARITAN MEDICAL CENTER ARE BEING ADDRESSED IN UH CLINICAL SETTINGS.

GROUP B-FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 13H: PATIENTS MUST MEET SEVERAL QUALIFICATIONS TO

BE ELIGIBLE FOR THE UH FAP.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CRITERIA OTHER THAN THOSE ALREADY CHECKED INCLUDE: - THE CARE BEING

DISCOUNTED MUST BE MEDICALLY NECESSARY (NON-ELECTIVE) AND A SERVICE THAT

THE OHIO MEDICAID PROGRAM WOULD COVER. - PATIENTS MUST AGREE TO ALLOW UH

TO APPLY ON THEIR BEHALF FOR THIRD-PARTY PAYMENT PROGRAMS, IF APPLICABLE.

GROUP B-FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 15E: THE UH FINANCIAL ASSISTANCE PROGRAM (FAP) IS

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

OUTLINED IN THE POLICY. INFORMATION ON HOW TO APPLY FOR FINANCIAL

ASSISTANCE UNDER THE UH FAP IS INCLUDED ON ALL HOSPITAL PATIENT STATEMENTS

AND BILLS, INCLUDED ON THE UH WEBSITE, DISPLAYED ON SIGNS AND IN BROCHURES

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

COUNSELING, AND DISPLAYED ON SIGNS AND IN BROCHURES AT ALL UH HOSPITAL

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

PATIENT DOES NOT QUALIFY FOR THE FAP BUT BELIEVES THEY HAVE SPECIAL

CIRCUMSTANCES, THE PATIENT CAN REQUEST THAT THEIR CARE BE REVIEWED BY A UH

HOSPITAL FINANCIAL COUNSELOR.

GROUP B-FACILITY 12 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 18E: NO UH HOSPITAL FACILITIES WERE PERMITTED TO

ENGAGE IN ANY OF THE ACTIONS DESCRIBED IN PART V, LINE 18 BEFORE MAKING

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL ASSISTANCE POLICY.

REPORTING GROUP A

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 7A:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-](https://www.uhhospitals.org/about-uh/community-benefit/community-health-)

NEEDS-ASSESSMENT

REPORTING GROUP A

PART V, SECTION B, LINE 10A:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-](https://www.uhhospitals.org/about-uh/community-benefit/community-health-)

NEEDS-ASSESSMENT

REPORTING GROUP A

PART V, SECTION B, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-](https://www.uhhospitals.org/patients-and-visitors/billing-insurance-and-)

[MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/](#)

REPORTING GROUP A

PART V, SECTION B, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-](https://www.uhhospitals.org/patients-and-visitors/billing-insurance-and-)

[MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/](#)

REPORTING GROUP A

PART V, SECTION B, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-](https://www.uhhospitals.org/patients-and-visitors/billing-insurance-and-)

[MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/](#)

REPORTING GROUP B

PART V, SECTION B, LINE 7A:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-](https://www.uhhospitals.org/about-uh/community-benefit/community-health-)

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NEEDS-ASSESSMENT

REPORTING GROUP B

PART V, SECTION B, LINE 10A:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-](https://www.uhhospitals.org/about-uh/community-benefit/community-health-)

NEEDS-ASSESSMENT

REPORTING GROUP B

PART V, SECTION B, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-](https://www.uhhospitals.org/patients-and-visitors/billing-insurance-and-)

[MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/](#)

REPORTING GROUP B

PART V, SECTION B, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-](https://www.uhhospitals.org/patients-and-visitors/billing-insurance-and-)

[MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/](#)

REPORTING GROUP B

PART V, SECTION B, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-](https://www.uhhospitals.org/patients-and-visitors/billing-insurance-and-)

[MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/](#)

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 53

Name and address	Type of Facility (describe)
1 UH MINOFF HEALTH CENTER AT CHAGRIN HI 3909 ORANGE PLACE ORANGE VILLAGE, OH 44122	OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC
2 UH WESTLAKE HEALTH CENTER 960 CLAGUE ROAD WESTLAKE, OH 44145	OUTPATIENT HEALTH CENTER & SURGICAL CENTER & RAINBOW
3 UH TWINSBURG HEALTH CENTER 8819 COMMONS BLVD SUITE 100 TWINSBURG, OH 44087	OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC
4 UH SHARON HEALTH CENTER 5133 RIDGE RD WADSWORTH, OH 44281	OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC
5 UH MENTOR HOPKINS HEALTH CENTER 9000 MENTOR AVENUE MENTOR, OH 44060	OUTPATIENT HEALTH CENTER & SURGICAL CENTER & RAINBOW
6 UH CONCORD HEALTH CENTER 7500 AUBURN ROAD PAINSVILLE-CONCORD JEDD, OH 44077	OUTPATIENT HEALTH CENTER & URGENT CARE
7 UH LYNDHURST SURGERY CENTER 29017 CEDAR ROAD LYNDHURST, OH 44124	SURGICAL CENTER
8 UH MEDINA HEALTH CENTER 4001 CARRICK DR. MEDINA, OH 44256	OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC
9 UH LANDERBROOK HEALTH CENTER 5850 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC
10 UH EUCLID HEALTH CENTER 18599 LAKE SHORE BLVD EUCLID, OH 44119	OUTPATIENT HEALTH CENTER

Schedule H (Form 990) 2021

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 53

Name and address	Type of Facility (describe)
11 UH MAYFIELD VILLAGE HEALTH CENTER 730 S.O.M. CENTER ROAD SUITE 110 MAYFIELD VILLAGE, OH 44143	OUTPATIENT HEALTH CENTER
12 UH UNIVERSITY SUBURBAN HEALTH CENTER 1611 SOUTH GREEN ROAD SOUTH EUCLID, OH 44121	OUTPATIENT HEALTH CENTER, RAINBOW SPECIALTY CLINIC, & SURGERY CENTER
13 UH HUDSON HEALTH CENTER 5778 DARROW ROAD HUDSON, OH 44236	OUTPATIENT HEALTH CENTER
14 UH MADISON HEALTH CENTER 701 NORTH LAKE STREET MADISON, OH 44057	OUTPATIENT HEALTH CENTER
15 UH OTIS MOSS JR. HEALTH CENTER 8819 QUINCY AVENUE CLEVELAND, OH 44106	OUTPATIENT HEALTH CENTER
16 UH SOLON HEALTH CENTER 34055 SOLON ROAD SOLON, OH 44139	OUTPATIENT HEALTH CENTER
17 UH AURORA HEALTH CENTER 55 NORTH CHILLICOTHE ROAD AURORA, OH 44202	OUTPATIENT HEALTH CENTER
18 UH WELLPOINTE HEALTH CENTER 303 E ROYALTON RD BROADVIEW HTS, OH 44147	DIAGNOSTIC AND THERAPY CENTER
19 UH AVON HEALTH CENTER 1997 HEALTHWAY ROAD AVON, OH 44011	LAB, IMAGING, REHABILITATION, & FITNESS CENTER SERVICES
20 UH AMHERST HEALTH CENTER 254 CLEVELAND ROAD AMHERST, OH 44001	LAB, 24 HOUR ER, & IMAGING

Schedule H (Form 990) 2021

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 53

Name and address	Type of Facility (describe)
21 UH BAINBRIDGE HEALTH CENTER 8185 E. WASHINGTON ST. CHAGRIN FALLS, OH 44023	OUTPATIENT HEALTH CENTER
22 UH CHESTERLAND HEALTH CENTER 8055 MAYFIELD RD CHESTERLAND, OH 44026	OUTPATIENT HEALTH CENTER
23 UH FAIRLAWN HEALTH CENTER 3800 EMBASSY PKWY FAIRLAWN, OH 44333	OUTPATIENT HEALTH CENTER
24 UH GEAUGA HEALTH CENTER 13221 RAVENNA RD CHARDON, OH 44024	OUTPATIENT HEALTH CENTER
25 UH INDEPENDENCE HEALTH CENTER 6150 OAK TREE BLVD INDEPENDENCE, OH 44131	OUTPATIENT HEALTH CENTER
26 UH WESTSHORE PRIMARY CARE 2535 HALE STREET, SUITE A AVON, OH 44011	OUTPATIENT HEALTH CENTER
27 UH KENT HEALTH CENTER 401, 408, AND 411 DEVON PLACE KENT, OH 44240	OUTPATIENT HEALTH CENTER & LAB
28 UH MANTUA HEALTH CENTER 10803 MAIN ST MANTUA, OH 44255	OUTPATIENT HEALTH CENTER
29 UH SHEFFIELD HEALTH CENTER 5001 TRANSPORTATION DRIVE SHEFFIELD LAKE, OH 44054	OUTPATIENT HEALTH CENTER
30 UH STREETSBORO HEALTH CENTER 9318 STATE ROUTE 14 STREETSBORO, OH 44241	OUTPATIENT HEALTH CENTER

Schedule H (Form 990) 2021

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 53

Name and address	Type of Facility (describe)
31 UH WALDEN HEALTH CENTER 700 WALDEN PL AURORA, OH 44202	OUTPATIENT HEALTH CENTER
32 UH BROADVIEW HEIGHTS HEALTH CENTER 5901 E ROYALTON ROAD BROADWAY HEIGHTS, OH 44147	OUTPATIENT HEALTH CENTER
33 UH CUYAHOGA FALLS HEALTH CENTER 96 GRAHAM ROAD, SUITE A CUYAHOGA FALLS, OH 44223	LABORATORY SERVICES
34 UH ASHTABULA HEALTH CENTER 3315 N. RIDGE ROAD ASHTABULA, OH 44004	URGENT CARE & RADIOLOGY
35 UH AKRON URGENT CARE 145 WEST AVENUE TALLMADGE, OH 44278	URGENT CARE
36 SOUTHWEST GENERAL STRONGSVILLE MED CT 18181 PEARL ROAD SUITE 3104 STRONGSVILLE, OH 44136	URGENT CARE
37 UH EVANS MIDDLEFIELD HEALTH CENTER 15976 E. HIGH STREET MIDDLEFIELD, OH 44062	RADIOLOGY
38 UH ANDOVER HEALTH CENTER 476 S. MAIN STREET ANDOVER, OH 44003	OUTPATIENT HEALTH CENTER
39 UH BROOK PARK (PARTNER WITH SOUTHWEST 15900 SNOW ROAD SUITE 200 BROOK PARK, OH 44142	URGENT CARE & RADIOLOGY
40 UH NORTH OLMSTED HEALTH CENTER 26127 LORAIN ROAD, SUITE 100 NORTH OLMSTED, OH 44070	OUTPATIENT HEALTH CENTER & URGENT CARE

Schedule H (Form 990) 2021

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 53

Name and address	Type of Facility (describe)
41 UH NORTH RIDGEVILLE HEALTH CENTER 32800 LORAIN ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT HEALTH CENTER
42 SOUTHWEST GENERAL BRUNSWICK MEDICAL C 4065 CENTER ROAD BRUNSWICK, OH 44212	OUTPATIENT HEALTH CENTER & EMERGENCY ROOM
43 SOUTHWEST GENERAL HEALTH CENTER 18697 BAGLEY ROAD MIDDLEBURG HEIGHTS, OH 44130	OUTPATIENT HEALTH CENTER & EMERGENCY ROOM
44 UH BANEY ROAD HEALTH CENTER 1941 BANEY ROAD ASHLAND, OH 44805	OUTPATIENT HEALTH CENTER
45 UH KETTERING HEALTH CENTER 546 NORTH UNION STREET LOUDONVILLE, OH 44842	URGENT CARE
46 UH NEW LONDON URGENT CARE 206 WEST MAIN STREET LONDON, OH 44851	URGENT CARE
47 UH RAINBOW AHUJA CENTER FOR WOMEN & C 5805 EUCLID AVENUE CLEVELAND, OH 44103	RAINBOW SPECIALTY CLINIC
48 UH SAMARITAN HEALTH CENTER 2212 MIFFLIN AVENUE ASHLAND, OH 44805	OUTPATIENT HEALTH CENTER
49 UH SAMARITAN RICHLAND URGENT CARE 1033 ASHLAND ROAD MANSFIELD, OH 44905	URGENT CARE
50 UH SAMARITAN URGENT CARE 663 EAST MAIN STREET ASHLAND, OH 44805	URGENT CARE

Schedule H (Form 990) 2021

Part V Facility Information (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 53

Name and address	Type of Facility (describe)
51 UH ST. JOHN HEALTH CENTER 26908 DETROIT ROAD WESTLAKE, OH 44145	OUTPATIENT HEALTH CENTER
52 UH TRI CITY ELYRIA CONVENIENT CARE 1120 EAST BROAD STREET, SUITE 200 ELYRIA, OH 44035	CONVENIENT CARE
53 UH TRI CITY AVON CONVENIENT CARE 1480 CENTER ROAD, SUITE B AVON, OH 44011	CONVENIENT CARE

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

PLEASE REFER TO SCHEDULE H, PART V, LINE 13 A-H.

PART I, LINE 6A:

THE PARENT ORGANIZATION, UNIVERSITY HOSPITALS (34-0714775), PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THAT ENCOMPASSES ALL OF THE UNIVERSITY HOSPITALS HEALTH SYSTEM INCLUDING THE SUBORDINATE ORGANIZATIONS COMPLETING SCHEDULE H.

PART I, LINE 7:

AMOUNTS CALCULATED AND REPORTED IN THIS TABLE WERE DERIVED FROM THE MOST ACCURATE, AVAILABLE SOURCES. A COST-TO-CHARGE RATIO WAS USED TO DETERMINE FINANCIAL ASSISTANCE COST USING HOSPITAL FINANCIAL STATEMENTS.

MEDICAID SHORTFALL FOR GROUP SUBORDINATES WAS CALCULATED; 1) BASED ON THE TAX YEAR'S MEDICAID COST REPORT ADJUSTED TO REFLECT FULL COSTS TO DIRECT OFFSETTING REVENUE FROM THE MEDICAID COST REPORT, OR 2) BASED ON A COST-TO-CHARGE RATIO AND MEDICAID REVENUES DERIVED USING FINANCIAL

Part VI Supplemental Information (Continuation)

STATEMENTS. INCLUDED IN THIS MEDICAID SHORTFALL IS THE OHIO STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) SHORTFALL. COMMUNITY HEALTH IMPROVEMENT AND COMMUNITY BENEFIT OPERATIONS COSTS HAVE BEEN REPORTED BASED ON ACTUAL DIRECT COSTS USING ACTUAL OR AVERAGE EMPLOYEE COMPENSATION RATES AND ADDING INDIRECT COSTS WHICH ARE CALCULATED BY A COST ACCOUNTING SYSTEM AS A PERCENTAGE OF TOTAL COST. THE MEDICARE COST REPORT, ADJUSTED TO REFLECT FULL COSTS, WAS USED TO DETERMINE GROSS COMMUNITY BENEFIT EXPENSE AMOUNTS FOR HEALTH PROFESSIONS EDUCATION. DIRECT OFFSETTING REVENUES ARE INCLUDED FROM MEDICARE, CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION, AND MEDICAID FOR DIRECT MEDICAL EDUCATION. RESEARCH AMOUNTS WERE ALSO BASED ON THE MEDICARE COST REPORT, ADJUSTED TO REFLECT FULL COSTS, USING COSTS ASSIGNED TO RESEARCH COST CENTERS, LESS INDUSTRY-SPONSORED RESEARCH DIRECT AND INDIRECT COSTS. THE EXPENSE OF RESTRICTED CASH CONTRIBUTIONS IS REPORTED BASED ON THE ACTUAL VALUE OF THE CONTRIBUTION BEFORE INDIRECT COST. RESTRICTED IN-KIND CONTRIBUTIONS ARE REPORTED AT FAIR MARKET VALUE. IN CALCULATING GROSS AND NET COMMUNITY BENEFIT EXPENSES, CARE WAS TAKEN TO AVOID DOUBLE-COUNTING COMMUNITY BENEFIT EXPENSES. THE SYSTEM'S NET COMMUNITY BENEFIT CONTRIBUTION FOR FISCAL YEAR 2021 TOTALED \$500 MILLION AS COMPARED TO THE 2020 COMMUNITY BENEFIT TOTAL OF \$483 MILLION. THE 2021 COMMUNITY BENEFIT NUMBER CONSISTED OF CHARITY CARE (\$50 MILLION), MEDICAID SHORTFALL (\$290 MILLION), RESEARCH (\$66 MILLION), EDUCATION AND TRAINING (\$104 MILLION), AND COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT (\$22 MILLION), LESS HOSPITAL CARE ASSURANCE PROGRAM ("HCAP") (\$32 MILLION). TO MEASURE AND REPORT COMMUNITY BENEFIT, THE SYSTEM HAS FOLLOWED INTERNAL REVENUE SERVICE GUIDELINES. AS SUCH, THE INFORMATION FOR 2021 REPRESENTS THE REVISED REQUIREMENT TO OFFSET VARIOUS COMMUNITY BENEFIT PROGRAMS WITH RELATED REVENUE RECEIVED. FOR 2021, THIS REVENUE OFFSET WAS \$32 MILLION.

Part VI Supplemental Information (Continuation)

THE 2020 INFORMATION PROVIDED ABOVE (\$483 MILLION) INCLUDED A REVENUE
 OFFSET OF \$27 MILLION.

PART I, LINE 7G:

LINE 7G INCLUDES THE COSTS AND DIRECT OFFSETTING REVENUE ASSOCIATED WITH
 CERTAIN HOSPITAL SERVICES THAT QUALIFY TO BE REPORTED AS A SUBSIDIZED
 HEALTH SERVICE. THE TOTAL AMOUNT OF GROSS COMMUNITY BENEFIT EXPENSE
 INCLUDED IN LINE 7G FOR THESE CLINICS IS: \$34,877,639. THE TOTAL AMOUNT
 OF ASSOCIATED DIRECT OFFSETTING REVENUE IS \$21,606,557. THE TOTAL AMOUNT
 OF NET COMMUNITY BENEFIT EXPENSE INCLUDED IN LINE 7G IS \$13,271,082.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMITMENT TO THE COMMUNITY REMAINS AT THE CORE OF THE SYSTEM'S MISSION:
 TO HEAL. TO TEACH. TO DISCOVER. THE SYSTEM SUPPORTS NUMEROUS COMMUNITY
 BUILDING ACTIVITIES THROUGH ALL SYSTEM ENTITIES AND NOT JUST THOSE
 REPORTED WITHIN THE UH GROUP 990. MANY OF OUR COMMUNITY BUILDING
 ACTIVITIES ARE DIFFICULT TO QUANTIFY OR REPORT WITHIN THE SPECIFIC
 CATEGORIES PROVIDED IN SCHEDULE H, AS THEY OCCUR SYSTEM-WIDE AND NOT AT
 SPECIFIC ENTITY LEVELS.

THE SYSTEM IS PROUD TO CONTRIBUTE TO THE ECONOMIC GROWTH OF THE
 COMMUNITIES WE SERVE. THE UH HEALTH SYSTEM PROVIDES EMPLOYMENT DIRECTLY
 FOR 42,009 (6,056 REPORTED ON THE PARENT ORGANIZATION'S FORM 990,
 UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. (34-0714775)) EMPLOYEES AND
 PHYSICIANS.

UH PROVIDED MANY MORE COMMUNITY BUILDING ACTIVITIES, DIRECTLY AND
 INDIRECTLY, THROUGH NEW OR EXPANDED BUSINESS OPPORTUNITIES AND THROUGH

Part VI Supplemental Information (Continuation)

IMPORTANT CAPITAL INVESTMENTS IN OUR FACILITIES. UH HAS COMMITTED - AND

CONTINUES TO COMMIT - MILLIONS OF DOLLARS TO FACILITIES AND OPERATIONS

WITHIN THE CITY OF CLEVELAND AND THROUGHOUT OUR REGION, PROVIDING

CONSTRUCTION AND HOSPITAL-BASED JOBS. NEW STATE-OF-THE-ART OUTPATIENT

HEALTH CENTERS IN THE REGION HAVE SPURRED ECONOMIC GROWTH WHILE GIVING

PEOPLE ACCESS TO THE CARE THEY NEED CLOSE TO HOME AND EXPANDING OUR

COMMUNITY BENEFIT PROGRAMS. THE SYSTEM'S SUPPLY CHAIN MANAGEMENT STRATEGY

ENCOMPASSES SUPPLIER DIVERSITY TO INCLUDE MINORITY AND WOMEN-OWNED

BUSINESS ENTERPRISES PROVIDING THEM OPPORTUNITIES TO BE OUR PARTNERS AND

SUPPLIERS OF GOODS AND SERVICES THROUGHOUT THE SYSTEM.

THE SYSTEM SEEKS TO INCORPORATE ENVIRONMENTAL RESPONSIBILITY AND IS

WORKING TOWARDS REDUCING ITS ENVIRONMENTAL FOOTPRINT THROUGHOUT THE

COMMUNITIES IT SERVES. WITH REGARD TO UH BUILDINGS AND MAJOR RENOVATIONS,

UH ENDEAVORS TO INCORPORATE DESIGN AND CONSTRUCTION STRATEGIES OF

THIRD-PARTY BEST-PRACTICE GUIDES SUCH AS THE U.S. GREEN BUILDING COUNCIL'S

LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) CERTIFICATION SYSTEM,

THE EPA'S ENERGY STAR PERFORMANCE RATING, AND HEALTHCARE WITHOUT HARM'S

GREEN GUIDE FOR HEALTHCARE. RECENT CONSTRUCTION PROJECTS HAVE INCORPORATED

SUSTAINABLE DESIGN STRATEGIES.

PART III, LINE 2:

THE COST OF BAD DEBT IS CALCULATED USING A COST TO CHARGE RATIO.

ALLOWANCES ARE MADE FOR ESTIMATED DOUBTFUL ACCOUNTS BASED ON HISTORICAL

EXPERIENCE AND ADJUSTED FOR ECONOMIC CONDITIONS.

PART III, LINE 3:

Part VI Supplemental Information (Continuation)

THERE IS NO ESTIMATED AMOUNT (ZERO) OF BAD DEBT ATTRIBUTABLE TO PATIENTS

UNDER THE FINANCIAL ASSISTANCE POLICY. FOR PATIENTS WHO QUALIFY, THOSE

PATIENTS ARE DEEMED TO BE UNABLE TO PAY AND ARE THEREFORE WRITTEN OFF TO

CHARITY RATHER THAN BAD DEBT.

PART III, LINE 8:

UH HOSPITALS PROVIDE SERVICES TO MANY LOW-INCOME MEDICARE RECIPIENTS. THE

MEDICARE LOSSES SUSTAINED AT THESE HOSPITALS ARE A RESULT OF MEDICARE

REIMBURSING AT LESS THAN OPERATING COSTS. IRS REV. RUL. 69-545, WHICH

ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR HOSPITALS, PROVIDES THAT IF

A HOSPITAL SERVES PATIENTS COVERED BY GOVERNMENTAL HEALTH BENEFITS

(INCLUDING MEDICARE), THEN THIS INDICATES THE HOSPITAL OPERATES TO PROMOTE

THE HEALTH OF THE COMMUNITY. IN TURN, TREATING MEDICARE PATIENTS IS

CONSIDERED A COMMUNITY BENEFIT. COSTS WERE DERIVED USING THE MEDICARE COST

REPORT.

PART III, LINE 9B:

PATIENT LIABILITIES FOR SERVICES RENDERED BY UH HOSPITAL FACILITIES SHALL

BE COLLECTED FROM ALL PATIENTS. AMOUNTS OWED BY PATIENTS QUALIFYING FOR

CHARITY CARE UNDER THE UH HOSPITALS FACILITIES' CHARITY/FINANCIAL

ASSISTANCE POLICY SHALL NOT BE BILLED TO PATIENTS AT AMOUNTS THAT ARE MORE

THAN THE AMOUNTS GENERALLY BILLED TO MEDICARE PATIENTS.

IF A PATIENT QUALIFIES FOR A 100% FINANCIAL ASSISTANCE DISCOUNT,

COLLECTION OF THE ACCOUNT IS NOT PURSUED. IF A PATIENT RECEIVES A PARTIAL

DISCOUNT DUE TO MEDICAL INDIGENCY UNDER THE FINANCIAL ASSISTANCE POLICY,

ANY REMAINING BALANCE NOT DISCOUNTED IS TREATED IN ACCORDANCE WITH THE UH

HOSPITALS COLLECTION POLICY.

Part VI Supplemental Information (Continuation)

PART VI, LINE 2:

UH ASSESSES THE HEALTH CARE NEEDS OF ITS COMMUNITIES AS PART OF THE
 REGULAR STRATEGIC PLANNING PROCESS WHICH INCLUDES ASSESSMENTS OF
 ENVIRONMENTAL, DEMOGRAPHIC, AND ECONOMIC FACTORS. THE SYSTEM ALSO USES UH
 PATIENT SURVEYS REGARDING HEALTH CARE UTILIZATION AND WORKS ACTIVELY WITH
 VARIOUS PARTNERS THROUGHOUT THE COMMUNITIES WE SERVE. UH HAS WORKED WITH
 COMMUNITY ORGANIZATIONS IN ITS MEDICAL CENTERS' SERVICE AREAS (I.E.
 NEIGHBORHOOD CONNECTIONS, LOCAL DEPARTMENTS OF PUBLIC HEALTH, LOCAL
 DISEASE FOUNDATIONS, ETC.). THE SYSTEM WORKS CLOSELY WITH LOCAL
 GOVERNMENTS AND ELECTED OFFICIALS TO UNDERSTAND THEIR COMMUNITIES' NEEDS
 AND WORK TO IMPLEMENT PROGRAMS AND ACTIVITIES TO ASSIST IN RESPONDING TO
 THOSE NEEDS. THE MEMBERS OF VARIOUS UH BOARDS ARE ACTIVE MEMBERS WITHIN
 THE COMMUNITIES SERVED AND PROVIDE AN UNDERSTANDING OF AND COLLABORATIVE
 FEEDBACK RELATED TO THE NEEDS OF THE COMMUNITIES.

THE SYSTEM IS PROUD TO CONTRIBUTE TO THE HEALTH OF ITS CITIZENS AND TO BE
 A POSITIVE ECONOMIC FORCE IN ITS REGION. FOR MORE DETAILED INFORMATION ON
 THE SYSTEM'S COMMUNITY BENEFIT OR TO VIEW THE 2021 COMMUNITY BENEFIT
 REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW.UHHOSPITALS.ORG.

PART VI, LINE 3:

UH INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT
 CARE ABOUT OPTIONS FOR RESOLUTION OF THEIR BALANCES, INCLUDING ASSISTANCE
 UNDER GOVERNMENT PROGRAMS AND UNDER THE UH FINANCIAL ASSISTANCE PROGRAM
 ("ASSISTANCE PROGRAM") IN A VARIETY OF WAYS. SIGNAGE FOR THE STATE OF OHIO
 HEALTH CARE ASSURANCE PROGRAM (HCAP) AND THE UH PATIENT FINANCIAL
 ASSISTANCE PROGRAM CAN BE FOUND IN LOCATIONS WHERE PATIENTS REGISTER FOR

Part VI Supplemental Information (Continuation)

CARE, PATIENT ACCESS AREAS, AND VARIOUS POINTS OF ENTRY SUCH AS UH
 EMERGENCY DEPARTMENTS. SUPPLEMENTAL BROCHURES THAT REFLECT THE UH PATIENT
 FINANCIAL ASSISTANCE PROGRAM AND THE HCAP PROGRAM ARE ALSO AVAILABLE.
 INFORMATION ABOUT THE ASSISTANCE PROGRAM CAN ALSO BE FOUND ON THE UH
 WEBSITE IN ADDITION TO BEING PROVIDED ON THE BACKS OF PATIENT STATEMENTS,
 INCLUDING A TOLL FREE PHONE NUMBER TO CALL FOR ASSISTANCE FROM A UH
 FINANCIAL COUNSELOR.

PART VI, LINE 4:

UH CLEVELAND MEDICAL CENTER
 UH RAINBOW BABIES & CHILDREN'S HOSPITAL
 UH AHUJA MEDICAL CENTER
 UH REGIONAL HOSPITALS
 UH PARMA MEDICAL CENTER
 UH ST. JOHN MEDICAL CENTER
 UH BEACHWOOD REHABILITATION HOSPITAL

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS CUYAHOGA COUNTY. AS OF THE
 2017 CENSUS, THE TOTAL POPULATION FOR CUYAHOGA COUNTY IS 1,248,514. 59.0%
 OF THE POPULATION IDENTIFIES AS WHITE ALONE, 29.1% AFRICAN AMERICAN, 5.9%
 HISPANIC OR LATINO, AND 6.0% AS MORE THAN ONE RACE OR OTHER. CUYAHOGA
 COUNTY ALSO ENCOMPASSES THE CITY OF CLEVELAND. THE TOTAL POPULATION FOR
 THE CITY OF CLEVELAND AS OF 2017 IS 385,552. 32.9% OF THE POPULATION
 IDENTIFIES AS WHITE ALONE, 48.3% AFRICAN AMERICAN, 12.4% HISPANIC OR
 LATINO, AND 6.4% AS MORE THAN ONE RACE OR OTHER. CUYAHOGA COUNTY'S
 POPULATION IS GROWING OLDER, ON AVERAGE. THE 2016 POPULATION ESTIMATES
 INDICATE MINOR DIFFERENCES BETWEEN CUYAHOGA COUNTY OVERALL AND THE CITY OF
 CLEVELAND WITH RESPECT TO AGE GROUPS AND GENDER. ALTHOUGH SMALL, THE MOST

Part VI Supplemental Information (Continuation)

NOTABLE DIFFERENCES INCLUDE A GREATER PERCENTAGE OF PERSONS UNDER THE AGE

OF 18 AND PERSONS 18 TO 34 YEARS OF AGE LIVING IN THE CITY OF CLEVELAND

COMPARED TO CUYAHOGA COUNTY AS A WHOLE. CONVERSELY, A GREATER PERCENTAGE

OF INDIVIDUALS AGED 65 AND OVER ARE LIVING IN CUYAHOGA COUNTY OVERALL

COMPARED TO THE CITY OF CLEVELAND. THE AVERAGE LIFE EXPECTANCY IN CUYAHOGA

COUNTY IS 76.4 YEARS OLD COMPARED TO 72.2 YEARS OLD IN THE CITY OF

CLEVELAND. 94.6% OF THE POPULATION IN CUYAHOGA COUNTY HAS A HIGH SCHOOL

DIPLOMA OR EQUIVALENT, AND 89.9% IN THE STATE OF OHIO. AS OF 2017, 18.0%

OF THE POPULATION OF THE COUNTY IS BELOW THE POVERTY LINE COMPARED TO

33.1% IN THE CITY OF CLEVELAND. BOTH OF WHICH ARE HIGHER THAN THE 14.0%

AVERAGE IN OHIO.

UH GEAUGA MEDICAL CENTER

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS GEAUGA COUNTY. THE TOTAL

POPULATION FOR GEAUGA COUNTY AS OF THE 2017 CENSUS IS 93,895. 96.7% OF

THE POPULATION IDENTIFIES AS WHITE ALONE, 1.4% AS HISPANIC OR LATINO, 1.2%

AFRICAN AMERICAN, AND 3.0% AS MORE THAN ONE RACE OR OTHER. THE MEDIAN AGE

IS 44.4 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.65 PEOPLE AND THE

AVERAGE FAMILY SIZE IS 3.09 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY

IS \$228,000. 90.3% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR

EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 38.0% HAS A BACHELOR'S

DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR

THE COUNTY IS \$39,513. 6.5% OF INDIVIDUALS AND 4.3% OF FAMILIES IS BELOW

THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO.

UH GENEVA MEDICAL CENTER

UH CONNEAUT MEDICAL CENTER

Part VI Supplemental Information (Continuation)

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS ASHTABULA COUNTY. THE TOTAL POPULATION FOR ASHTABULA COUNTY AS OF THE 2017 CENSUS IS 98,622. 92.9% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 4.0% AS HISPANIC OR LATINO, 3.7% AFRICAN AMERICAN, 0.5% ASIAN, AND 2.9% AS MORE THAN ONE RACE OR OTHER. THE MEDIAN AGE IS 42.5 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.48 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.05 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS \$106,300. 85.7% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 13.4% HAS A BACHELOR'S DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS \$23,297. 19.8% OF INDIVIDUALS AND 14.2% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO.

UH ELYRIA MEDICAL CENTER

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS LORAIN COUNTY. THE TOTAL POPULATION FOR LORAIN COUNTY AS OF THE 2017 CENSUS IS 307,924. 78.1% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 10.0% AS HISPANIC OR LATINO, 7.6% AFRICAN AMERICAN, 1.1% ASIAN, AND 3.2% AS MORE THAN ONE RACE OR OTHER. THE MEDIAN AGE IS 42.2 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.47 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.03 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS \$143,600. 89.3% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 23.6% HAS A BACHELOR'S DEGREE OR HIGHER LEVEL OF EDUCATION. THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS \$28,525. 13.9% OF INDIVIDUALS AND 10.4% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO.

UH PORTAGE MEDICAL CENTER

Part VI Supplemental Information (Continuation)

UH PORTAGE MEDICAL CENTER IS LOCATED IN THE CITY OF RAVENNA IN PORTAGE COUNTY, OHIO. PORTAGE COUNTY IS LOCATED DIRECTLY EAST OF SUMMIT COUNTY (AKRON METRO AREA) AND SOUTHEAST OF CUYAHOGA COUNTY (CLEVELAND METRO AREA). THE HOSPITAL'S MARKET AREA INCLUDES 15 MUNICIPALITIES (EIGHT IN ITS PRIMARY MARKET AREA AND SEVEN IN ITS SECONDARY MARKET AREA). IT IS ALMOST COMPLETELY CONTAINED WITHIN PORTAGE COUNTY, OHIO. ACCORDING TO THE 2017 CENSUS, THE POPULATION IS 162,080. 91.0% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 4.1% IDENTIFY AS AFRICAN AMERICAN, 1.9% IDENTIFY AS ASIAN, 1.7% IDENTIFY AS HISPANIC OR LATINO, AND 3.0% IDENTIFY AS TWO OR MORE RACES OR OTHER. THE MEDIAN AGE IN PORTAGE COUNTY IS 37.8 YEARS OLD. THE AVERAGE HOUSEHOLD SIZE IS 2.49 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.06 PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS \$152,000. 91.9% OF THE POPULATION HAS A HIGH DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL, AND OF THAT 27.4% HAS A BACHELOR'S DEGREE OR HIGHER. THE PER CAPITA PERSONAL INCOME IS \$27,985. 14.5% OF INDIVIDUALS AND 9.3% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO.

UH SAMARITAN MEDICAL CENTER

UH SAMARITAN MEDICAL CENTER IS LOCATED IN ASHLAND, OHIO, WITHIN ASHLAND COUNTY, A RURAL COUNTY LOCATED SOUTHWEST OF CUYAHOGA COUNTY (CLEVELAND METRO AREA) AND NORTHEAST OF FRANKLIN COUNTY (COLUMBUS METRO AREA). ASHLAND COUNTY IS COMPRISED OF CITIES, VILLAGES AND TOWNSHIPS. ITS COUNTY SEAT IS THE CITY OF ASHLAND, WHERE THE HOSPITAL IS LOCATED. ACCORDING TO THE 2017 CENSUS, THE POPULATION IS 53,299. 98.2% OF THE POPULATION IDENTIFIES AS WHITE, 1.3% IDENTIFIES AS AFRICAN AMERICAN, 1.3% IDENTIFIES AS HISPANIC OR LATINO, 0.8% IDENTIFIES AS ASIAN, AND 2.2% IDENTIFIES AS

Part VI Supplemental Information (Continuation)

TWO OR MORE OR OTHER. THE MEDIAN AGE IN ASHLAND COUNTY IS 40.4 YEARS OLD.

THE AVERAGE HOUSEHOLD SIZE IS 2.49 PEOPLE AND THE AVERAGE FAMILY SIZE IS

3.00 PEOPLE. THE MEDIAN HOME VALUE IN THE COUNTY IS \$122,000. 88.4% % OF

THE POPULATION HAS A HIGH DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION LEVEL,

AND OF THAT 20.2% HAS A BACHELOR'S DEGREE OR HIGHER. THE PER CAPITA

PERSONAL INCOME IS \$72,510. 14.2% OF INDIVIDUALS AND 9.4% OF FAMILIES IS

BELOW THE POVERTY LINE COMPARED TO THE AVERAGE 14.0% IN OHIO.

UH REHABILITATION HOSPITAL -- AVON

UH AVON REHABILITATION HOSPITAL IS LOCATED IN THE CITY OF AVON IN LORAIN

COUNTY, OHIO. UH AVON REHABILITATION HOSPITAL'S PRIMARY AND SECONDARY

SERVICE AREAS ARE ALMOST EXCLUSIVELY CONTAINED WITHIN CUYAHOGA AND LORAIN

COUNTIES. THE PRIMARY SERVICE AREA FOR UH AVON REHABILITATION HOSPITAL

INCLUDES AVON AND THE SEVEN COMMUNITIES IMMEDIATELY SURROUNDING IT

(ELYRIA, NORTH RIDGEVILLE, WESTLAKE, AVON LAKE, NORTH OLMSTED, SHEFFIELD

LAKE/VILLAGE AND BAY VILLAGE). 61% OF UH AVON'S DISCHARGES ARE RESIDENTS

OF LORAIN COUNTY. THE PRIMARY SERVICE AREA FOR UH AVON REHABILITATION

HOSPITAL IS LORAIN COUNTY. THE TOTAL POPULATION FOR LORAIN COUNTY AS OF

THE 2017 CENSUS IS 307,924. 78.1% OF THE POPULATION IDENTIFIES AS WHITE

ALONE, 10.0% AS HISPANIC OR LATINO, 7.6% AFRICAN AMERICAN, 1.1% ASIAN, AND

3.2% AS MORE THAN ONE RACE OR OTHER. THE MEDIAN AGE IS 42.2 YEARS OLD. THE

AVERAGE HOUSEHOLD SIZE IS 2.47 PEOPLE AND THE AVERAGE FAMILY SIZE IS 3.03

PEOPLE. THE MEDIAN HOME VALUE FOR THE COUNTY IS \$143,600. 89.3% OF THE

POPULATION HAS A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HIGHER EDUCATION

LEVEL, OF THAT 23.6% HAS A BACHELOR'S DEGREE OR HIGHER LEVEL OF EDUCATION.

THE PER CAPITA PERSONAL INCOME FOR THE COUNTY IS \$28,525. 13.9% OF

INDIVIDUALS AND 10.4% OF FAMILIES IS BELOW THE POVERTY LINE COMPARED TO

Part VI Supplemental Information (Continuation)

THE AVERAGE 14.0% IN OHIO.

PART VI, LINE 5:

UH CONTINUES TO INVEST IN ITSELF AND THE COMMUNITY THROUGH ENHANCED CLINICAL SERVICES, EDUCATIONAL PROGRAMS, RESEARCH, AND CAPITAL IMPROVEMENTS THAT MEET THE HEALTH CARE NEEDS OF THE COMMUNITIES AND PATIENTS IT SERVES. UH PROVIDES AN OUTSTANDING BALANCE OF HIGH-QUALITY CLINICAL CARE WITHIN ITS WALLS, AND COMMUNITY HEALTH OUTREACH TO LOCAL POPULATIONS. FOUR UH HEALTH CLINICS ARE LOCATED IN AREAS DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THESE CLINICS INCLUDE THE DOUGLAS MOORE HEALTH CLINIC, WOMEN'S HEALTH CENTER, RAINBOW AMBULATORY PRACTICE, AND FAMILY MEDICINE CLINIC, ALL LOCATED ON THE CAMPUS OF UH CASE MEDICAL CENTER. HRSA ALSO DESIGNATES MEDICALLY UNDERSERVED AREAS (MUAS) AND MEDICALLY UNDERSERVED POPULATIONS (MUPS) BASED ON SPECIFIC CRITERIA. TWENTY-FIVE AREAS WITHIN THE UH SERVICE AREA INCLUDING CUYAHOGA, LORAIN, AND SUMMIT COUNTIES QUALIFY AS MUAS, WHILE ONE POPULATION IN KENT, PORTAGE COUNTY IS A DESIGNATED MUP. CUYAHOGA COUNTY ALONE ACCOUNTS FOR 20 MUAS LOCATED IN 13 ZIP CODES, REPRESENTING 12 TOWNS. THE UH SYSTEM'S TWO CRITICAL ACCESS HOSPITALS IN ASHTABULA COUNTY SIT IN APPALACHIA, AS DESIGNATED BY THE APPALACHIAN REGIONAL COMMISSION.

UH IS COMMITTED TO TRAINING THE NEXT GENERATION OF PHYSICIANS, NURSES, SPECIALISTS AND OTHER ALLIED HEALTH CARE PROVIDERS ANNUALLY. MANY OF THESE STUDENTS AND TRAINEES COMPLETE THEIR EDUCATION AND TAKE THEIR KNOWLEDGE AND EXPERTISE TO OTHER PARTS OF THE STATE OR COUNTRY, THEREBY BENEFITING OTHER COMMUNITIES.

Part VI Supplemental Information (Continuation)

UH WORKS TO INCREASE HEALTH AND MEDICAL KNOWLEDGE THROUGH GOVERNMENT AND
 NON-PROFIT FUNDED RESEARCH. THE SHARED KNOWLEDGE DERIVED FROM THESE
 EFFORTS IMPROVES THE HEALTH AND WELL-BEING OF PEOPLE THROUGHOUT THE NATION
 AND THE WORLD WHEN THEY LEAD TO NEW STANDARDS OF CARE, NEW MEDICAL
 DEVICES, OR BREAKTHROUGHS IN TACKLING DISEASES.

AS INDICATED IN THE ABOVE RESPONSE TO PART VI, LINE 4, UH HAS MADE
 SIGNIFICANT INVESTMENTS IN ACCESS TO CARE FOR LOW INCOME AND VULNERABLE
 RESIDENTS WITHIN THE COUNTIES UH SERVES.

PART VI, LINE 6:

FOUR UH HEALTH CLINICS ARE LOCATED IN AREAS DESIGNATED AS HEALTH
 PROFESSIONAL SHORTAGE AREAS (HPSAS) BY THE HEALTH RESOURCES AND SERVICES
 ADMINISTRATION (HRSA). THESE CLINICS INCLUDE THE DOUGLAS MOORE HEALTH
 CLINIC AND FAMILY MEDICINE CLINIC LOCATED ON THE CAMPUS OF UH CLEVELAND
 MEDICAL CENTER, AND THE WOMEN'S HEALTH CENTER AND RAINBOW AMBULATORY
 PRACTICE LOCATED OFF CAMPUS IN THE UH RAINBOW CENTER FOR WOMEN & CHILDREN.

UH SERVES AN ESSENTIAL ROLE IN THE COMMUNITY BY PROVIDING DIVERSE
 POPULATIONS THROUGHOUT THE NORTHEAST OHIO REGION WITH COMPREHENSIVE HEALTH
 CARE - FROM PRIMARY CARE TO HIGHLY SPECIALIZED MEDICAL CARE FOR THE MOST
 SERIOUS OF HEALTH PROBLEMS. IT PROVIDES THE SAME QUALITY AND COMPASSIONATE
 SERVICE TO ALL, NO MATTER THEIR INCOME, ABILITY TO PAY OR SOCIOECONOMIC
 STATUS. UH CARES FOR THE WELL-INSURED AND THE UNINSURED; MEN, WOMEN AND
 CHILDREN FROM EVERY COMMUNITY IN THE REGION, FROM URBAN CENTERS, SMALL
 TOWNS, RURAL AREAS AND SUBURBS.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**
GROUP RETURN

Employer identification number
90-0059117

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE. DALLAS, TX 75231	13-5613797	501(C)3	159,000.	0.			GENERAL SUPPORT
GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY - 1240 WEST 6TH STREET - CLEVELAND, OH 44113		GOVERNMENT	125,000.	0.			GENERAL SUPPORT
YWCA OF GREATER CLEVELAND 4019 PROSPECT AVE. CLEVELAND, OH 44103	34-0714800	501(C)3	40,000.	0.			GENERAL SUPPORT
ELYRIA MEDICAL CENTER FOUNDATION 630 EAST RIVER STREET ELYRIA, OH 44035	61-1579760	501(C)3	70,193.	0.			GENERAL SUPPORT
PARMA HOSPITAL HEALTH CARE FOUNDATION - 7007 POWERS BLVD. - PARMA, OH 44129	34-1626664	501(C)3	783,616.	0.			GENERAL SUPPORT
ROBINSON MEMORIAL HOSPITAL FOUNDATION - 6847 N. CHESTNUT STREET PO BOX 1204 - RAVENNA, OH 44266	34-1510544	501(C)3	717,688.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) 2021

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

2021

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

Employer identification number
90-0059117

Part I 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
1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8	X	
9	X	

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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) ZENTY, THOMAS F. III	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	140,297.	1,266,493.	3,989,927.	681,968.	811.	6,079,496.	0.
(2) MEGERIAN, CLIFF MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	1,418,674.	823,179.	331,520.	23,200.	27,241.	2,623,814.	0.
(3) SIMON, DANIEL I. MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	1,024,758.	689,865.	232,351.	23,200.	26,518.	1,996,692.	0.
(4) SZUBSKI, MICHAEL A.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	941,339.	645,124.	238,895.	26,100.	26,667.	1,878,125.	0.
(5) SABIK, JOSEPH MD	(i)	1,261,929.	75,000.	36,144.	21,750.	26,067.	1,420,890.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BECK, ERIC H. DO, MPH	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	917,979.	420,486.	2,921.	18,850.	27,275.	1,387,511.	0.
(7) GLOTZBECKER, MICHAEL P	(i)	1,319,014.	0.	21,449.	18,850.	27,165.	1,386,478.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EUBANKS, JASON D	(i)	1,318,020.	14.	18,840.	21,750.	7,642.	1,366,266.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TEKNOS, THEODOROS N. MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	851,838.	307,638.	129,837.	21,750.	26,006.	1,337,069.	0.
(10) VOOS, JAMES	(i)	1,196,525.	75,072.	2,440.	20,300.	26,638.	1,320,975.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KONHEIM, ARI L	(i)	1,031,321.	238,567.	1,503.	18,850.	26,067.	1,316,308.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JAIN, MUKESH MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	637,297.	189,085.	434,455.	20,300.	26,581.	1,307,718.	0.
(13) TAIT, PAUL G.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	624,850.	433,633.	166,964.	26,100.	26,267.	1,277,814.	0.
(14) DEVANEY, ERIC J	(i)	1,191,446.	0.	10,187.	21,750.	26,936.	1,250,319.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SELMAN, WARREN R. MD	(i)	1,067,180.	75,000.	46,273.	26,100.	27,241.	1,241,794.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) BAMBAKIDIS, NICHOLAS C	(i)	1,049,547.	57,818.	41,338.	21,750.	27,454.	1,197,907.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.

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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 and/or 1099-NEC 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				
(17) SINK, KRISTI M.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	265,643.	110,785.	398,456.	370,923.	25,889.	1,171,696.	0.
(18) DAVID, ROBERT G.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	87,163.	144,508.	796,210.	116,960.	25,837.	1,170,678.	0.
(19) SNOWBERGER, THOMAS D.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	663,126.	295,044.	159,902.	21,750.	15,641.	1,155,463.	0.
(20) PRONOVOST, PETER MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	776,050.	318,302.	27,447.	21,750.	260.	1,143,809.	0.
(21) TOPALSKY, GEORGE MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	584,194.	215,435.	39,885.	234,758.	15,641.	1,089,913.	0.
(22) BOND, BRADLEY C.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	423,694.	149,968.	451,797.	23,200.	26,149.	1,074,808.	0.
(23) MILLER, CHRISTOPHER N. MD	(i)	733,053.	166,130.	24,707.	20,300.	26,360.	970,550.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) ADELMAN, HARLIN G. ESQ.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	578,897.	220,006.	105,059.	26,100.	26,722.	956,784.	0.
(25) GUAY, MARC MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	790,185.	8.	7,219.	124,729.	24,639.	946,780.	0.
(26) JONES, M. STEVEN	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	68,384.	195,053.	545,234.	89,060.	15,081.	912,812.	0.
(27) DEPOMPEI, PATRICIA M.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	501,647.	184,162.	112,059.	26,100.	21,827.	845,795.	0.
(28) STROSACKER, ROBYN MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	567,388.	202,200.	29,923.	21,750.	24,029.	845,290.	0.
(29) STEFANO, GREGORY MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	726,791.	29,209.	1,611.	11,600.	26,428.	795,639.	0.
(30) SALATA, ROBERT A. MD	(i)	576,987.	77,000.	36,830.	23,200.	16,545.	730,562.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) CHANG, PHILLIP MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	514,609.	124,330.	54,891.	20,021.	13,810.	727,661.	0.
(32) MILLER, MARLENE MD	(i)	554,419.	75,000.	46,595.	21,750.	24,744.	722,508.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.

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(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
(33) SALVINO, SONIA	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	388,249.	146,881.	92,289.	26,100.	26,067.	679,586.
(34) MONTER, BRIAN	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	461,897.	118,475.	27,177.	20,300.	26,613.	654,462.
(35) PAPA, ALAN J. FACHE	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	441,092.	129,037.	29,086.	21,750.	18,539.	639,504.
(36) SILA, CATHY MD	(i)	502,902.	75,000.	33,559.	26,100.	1,221.	638,782.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.
(37) CHICKERELLA, DANIELLE	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	377,954.	132,299.	63,617.	20,300.	8,457.	602,627.
(38) DECARLO, DONALD	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	405,267.	108,703.	26,644.	21,750.	23,646.	586,010.
(39) HINCHEY, PAUL R.	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	502,785.	7.	67,695.	0.	14,349.	584,836.
(40) BENOIT, WILLIAM	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	358,678.	92,825.	34,193.	20,300.	26,613.	532,609.
(41) RAO, GOUTHAM MD	(i)	411,609.	75,000.	2,250.	15,591.	27,165.	531,615.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.
(42) ROWELL, ROBIN	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	327,962.	93,568.	54,819.	26,100.	26,446.	528,895.
(43) RAPKIN, DAVID S. MD	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	446,954.	0.	7,554.	42,051.	26,390.	522,949.
(44) VEHOVEC, MICHAEL R.	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	293,830.	109,826.	80,305.	24,797.	590.	509,348.
(45) CARPENTER, JENNIFER	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	297,383.	104,346.	44,242.	25,791.	32,672.	504,434.
(46) BEJANISHVILI, TAMAR MD	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	427,832.	21,575.	1,952.	13,050.	26,131.	490,540.
(47) MILLER, JANET L. ESQ.	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	0.	70,777.	395,767.	0.	3,453.	469,997.
(48) SIPPEY, MEGAN MD	(i)	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	444,238.	71.	885.	8,700.	10,392.	464,286.

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(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
(49) HILL, JAMES L.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	374,112.	23,543.	20,673.	18,850.	26,136.	463,314.	0.
(50) SYLVAN, DAVID	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	317,252.	121,111.	3,956.	16,434.	1,145.	459,898.	0.
(51) ZOLTANSKI, JOAN MD	(i)	288,197.	80,964.	55,488.	15,053.	18,135.	457,837.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(52) COLE, MELISSA CNP	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	325,682.	74,751.	7,815.	15,581.	32,186.	456,015.	0.
(53) SCHARIO, MARK E.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	277,666.	78,994.	34,845.	21,655.	27,661.	440,821.	0.
(54) PIRTZ, JASON M.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	296,205.	75,942.	1,377.	16,542.	26,320.	416,386.	0.
(55) HARFORD, TODD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	259,573.	76,018.	21,165.	20,849.	26,067.	403,672.	0.
(56) BROWN, SAM H.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	261,074.	98,880.	859.	16,286.	26,067.	403,166.	0.
(57) ROYAL, KIMBERLY S. DO	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	322,400.	15,037.	3,091.	20,853.	15,053.	376,434.	0.
(58) SAGUE, JONATHAN	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	278,861.	64,088.	7,974.	14,714.	7,858.	373,495.	0.
(59) HOYNES, SEAN MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	314,206.	0.	4,127.	13,050.	28,126.	359,509.	0.
(60) KUMAR, AJAY MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	327,550.	10,000.	715.	10,150.	8,196.	356,611.	0.
(61) ADAIR, BRETT DO	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	336,065.	233.	642.	8,700.	7,642.	353,282.	0.
(62) STENCEL, MICHAEL MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	296,382.	18,321.	7,731.	14,500.	15,641.	352,575.	0.
(63) RAVICHANDRAN, KAMALESWARY MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	272,827.	0.	7,240.	19,174.	27,526.	326,767.	0.
(64) SNELSON, MARC MD	(i)	272,419.	16.	100.	21,609.	25,978.	320,122.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.

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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 and/or 1099-NEC 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				
(65) GLOWCZEWSKI, JASON SEE SCHEDULE O	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 228,109.	45,719.	23,484.	5,324.	14,287.	316,923.	0.
(66) HAMMACK, ELIZABETH R. ESQ. SEE SCHEDULE O	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 227,302.	28,755.	15,503.	18,595.	26,333.	316,488.	0.
(67) HERTZ, ANDREW R. MD SEE SCHEDULE O	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 119,513.	120,784.	16,701.	3,294.	123.	260,415.	0.
(68) MONHEIM, KAREN M. MD SEE SCHEDULE O	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 226,508.	0.	3,141.	11,854.	17,519.	259,022.	0.
(69) GODELLE, MICHAEL SEE SCHEDULE O	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 170,361.	21,036.	8,324.	13,981.	19,677.	233,379.	0.
(70) SOORIYAPALAN, NISHANTHINI MD SEE SCHEDULE O	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 181,385.	0.	310.	6,368.	610.	188,673.	0.
(71) BECK, JOHN SEE SCHEDULE O	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 100,856.	13,456.	816.	9,548.	25,909.	150,585.	0.
(72) JURIS, SUSAN V. SEE SCHEDULE O	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	114,312.	0.	8,399.	122,711.	0.
	(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, LINE 7:

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

PART I, LINE 8:

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

PART I, LINE 4A:

UNDER A VOLUNTARY TERMINATION AGREEMENT ENTERED INTO BY THE EMPLOYEE
AND THE ORGANIZATION OR UPON A QUALIFYING TERMINATION DEFINED AS AN
INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE
IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE. THE TERMS AND
CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A
RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE
EMPLOYEE'S EMPLOYMENT AND SEPARATION.

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.

SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED

PERSON IN PART VII:

DAVID, ROBERT G.: \$318,264

JONES, M. STEVEN: \$464,419

SINK, KRISTI M.: \$129,708

PART I, LINE 4B:

ELIGIBLE EMPLOYEES PARTICIPATE IN A SUPPLEMENTAL NON-QUALIFIED

RETIREMENT PLAN UNDER CODE 457(F). ANY AMOUNTS ULTIMATELY PAID UNDER

THE PLAN TO AN ELIGIBLE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM

990, SCHEDULE J, PART II, COLUMN B (III) IN THE YEAR PAID.

SUPPLEMENTAL NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO

THE FOLLOWING LISTED PERSON IN PART VII:

BRADLEY C. BOND (\$309,673 - SERP)

MUKESH JAIN, MD (\$332,693 - SERP)

SUSAN V. JURIS (\$114,312 - SERP)

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.

JANET L. MILLER, ESQ. (\$395,767 - SERP)

KRISTI M. SINK (\$248,607 - SERP)

THEODOROS N. TEKNOS, MD (\$100,000 - SERP)

THOMAS F. ZENTY, III (\$3,362,236 - SERP)

THOMAS F. ZENTY, III RETIRED AS CEO IN JANUARY 2021 AFTER NEARLY 18 YEARS OF UNIVERSITY HOSPITALS HEALTH SYSTEM LEADERSHIP. UNDER ZENTY'S LEADERSHIP, UNIVERSITY HOSPITALS HEALTH SYSTEM EXPANDED FROM 3 TO 18 HOSPITALS TO PROVIDE CARE FOR 1.3 MILLION PATIENTS ANNUALLY. FOR CALENDAR YEAR 2021, ZENTY'S TOTAL COMPENSATION OF \$6,079,496 INCLUDES A FINAL DEFERRED RETIREMENT COMPENSATION PAYOUT OF \$3,362,236 WHICH IS INCLUDED ON SCHEDULE J, PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION.

FORM 990, SCHEDULE J, PART II:

FORM 990 REPORTING REQUIREMENTS RELATED TO ITEMS SUCH AS DEFERRED COMPENSATION PROGRAMS REQUIRE DUAL REPORTING IN SOME YEARS FOR VARIOUS PARTICIPANTS. AS SUCH, AMOUNTS MAY BE SHOWN IN PART VII AND SCHEDULE J DURING A YEAR IN WHICH THOSE AMOUNTS WERE DEFERRED, AND AGAIN IN

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.

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

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

REPORTED.

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
MINDY GUSZ	SEE PART V	15,262.	SEE PART V		X
ELLEN SABIK	SEE PART V	192,738.	SEE PART V		X
RACHEL TOTH	SEE PART V	82,532.	SEE PART V		X
KATHRYN THOMPSON	SEE PART V	117,568.	SEE PART V		X

Part V Supplemental Information.

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

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MINDY GUSZ.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY RELATIONSHIP.

(C) AMOUNT OF TRANSACTION: \$15,262.

(D) DESCRIPTION OF TRANSACTION: FAMILY MEMBER OF MR. JOHN GUSZ, ROBINSON HEALTH SYSTEM, INC. DIRECTOR EX OFFICIO.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ELLEN SABIK.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY RELATIONSHIP.

(C) AMOUNT OF TRANSACTION: \$192,738.

(D) DESCRIPTION OF TRANSACTION: FAMILY MEMBER OF MR. JOSEPH SABIK, UH MEDICAL GROUP, INC. DIRECTOR EX OFFICIO.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RACHEL TOTH.

Part V Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

RELATIONSHIP.

(C) AMOUNT OF TRANSACTION: \$82,532.

(D) DESCRIPTION OF TRANSACTION: FAMILY MEMBER OF MS. PATRICIA

SHARPNACK, CURRENT DIRECTOR ON THE UH AHUJA MEDICAL CENTER, INC. BOARD.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KATHRYN THOMPSON.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

RELATIONSHIP.

(C) AMOUNT OF TRANSACTION: \$117,568.

(D) DESCRIPTION OF TRANSACTION: FAMILY MEMBER OF MS. PATRICIA DEPOMPEI,

PRESIDENT UHCMC RAINBOW BABIES & CHILDREN'S HOSPITAL.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**
GROUP RETURN

Employer identification number
90-0059117

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	36	127,100.	APPRAISAL/RECEIPT
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		42,074.	RECEIPT/FMV/INVOICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	57	3,110,502.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	1	106,300.	APPRAISAL
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	13	48,801.	RECEIPT/INVOICE
20 Drugs and medical supplies	X	5	107,885.	INVOICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EVENT)	X	11	35,398.	RECEIPT/FMV/INVOICE
26 Other (MISCELLANEOUS)	X	33	16,977.	RECEIPT/FMV/INVOICE
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 4

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

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

Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBERS REPORTED IN PART I, COLUMN (B) REPRESENT A COMBINATION OF

THE NUMBER OF CONTRIBUTIONS OR THE NUMBER OF ITEMS RECEIVED.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number	90-0059117
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FORM 990, PART I, LINE 6:

THE TOTAL NUMBER OF VOLUNTEERS IS PROVIDED BY EACH UH MEDICAL CENTER'S
VOLUNTEER COORDINATOR.

VOLUNTEERS PROVIDE ASSISTANCE IN MANY DIFFERENT DEPARTMENTS THROUGHOUT

THE UH MEDICAL CENTERS. THE ROLES OF A VOLUNTEER FALL INTO THREE

CATEGORIES: PATIENT CONTACT, LIMITED PATIENT CONTACT AND NO PATIENT

CONTACT. ROLES IN THE PATIENT CONTACT CATEGORY INCLUDE THOSE WHERE THE

VOLUNTEER IS WORKING DIRECTLY WITH A PATIENT OR THE PATIENT'S FAMILY.

EXAMPLES OF VOLUNTEER ROLES FROM THIS CATEGORY INCLUDE BUT ARE NOT

LIMITED TO PASTORAL CARE VOLUNTEERS AND NEWBORN NURSERY VOLUNTEERS.

VOLUNTEERS WHO SERVE IN ROLES WHERE THERE IS LIMITED PATIENT CONTACT

WORK IN AREAS WHERE THEY MAY BE WORKING MORE WITH HOSPITAL STAFF THAN

OUR PATIENTS OR VISITORS. EXAMPLES OF VOLUNTEER ROLES UNDER THE LIMITED

PATIENT CONTACT INCLUDE BUT ARE NOT LIMITED TO FLOWER DELIVERY

VOLUNTEERS AND ATRIUM GIFT SHOP VOLUNTEERS. FINALLY, EXAMPLES OF

VOLUNTEER ROLES FROM THE NO PATIENT CONTACT CATEGORY INCLUDE BUT ARE

NOT LIMITED TO MAILROOM AND CLERICAL VOLUNTEERS (WORKING IN OFFICES

THROUGHOUT THE UH MEDICAL CENTERS).

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION:

UNIVERSITY HOSPITALS (THE "SYSTEM") IS GUIDED BY ITS MISSION "TO HEAL,

TO TEACH. TO DISCOVER." THE SYSTEM SERVES A UNIQUE ROLE IN THE

COMMUNITIES IT SERVES BY PROVIDING DIVERSE POPULATIONS THROUGHOUT THE

NORTHEAST OHIO REGION WITH COMPREHENSIVE HEALTH CARE - FROM PRIMARY

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

Schedule O (Form 990) 2021

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

Employer identification number
90-0059117

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 III - PROGRAM SERVICE, LINE 4A:

COMMITMENT TO THE COMMUNITY REMAINS AT THE CORE OF THE SYSTEM'S

MISSION: TO HEAL. TO TEACH. TO DISCOVER. IN 2021, UNIVERSITY HOSPITALS

DEDICATED MORE THAN \$500 MILLION TO COMMUNITY BENEFIT PROGRAMS IN

NORTHEAST OHIO CONSISTING OF:

- EDUCATION AND TRAINING = \$ 104 MILLION

- RESEARCH = \$ 66 MILLION

- CHARITY CARE = \$50 MILLION

- MEDICAID SHORTFALL = \$290 MILLION

- COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = \$22

MILLION

- HOSPITAL CARE ASSURANCE PROGRAM (HCAP) RECEIPTS = (\$32 MILLION).

REFER TO SCHEDULE H FOR FURTHER DETAIL ON HOW THE SYSTEM MEASURES AND

REPORTS COMMUNITY BENEFIT. COMMUNITY BENEFIT FOR 2021 TOTALED \$500

MILLION.

IN ADDITION TO CHARITY CARE AND INSUFFICIENT FUNDING FROM THE MEDICAID

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

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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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 2021, \$125 MILLION

REPRESENTED REVENUES FOR SERVICES PROVIDED THAT ARE DEEMED TO BE

UNCOLLECTIBLE.

THE SYSTEM HAS A BROAD PRESENCE THROUGHOUT NORTHEAST OHIO, INCLUDING

CUYAHOGA, LORAIN, GEAUGA, ASHTABULA, PORTAGE, ASHLAND, AND RICHLAND

COUNTIES SERVICE AREAS. THE BREADTH OF THE SYSTEM'S SERVICE AREA IS

COVERED THROUGH ITS ACADEMIC MEDICAL CENTER, COMMUNITY MEDICAL CENTERS,

JOINT VENTURES, AMBULATORY HEALTH CENTERS, AND MEDICAL PRACTICES.

THE UH HEALTH SYSTEM PROVIDES WORK DIRECTLY FOR 42,009 EMPLOYEES AND

PHYSICIANS. UH PROVIDES MANY COMMUNITY BENEFITS DIRECTLY AND INDIRECTLY

THROUGH NEW OR EXPANDED BUSINESS OPPORTUNITIES AND THROUGH IMPORTANT

CAPITAL INVESTMENTS IN OUR FACILITIES. UH HAS COMMITTED - AND CONTINUES

TO COMMIT - MILLIONS OF DOLLARS TO FACILITIES AND OPERATIONS WITHIN THE

CITY OF CLEVELAND AND THROUGHOUT OUR REGION, PROVIDING CONSTRUCTION AND

HOSPITAL-BASED JOBS. STATE-OF-THE-ART FACILITIES AND SERVICES AT UH

CLEVELAND MEDICAL CENTER, OUR WORLD-RENOWNED ACADEMIC MEDICAL CENTER IN

CLEVELAND, PROVIDE CLEVELAND RESIDENTS AND PEOPLE FROM THROUGHOUT THE

REGION AND THE WORLD WITH THE FINEST IN PRIMARY AND SPECIALTY HEALTH

CARE. THE FACILITIES ALLOW US TO CONDUCT VITAL MEDICAL RESEARCH AND

OFFER ADVANCED TRAINING FOR STUDENTS AND HEALTH PROFESSIONALS. THE

QUENTIN & ELISABETH ALEXANDER NEONATAL INTENSIVE CARE UNIT AT UH

RAINBOW BABIES & CHILDREN'S HOSPITAL SERVES OUR MOST VULNERABLE

CHILDREN. THE SYSTEM'S EMERGENCY FACILITIES AT OR MEDICAL CENTERS AND

THE SYSTEM'S SEIDMAN CANCER CENTER AT UH CLEVELAND MEDICAL CENTER AND

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

Employer identification number
90-0059117

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 2021, THE COVID-19 PANDEMIC CONTINUED TO CAUSE CHALLENGES FOR

THE NORTHEAST OHIO REGION. THIS PRESENTED NEW OPPORTUNITIES FOR THE

HEALTH SYSTEM TO CONTRIBUTE TO THE COMMUNITY BY:

- A COVID-19 VACCINE CLINIC THAT PROVIDED NEARLY 165,000 VACCINES TO
82,000 PATIENTS AND CAREGIVERS.

- MORE THAN 200 COVID-19 FOCUSED CLINICAL TRIALS AND RESEARCH STUDIES.

- CARING FOR PATIENTS THROUGH THE COVID-19 SURGES WHILE MANAGING
THROUGH AN UNPRECEDENTED NATIONAL HEALTH CARE STAFFING SHORTAGE.

- THROUGH HARRINGTON DISCOVERY INSTITUTE AT UNIVERSITY HOSPITALS,
ENGAGED SCHOLARS FROM AROUND THE WORLD IN FIGHTING COVID-19, RESULTING
IN FOUR INNOVATIONS THAT HAVE ALREADY PROGRESSED TO THE STAGE OF
CLINICAL TRIALS.

THE SYSTEM IS PROUD TO CONTRIBUTE TO THE HEALTH OF ITS CITIZENS AND TO

BE A POSITIVE ECONOMIC FORCE IN THE REGION. FOR MORE DETAILED

INFORMATION ON THE SYSTEM'S COMMUNITY BENEFIT OR TO VIEW THE 2021

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 THE SOLE MEMBER OF THE

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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ORGANIZATIONS INCLUDED IN THIS RETURN. ITS RIGHTS INCLUDE ELECTING THE

BOARD OF DIRECTORS AND APPROVING SIGNIFICANT DECISIONS OF EACH

ORGANIZATION'S BOARD.

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

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. (SOLE MEMBER) ELECTS THE BOARD

OF DIRECTORS, INCLUDING THE DESIGNATION OF THE DIRECTORS TO BE THE

CHAIRPERSON AND VICE CHAIRPERSON OF THE BOARD.

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

CERTAIN GOVERNING RESPONSIBILITIES ARE RESERVED AT THE PARENT

ORGANIZATION, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. (SOLE MEMBER).

EXAMPLES INCLUDE APPROVING MATTERS RELATING TO FINANCES AND FINANCING,

MATTERS RELATING TO INVESTMENTS, LEGAL MATTERS, MATERIAL ASSETS SALES OR

TRANSFERS, STRATEGIC PLAN, OFFICERS, AND DIRECTORS TO THE ORGANIZATIONS

BOARD.

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:

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

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

FORM 990, PART VI, SECTION B, LINE 15:

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS APPROVED BY THE UHHS BOARD
OF DIRECTORS. EXECUTIVE COMPENSATION IS APPROVED BY THE COMPENSATION
COMMITTEE OF THE BOARD (THE "COMMITTEE"). THE COMMITTEE HAS RETAINED AN
INDEPENDENT COMPENSATION CONSULTANT WHO PROVIDES INFORMATION TO THE
COMMITTEE ON CHANGES AND TRENDS IN EXECUTIVE COMPENSATION AND OBJECTIVE

Name of the organization	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number	90-0059117
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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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

UT

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS FOR UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. AND ITS SUBSIDIARIES ARE MADE PUBLICLY AVAILABLE THROUGH THE USE OF DAC BOND (DISCLOSURE DISSEMINATION AGENT) AND CAN BE FOUND ON THE INTERNET AT WWW.DACBOND.COM. THE ORGANIZATION'S ARTICLES, CODE OF REGULATIONS, AND CONFLICT OF INTEREST POLICY MAY BE MADE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A: INDIVIDUAL DISCLOSURES

GROUP ENTITIES LISTED BELOW INCLUDE:

AHUJA: UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC.

CCO: UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION

CHCO: COMPREHENSIVE HEALTH CARE OF OHIO, INC.

CONN: UNIVERSITY HOSPITALS CONNEAUT

ELYRIA: EMH REGIONAL MEDICAL CENTER

GEAUGA: UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER

GENEVA: UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER

HCS: UNIVERSITY HOSPITALS HOME CARE SERVICES, INC.

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HHI: UHHS HEATHER HILL INC.

PARMA: PARMA COMMUNITY GENERAL HOSPITAL

PORT: ROBINSON HEALTH SYSTEM, INC.

SAM: SAMARITAN REGIONAL HEALTH SYSTEM

SJMC: UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER

UHCMC: UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER

UHLSF: UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION

UHMG: UNIVERSITY HOSPITALS MEDICAL GROUP, INC.

UHRH: UH REGIONAL HOSPITALS

HOURS LISTED BELOW INCLUDE:

AVERAGE HOURS PER WEEK FOR EACH INDIVIDUALS' ENTITY BOARD.

ROLES LISTED BELOW INCLUDE:

D: INDIVIDUAL TRUSTEE OR DIRECTOR

T: INSTITUTIONAL TRUSTEE

O: OFFICER

KE: KEY EMPLOYEE

HCE: HIGHEST COMPENSATED EMPLOYEE

F: FORMER

ADAIR, BRETT DO:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR (BEGIN 05/21); 2 HOURS; D

ADELMAN, HARLIN G. ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: CHIEF LEGAL OFFICER/SECRETARY; 2 HOURS; O

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UHMG: FORMER OFFICER; 0 HOURS; F

AGRANOVICH, CHERYL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

ANDRES, BLAKE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR; 2 HOURS; D

ANNABLE, CATHY J. S. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

BALL, STANLEY C.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

BALLINGER, MARCIA PHD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

CHCO: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

BALOGH, SCOTT:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR; 2 HOURS; D

BAMBAKIDIS, NICHOLAS C:

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ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMGM: VP, NEUROLOGICAL INSTITUTE; 50 HOURS; HCE

BARR, WILLIAM H. III:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR; 2 HOURS; D

BECK, ERIC H. DO, MPH:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR EX OFFICIO/INTERIM PRESIDENT (BEG 09/21); 2 HOURS; D, O

UHMGM: DIRECTOR EX OFFICIO (BEGIN 09/21); 2 HOURS; D

HCS: DIRECTOR/CHAIR; 2 HOURS; D, O

BECK, JOHN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HHI: DIRECTOR/PRESIDENT; 2 HOURS; D, O

BEER, ANNE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR/CHAIR; 2 HOURS; D, O

BEJANISHVILI, TAMAR MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR EX OFFICIO; 2 HOURS; D

BENOIT, WILLIAM:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORT: DIRECTOR EX OFFICIO/PRESIDENT; 2 HOURS; D, O

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SAM: DIRECTOR EX OFFICIO (BEGIN 12/21)/PRESIDENT (BEGIN 06/21); 2

HOURS; D, O

BEVERAGE, MORRIS W. JR., EDM:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR; 2 HOURS; D

BLOXDORF, GREGORY DO:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SJMC: DIRECTOR EX OFFICIO; 2 HOURS; D

BOND, BRADLEY C.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: SECRETARY/TREASURER; 2 HOURS; O

SAM: SECRETARY/TREASURER; 2 HOURS; O

HHI: DIRECTOR/SECRETARY/TREASURER; 2 HOURS; D, O

AHUJA: SECRETARY/TREASURER; 2 HOURS; O

UHRH: SECRETARY/TREASURER (BEGIN 03/21); 2 HOURS; O

CHCO: SECRETARY/TREASURER; 2 HOURS; O

UHLSF: DIRECTOR/TREASURER; 2 HOURS; D, O

BOWLER, CONNIE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR/VICE CHAIR (BEGIN 05/21); 2 HOURS; D, O

GENEVA: DIRECTOR/VICE CHAIR (BEGIN 05/21); 2 HOURS; D, O

BOYKO, TIMOTHY A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

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PARMA: DIRECTOR/CHAIR; 2 HOURS; D, O

BRADLEY, SALLY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR; 2 HOURS; D

BRAGG, DAN A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR; 2 HOURS; D

ELYRIA: DIRECTOR; 2 HOURS; D

BRECHT, CHRISTOPHER E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GENEVA: DIRECTOR; 2 HOURS; D

CONN: DIRECTOR; 2 HOURS; D

BROOME, BARBARA ANN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORT: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

BROWN, SAM H.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHLSF: DIRECTOR/PRESIDENT/SECRETARY; 2 HOURS; D, O

BURKHOLDER, HARVEY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR; 2 HOURS; D

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CAMIENER, DAVID A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

CARPENTER, JENNIFER:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HCS: DIRECTOR; 2 HOURS; D

CARR, DAVID:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

CHANDLER, POLLY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR; 2 HOURS; D

CHANG, PHILLIP MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: CHIEF MEDICAL OFFICER; 2 HOURS; O

CHICKERELLA, DANIELLE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR ; 2 HOURS; D

HCS: DIRECTOR/VICE PRESIDENT (END 05/21)/VICE CHAIR; 2 HOURS; D, O

CHILDERS, WILLIAM:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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PORT: DIRECTOR; 2 HOURS; D

CIACCIA, JULIUS JR.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR; 2 HOURS; D

CLARK, JILL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

CLOUGH, MAYOR DENNIS:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SJMC: DIRECTOR; 2 HOURS; D

COE, RICHARD J.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORT: DIRECTOR EX OFFICIO (END 05/21); 2 HOURS; D

COLE, MELISSA CNP:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HCS: DIRECTOR/PRESIDENT; 2 HOURS; D, O

CONNER, MARJORIE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORT: DIRECTOR; 2 HOURS; D

CORCORAN, KEVIN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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CHCO: DIRECTOR; 2 HOURS; D

ELYRIA: DIRECTOR; 2 HOURS; D

CORRENTI, MARY ANN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR; 2 HOURS; D

COWEN, TIMOTHY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR; 2 HOURS; D

DANA, RICHARD L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR/CHAIR; 2 HOURS; D, O

GENEVA: DIRECTOR/CHAIR; 2 HOURS; D, O

DAVID, ROBERT G.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SJMC: DIRECTOR EX OFFICIO/PRESIDENT (END 02/21); 2 HOURS; D, O

DAVIE, DIANE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SJMC: DIRECTOR; 2 HOURS; D

DEBS, MICHAEL MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR EX OFFICIO (BEGIN 05/21); 2 HOURS; D

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DECARLO, DONALD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR EX OFFICIO/PRESIDENT (END 06/21); 2 HOURS; D, O

DECK, CHARLES V.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR/VICE CHAIR (END 05/21); 2 HOURS; D, O

GENEVA: DIRECTOR/VICE CHAIR (END 05/21); 2 HOURS; D, O

DEPOMPEI, PATRICIA M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: PRESIDENT - RAINBOW BABIES & CHILDRENS; 2 HOURS; O

UHMG: DIRECTOR; 2 HOURS; D

DESOUZA, LESLEY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR/SECRETARY (BEGIN 07/21); 2 HOURS; D, O

DEVANEY, ERIC J:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIVISION CHIEF, UHMG; 50 HOURS; HCE

DOLL, DAVID:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (BEGIN 05/21); 2 HOURS; D

DOODY, RICHARD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

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AHUJA: DIRECTOR; 2 HOURS; D

EGLESTON, INDRANI:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR; 2 HOURS; D

EMRHEIN, WILLIAM:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR EX OFFICIO; 2 HOURS; D

EUBANKS, JASON D:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: ORTHOPEDIC SURGEON; 50 HOURS; HCE

FINE, LAUREN RICH:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

FITTS, JOHN T.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR/CHAIR; 2 HOURS; D, O

FLYNN, SCOTT ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORT: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

FRENCH, MATTHEW C.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

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PORT: DIRECTOR; 2 HOURS; D

GARCIA, RICHARD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GENEVA: DIRECTOR; 2 HOURS; D

CONN: DIRECTOR; 2 HOURS; D

GAUGHAN, HON. PATRICIA ANN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SJMC: DIRECTOR; 2 HOURS; D

GIANFAGNA, JEAN M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SJMC: DIRECTOR; 2 HOURS; D

GILMAN, THOMAS R.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR/VICE CHAIR (END 05/21); 2 HOURS; D, O

GISZTL, RODNEY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR/TREASURER (BEGIN 07/21); 2 HOURS; D, O

GLOTZBECKER, MICHAEL P:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIVISION CHIEF, UHMG; 50 HOURS; HCE

GLOWCZEWSKI, JASON:

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GROUP RETURN

Employer identification number
90-0059117

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GENEVA: DIRECTOR EX OFFICIO (BEGIN 06/21)/SECRETARY/TREASURER; 2 HOURS;

D, O

GGAUGA: DIRECTOR EX OFFICIO (BEGIN 06/21); 2 HOURS; D

CONN: DIRECTOR EX OFFICIO (BEGIN 06/21)/SECRETARY/TREASURER; 2 HOURS;

D, O

GODELLE, MICHAEL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHLRF: DIRECTOR; 2 HOURS; D

GREIG, JUDITH C. RN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR; 2 HOURS; D

GUAY, MARC MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR EX OFFICIO (BEGIN 01/01); 2 HOURS; D

ELYRIA: DIRECTOR EX OFFICIO (BEGIN 01/21); 2 HOURS; D

GUSZ, JOHN R. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORT: DIRECTOR EX OFFICIO; 2 HOURS; D

HABER, IRWIN G.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

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HAMMACK, ELIZABETH R. ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: FORMER OFFICER; 0 HOURS; F

HANFF, POLLY M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR; 2 HOURS; D

HARDIN, JR. CHARLES W.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GENEVA: DIRECTOR (BEGIN 05/21); 2 HOURS; D

CONN: DIRECTOR (BEGIN 05/21); 2 HOURS; D

HARFORD, TODD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR EX OFFICIO (BEGIN 09/21); 2 HOURS; D

SAM: DIRECTOR EX OFF. (END 12/21)/PRESIDENT (END 06/21); 2 HOURS; D, O

HARRINGTON-MCLAUGHLIN, JILL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

HARRIS, TIMOTHY S.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

HEIMANN, SUSAN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

Employer identification number
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SAM: DIRECTOR (END 07/21); 2 HOURS; D

HERTZ, ANDREW R. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR (END 05/21); 2 HOURS; D

HILL, JAMES L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR EX OFFICIO (BEGIN 06/21); 2 HOURS; D

HINCHEY, PAUL R.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR (BEGIN 05/21) (END 06/21); 2 HOURS; D

ELYRIA: DIRECTOR (BEGIN 05/21) (END 06/21); 2 HOURS; D

PARMA: DIRECTOR (BEGIN 05/21) (END 06/21); 2 HOURS; D

HOCKADAY, JAMES E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR; 2 HOURS; D

HOSIER-ORVIS, B. PAIGE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR; 2 HOURS; D

HOYNES, SEAN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

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HUNT, JOYCE ANNE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR; 52 HOURS; D

IMHOFF, DONNA PHD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR (END 05/21); 2 HOURS; D

JAIN, MUKESH MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR; 2 HOURS; D

JARZEMBAK, KELLIE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR EX OFFICIO (END 05/21); 52 HOURS; D

JEMISON, TRACY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

JONES, M. STEVEN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: FORMER OFFICER; 0 HOURS; F

CONN: DIRECTOR EX OFFICIO/PRESIDENT (END 03/21); 2 HOURS; D, O

UHRH: SECRETARY/TREASURER (END 03/21); 2 HOURS; O

GENEVA: DIRECTOR EX OFFICIO/PRESIDENT (END 03/21); 2 HOURS; D, O

AHUJA: DIRECTOR EX OFFICIO (END 03/21); 2 HOURS; D

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PORT: DIRECTOR EX OFFICIO (END 03/21); 2 HOURS; D

JORDAN, SHARON SOBOL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

JUDD, JAMES (DELL) O.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR; 2 HOURS; D

JURIS, SUSAN V.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: FORMER OFFICER; 0 HOURS; F

HHI: FORMER OFFICER; 0 HOURS; F

KARLOVEC, JOHN D.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR; 2 HOURS; D

KELLY, MICHAEL J. SR.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR; 2 HOURS; D

KELSAY, RALPH J.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR; 2 HOURS; D

KELSHEIMER, JERRY L.:

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ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR EX OFFICIO (END 05/21); 2 HOURS; D

KINNEY, WARD (BUD) L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR; 2 HOURS; D

KLINE, ANDREW L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

KNECHT, BARBARA L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR/SECRETARY/TREASURER; 2 HOURS; D, O

KONHEIM, ARI L:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: PHYSICIAN; 50 HOURS; HCE

KOURY, LEE M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

KUMAR, AJAY MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GENEVA: DIRECTOR EX OFFICIO; 2 HOURS; D

CONN: DIRECTOR EX OFFICIO ; 2 HOURS; D

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LAISURE, COLLETTE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR EX OFFICIO; 2 HOURS; D

LEGEZA, MICHAEL D.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR; 2 HOURS; D

LEININGER, KIMM:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR; 2 HOURS; D

LEWIS, MICHAEL A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORT: DIRECTOR/CHAIR; 2 HOURS; D, O

LONG, REV. JANET:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR; 2 HOURS; D

CHCO: DIRECTOR; 2 HOURS; D

MACKINLAY, SARA ANN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SJMC: DIRECTOR/CHAIR; 2 HOURS; D, O

MAINE, KAREEM D.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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PARMA: DIRECTOR (BEGIN 05/21); 2 HOURS; D

MARKOWITZ, DALE H.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR; 2 HOURS; D

MCGEE, THOMAS:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR (END 05/21); 2 HOURS; D

MCQUISTON, EDWARD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SJMC: DIRECTOR; 2 HOURS; D

MEGERIAN, CLIFF MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR (END 05/21); 2 HOURS; D

UHCMC: DIRECTOR EX OFFICIO (BEGIN 01/21); 2 HOURS; D

UHMG: FORMER OFFICER; 0 HOURS; F

METCALF BEASLEY, TERESA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (BEGIN 05/21); 2 HOURS; D

MIGGINS, LYNN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR/CHAIR; 2 HOURS; D, O

CHCO: DIRECTOR/CHAIR; 2 HOURS; D, O

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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MILLER, CHRISTOPHER N. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR EX OFFICIO/PRESIDENT; 50 HOURS; D, O

MILLER, JANET L. ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: FORMER OFFICER; 0 HOURS; F

MILLER, MARCIA J.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR/VICE CHAIR (END 12/21)/CHAIR (BEG 12/21); 2 HOURS; D, O

MILLER, MARLENE MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR EX OFFICIO; 50 HOURS; D

MILLER, PETE C.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR; 2 HOURS; D

MONHEIM, KAREN M. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

MONTER, BRIAN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: FORMER OFFICER; 0 HOURS; F

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

Employer identification number
90-0059117

PARMA: DIRECTOR EX OFFICIO (END 06/21)/PRESIDENT; 2 HOURS; D, O

SJMC: DIRECTOR EX OFFICIO (BEGIN 02/21) (END 06/21)/PRESIDENT (BEGIN
02/21); 2 HOURS; D, O

CHCO: DIRECTOR EX OFFICIO/PRESIDENT (BEGIN 02/21); 2 HOURS; D, O

ELYRIA: DIRECTOR EX OFFICIO (BEGIN 02/21) (END 06/21)/PRESIDENT (BEGIN
02/21); 2 HOURS; D, O

MOORE, ERIC J. ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

MYERS, PAUL R.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR EX OFFICIO; 2 HOURS; D

NEWCOMB, CHRISTOPHER M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR; 2 HOURS; D

OWEN, MELISSA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (BEGIN 05/21); 2 HOURS; D

PAPA, ALAN J. FACHE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR EX OFFICIO/PRESIDENT; 2 HOURS; D, O

CONN: DIRECTOR EX OFFICIO (BEGIN 03/21) (END 06/21)/PRESIDENT (BEGIN

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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03/21); 2 HOURS; D, O

GEAUGA: PRESIDENT (BEGIN 06/21); 2 HOURS; O

GENEVA: DIRECTOR EX OFFICIO (BEGIN 03/21) (END 06/21)/PRESIDENT (BEGIN

03/21); 2 HOURS; D, O

UHRH: PRESIDENT (BEGIN 06/21); 2 HOURS; O

PAUL, STAMY S.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR/CHAIR (END 07/21); 2 HOURS; D, O

PHYFER, CHERI M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

PIRTZ, JASON M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: CHIEF NURSING OFFICER; 2 HOURS; O

PLECHA, DONNA MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR EX OFFICIO (BEGIN 05/21); 2 HOURS; D

PLUMMER, DEBORAH L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

PLUSH, MARK J.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

Employer identification number
90-0059117

CCO: DIRECTOR; 2 HOURS; D

POLITO, MARIA ANN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR; 2 HOURS; D

PRAUSE, JACK H.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR; 2 HOURS; D

PRIEMER, WILLIAM A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

PRONOVOST, PETER MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

RAO, GOUTHAM MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR ; 50 HOURS; D

RAPKIN, DAVID S. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR EX OFFICIO ; 2 HOURS; D

RAVICHANDRAN, KAMALESWARY MD:

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

REIDY, JOAN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR (END 05/21); 2 HOURS; D

ELYRIA: DIRECTOR (END 05/21); 2 HOURS; D

REYNOLDS, DAVID M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

RICHARDSON, SEAN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (BEGIN 05/21); 2 HOURS; D

RIEMENSCHNEIDER, CPA DANIEL R.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORT: DIRECTOR EX OFFICIO (BEGIN 05/21); 2 HOURS; D

RILEY, LORI A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR (BEGIN 05/21); 2 HOURS; D

GENEVA: DIRECTOR (BEGIN 05/21); 2 HOURS; D

ROSENBERG, ENID:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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ROWELL, ROBIN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR EX OFFICIO/PRESIDENT (END 06/21); 2 HOURS; D, O

ROYAL, KIMBERLY S. DO:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR EX OFFICIO; 2 HOURS; D

SABIK, JOSEPH MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR EX OFFICIO; 50 HOURS; D

SAGUE, JONATHAN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SJMC: DIRECTOR EX OFFICIO (BEGIN 06/21); 2 HOURS; D

SAHR, MICHELLE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORT: DIRECTOR; 2 HOURS; D

SALATA, ROBERT A. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR EX OFFICIO; 50 HOURS; D

SALVINO, SONIA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: TREASURER; 2 HOURS; O

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

Employer identification number
90-0059117

UHMG: DIRECTOR/SECRETARY/TREASURER; 2 HOURS; D, O

UHLSF: FORMER OFFICER; 0 HOURS; F

SJMC: SECRETARY/TREASURER; 2 HOURS; O

SARGENT, STEVE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR (BEGIN 05/21); 2 HOURS; D

GENEVA: DIRECTOR (BEGIN 05/21); 2 HOURS; D

SCHARIO, MARK E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: PRESIDENT/SECRETARY; 2 HOURS; O

SCHULZE-FLYNN, CYNTHIA V.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

SEITZ, THOMAS W.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

SELMAN, WARREN R. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR ; 50 HOURS; D

SETHI, NEIL M.D.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR/CHAIR (END 05/21); 2 HOURS; D, O

Name of the organization	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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SHARPBACK, PATRICIA DNP, RN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

SILA, CATHY MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HCS: DIRECTOR/SECRETARY/TREASURER; 52 HOURS; D, O

SIMON, DANIEL I. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMC: DIRECTOR EX OFFICIO/PRESIDENT (END 09/21); 2 HOURS; D, O

UHMG: DIRECTOR EX OFFICIO (END 09/21)/CHAIR; 2 HOURS; D, O

SINK, KRISTI M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR EX OFFICIO (END 08/21)/PRESIDENT (END 02/21); 2 HOURS;

D, O

CHCO: DIRECTOR EX OFFICIO/PRESIDENT (END 02/21); 2 HOURS; D, O

PARMA: FORMER OFFICER; 0 HOURS; F

SIPPEY, MEGAN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR (BEGIN 05/21); 2 HOURS; D

SIRACUSA, ANTHONY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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SKODA, GREGORY J.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

SKORY, JOHN E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

SKUFCA, MICHAEL DDS:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR (END 05/21); 2 HOURS; D

GENEVA: DIRECTOR (END 05/21); 2 HOURS; D

SMITH, GERI M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR; 2 HOURS; D

SNELSON, MARC MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR EX OFFICIO (BEGIN 06/21); 52 HOURS; D

SNOWBERGER, THOMAS D.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORT: DIRECTOR; 2 HOURS; D

UHMG: DIRECTOR; 2 HOURS; D

SOORIYAPALAN, NISHANTHINI MD:

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR EX OFFICIO; 2 HOURS; D

SPALSBURG, ANGELA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GGAUGA: DIRECTOR; 2 HOURS; D

SPEAR, BRENDA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

STANO, DIANE PHD, OSU:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SJMC: DIRECTOR (END 05/21); 2 HOURS; D

STEFANO, GREGORY MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GGAUGA: DIRECTOR EX OFFICIO; 2 HOURS; D

STEINHILBER, JEFFREY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

STENDEL, MICHAEL MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR (END 05/21); 2 HOURS; D

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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STROSACKER, ROBYN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: CHIEF MEDICAL OFFICER/CHIEF OPERATING OFFICER; 2 HOURS; O

SYLVAN, DAVID:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HCS: DIRECTOR; 2 HOURS; D

SZUBSKI, MICHAEL A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR/CHAIR/TREASURER; 2 HOURS; D, O

UHMG: FORMER OFFICER; 0 HOURS; F

TAIT, PAUL G.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR (END 05/21); 2 HOURS; D

ELYRIA: DIRECTOR (END 05/21); 2 HOURS; D

CCO: DIRECTOR; 2 HOURS; D

PARMA: DIRECTOR (END 05/21); 2 HOURS; D

TAYLOR, EDDIE JR.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR/CHAIR; 2 HOURS; D, O

TEKNOS, THEODOROS N. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: PRESIDENT - SEIDMAN CANCER CENTER; 2 HOURS; O

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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THOMAS, DONNA ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR; 2 HOURS; D

TIFFT, VICTORIA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

UHMG: DIRECTOR; 2 HOURS; D

TOPALSKY, GEORGE MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

HCS: DIRECTOR; 2 HOURS; D

TREXLER, THOMAS:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORT: DIRECTOR; 2 HOURS; D

VARCKETTE, STEVE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONN: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR; 2 HOURS; D

VEHOVEC, MICHAEL R.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HHI: DIRECTOR/CHAIR; 2 HOURS; D, O

VOOS, JAMES:

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR ; 50 HOURS; D

WALDECK, JOHN (JACK) W.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR; 2 HOURS; D

WILKINSON, SCOTT A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR; 2 HOURS; D

YATES, VIVIAN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SJMC: DIRECTOR; 2 HOURS; D

ZANIN, CLAUDIO:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR/SECRETARY (END 07/21); 2 HOURS; D, O

ZELIS, CYNTHIA MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR (END 05/21); 2 HOURS; D

ZELLER, LORNA A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHRH: DIRECTOR; 2 HOURS; D

ZELMAN, DANIEL N.:

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
GROUP RETURN

Employer identification number
90-0059117

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR; 2 HOURS; D

ZENTY, THOMAS F. III:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMC: DIRECTOR EX OFFICIO (END 01/21); 2 HOURS; D

ZOLTANSKI, JOAN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAM: DIRECTOR; 2 HOURS; D

UHMG: DIRECTOR ; 50 HOURS; D

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

NET ASSETS RELEASED FROM RESTRICTION -43,016,000.

EQUITY TRANSFERS -131,840,000.

OTHER CHANGES IN FUND BALANCE 50,631,000.

CHANGE IN BENEFICIAL INTEREST FOUNDATIONS 24,127,000.

TOTAL TO FORM 990, PART XI, LINE 9 -100,098,000.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**
GROUP RETURN
Employer identification number
90-0059117

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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
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	
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	
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	
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	

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

Schedule R (Form 990) 2021

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	
NEW MANNA CLG, LLC - 37-1848577, 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
SAMARITAN REGIONAL PAIN MANAGEMENT LLC - 46-2286785, 1025 CENTER STREET, ASHLAND, OH 44805	MEDICAL SERVICES	OH	SAMARITAN REGIONAL HEALTH SYSTEM	RELATED	-13,671.	337,006.		X	N/A		X	51.00%
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 CLINICAL ASSOCIATES, LLC - 84-3169305, 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

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
COMPREHENSIVE VENTURES UNLIMITED, INC. - 34-1596060, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	PHYSICIAN ADMINISTRATION	OH	COMPREHENSIVE HEALTH CARE OF OHIO, INC.	C CORP	1,140,365.	4,217,153.	100%	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	63,068.	68,846.	100%	X	
EMH PROFESSIONAL SERVICES, INC. - 34-1778419 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	PHYSICIAN GROUP	OH	N/A	C CORP	N/A	N/A	N/A	X	
EMH SHEFFIELD MEDICAL BUILDING CONDO - 26-0636602, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	REAL ESTATE	OH	UNIVERSITY HOSPITALS HEALTH SYSTEM,	C CORP	130,000.	845,257.	100%	X	
LAKE PHO, INC. - 34-1696001 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	PHYSICIAN ADMINISTRATION	OH	N/A	C CORP	N/A	N/A	N/A	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 VALUE HEALTH HOLDINGS, LLC - 85-3503184, 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
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
UNIVERSITY SUBURBAN REAL ESTATE LTD - 34-1397180, 3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122	REAL ESTATE	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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
NORTH OHIO HEART, INC. - 27-2574020 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	COMPREHENSIVE HEALTH CARE OF OHIO, INC.	C CORP	15,379,031.	387,875.	100%	X	
POWERS PROFESSIONAL CORPORATION - 34-1735290 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	PARMA COMMUNITY MEDICAL CENTER	C CORP	0.	0.	100%	X	
PRL CORPORATION - 34-1499245 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	PARMA COMMUNITY MEDICAL CENTER	C CORP	2,568,681.	5,751,161.	100%	X	
QUALITY CARE NETWORK - 81-1081563 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	MEDICAL MANAGEMENT	OH	N/A	C CORP	N/A	N/A	N/A	X	
U.S.H.C MANAGEMENT, INC. - 34-1395971 3605 WARRENSVILLE CNTR RD SHAKER HEIGHTS, OH 44122	HOLDING COMPANY	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 MANAGEMENT	OH	N/A	C CORP	N/A	N/A	N/A	X	
UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION INC. - 81-3836118, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH	ACCOUNT CARE	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	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 ADMINISTRATION	OH	N/A	C CORP	N/A	N/A	N/A	X	
UNIVERSITY PRIMARY CARE PRACTICES INC. - 34-1768928, 3605 WARRENSVILLE CNTR RD, SHAKER HEIGHTS, OH 44122	PHYSICIAN GROUP	OH	N/A	C CORP	N/A	N/A	N/A	X	
WESTERN RESERVE ASSURANCE CO. LTD. SPC - 98-0462740, PO BOX 1051, GEORGE TOWN, GRAND CAYMAN, CAYMAN ISLANDS KY1 - 1102	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A	X	

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

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

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s 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
(1) 5805 EUCLID, INC. FROM CLEVELAND MEDICAL CENTER	A	877,653.	GENERAL LEDGER
(2) AHUJA MEDICAL CENTER FROM UH LAB SERVICES FOUNDATION	A	5,231.	GENERAL LEDGER
(3) AHUJA MEDICAL CENTER FROM UH PHYSICIAN SERVICES	A	13,006.	GENERAL LEDGER
(4) AHUJA MEDICAL CENTER FROM UNIVERSITY HOSPITALS MEDICAL GROUP	A	1,797.	GENERAL LEDGER
(5) CLEVELAND MEDICAL CENTER FROM UH LAB SERVICES FOUNDATION	A	177,696.	GENERAL LEDGER
CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS MEDICAL			
(6) GROUP	A	1,621,308.	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) CONNEAUT MEDICAL CENTER FROM UH PHYSICIAN SERVICES	A	54,703.	GENERAL LEDGER
(8) ELYRIA MEDICAL CENTER FROM UH PHYSICIAN SERVICES	A	156,765.	GENERAL LEDGER
(9) GEAUGA MEDICAL CENTER FROM CLEVELAND MEDICAL CENTER	A	500,322.	GENERAL LEDGER
(10) GEAUGA MEDICAL CENTER FROM UH LAB SERVICES FOUNDATION	A	3,902.	GENERAL LEDGER
(11) GEAUGA MEDICAL CENTER FROM UH PHYSICIAN SERVICES	A	379,905.	GENERAL LEDGER
(12) GENEVA MEDICAL CENTER FROM UH PHYSICIAN SERVICES	A	109,807.	GENERAL LEDGER
(13) GENEVA MEDICAL CENTER FROM UNIVERSITY HOSPITALS MEDICAL GROUP	A	25,670.	GENERAL LEDGER
(14) NORTH OHIO HEART, INC. FROM ELYRIA MEDICAL CENTER	A	141,691.	GENERAL LEDGER
(15) PARMA MEDICAL CENTER FROM CLEVELAND MEDICAL CENTER	A	40,375.	GENERAL LEDGER
(16) PARMA MEDICAL CENTER FROM UH PHYSICIAN SERVICES	A	376,689.	GENERAL LEDGER
(17) PORTAGE MEDICAL CENTER FROM CLEVELAND MEDICAL CENTER	A	268,349.	GENERAL LEDGER
(18) PORTAGE MEDICAL CENTER FROM UH PHYSICIAN SERVICES	A	1,818,291.	GENERAL LEDGER
(19) PORTAGE MEDICAL CENTER FROM UH ACCOUNTABLE CARE ORGANIZATION	A	44,348.	GENERAL LEDGER
(20) PRL CORPORATION FROM CLEVELAND MEDICAL CENTER	A	472,686.	GENERAL LEDGER
(21) PRL CORPORATION FROM PARMA MEDICAL CENTER	A	720,752.	GENERAL LEDGER
(22) PRL CORPORATION FROM UHHS, INC.	A	65,215.	GENERAL LEDGER
(23) PRL CORPORATION FROM UNIVERSITY HOSPITALS MEDICAL GROUP	A	97,740.	GENERAL LEDGER
(24) SAMARITAN MEDICAL CENTER FROM UH HOME CARE SERVICES	A	7,145.	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)SAMARITAN MEDICAL CENTER FROM UH PHYSICIAN SERVICES	A	773,914.	GENERAL LEDGER
(8)SAMARITAN MEDICAL CENTER FROM UHHS, INC.	A	84,901.	GENERAL LEDGER
(9)ST. JOHN MEDICAL CENTER FROM CLEVELAND MEDICAL CENTER	A	3,612,735.	GENERAL LEDGER
(10)ST. JOHN MEDICAL CENTER FROM UH PHYSICIAN SERVICES	A	582,064.	GENERAL LEDGER
(11)ST. JOHN MEDICAL CENTER FROM UNIVERSITY HOSPITALS MEDICAL GROUP	A	49,034.	GENERAL LEDGER
(12)UH PHYSICIAN SERVICES FROM ELYRIA MEDICAL CENTER	A	23,051.	GENERAL LEDGER
(13)UH PHYSICIAN SERVICES FROM PORTAGE MEDICAL CENTER	A	20,290.	GENERAL LEDGER
(14)UH PHYSICIAN SERVICES FROM ST. JOHN MEDICAL CENTER	A	28,809.	GENERAL LEDGER
(15)UH REGIONAL HOSPITALS FROM CLEVELAND MEDICAL CENTER	A	886,633.	GENERAL LEDGER
(16)UH REGIONAL HOSPITALS FROM UH PHYSICIAN SERVICES	A	364,197.	GENERAL LEDGER
(17)UNIVERSITY SUBURBAN REAL ESTATE FROM AHUJA MEDICAL CENTER	A	361,250.	GENERAL LEDGER
(18)UNIVERSITY SUBURBAN REAL ESTATE FROM CLEVELAND MEDICAL CENTER	A	604,370.	GENERAL LEDGER
(19)UNIVERSITY SUBURBAN REAL ESTATE FROM UH LAB SERVICES FOUNDATION	A	128,758.	GENERAL LEDGER
(20)UNIVERSITY SUBURBAN REAL ESTATE FROM UNIVERSITY HOSPITAL MEDICAL GROUP	A	789,650.	GENERAL LEDGER
(21)EMH REGIONAL MEDICAL CENTER TO ELYRIA MEDICAL CENTER FOUNDATION	B	70,193.	GENERAL LEDGER
(22)PARMA MEDICAL CENTER TO PARMA HOSPITAL HEALTH CARE FOUNDATION	B	783,616.	GENERAL LEDGER
(23)ROBINSON HEALTH SYSTEM, INC. TO ROBINSON MEMORIAL HOSPITAL FOUNDATION	B	717,688.	GENERAL LEDGER
(24)EMH REGIONAL MEDICAL CENTER FROM ELYRIA MEDICAL CENTER FOUNDATION	C	191,400.	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) PARMA MEDICAL CENTER FROM PARMA HOSPITAL HEALTH CARE FOUNDATION	C	447,775.	GENERAL LEDGER
(8) ROBINSON HEALTH SYSTEM, INC. FROM ROBINSON MEMORIAL HOSPITAL FOUNDATION	C	310,571.	GENERAL LEDGER
(9) AHUJA MEDICAL CENTER TO UHHS, INC.	K	1,132,938.	GENERAL LEDGER
(10) CLEVELAND MEDICAL CENTER TO UHHS, INC.	K	7,716,384.	GENERAL LEDGER
(11) GEAUGA MEDICAL CENTER TO UHHS, INC.	K	147,772.	GENERAL LEDGER
(12) GENEVA MEDICAL CENTER TO UHHS, INC.	K	71,850.	GENERAL LEDGER
(13) PARMA MEDICAL CENTER TO UHHS, INC.	K	69,208.	GENERAL LEDGER
(14) SAMARITAN MEDICAL CENTER TO UHHS, INC.	K	227,585.	GENERAL LEDGER
(15) UH LAB SERVICES FOUNDATION TO UHHS, INC.	K	454,263.	GENERAL LEDGER
(16) UH PHYSICIAN SERVICES TO UHHS, INC.	K	11,308,053.	GENERAL LEDGER
(17) UH REGIONAL HOSPITALS TO UHHS, INC.	K	180,781.	GENERAL LEDGER
(18) UNIVERSITY HOSPITALS MEDICAL GROUP TO UHHS, INC.	K	3,074,906.	GENERAL LEDGER
(19) CLEVELAND MEDICAL CENTER TO 5805 EUCLID, INC.	K	877,653.	GENERAL LEDGER
(20) UH LAB SERVICES FOUNDATION TO CLEVELAND MEDICAL CENTER	K	177,696.	GENERAL LEDGER
(21) UNIVERSITY HOSPITALS MEDICAL GROUP TO CLEVELAND MEDICAL CENTER	K	1,621,308.	GENERAL LEDGER
(22) UH PHYSICIAN SERVICES TO CONNEAUT MEDICAL CENTER	K	54,703.	GENERAL LEDGER
(23) UH PHYSICIAN SERVICES TO ELYRIA MEDICAL CENTER	K	156,765.	GENERAL LEDGER
(24) CLEVELAND MEDICAL CENTER TO GEAUGA MEDICAL CENTER	K	500,322.	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 PHYSICIAN SERVICES TO GEAUGA MEDICAL CENTER	K	379,905.	GENERAL LEDGER
(8)UH PHYSICIAN SERVICES TO GENEVA MEDICAL CENTER	K	109,807.	GENERAL LEDGER
(9)ELYRIA MEDICAL CENTER TO NORTH OHIO HEART, INC.	K	141,691.	GENERAL LEDGER
(10)UH PHYSICIAN SERVICES TO PARMA MEDICAL CENTER	K	376,689.	GENERAL LEDGER
(11)CLEVELAND MEDICAL CENTER TO PORTAGE MEDICAL CENTER	K	268,349.	GENERAL LEDGER
(12)UH PHYSICIAN SERVICES TO PORTAGE MEDICAL CENTER	K	1,818,291.	GENERAL LEDGER
(13)CLEVELAND MEDICAL CENTER TO PRL CORPORATION	K	472,686.	GENERAL LEDGER
(14)PARMA MEDICAL CENTER TO PRL CORPORATION	K	720,752.	GENERAL LEDGER
(15)UNIVERSITY HOSPITALS MEDICAL GROUP TO PRL CORPORATION	K	97,740.	GENERAL LEDGER
(16)UH PHYSICIAN SERVICES TO SAMARITAN MEDICAL CENTER	K	773,914.	GENERAL LEDGER
(17)CLEVELAND MEDICAL CENTER TO ST. JOHN MEDICAL CENTER	K	3,612,735.	GENERAL LEDGER
(18)UH PHYSICIAN SERVICES TO ST. JOHN MEDICAL CENTER	K	582,064.	GENERAL LEDGER
(19)CLEVELAND MEDICAL CENTER UH REGIONAL HOSPITALS	K	886,633.	GENERAL LEDGER
(20)UH PHYSICIAN SERVICES TO UH REGIONAL HOSPITALS	K	364,197.	GENERAL LEDGER
(21)AHUJA MEDICAL CENTER TO UNIVERSITY SUBURBAN REAL ESTATE	K	361,250.	GENERAL LEDGER
(22)CLEVELAND MEDICAL CENTER TO UNIVERSITY SUBURBAN REAL ESTATE	K	604,370.	GENERAL LEDGER
(23)UH LAB SERVICES FOUNDATION TO UNIVERSITY SUBURBAN REAL ESTATE	K	128,758.	GENERAL LEDGER
(24)UNIVERSITY HOSPITAL MEDICAL GROUP TO UNIVERSITY SUBURBAN REAL ESTATE	K	789,650.	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 REGIONAL HOSPITALS TO UHHS, INC.	R	1,973,361.	GENERAL LEDGER
(8) PARMA MEDICAL CENTER TO UHHS, INC.	R	471,401.	GENERAL LEDGER
(9) ELYRIA MEDICAL CENTER TO UHHS, INC.	R	10,293,390.	GENERAL LEDGER
(10) AHUJA MEDICAL CENTER TO UHHS, INC.	R	14,158,755.	GENERAL LEDGER
(11) UH HOME CARE SERVICES TO UHHS, INC.	R	47,596,727.	GENERAL LEDGER
(12) UNIVERSITY HOSPITALS MEDICAL GROUP TO UHHS, INC.	R	90,768,956.	GENERAL LEDGER
(13) CLEVELAND MEDICAL CENTER FROM UHHS, INC.	S	165,594,306.	GENERAL LEDGER
(14) UH LAB SERVICES FOUNDATION FROM UHHS, INC.	S	11,318,468.	GENERAL LEDGER
(15) GEAUGA MEDICAL CENTER FROM UHHS, INC.	S	23,115,304.	GENERAL LEDGER
(16) GENEVA MEDICAL CENTER FROM UHHS, INC.	S	1,490,303.	GENERAL LEDGER
(17) CONNEAUT MEDICAL CENTER FROM UHHS, INC.	S	3,830,173.	GENERAL LEDGER
(18) SAMARITAN MEDICAL CENTER FROM UHHS, INC.	S	15,046,208.	GENERAL LEDGER
(19) ST. JOHN MEDICAL CENTER FROM UHHS, INC.	S	6,984,891.	GENERAL LEDGER
(20) PORTAGE MEDICAL CENTER FROM UHHS, INC.	S	7,617,204.	GENERAL LEDGER
(21) COMPREHENSIVE HEALTH CARE OF OHIO FROM UHHS, INC.	S	217,120.	GENERAL LEDGER
(22)			
(23)			
(24)			

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 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Taxpayer identification number (TIN) 90-0059117
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 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
Form 990-T (corporation)	07		

MICHAEL A. SZUBSKI

• The books are in the care of ▶ 3605 WARRENSVILLE CENTER RD - 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) 3829. 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, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2021 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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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



UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Financial Statements
and Supplementary Information

December 31, 2021 and 2020

(With Independent Auditors' Reports Thereon)

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

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KPMG LLP
One Cleveland Center
Suite 2600
1375 East Ninth Street
Cleveland, OH 44114-1796

Independent Auditors' Report

The Board of Directors
University Hospitals Health System, Inc.:

Opinion

We have audited the consolidated financial statements of University Hospitals Health System, Inc. and its subsidiaries (the System), which comprise the consolidated balance sheets as of December 31, 2021 and December 31, 2020, and the related consolidated statements of operations, and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the System as of December 31, 2021 and December 31, 2020, and the results of its operations and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for one year after the date that the consolidated financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.



In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Information Included in the Supplemental Schedules

Management is responsible for the other information included in the supplemental schedules. The other information comprises consolidating financial information but does not include the consolidated financial statements and our auditors' report thereon. Our opinion on the consolidated financial statements does not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the consolidated financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the consolidated financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

KPMG LLP

Cleveland, Ohio
March 16, 2022

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Balance Sheets

December 31, 2021 and 2020

(In thousands of dollars)

Assets	2021	2020
	<hr/>	<hr/>
Current assets:		
Cash and cash equivalents	\$ 691,177	825,899
Patient accounts receivable	662,972	538,087
Other receivables	100,802	72,046
Other current assets	<hr/> 255,607	<hr/> 223,103
Total current assets	<hr/> 1,710,558	<hr/> 1,659,135
Investments	2,752,155	2,191,238
Property and equipment, net	2,063,937	1,853,465
Other assets:		
Investments in affiliates	146,746	108,399
Beneficial interest in foundations	219,374	176,604
Perpetual trusts	249,271	227,950
Other	<hr/> 335,016	<hr/> 280,053
Total other assets	<hr/> 950,407	<hr/> 793,006
Total assets	<hr/> <hr/> \$ 7,477,057	<hr/> <hr/> 6,496,844

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Balance Sheets

December 31, 2021 and 2020

(In thousands of dollars)

Liabilities and Net Assets	2021	2020
Current liabilities:		
Current installments of long-term debt	\$ 17,663	6,407
Accounts payable and accrued expenses	607,807	550,281
Other current liabilities	243,781	202,784
Estimated amounts due to third-party payors	63,625	31,974
CMS Advances, current	209,166	126,326
Total current liabilities	<u>1,142,042</u>	<u>917,772</u>
Long-term debt, less current installments	1,722,773	1,496,817
Liability related to the sale of future revenue	92,273	92,519
CMS Advances, long-term	—	191,150
Other liabilities	814,597	899,401
Total liabilities	<u>3,771,685</u>	<u>3,597,659</u>
Net assets:		
Without donor restrictions	2,628,332	1,958,872
With donor restrictions	1,077,040	940,313
Total net assets	<u>3,705,372</u>	<u>2,899,185</u>
Total liabilities and net assets	\$ <u><u>7,477,057</u></u>	\$ <u><u>6,496,844</u></u>

See accompanying notes to consolidated financial statements.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Statements of Operations and Changes in Net Assets

Years ended December 31, 2021 and 2020

(In thousands of dollars)

	<u>2021</u>	<u>2020</u>
Revenues:		
Net patient service revenue	\$ 4,938,316	4,058,340
Other revenue	400,081	421,214
Total revenues	<u>5,338,397</u>	<u>4,479,554</u>
Expenses:		
Salaries, wages, and employee benefits	2,880,165	2,494,271
Purchased services	326,271	278,843
Patient care supplies	1,126,313	935,119
Other supplies	43,858	44,577
Insurance	97,338	57,282
Other	467,220	386,707
Depreciation and amortization	235,345	198,634
Non-cash interest for the sale of future revenue	2,696	908
Interest	54,487	52,030
Special charges	953	2,581
Recoveries in excess of insurance	(750)	(26,053)
Total expenses	<u>5,233,896</u>	<u>4,424,899</u>
Net operating income	104,501	54,655
Nonoperating revenues (expenses):		
Net investment income	141,324	124,024
Change in fair value of derivative instruments	17,643	(36,473)
Loss on extinguishment of debt	(75)	(2,029)
Member substitution	217,941	—
(Loss) gain on disposition of business unit	(2)	17,623
Other nonservice periodic pension costs	(14,021)	(24,318)
Excess of revenues over expenses	<u>\$ 467,311</u>	<u>133,482</u>

See accompanying notes to consolidated financial statements.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Statements of Operations and Changes in Net Assets

Years ended December 31, 2021 and 2020

(In thousands of dollars)

	<u>Without donor restrictions</u>	<u>With donor restrictions</u>	<u>Total</u>
Net assets at December 31, 2019	\$ 1,823,574	876,224	2,699,798
Excess of revenues over expenses	133,482	—	133,482
Investment income	—	28,738	28,738
Contributions	—	69,282	69,282
Change in beneficial interest in Foundations and perpetual trusts	—	37,119	37,119
Net assets released from restrictions used for operations	—	(38,216)	(38,216)
Pension liability adjustment	(31,449)	—	(31,449)
Net assets released from restrictions for acquisition of property and equipment	32,834	(32,834)	—
Contributed capital	431	—	431
	<u>135,298</u>	<u>64,089</u>	<u>199,387</u>
Net assets at December 31, 2020	<u>1,958,872</u>	<u>940,313</u>	<u>2,899,185</u>
Excess of revenues over expenses	467,311	—	467,311
Investment income	—	41,606	41,606
Contributions	—	80,941	80,941
Change in beneficial interest in Foundations and perpetual trusts	—	46,046	46,046
Net assets released from restrictions used for operations	—	(44,164)	(44,164)
Pension liability adjustment	195,889	—	195,889
Net assets released from restrictions for acquisition of property and equipment	5,747	(5,747)	—
Contributed capital	513	—	513
Member substitutions with restrictions	—	18,045	18,045
	<u>669,460</u>	<u>136,727</u>	<u>806,187</u>
Net assets at December 31, 2021	<u>\$ 2,628,332</u>	<u>1,077,040</u>	<u>3,705,372</u>

See accompanying notes to consolidated financial statements.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Consolidated Statements of Cash Flows
 Years ended December 31, 2021 and 2020
 (In thousands of dollars)

	<u>2021</u>	<u>2020</u>
Operating activities:		
Increase in net assets	\$ 806,187	199,387
Adjustments to reconcile increase in net assets to net cash and cash equivalents provided by operating activities:		
Depreciation and amortization	235,345	198,634
Amortization of bond premium, discount, and financing costs	(11,649)	5,111
Non-cash net activity associated with the sale of future revenue	(246)	(82)
Gain on disposition of business unit	—	(17,623)
Loss on extinguishment of debt	75	2,029
Change in beneficial interest in foundations and perpetual trusts	(46,046)	(37,119)
Net realized and unrealized investment gains	(136,300)	(113,195)
Pension liability adjustment	(195,889)	31,449
Net change attributable to investments in joint ventures	(21,786)	4,390
Restricted revenue and investment income	(81,176)	(5,055)
Member substitutions	(211,707)	—
Net change in operating assets and liabilities:		
Patient accounts receivable	(81,705)	2,906
Other current assets and receivables	(37,368)	(54,419)
Accounts payable, accrued expenses, and other current liabilities	26,367	130,639
Other assets and liabilities	<u>(153,090)</u>	<u>360,885</u>
Net cash provided by operating activities	<u>91,012</u>	<u>707,937</u>
Investing activities:		
Acquisition of property and equipment	(242,658)	(220,765)
Proceeds from sales of investments	2,885,821	615,528
Purchases of investments	(3,182,071)	(662,115)
Proceeds from sale of business unit	<u>—</u>	<u>17,623</u>
Net cash used in investing activities	<u>(538,908)</u>	<u>(249,729)</u>
Financing activities:		
Proceeds from restricted revenue and investment income	81,176	5,055
Repayment of long-term debt	(368,075)	(335,735)
Proceeds from issuance of long-term debt	403,543	611,912
Proceeds from the sale of future revenue, net of issuance costs	—	92,601
Bond issuance costs	(4,684)	(3,339)
Payments on revolving credit borrowing	(66,366)	(40,000)
Proceeds from revolving credit borrowing	66,366	—
Change in treasury service agreement	<u>12,210</u>	<u>496</u>
Net cash provided by financing activities	<u>124,170</u>	<u>330,990</u>
(Decrease) increase in cash, cash equivalents, and restricted cash	<u>(323,726)</u>	<u>789,198</u>
Cash, cash equivalents, and restricted cash at beginning of year	<u>1,050,057</u>	<u>260,859</u>
Cash, cash equivalents, and restricted cash at end of year	\$ <u><u>726,331</u></u>	\$ <u><u>1,050,057</u></u>
Supplemental cash flow information:		
Reconciliation of cash, cash equivalents and restricted cash to the Consolidated Balance Sheets:		
Cash and cash equivalents	\$ 691,177	825,899
Restricted cash included in investments	<u>35,154</u>	<u>224,158</u>
Total cash, cash equivalents, and restricted cash	\$ <u><u>726,331</u></u>	\$ <u><u>1,050,057</u></u>
Change in accounts payable related to property and equipment	\$ 150	342

See accompanying notes to consolidated financial statements.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(in thousands of dollars)

(1) Organization and Principles of Consolidation

University Hospitals Health System, Inc. (the System) is the parent of various corporations involved in the delivery of healthcare services, including a network of physicians, outpatient centers, hospitals, wellness, occupational health, skilled nursing, elder health, rehabilitation, and home care services that operate in the Northeast Ohio region. University Hospitals Cleveland Medical Center (UHCMC) is the System's major subsidiary. The System provides certain management and planning services to its subsidiaries. The System also has joint venture investments in other healthcare systems (note 14), which are accounted for under the equity method.

The consolidated financial statements include the accounts of the System and its subsidiaries. All significant intercompany transactions have been eliminated in the consolidated financial statements.

On April 16, 2021, the System became the sole corporate member of Lake Health System, Inc. (Lake) through a member substitution agreement (note 23). Lake is a not-for-profit corporation and tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

(2) Summary of Significant Accounting Policies

(a) Cash, Cash Equivalents, and Restricted Cash

The System considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents. The carrying amount of cash and cash equivalents approximates fair value.

Cash equivalents that are held by outside investment managers and are pooled with other investments are classified as investments. Cash, cash equivalents, and investments that are restricted per contractual or regulatory requirements are classified as donor restricted or trustee held funds.

(b) Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value on the consolidated balance sheets. The System has designated its investments as a trading portfolio. Alternative investments, which include private equity, real estate, hedge funds, and distressed debt investments, are reported at fair value as estimated and reported by the general partners based upon the underlying net asset value of the fund or partnership as a practical expedient.

Interest, dividends, unrealized and realized gains and losses from all investments without restrictions are recorded within nonoperating revenues on the consolidated statements of operations and changes in net assets as investment income. Investment income on investments with restrictions is recorded according to the donor's intentions and reported as investment income with donor restrictions within the consolidated statements of operations and changes in net assets.

Investments, in general, are exposed to various risks such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term, and that such changes could materially affect the amounts reported in the consolidated financial statements.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(in thousands of dollars)

(c) Long-term Debt – Costs of Borrowing

Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets. Capitalized interest totaled \$4,153 and \$1,395 for the years ended December 31, 2021 and 2020, respectively.

Deferred financing costs are capitalized when incurred, and then amortized during the period in which the debt is outstanding. Net deferred financing costs totaled \$14,229 and \$11,734 as of December 31, 2021 and 2020 and are reported as a component of long-term debt on the consolidated balance sheets.

(d) Sale of Future Revenue

The sale of future revenue to University Circle Parking Services LLC is considered a debt financing transaction. Proceeds from this transaction were recorded as a liability related to the sale of future revenue which are amortized to non-cash interest expense using the effective interest rate method over the life of the arrangement. The liability related to the sale of future revenue and the non-cash interest expense are based on the estimates of future parking garage revenue expected to be received over the life of the arrangement.

Issuance costs, fees directly related to the sale of future revenue, were offset against the initial carrying value of the liability related to the sale of future revenue and amortized using the effective interest method over the life of the arrangement to non-cash interest expense (note 7).

(e) Property and Equipment and Other Long-Lived Assets

Additions and improvements to property and equipment are capitalized at cost. Costs for maintenance and repairs are charged to expense as incurred. Depreciation on property and equipment is computed on the straight-line basis over the estimated useful lives of the respective assets. Buildings and improvements are depreciated over estimated useful lives ranging generally from 5 to 50 years. Leasehold improvements are depreciated over the lesser of the life of the asset or the term of the lease. Estimated useful lives of equipment vary generally from 3 to 20 years.

Long-lived assets, such as property and equipment, and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Management has reviewed the carrying amount of these assets and has determined that they are not impaired as of December 31, 2021.

(f) Contribution and Grant Revenue

Unconditional donor promises to give cash, marketable securities, and other assets to the System are recognized and reported at fair value net of fund-raising costs, at the date the promise is received to the extent it is estimated to be collectible.

A contribution, gift or grant is conditional if an agreement includes a barrier that must be overcome and either a right of return of assets transferred or a right of release of a promisor's obligation to transfer assets. The presence of both a barrier and a right of return or right of release indicates that the System is not entitled to the contribution until it has overcome the barrier(s) in the agreement. Conditional

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(in thousands of dollars)

promises to give are not recognized until they become unconditional, that is, when the barrier(s) in the agreement are overcome. The System has received conditional promises to give of \$291,096 and \$270,665 at December 31, 2021 and 2020, respectively, which have not been recognized as assets or revenues in the consolidated financial statements.

Unconditional contribution and grant revenue with no purpose or time restrictions are included in the consolidated statements of operations and changes in net assets as other revenue within net assets without donor restrictions. Contributions that are received with donor imposed restrictions that limit the use of the asset are reported in the consolidated statements of operations and changes in net assets as contribution revenue with donor restrictions. When the donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is met, net assets with donor restrictions are transferred to net assets without donor restrictions. Contributions restricted for the acquisition of capital assets are released from restrictions when the capital asset is placed in service.

Contributions that have been received from various corporations, foundations, and individuals for the years ended December 31, 2021 and 2020 are reported as follows:

	<u>2021</u>	<u>2020</u>
Without donor restrictions	\$ 3,311	3,309
With donor restrictions	<u>80,941</u>	<u>69,282</u>
	<u>\$ 84,252</u>	<u>72,591</u>

Outstanding pledges receivable are recorded at their net present value and reported in current other assets or noncurrent other assets on the consolidated balance sheet. The balances at December 31, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Pledges due:		
In less than one year	\$ 63,211	59,390
In one year to five years	67,725	67,673
In more than five years	<u>47,058</u>	<u>49,314</u>
	177,994	176,377
Discount	(13,930)	(10,505)
Allowance for doubtful pledges	<u>(7,605)</u>	<u>(7,301)</u>
	<u>\$ 156,459</u>	<u>158,571</u>

The System has elected to report restricted contributions and grants whose restrictions are met in the same reporting period as other revenue without donor restrictions in the consolidated statements of operations and changes in net assets. Grants revenue, excluding Provider Relief Funds, Federal

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(in thousands of dollars)

Emergency Management Agency ("FEMA") and Coronavirus Relief Funds totaled \$11,594 and \$7,338 for the years ended December 31, 2021 and 2020, respectively.

(g) Net Patient Service Revenue

The System's net patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (e.g., Medicare, Medicaid, and commercial insurance carriers), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the System bills patients and third-party payors several days after services are performed and/or the patient is discharged from the facility. Net patient service revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the System. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total actual charges. The System believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving inpatient services. The System measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time is recognized when services are provided and the System does not believe it is required to provide additional services to the patient.

As a result of all its performance obligations relating to patient contracts being less than a year in duration, the System elected not to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied (or partially unsatisfied). These unsatisfied or partially unsatisfied performance obligations primarily relate to inpatient services at the end of the reporting period.

The System records revenue based on standard charges for services provided, reduced by variable consideration resulting from explicit contractual adjustments provided to third-party payors and implicit price concessions provided to patients as reductions from established billing rates. The System determines its estimates of explicit and implicit price concessions based on historical data from experience, market conditions, and other factors.

Explicit and implicit price concessions are recorded at the time the performance obligations are satisfied in exchange for providing services to patients. Any changes to these concessions, as a result of subsequent reassessment, are recognized in the period the change is identified as adjustments to net patient service revenue. The amounts recognized due to changes in estimates of explicit and implicit price concessions for the years ended December 31, 2021 and 2020 are not significant. Subsequent changes that are determined to be the result of an adverse change in the payor's ability to pay are recorded as bad debt expense. There was no bad debt expense for the years ended December 31, 2021 and 2020.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(in thousands of dollars)

The System provides care to patients who do not have the ability to pay and who qualify for charity care pursuant to the established policies of the System and the State of Ohio's Care Assurance Program (HCAP). Charity care is defined as services for which patients have the obligation to pay, but do not have the ability to do so. The charges for charity care provided by the System are entirely offset by the related implicit price concessions and, therefore, are not recognized as net patient service revenue. The estimated cost of charity care provided in the years ended December 31, 2021 and 2020 was \$50,023 and \$50,934, respectively. The System determines its estimate of the cost of charity care by applying an overall cost to charge ratio to the charges associated with patients who qualify for charity care.

(h) Other Revenue

The System's other revenue consists of contracts that vary in duration and in performance obligations. Revenues are recognized when the performance obligations identified within the individual contracts are satisfied and collections can be reasonably assured. Other revenue in 2020 included various government funding related to the COVID-19 pandemic including: Provider Relief Funds, FEMA, Employee Retention Credits and Coronavirus Relief Funds. In 2021, the System recognized other revenue consisting of Provider Relief Funds and FEMA.

(i) Derivative Financial Instruments

Derivative financial instruments are reported at fair value and are utilized by the System to manage: (i) interest rate risk; (ii) the fixed and floating interest rate mix of the System's total debt portfolio; and (iii) related overall cost of borrowing. The interest rate swap agreements involve the periodic exchange of payments without the exchange of the notional amount upon which the payments are based. The System does not use derivative financial instruments for trading purposes. The System's interest rate swap agreements are not designated as hedging instruments.

The System minimizes credit risk related to derivative financial instruments by requiring high credit standards for its counterparties and periodic settlements. The counterparties to these contractual arrangements are financial institutions that carry investment-grade credit ratings with which the System also has other financial relationships. The System is exposed to credit loss in the event of nonperformance by these counterparties. To mitigate credit exposure, the swap agreements contain certain collateral provisions applicable to both the System and the counterparties.

The related liability to counterparties under interest rate swap agreements is included in noncurrent other liabilities and the related asset from counterparties under swap agreements is included in noncurrent other assets on the consolidated balance sheets. Gains and losses on derivative financial instruments are recorded in the change in fair value of derivative instruments within the consolidated statements of operations and changes in net assets. The net amount paid or received under the swap agreements is recorded as a component of interest expense in the consolidated statements of operations and changes in net assets (note 10).

(j) Income Taxes

The System and most of its subsidiaries, including UHCMC, are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from federal income taxes

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(in thousands of dollars)

pursuant to Section 501(a) of the Code. The System also has certain subsidiaries that are taxable for federal income tax purposes (note 18).

The System 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% likelihood of being realized upon ultimate settlement.

(k) Loss Contingencies

Liabilities for asserted or unasserted claims and assessments are recorded when an unfavorable outcome of a matter is deemed to be both probable and the amount of the loss contingency is reasonably estimable.

(l) Use of Estimates

The preparation of consolidated financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(m) Treasury Service Agreement

The System includes amounts due to a third party financing company for the use under a Supplemental Treasury Services Agreement (Agreement), entered into during 2013, within accounts payable in the accompanying consolidated balance sheets. Cash flows related to the Agreement are classified as financing activities in the consolidated statements of cash flows. The Agreement is a \$75,000 unsecured trade payables program that is noninterest bearing and is not collateralized. The Agreement includes customary covenants as well as customary events of defaults. The amounts outstanding on the Agreement fluctuate on a daily basis, but as of December 31, 2021 and 2020, the amount outstanding included within accounts payable was \$62,210 and \$50,000, respectively.

(n) Leases

The System accounts for leases in accordance with accounting standards codification (ASC) Topic 842, *Leases* (ASC 842). The System determines if an arrangement is or contains a lease at contract inception. The System recognizes a right-of-use (ROU) asset and a lease liability at the lease commencement date.

For operating leases, the lease liability is measured at the present value of the unpaid lease payments at the lease commencement date. The ROU asset is subsequently measured throughout the lease term at the carrying amount of the lease liability, plus initial direct costs, plus (minus) any prepaid (accrued) lease payments, less the unamortized balance of lease incentives received. Lease expenses for lease payments are recognized on a straight-line basis over the lease term.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(in thousands of dollars)

For finance leases, the lease liability is measured the same manner as operating leases, at amortized cost using the effective-interest method. The ROU asset is subsequently amortized using the straight-line method from the lease commencement date to the earlier of the end of its useful life or lease term, unless the lease transfers ownership to the System or the System is reasonably certain to exercise an option to purchase the underlying asset. Amortization of the ROU asset and interest expense of the lease liability are recognized and presented separately.

The System has elected not to recognize ROU assets and lease liabilities for short-term leases that have a term of 12 months or less. The System recognizes the lease payments associated with its short-term leases as an expense on a straight-line basis over the lease term.

Several key estimates and judgments are used to determine the ROU assets including the discount rate used to discount the unpaid lease payments to present value, the lease term (the noncancelable period plus any additional periods covered by either a System option to extend (or not to terminate) the lease that the System is reasonably certain to exercise, or an option to extend (or not to terminate) the lease controlled by the lessor), and lease payments (including fixed payments owed over the lease term and the exercise price of a System option to purchase the underlying asset if the System is reasonably certain to exercise the option).

A lessee is required to discount its unpaid lease payments using the interest rate implicit in the lease or, if that rate cannot be readily determined, its incremental borrowing rate. Generally, the System cannot determine the interest rate implicit in the lease because it does not have access to the lessor's estimated residual value or the amount of the lessor's deferred initial direct costs. Therefore, the System uses its incremental borrowing rate at lease inception as the discount rate for the lease. The System's incremental borrowing rate for a lease is the rate of interest it would have to pay on a collateralized basis to borrow an amount equal to the lease payments under similar terms. Because the System does not generally borrow on a collateralized basis, it uses published index interest rates it would pay for noncollateralized borrowings as an input to deriving an appropriate incremental borrowing rate, adjusted for the amount of the lease payments, the lease term and the effect on that rate of designating specific collateral with a value equal to the unpaid lease payments for that lease.

If needed, an adjustment is made to the ROU asset's carrying amount unless doing so would reduce the carrying amount of the ROU asset to less than zero. In that case, the adjustment amount would be recorded in the statements of operations.

Operating and finance lease ROU assets are included in other assets within the consolidated balance sheet. The current portion of operating and finance lease liabilities is included in other current liabilities and the long-term portion is presented within other liabilities.

(o) Net Assets with Donor Restrictions

Net assets with donor restrictions are used to differentiate resources, the use of which is restricted by donors or grantors to a specific time period or purpose, from resources on which no restrictions have been placed or that arise from the general operations of the System. Donor-restricted gifts and bequests are recorded as an addition to net assets with donor restrictions in the period received. Donor-restricted gifts include amounts held in perpetuity or for terms designated by donors, including

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(in thousands of dollars)

the fair value of several charitable and perpetual trusts for which the System is an income or remainder beneficiary. Earnings on donor-restricted gifts are recorded as investment income in net assets with donor restrictions and subsequently used in accordance with the donor's designations. Net assets with donor restrictions are primarily restricted for research, education, and strategic capital projects.

Board designated funds totaled \$37,014 and \$33,747 at December 31, 2021 and 2020, and are included within investments and net assets without donor restrictions.

(p) Excess of Expenses over Revenues

The consolidated statements of operations and changes in net assets include a performance indicator, excess of revenues over expenses. Changes in net assets without donor restrictions which are excluded from income, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions that were used for the purpose of acquiring such assets by donor restriction), recognition of change in pension funded status, and net contributions from external parties.

(3) Net Patient Service Revenue and Accounts Receivable

Net patient service revenue by major payor source for the years ended December 31, 2021 and 2020, are as follows:

	2021		2020	
Medicare	\$ 1,660,825	34%	\$ 1,291,272	32%
Medicaid	718,467	14	604,674	15
Managed care and commercial	2,413,270	49	2,057,969	51
Self-pay	145,754	3	104,425	2
	\$ 4,938,316		\$ 4,058,340	

The System's concentration of credit risk relating to patient accounts receivable is limited by the diversity and number of the System's patients and payors.

Net accounts receivable by major payor source as of December 31, 2021 and 2020, are as follows:

	2021		2020	
Medicare	\$ 166,850	25%	\$ 121,392	23%
Medicaid	54,689	8	60,371	11
Managed care and commercial	414,030	63	333,764	62
Self-pay	27,403	4	22,560	4
	\$ 662,972		\$ 538,087	

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(4) Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes and the amount of beneficial interest in foundations at December 31, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Time/purpose restrictions:		
Capital expenditures	\$ 56,719	42,714
Education	48,379	45,097
Research	158,752	136,658
Patient care	130,593	117,697
Beneficial interest in foundations	177,812	139,757
Amounts held in perpetuity:		
Perpetual trusts	249,271	227,950
Receivables	21,755	23,540
Endowments	192,197	170,053
Beneficial interest in foundations	<u>41,562</u>	<u>36,847</u>
	<u>\$ 1,077,040</u>	<u>940,313</u>

The System's endowment consists of 435 individual funds established for a variety of purposes. Endowments include both donor-restricted funds and board-designated endowment funds. Net assets associated with endowment funds and board-designated endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions. The System's donor restricted endowment funds' original corpus, totaled \$192,197 and \$170,053 at December 31, 2021 and 2020, respectively. Accumulated earnings from donor restricted endowment funds totaled \$86,951 and \$58,366 at December 31, 2021 and 2020, respectively, and are reported within the applicable purpose restrictions in the table above.

The System's investment policy establishes a limited number of investment pools with a specific purpose of aggregating various System funds' investments according to their risk tolerance. Asset allocation is reviewed quarterly with respect to: i) System tolerance for risk based on its financial condition and need for cash from investments to support operations; ii) expected asset class return, risk, and correlation characteristics; iii) changes in accounting guidance or tax law; and iv) changes in bond covenants or other restrictions. Management of the System is responsible to ensure the proper allocation of funds according to the specific needs, timing of cash flows, and risk tolerance of each fund.

The System's spending practices are intended to comply with the donor's wishes and meet all applicable laws and regulations including the Uniform Prudent Management of Institutional Funds Act. Spending must be for a purpose that is consistent with the documented intent of the donor. The System generally appropriates an amount not to exceed 5% of the endowment fund's fair value for annual spending subject

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to spending guidelines and restrictions per the System's policy. The fair value of the endowment fund is determined quarterly and averaged over a period of a rolling thirty-six months.

	<u>Without donor restriction</u>	<u>With donor restriction</u>	<u>Total</u>
Endowment net assets, at December 31, 2019	\$ 13,894	197,409	211,303
Endowment return:			
Investment income	2,047	26,655	28,702
Contributions (transfers)	(409)	10,620	10,211
Appropriation of endowment assets for expenditure	<u>(2,047)</u>	<u>(6,265)</u>	<u>(8,312)</u>
Endowment net assets, at December 31, 2020	13,485	228,419	241,904
Endowment return:			
Investment income	2,792	39,143	41,935
Contributions (transfers)	(809)	22,955	22,146
Appropriation of endowment assets for expenditure	<u>(2,792)</u>	<u>(11,369)</u>	<u>(14,161)</u>
Endowment net assets, at December 31, 2021	\$ <u>12,676</u>	<u>279,148</u>	<u>291,824</u>

(5) Fair Value Measurements

Assets and liabilities carried at fair value are disclosed on a hierarchy for ranking the quality and reliability of the information used to determine fair values according to the following three levels:

Level 1 – Unadjusted quoted prices for identical assets or liabilities in active markets. Level 1 yields the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities. A quoted price in an active market provides the most reliable evidence of fair value and shall be used to measure fair value whenever available.

Level 2 – Observable inputs other than quoted prices in Level 1. Inputs such as quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar liabilities that are not active, or other inputs that are observable or can be corroborated by observable market data.

Level 3 – Unobservable inputs that are significant to the valuation of assets or liabilities and are supported by little or no market data. This includes discounted cash flow methodologies, pricing models, and similar techniques that use significant unobservable inputs.

The inputs used to fair value Level 1 instruments are unadjusted quoted prices derived from stock exchanges and the Chicago Board of Trade. Level 1 instruments primarily consist of equities, exchange traded funds, and certain government securities.

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Assets and liabilities in Level 2 are primarily comprised of corporate bonds, bonds, asset-backed securities, fixed income mutual funds, and derivative financial instruments. Level 2 inputs primarily consist of quotes from independent pricing vendors based on recent trading activity, and other relevant information including matrix pricing, market corroborated pricing, yield curves, and other indices that are used when Level 1 inputs are not available. Fair values for the System's interest rate swaps are provided on a monthly basis by the System's independent financial advisor and counterparties. Monthly valuations are derived by pricing models, which use market inputs such as LIBOR, Securities Industry and Financial Markets Association (SIFMA) Swap Index, and bond coupon rates provided by various inter-broker sources. The resulting combination of market data feeds, specific structuring characteristics such as the amortization of notional amounts, effective dates, payment frequencies, day counts, credit risk, and indices, are factored into the pricing model to determine the fair market value of the System's interest rate swaps.

Items classified as Level 3 in the fair value hierarchy include beneficial interest in Foundations, perpetual trusts, and exclude pledges, net of discount, of \$164,064 and \$165,872 at December 31, 2021 and 2020, respectively. Foundations operate for the exclusive benefit of the System, and variance power was not explicitly given to the Foundations by the donors. Therefore, the System is required to record its beneficial interest in the net assets of the Foundations. The primary input utilized in calculating the Foundations' fair value is its net assets, which represents fair market valuation of certain equity, debt, and other instruments held by the Foundations. The System records 100% of the Foundations' net assets at approximate fair market value. Amounts held in perpetuity as designated by donors, includes the System's portion of beneficial interests in several perpetual trusts held and administered by others in which the System is an income beneficiary. Perpetual trusts are measured at fair value by the external trustee, which approximates the present value of expected future cash flows. Perpetual trusts utilize significant unobservable inputs determined by the external trustees in estimating fair value.

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Investments that are measured at Net Asset Value (NAV) per share are not categorized in the following fair value hierarchy tables.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2021:				
Assets:				
Cash and cash equivalents	\$ 691,177	—	—	691,177
Cash equivalents – pooled with investments	214,851	—	—	214,851
Restricted cash – held by trustees	35,154	—	—	35,154
Fixed income securities:				
Corporate bonds	—	86,979	—	86,979
Fixed income mutual funds	701,029	126,408	—	827,437
Government securities	133,450	73,725	—	207,175
Total fixed income securities	<u>834,479</u>	<u>287,112</u>	<u>—</u>	<u>1,121,591</u>
Equities, mutual and exchange traded funds:				
Domestic mutual funds	516,527	2,387	—	518,914
International mutual funds	397,265	—	—	397,265
Total equities, mutual and exchange traded funds	<u>913,792</u>	<u>2,387</u>	<u>—</u>	<u>916,179</u>
Deferred compensation assets – mutual funds	40,908	—	—	40,908
Beneficial interest in Foundations	—	—	219,374	219,374
Perpetual trusts	—	—	249,271	249,271
Interest rate swaps	—	2,550	—	2,550
Total assets	<u>\$ 2,730,361</u>	<u>292,049</u>	<u>468,645</u>	<u>3,491,055</u>
Liabilities:				
Deferred compensation liabilities	\$ 40,908	—	—	40,908
Interest rate swaps	—	92,065	—	92,065
Total liabilities	<u>\$ 40,908</u>	<u>92,065</u>	<u>—</u>	<u>132,973</u>

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	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2020:				
Assets:				
Cash and cash equivalents	\$ 825,899	—	—	825,899
Cash equivalents – pooled with investments	169,199	—	—	169,199
Restricted cash – held by trustees	224,158	—	—	224,158
Fixed income securities:				
Corporate bonds	—	125,294	—	125,294
Fixed income mutual funds	572,116	47,794	—	619,910
Government securities	86,212	92,778	—	178,990
Total fixed income securities	<u>658,328</u>	<u>265,866</u>	<u>—</u>	<u>924,194</u>
Equities, mutual and exchange traded funds:				
Domestic mutual funds	400,724	—	—	400,724
International mutual funds	258,324	—	—	258,324
Total equities, mutual and exchange traded funds	<u>659,048</u>	<u>—</u>	<u>—</u>	<u>659,048</u>
Deferred compensation assets – mutual funds	25,505	—	—	25,505
Beneficial interest in Foundations	—	—	176,604	176,604
Perpetual trusts	—	—	227,950	227,950
Interest rate swaps	—	863	—	863
Total assets	<u>\$ 2,562,137</u>	<u>266,729</u>	<u>404,554</u>	<u>3,233,420</u>
Liabilities:				
Deferred compensation liabilities	\$ 25,505	—	—	25,505
Interest rate swaps	—	107,132	—	107,132
Total liabilities	<u>\$ 25,505</u>	<u>107,132</u>	<u>—</u>	<u>132,637</u>

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The following table summarizes the System's investments at December 31, 2021 and 2020, for which NAV was used as a practical expedient to estimate fair value:

	<u>2021</u>	<u>2020</u>
Hedge funds	\$ 286,129	91,955
Real estate	52,191	43,715
Distressed debt	18,186	17,127
Private equity	<u>96,979</u>	<u>59,779</u>
Total alternative investments	\$ <u>453,485</u>	<u>212,576</u>

For the years ended December 31, 2021 and 2020, there were no transfers into or out of Level 1, 2, or 3.

For the years ended December 31, 2021 and 2020, the reconciliation of investments with fair value measurements using significant unobservable inputs (level 3) is as follows:

Fair value measurements using significant unobservable inputs (Level 3)			
	<u>Beneficial interest in foundations</u>	<u>Perpetual trusts</u>	<u>Total</u>
Balance at December 31, 2019	\$ 157,937	209,498	367,435
Total change included in:			
Donor restricted net assets	<u>18,667</u>	<u>18,452</u>	<u>37,119</u>
Balance at December 31, 2020	176,604	227,950	404,554
Total change included in:			
Donor restricted net assets	24,725	21,321	46,046
Lake assets assumed by the System	<u>18,045</u>	<u>—</u>	<u>18,045</u>
Balance at December 31, 2021	\$ <u>219,374</u>	<u>249,271</u>	<u>468,645</u>

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(6) Investments

The composition of investments at December 31, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Cash equivalents – pooled with investments	\$ 214,851	169,199
Restricted cash – held by bond trustees	35,154	224,158
Fixed income securities	1,121,591	924,194
Equities, mutual and exchange traded funds	916,179	659,048
Alternative investments	453,485	212,576
Other	<u>10,895</u>	<u>2,063</u>
Total investments	<u>\$ 2,752,155</u>	<u>2,191,238</u>

The System holds certain investments in fixed income securities including domestic and international corporate bonds, U.S. Treasuries, government, and agency bonds; non-U.S. sovereign debt; and emerging market debt. The System holds common and preferred stock including investments in small cap, mid cap, and large cap companies as well as in non-U.S. equities in developed and emerging markets.

Alternative investments include private equity, real estate, hedge funds, and distressed debt. These investments are made either directly or through various Fund-of-Funds, both of which are typically Limited Partnership structures. For the Fund-of-Funds investments, the System is invested in a Limited Partnership, which in turn utilizes its expertise to invest in underlying Limited Partnership Funds and make certain other investments.

The General Partner of each direct Limited Partnership determines the fair market valuation of its underlying holdings based on i) the nature and terms of each underlying investment, ii) market inputs, and iii) certain other relevant information. The General Partner of each Fund-of-Funds Limited Partnership determines the fair market valuation of its underlying Limited Partnership investments. These valuations are based primarily on the quarterly internal and annual audited consolidated financial statements of the underlying Limited Partnership Funds, which report net asset value based on i) the nature and terms of each underlying investment, ii) market inputs, and iii) certain other relevant information. The System undertakes various measures to validate that the reported net asset value approximates the fair market value. The determination of fair market values for the alternative investments requires the General Partners and System management to make estimates and assumptions about certain inputs and other factors that are inherently uncertain. These estimates are subjective and require judgment regarding significant matters such as the amount and timing of future cash flows and the selection of discount rates that appropriately reflect market and credit risks.

Assets categorized as alternative investments may be subject to liquidity restrictions such as gates. These gates prevent short-term liquidation of assets. Hedge funds may be redeemed at quarter-end requiring advanced notice ranging from 45 to 65 days, prior written notice subject to certain limitations that may be imposed by the General Partner of the fund without notice. Private equity and private real estate funds generally have contractual terms of 10 years or greater from the time of the commitment to the time the fund is made. While distributions of capital during this term typically occur, many of these funds have

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provisions that allow the General Partner to extend the final term and suspend distributions. Distressed debt funds are typically 1-year to 5-year or 6-year to 10-year term structures, and although some of the funds offer liquidity, the fund documents allow the General Partner to suspend redemptions if they deem necessary. As a result of these contractual limitations on liquidity, these alternative assets are generally considered illiquid. Contractual liquidity terms of alternative investments at December 31, 2021 are as follows:

	<u>Carrying value</u>	<u>Unfunded commitments</u>
Less than 1 year, no contractual restrictions have been imposed	\$ 304,993	3,485
Limited partnership fund expiring in 1–5 years	33,648	10,602
Limited partnership fund expiring in 6–10 years	77,997	18,746
Limited partnership fund expiring in 11–15 years	12,549	2,153
Limited partnership fund expiring in 15+ years	<u>24,298</u>	<u>45,802</u>
Total alternative investments	\$ <u>453,485</u>	<u>80,788</u>

The components and related restrictions of investments shown above are as follows:

	<u>2021</u>	<u>2020</u>
Without donor restriction and board designated	\$ 2,257,445	1,572,405
Swap collateral	8,542	18,202
Investments held by bond trustees	35,154	224,158
With donor restriction	<u>451,014</u>	<u>376,473</u>
Total investments	\$ <u>2,752,155</u>	<u>2,191,238</u>

Investment income is comprised of the following for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Interest and dividend income:		
Without donor restriction	\$ 60,843	33,707
With donor restriction	3,841	3,419
	<u>64,684</u>	<u>37,126</u>
Net realized and change in unrealized gains:		
Without donor restriction	80,481	90,317
With donor restriction	37,765	25,319
	<u>118,246</u>	<u>115,636</u>
Total investment income	\$ <u>182,930</u>	<u>152,762</u>

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(7) Sale of Future Revenue

On September 1, 2020, the System entered into a 30-year arrangement with University Circle Parking Services LLC, in which the System sold future revenues related to certain hospital parking garages in exchange for up front proceeds. The System received \$92,601, net of \$2,270 in issuance costs, which approximated the fair value of the liability related to the sale of future revenue based on a discounted cash flow model. The fair value for the liability related to the sale of future revenue at the time of the transaction was based on estimates of future garage revenue. The System retains ownership of the parking garages throughout the life of the arrangement and is required to forfeit future parking revenue to the extent it is used to cover debt service on the underlying bonds. The System maintains responsibility for maintenance of the garages such that they are kept in working order. All parking revenue forfeitures are offset with parking garage expenses and any excess funds are remitted back to the System on an annual basis.

As parking garage revenues are remitted to University Circle Parking Services LLC, the balance of the liability related to the sale of future revenue will be effectively repaid over the life of the arrangement. To determine the amortization of the liability related to the sale of future revenue, the System estimated the total amount of future parking payments to University Circle Parking Services LLC over the life of the agreement, which resulted in an effective annual interest rate of approximately 3.9% for the non-cash interest expense. This estimate contains significant assumptions that impact both the amount recorded at execution and the non-cash interest expense that will be recognized over the life of the arrangement. There are a number of factors that could affect the amount and timing of parking garage revenue payments to University Circle Parking Services LLC and, correspondingly, the amount of non-cash interest expense. The main factor relates to the usage of these garages by our patients and others.

A summary of the liability related to the sale of future revenue at December 31, 2021 and 2020 is as follows:

	<u>2021</u>	<u>2020</u>
Balance at beginning or period	\$ 92,519	92,601
Current year amortization of net proceeds	<u>(246)</u>	<u>(82)</u>
Balance at end of period	<u>\$ 92,273</u>	<u>92,519</u>

The System recognized \$2,942 and \$980 reported in other revenue and \$2,696 and \$908 of non-cash interest expense related to this transaction for the years ended December 31, 2021 and 2020, respectively.

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(8) Property and Equipment

Property and equipment, at December 31, 2021 and 2020, are summarized below:

	<u>2021</u>	<u>2020</u>
Land and land improvements	\$ 205,049	174,459
Buildings and fixed equipment	2,423,466	2,235,532
Movable equipment and furnishings	1,900,902	1,775,122
Construction in progress	<u>175,478</u>	<u>70,314</u>
	4,704,895	4,255,427
Less accumulated depreciation	<u>2,640,958</u>	<u>2,401,962</u>
Property and equipment, net	<u>\$ 2,063,937</u>	<u>1,853,465</u>

As of December 31, 2021, the System has made contractual commitments on construction contracts, including information technology projects, of \$134,267.

(9) Long-Term Debt

The System's \$250,000 revolving credit commitment (the Credit Commitment), is a syndicated commitment with a maturity date of August 29, 2024. The Credit Commitment bears interest at various rates for short-term periods. For the years ended December 31, 2021 and 2020, the weighted average interest rate for borrowings under this credit line was 0.73% and 1.18%, respectively. As of December 31, 2021 and 2020, there were no borrowings outstanding under the Credit Commitment. The remaining available Credit Commitment is \$250,000 at December 31, 2021 and 2020.

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A summary of long-term debt at December 31, 2021 and 2020 is as follows:

Series	Type	Average interest rate% for the years ended December 31, 2021 and 2020	Final maturity	Amount outstanding December 31,	
				2021	2020
2021A Revenue Bonds	Fixed	3.15, N/A	2051	\$ 157,825	—
2021B Revenue Bonds	Variable	0.12, N/A	2049	30,000	—
2021C Revenue Bonds	Variable	0.12, N/A	2051	20,000	—
2021D Revenue Bonds	Variable	0.06, N/A	2051	50,000	—
2021E Revenue Bonds	Fixed	2.66, N/A	2041	82,605	—
2021G Revenue Bonds	Variable	0.66, N/A	2040	38,400	—
2020A Revenue Bonds	Fixed	4.30	2050	290,400	290,400
2020B Revenue Bonds	Fixed	5.00	2050	50,000	50,000
2020C Revenue Bonds	Fixed	4.00	2052	50,000	50,000
2020D Revenue Bonds	Variable	0.63, 0.98	2050	127,010	127,010
2020E Revenue Bonds	Variable	0.55, 0.90	2050	46,915	46,915
2018A Revenue Bonds	Variable	0.02, 0.45	2046	25,230	25,230
2018B Revenue Bonds	Variable	0.05, 0.58	2046	36,355	36,355
2018C Revenue Bonds	Fixed	N/A, 4.52	2042	—	60,850
2018D Revenue Bonds	Fixed	4.31	2039	57,355	57,355
2016A Revenue Bonds	Fixed	3.59	2046	229,725	229,725
2015A Revenue Bonds	Variable	0.15, 0.87	2045	30,000	30,000
2015B Revenue Bonds	Variable	0.12, 1.08	2045	30,000	30,000
2015C Revenue Bonds	Variable	0.15, 0.98	2045	40,000	40,000
2014A Revenue Bonds	Fixed	3.69	2044	46,145	46,145
2014B Revenue Bonds	Variable	0.15, 0.87	2045	30,000	30,000
2013A Revenue Bonds	Fixed	4.65	2029	74,575	77,925
2013B Revenue Bonds	Variable	0.12, 1.08	2033	28,000	28,000
2012A Revenue Bonds	Fixed	4.73	2041	66,175	160,575
CIF	Fixed	2.05	2044	22,000	22,000
Other long-term debt				12,400	4,814
				<u>1,671,115</u>	<u>1,443,299</u>
Unamortized premium				84,128	72,752
Less:					
Unamortized discount				578	1,093
Deferred financing costs				14,229	11,734
Current installments				17,663	6,407
Long-term debt, less current installments				<u>\$ 1,722,773</u>	<u>1,496,817</u>

The average interest rate provided in the table above includes the weighted average interest cost for each individual variable rate type series and is for the years ended December 31, 2021 and 2020.

The System is party to a Master Trust Indenture, amended and restated as of June 15, 1989 (the Indenture). The Revenue Bonds listed in the table above are secured by the Indenture and are general obligations of the Obligated Group. The Obligated Group consists of the System, UHCMC, University

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Hospitals Geauga Medical Center, University Hospitals Ahuja Medical Center, University Hospitals Parma Medical Center, University Hospitals Elyria Medical Center, University Hospitals St. John Medical Center, and Lake (as of October 2021).

During 2021, the System issued debt totaling \$378,830, of which \$340,430 related to the issuance of tax-exempt bonds. The tax-exempt proceeds were used to refund the Series 2012A (partial refund) and 2018C bonds, and the Lake 2008C, 2012B, 2015, and 2017 bonds, as well as the cost of issuance. The remaining debt issued in 2021 consisted of a \$38,400 taxable term loan and the proceeds were used to finance various costs related to the termination of certain swaps and lease agreements of Lake.

Effective October 29, 2020, the System executed a promissory note in the amount of \$22,000 in connection with a credit agreement between the System and a regional center designated by the U.S. Citizenship and Immigration Services EB-5 Program. The note payable bears interest at 2.05% until the fifth anniversary of the effective date of the note and 2.60% thereafter. The note's principal payments begin in November 2030 and its final maturity is November 2045.

As of December 31, 2021, the System's debt structure consists of 68% fixed rate debt and 32% floating rate debt, \$1,126,805 and \$531,910, respectively. The floating rate debt structure includes \$212,325 of bank direct purchase bonds of which portions begin to renew in 2023 through 2031.

This System has \$111,585 of bonds outstanding that are backed by bank letters of credit. Based on the repayment schedules of the bank letters of credit, \$25,000, \$34,654 and \$51,931 could become due in 2023, 2024 and 2025, respectively, upon failure to remarket these bonds. The System believes that the total that could become due in 2023, 2024 and 2025 can be offset by the remaining available borrowing capacity of \$250,000 on the Credit Commitment and/or with available unrestricted liquidity.

The System also has a total of \$208,000 of variable rate bonds outstanding which are not supported by a credit facility or liquidity facility. These bonds are remarketed daily or weekly and, subject to certain notice requirements, the holders have the right to tender the bonds for purchase at any time. In the event of a failure to remarket tendered bonds, the bonds are returned to the tendering holder thereof, the interest on the bonds converts to a stepped-up interest rate and the bonds become subject to term-out provisions which require the System to redeem those bonds on a special mandatory redemption date which is between 30 and 36 months from the date the nonremarketed bonds were originally tendered by the holder.

During the term of the various agreements and leases, the System is required to make specified deposits with trustees to fund principal and interest payments due. The System is required to comply with certain restrictive covenants, including provisions relating to certain debt ratios, days cash on hand, and other matters. The System was in compliance with these financial debt covenants at December 31, 2021 and 2020.

Combined current aggregate scheduled maturities of long-term debt for the five years subsequent to December 31, 2021 are as follows: 2022 – \$17,663; 2023 – \$7,645; 2024 – \$9,860; 2025 – \$12,305; 2026 – \$30,350; and 2027 and thereafter – \$1,593,292.

Cash paid for interest totaled \$64,989 and \$53,726 in the years ended December 31, 2021 and 2020, respectively.

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(10) Interest Rate Swap Agreements

The System utilizes interest rate swaps to manage the overall cost of debt and risk profile related to its long-term debt. The swaps utilized include i) fixed-payer swaps, whereby the System receives a floating rate and pays a fixed rate designed to either hedge against rising interest rates or achieve a lower overall cost of debt relative to traditional fixed-rate structures and ii) basis swaps whereby the System receives a floating rate based on a taxable index (LIBOR) and pays a floating rate based on a tax-exempt index (SIFMA) designed to reduce interest costs associated with its traditional fixed rate debt. A summary of the System's interest rate swap agreements is as follows:

Swap type	Maturity date	Year ended December 31, 2021		Notional value at December 31	
		System pays	System receives	2021	2020
Fixed-payer	2034	3.36 %	67% of 1-month LIBOR	\$ 37,500	37,500
Fixed-payer	2034	3.42 %	67% of 1-month LIBOR	37,500	37,500
Fixed-payer	2034	3.49 %	67% of 1-month LIBOR	37,500	37,500
Fixed-payer	2034	3.63 %	67% of 1-month LIBOR	37,500	37,500
Basis	2027	SIFMA Index	86.2% of 1-month LIBOR	50,000	50,000
Fixed-payer	2044	2.30 %	65% of 1-month LIBOR + 0.12%	50,000	50,000
Fixed-payer	2044	2.49 %	65% of 1-month LIBOR + 0.12%	50,000	50,000
Fixed-payer	2042	3.64 %	70% of 1-month LIBOR	26,590	26,590
Basis	2032	SIFMA Index	85.3% of 3-month LIBOR	50,000	50,000
Fixed-payer	2029	3.61 %	64.11% of 5-year LIBOR	17,625	19,430
Fixed-payer	2030	5.09 %	91.03% of 5-year LIBOR	4,835	5,810
Fixed-payer	2030	3.62 %	64.09% of 5-year LIBOR	6,115	6,660
Fixed-payer	2026	3.78 %	70% of 1-month LIBOR	4,255	5,105
Fixed-payer	2022	3.68 %	70% of 1-month LIBOR	630	1,265
Fixed-payer	2021	3.31 %	70% of 1-month LIBOR	—	2,000
Fixed-payer	2047	1.43 %	70% of 1-month LIBOR	25,000	25,000
Fixed-payer	2047	1.23 %	70% of 1-month LIBOR	25,000	25,000
Fixed-payer	2050	0.89 %	70% of 1-month LIBOR	50,000	50,000
Fixed-payer	2050	1.45 %	70% of 1-month LIBOR	50,000	—
Fixed-payer	2041	5.02 %	74% of 1-month LIBOR + .74%	43,525	—
Fixed-payer	2041	5.43 %	74% of 1-month LIBOR + 1.11%	21,750	—
Constant Maturity	2038	67% of 1-month LIBOR	67% 10 yr LIBOR -.38%	50,000	50,000
Total return swap	2027	SIFMA Index + 0.50%	Bond Coupon	50,000	50,000
				<u>\$ 725,325</u>	<u>616,860</u>

In September 2021, the System amended and novated two Lake fixed-payer swaps for notional amounts of \$43,250 and \$21,750. The amendment required a payment of \$35,200 and suspended cash flows until 2035.

In October 2020, the System entered into a Fixed Payer Swap in anticipation of refunding its 2012A bonds for a notional amount of \$50,000 with cash flows beginning January 2022 and a termination date of 2050.

SIFMA is an index of high-grade, tax-exempt variable rate demand obligations. SIFMA ranged from .02% to .11% (average rate of .05%) for the year ended December 31, 2021 and .08% to 5.20% (average rate of 0.54%) for the year ended December 31, 2020.

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The net fair value of interest rate swap agreements was a liability of \$89,515 as of December 31, 2021. The net fair value for swap agreements at December 31, 2021 consisted of \$2,550 recorded in other assets and \$92,065 recorded in other liabilities within the December 31, 2021 consolidated balance sheet. The net fair value of interest rate swap agreements was a liability of \$106,269 as of December 31, 2020. The net fair value for swap agreements at December 31, 2020 consisted of \$863 recorded in other assets and \$107,132 recorded in other liabilities within the December 31, 2020 consolidated balance sheet.

An increase in fair value of derivative instruments in the consolidated statements of operations and changes in net assets totaled \$17,643 for the year ended December 31, 2021. A decrease in fair value of derivative instruments in the consolidated statements of operations and changes in net assets totaled \$36,473 for the year ended December 31, 2020. Cash paid to counterparties totaled \$12,216 and \$9,058, for the years ended December 31, 2021 and 2020, respectively. Cash received from counterparties totaled \$1,847 and \$3,404 for the years ended December 31, 2021 and 2020, respectively.

The System posted collateral of \$8,542 and \$18,202 as of December 31, 2021 and 2020, respectively. The collateral is comprised of cash and U.S. Treasury and government securities, is limited as to use, and is recorded as a restricted investment within the consolidated balance sheets.

(11) Leases

The System leases medical office buildings, office space and equipment. The remaining lease term for leases primarily range from 1-50 years. Many leases contain renewal options. For those contracts where options are reasonably certain to be exercised, the System recognizes renewal options as part of the ROU assets and lease liabilities.

At December 31, 2021 and 2020, lease assets and liabilities were recorded in the consolidated balance sheet as follows:

Lease type	Balance sheet classification	2021	2020
Assets:			
Operating	Other assets	\$ 121,839	87,406
Finance	Other assets	48,172	—
	Total assets	\$ 170,011	87,406
Liabilities:			
Current operating	Other current liabilities	\$ 22,966	21,487
Current finance	Other current liabilities	3,110	—
Noncurrent operating	Other liabilities	99,747	66,636
Noncurrent finance	Other liabilities	52,003	—
	Total liabilities	\$ 177,826	88,123

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The components of lease cost for the years ended December 31, 2021 and 2020 were as follows:

	<u>2021</u>	<u>2020</u>
Operating leases:		
Operating lease cost	\$ 31,495	26,087
Short-term lease cost	239	105
Sublease income ⁽¹⁾	<u>(2,041)</u>	<u>—</u>
Total operating lease cost	\$ <u>29,693</u>	<u>26,192</u>
Finance leases:		
Amortization of ROU assets	\$ 3,285	—
Interest on lease liabilities	<u>2,361</u>	<u>—</u>
Total financing lease cost	\$ <u>5,646</u>	<u>—</u>

⁽¹⁾ Sublease income excludes related party arrangements.

Other information related to leases for the years ended December 31, 2021 and 2020 were as follows:

	<u>2021</u>	<u>2020</u>
Supplemental cash flow information:		
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flow from operating leases	\$ 31,502	26,512
Operating cash flow from financing leases	2,361	—
Financing cash flow from financing leases	2,458	—
Weighted average remaining lease term:		
Operating leases (in years)	10.1	7.1
Financing leases (in years)	14.8	—
Weighted average discount rate:		
Operating leases	3.51 %	2.50 %
Financing leases	5.71	—

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Future minimum lease payments required under non-cancelable leases as of December 31, 2021 are as follows:

	<u>Operating</u>	<u>Finance</u>	<u>Total</u>
2022	\$ 27,676	6,099	33,775
2023	22,395	6,149	28,544
2024	18,236	6,198	24,434
2025	14,376	6,272	20,648
2026	11,352	6,060	17,412
2027 and thereafter	<u>55,106</u>	<u>53,963</u>	<u>109,069</u>
Total undiscounted future lease payments	149,141	84,741	233,882
Less present value discount	<u>(26,428)</u>	<u>(29,628)</u>	<u>(56,056)</u>
Total lease liability	\$ <u>122,713</u>	<u>55,113</u>	<u>177,826</u>

(12) Insurance

Western Reserve Assurance Company, Ltd. (Western Reserve), a wholly owned subsidiary of the System, provides professional and general liability insurance coverage on a claims-made basis for substantially all of the System. Western Reserve is a segregated portfolio company (SPC), Western Reserve Assurance Company, Ltd., SPC (Western Reserve SPC). SPC is an insurance company that operates as a single legal entity, which allows for assets and liabilities to be segregated between different protected portfolios of the company. The individual segregated portfolios do not, by law, have access or rights to the assets of any of the other segregated portfolios within SPC. At December 31, 2021, the Western Reserve SPC consists of several individual segregated portfolios. Each segregated portfolio provides coverage for its respective entity's insurance programs and is consolidated into each respective entity's consolidated financial statements. Western Reserve SPC has reinsurance agreements with unrelated commercial carriers in place relative to a portion of the risks.

Various claimants have asserted professional and general liability and workers' compensation claims against the System. These claims are in various stages of processing or are in litigation.

In the first quarter of 2018, an unexpected equipment failure occurred at a Fertility Clinic that was operated by UH Cleveland Medical Center. Multiple claims, with multiple theories of recovery, have been filed against the System and some of its wholly owned entities; some of the lawsuits include class action allegations. In general, the lawsuits seek compensatory and punitive damages. The claims and lawsuits are being treated as professional liability claims and therefore subject to the System's professional and liability insurance policies. As of December 31, 2021, almost all of the filed claims related to the fertility clinic matter have been settled.

The System has accrued an estimate of both asserted and unasserted losses primarily based on actuarially determined amounts. The System's reserves for professional, general, and workers' compensation liabilities (including incurred but not reported claims) total \$230,903 and \$188,933 at December 31, 2021 and 2020, respectively. The current portion of the reserves at both December 31, 2021 and 2020, is

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\$35,000, and is recorded in other current liabilities and the remaining portion is recorded in other long term liabilities.

(13) Retirement Plans

The System maintains a noncontributory defined benefit pension plan (the plan) for the benefit of eligible employees. The benefits are based upon years of service and the employees' compensation, as defined by the plan. It is the System's policy to contribute annually to the defined benefit plan amounts that are actuarially determined to provide the plan with sufficient assets to meet future benefit payment requirements. In April 2015, the System froze its final average pay formula benefit, replacing it with a cash balance formula.

The System recognizes the funded status (difference between the fair value of plan assets and the projected benefit obligation) of the defined benefit pension plan on its consolidated balance sheets. Gains or losses and prior service costs or credits that arise during the period but are not recognized as components of net periodic benefit costs are recognized as a component of net assets without donor restrictions. The System uses December 31 as the measurement date for plan assets and benefit obligations.

The amounts recognized in changes in net assets without donor restrictions at December 31, 2021 and 2020 consisted of the following:

	<u>2021</u>	<u>2020</u>
Amount recognized in net assets without donor restrictions at end of year:		
Unrecognized actuarial loss	\$ 362,507	560,795
Unrecognized prior service costs	<u>(3,694)</u>	<u>(6,093)</u>
Net amount recognized	<u>\$ 358,813</u>	<u>554,702</u>

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The accumulated benefit obligation for the plan was \$1,426,812 and \$1,455,938 as of December 31, 2021 and 2020, respectively. The following represents selected information about the plan as of December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Change in benefit obligation:		
Projected benefit obligation (PBO) at beginning of year	\$ 1,509,449	1,354,171
Service cost	62,510	56,630
Interest cost	29,051	38,542
Actuarial (gain) loss	(31,633)	138,089
Benefits paid	<u>(85,587)</u>	<u>(77,983)</u>
Projected benefit obligation at end of year	<u>1,483,790</u>	<u>1,509,449</u>
Change in plan assets:		
Fair value of assets at beginning of year	1,061,915	939,340
Actual return on assets	179,577	120,844
Employer contribution	103,000	79,714
Benefits paid	<u>(85,587)</u>	<u>(77,983)</u>
Fair value of assets at end of year	<u>1,258,905</u>	<u>1,061,915</u>
Funded status (PBO in excess of plan assets)	\$ <u>(224,885)</u>	<u>(447,534)</u>
	<u>2021</u>	<u>2020</u>
The components of net periodic pension costs included the following:		
Operating expenses:		
Service cost	\$ 62,510	56,630
Nonoperating expenses:		
Interest cost	29,051	38,542
Expected return on plan assets	(65,484)	(58,679)
Amortization of prior service costs	(2,399)	(2,399)
Recognized net actuarial loss	<u>52,853</u>	<u>46,854</u>
Net periodic pension cost	\$ <u>76,531</u>	<u>80,948</u>

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The amounts in net assets without donor restrictions expected to be recognized as components of net periodic pension costs in the year ended December 31, 2021 are as follows:

Amortization of prior service costs	\$	(2,399)
Recognized actuarial losses		<u>38,988</u>
Total	\$	<u><u>36,589</u></u>

The weighted average assumptions used to determine benefit obligations and net benefit cost for the years ended December 31, 2021 and 2020 were as follows:

	<u>2021</u>	<u>2020</u>
Weighted average assumptions:		
Discount rate – benefit obligation	2.94 %	2.62 %
Discount rate – service cost	2.70	3.11
Discount rate – interest cost	1.89	2.82
Expected return on plan assets	6.25	6.50
Rate of compensation increase	3.75	3.75

Pension assets are invested in various asset classes as follows:

	<u>2021</u>	<u>2020</u>
Asset class:		
Equities, mutual and exchange traded funds	48 %	53 %
Fixed income	20	24
Alternative investments	30	20
Cash and cash equivalents	2	3

The Finance Committee of the System's Board of Directors has responsibility for establishing and monitoring compliance with the investment policy governing the investment of pension assets. The investment policy is utilized as the basis for determining the long-term return assumption for the assets. Historical data, combined with future expected returns of each asset class, are the primary components utilized in developing this assumption. Additional information, such as specific manager performance and risk characteristics, is also included in the assessment of the long-term rate of return assumption.

The System expects to contribute \$113,992 to the plan in the year ended December 31, 2022. The estimated benefit payments, which reflect expected future service, as appropriate, are expected to be paid by the System as follows: 2022 – \$83,048; 2023 – \$87,052; 2024 – \$91,368; 2025 – \$93,139; 2026 – \$97,387; and 2027 to 2031 – \$502,139.

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The following tables present the System's fair value leveling hierarchy for those plan assets measured at fair value as of December 31, 2021 and 2020. Refer to note 5 for level definitions.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2021:				
Cash and cash equivalents	\$ 31,610	—	—	31,610
Fixed income securities - Corporate bonds	162,816	87,306	—	250,122
Equities, mutual and exchange traded funds:				
Domestic mutual funds	205,377	22,691	—	228,068
International mutual funds	<u>373,000</u>	<u>—</u>	<u>—</u>	<u>373,000</u>
Total equities, mutual and exchange traded funds	<u>578,377</u>	<u>22,691</u>	<u>—</u>	<u>601,068</u>
Total	\$ <u>772,803</u>	<u>109,997</u>	<u>—</u>	<u>882,800</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2020:				
Cash and cash equivalents	\$ 31,939	—	—	31,939
Fixed income securities:				
Corporate bonds	174,723	45,529	—	220,252
Government securities	<u>23,947</u>	<u>6,180</u>	<u>—</u>	<u>30,127</u>
Total fixed securities	<u>198,670</u>	<u>51,709</u>	<u>—</u>	<u>250,379</u>
Equities, mutual and exchange traded funds:				
Domestic mutual funds	208,216	—	—	208,216
International mutual funds	<u>358,033</u>	<u>—</u>	<u>—</u>	<u>358,033</u>
Total equities, mutual and exchange traded funds	<u>566,249</u>	<u>—</u>	<u>—</u>	<u>566,249</u>
Total	\$ <u>796,858</u>	<u>51,709</u>	<u>—</u>	<u>848,567</u>

The plan held certain investments in cash and cash equivalents consisting of short-term money market instruments including commercial paper, asset backed securities, treasury bonds and bills, and short-term corporate bonds. The plan also holds certain alternative investments including hedge funds, real estate, and distressed debt.

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The following table summarizes the System's investments at December 31, 2021 and 2020, for which NAV was used as a practical expedient to estimate fair value:

	<u>2021</u>	<u>2020</u>
Alternative investments:		
Hedge funds	\$ 145,059	42,682
Real estate	84,684	74,378
Distressed debt	41,084	34,174
Private equity	<u>105,278</u>	<u>62,114</u>
Total alternative investments	<u>\$ 376,105</u>	<u>213,348</u>

The table below classifies the net asset value at December 31, 2021 for the alternative investment portion of the plan assets into categories based on the stated contractual liquidity terms of the underlying investments:

	<u>Net asset value</u>	<u>Unfunded commitments</u>
Less than 1 year, no contractual restrictions have been imposed	\$ 177,202	24,715
Limited partnership fund expiring in 1–5 years	48,597	15,609
Limited partnership fund expiring in 6–10 years	113,930	28,883
Limited partnership fund expiring in 11–15 years	13,572	2,379
Limited partnership fund expiring in 15+ years	<u>22,804</u>	<u>31,338</u>
Total alternative investments	<u>\$ 376,105</u>	<u>102,924</u>

The System sponsors various defined contribution employee benefit plans. The System contributed \$34,959 and \$12,771 to the defined contribution employee benefit plans for the years ended December 31, 2021 and 2020, respectively. The employer match contribution was frozen in May 2020 through December 31, 2020 and was reinstated in January of 2021.

The System also has nonqualified deferred compensation plans for certain employees. The System contributed and recognized as expense \$4,736 and \$5,251 to the deferred compensation plans for the years ended December 31, 2021 and 2020, respectively.

(14) Investments in Joint Ventures

The System has invested in a number of joint ventures to provide specialty healthcare services which are recorded on the equity method of accounting. The Southwest General Health Center (Southwest) agreement provides that 50% of the voting members of Southwest's board of trustees shall be selected for appointment by the System and that the System is entitled to 50% of the annual net income as defined in the agreement. Total investment in Southwest amounted to \$79,340 and \$75,948 at December 31, 2021

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and 2020, respectively. Total net earnings (loss) under the Southwest joint venture for the years ended December 31, 2021 and 2020 are shown below.

	<u>2021</u>	<u>2020</u>
Earnings	\$ 12,459	9,062
Distribution	<u>(9,062)</u>	<u>(16,797)</u>
Net earnings (loss)	<u>\$ 3,397</u>	<u>(7,735)</u>

Total investments for all joint ventures, including Southwest, amounted to \$146,746 and \$108,399 at December 31, 2021 and 2020, respectively, and are included in noncurrent other assets on the consolidated balance sheets.

(15) Litigation and Contingencies

The System is involved in litigation arising in the ordinary course of business. Claims have been asserted against the System and are currently in various stages of litigation. It is the opinion of management that estimated costs accrued are adequate to provide for potential losses resulting from pending or threatened litigation.

(16) Special Charges

The System incurred \$953 and \$2,581 in special charges during the years ending December 31, 2021 and 2020, respectively. The special charges related primarily to restructuring costs.

(17) Purchase Commitments

The System has commitments to purchase goods and services with the following minimum contractual obligations as follows: 2022 – \$90,188; 2023 – \$35,865; 2024 – \$26,801; 2025 – \$19,859; 2026 – \$11,247 and 2027 and thereafter – \$6,653. Purchases under these or similar contracts totaled \$131,090 and \$159,402 in the years ending December 31, 2021 and 2020, respectively.

(18) Income Taxes

The System has certain taxable subsidiaries that have incurred net losses for federal income tax purposes. Cumulative losses available totaled \$975,583 and \$978,950 at December 31, 2021 and 2020 respectively. The losses are available to offset future taxable income indefinitely with utilization limited to 80% of taxable income for losses arising after December 31, 2018. A potential tax benefit has not been recorded in the consolidated financial statements at December 31, 2021 and 2020 due to the uncertainty of realizing those benefits in the future.

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(19) Functional Expenses

The System provides healthcare services, medical education, and performs medical research. Operating expenses related to these functions presented by their natural classifications were as follows for the years ended December 31, 2021 and 2020:

	December 31, 2021			
	Health care services	Academic and research	Administrative support	Total
Salaries, wages and employee benefits	\$ 2,425,841	39,316	415,008	2,880,165
Purchased services	242,220	9,632	74,419	326,271
Patient care supplies	1,121,956	5,652	(1,295)	1,126,313
Other supplies	39,288	1,362	3,208	43,858
Insurance	82,340	—	14,998	97,338
Other	198,501	8,172	260,547	467,220
Depreciation and amortization	137,424	—	97,921	235,345
Non-cash interest for the sale of future revenue	2,696	—	—	2,696
Interest	54,487	—	—	54,487
Special charges	953	—	—	953
Recoveries in excess of insurance	(750)	—	—	(750)
Total operating expenses	4,304,956	64,134	864,806	5,233,896
Nonservice periodic pension costs	14,021	—	—	14,021
Total functional expenses	\$ 4,318,977	64,134	864,806	5,247,917

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	December 31, 2020			Total
	Health care services	Academic and research	Administrative support	
Salaries, wages and employee benefits	\$ 2,082,868	36,769	374,634	2,494,271
Purchased services	188,993	13,219	76,631	278,843
Patient care supplies	916,941	4,043	14,135	935,119
Other supplies	35,639	2,449	6,489	44,577
Insurance	57,282	—	—	57,282
Other	291,448	9,274	85,985	386,707
Depreciation and amortization	125,019	15	73,600	198,634
Non-cash interest for the sale of future revenue	908	—	—	908
Interest	52,030	—	—	52,030
Special Charges	2,581	—	—	2,581
Recoveries in excess of insurance	(26,053)	—	—	(26,053)
Total operating expenses	3,727,656	65,769	631,474	4,424,899
Nonservice periodic pension costs	24,318	—	—	24,318
Total functional expenses	\$ 3,751,974	65,769	631,474	4,449,217

Some categories of natural class expenses are attributable to more than one activity and require allocation, applied on a consistent basis. Interest is allocated based on net patient revenue. Insurance represents the professional liability insurance. Administrative support consists of corporate functions such as legal, accounting and information systems.

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(20) Liquidity and Availability of Resources

As of the years ended December 31, 2021 and 2020, financial assets and liquidity resources available within one year for general expenditures, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, were as follows:

	<u>2021</u>	<u>2020</u>
Financial assets:		
Cash and cash equivalents	\$ 691,177	825,899
Patient accounts receivable	662,972	538,087
Other receivables	73,369	54,430
Investments	<u>2,127,590</u>	<u>1,463,877</u>
Total financial assets available within a year	3,555,108	2,882,293
Liquidity resources:		
Available revolving credit commitment	<u>250,000</u>	<u>250,000</u>
Total financial assets and liquidity resources available within a year	<u>\$ 3,805,108</u>	<u>3,132,293</u>

Other receivables exclude receivables that are not expected to be converted into cash within a year. Investments exclude investments with board designation and alternative investments with restrictions not expected to be converted to cash within a year. As part of liquidity management, the System's policy is to structure and manage its financial assets to be available to meet its general expenditure needs. To help manage unanticipated liquidity needs, the System maintains syndicated revolving lines of credit that are drawn upon during the year to manage cash flows.

(21) Related Parties

Certain members of the System's Board of Directors serve as management of companies that provide products and/or services to the System or with which the System has a contract or other relationship (e.g., schools). Two members of the System's Board of Directors are employees: the Chief Executive Officer and a physician employed by one of the entities in the System.

The System's management believes that transactions with related parties are entered into upon terms comparable to those that would be available from unaffiliated third parties. Related party transactions are reviewed by the Audit & Compliance Committee.

(22) COVID-19 Pandemic and CARES Act Funding

On March 13, 2020, the President of the United States declared a National Emergency under the Stafford Act in relation to the pandemic. Patient activity and related revenues for most services were significantly impacted starting in mid-March 2020 as various policies were implemented by federal, state, and local governments in response to the COVID-19 pandemic.

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On March 27, 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"), which provided economic relief impacting all sectors of the economy, including the healthcare industry. Under the CARES Act, appropriations were made to the Provider Relief Fund ("PRF") for hospitals to cover expenses associated with the treatment of COVID-19 patients and lost revenue attributable to the COVID-19 pandemic, the Medicare Advanced and Accelerated payment program was expanded, Employee Retention Credits ("ERC") to employers affected by COVID-19 were created, the 2% reduction in Medicare payments from sequestration through December 2021 has been eliminated, add-on payments for inpatient hospitals treating COVID-19 patients were created, and a reduction in Medicaid funding for Medicare disproportionate share hospitals was delayed.

During the years ended December 31, 2021 and 2020, the System recognized \$100,847 and \$129,250, respectively, in grant revenue from the PRF presented within other revenue in the accompanying consolidated statements of operations and changes in net assets, which are not required to be repaid provided the System complies with the terms, conditions and reporting requirements set forth by the U.S. Department of Health and Human Services ("HHS"). The reporting and compliance guidance as issued and updated by HHS continues to evolve, which may impact the amounts recognized by the System through this program.

During the year ended December 31, 2020, the System received \$317,476 in advanced payments from the Medicare program. The Centers for Medicare & Medicaid Services (CMS) began recouping these funds by withholding Medicare payments from claim submissions beginning in April 2021 and will continue to do so until the total of the amounts withheld are equal to the total of amounts advanced as part of the program. CMS advances that have yet to be recouped of \$209,166 are included in current liabilities in the accompanying consolidated balance sheet as of December 31, 2021.

During the year ended December 31, 2020, the System recognized \$20,888 of ERC within other revenue in the accompanying consolidated statements of operations and changes in net assets. The System did not recognize any ERC in 2021. The ERC supports hospitals and health systems in maintaining their workforces while experiencing economic hardship due to the COVID-19 pandemic.

The CARES Act also permitted employers to defer the payment of the employer's portion of social security taxes incurred between March 27, 2020 and December 31, 2020. The System deferred \$71,440 in 2020 and paid \$35,720 in 2021. The remaining \$35,720 will be paid by the end of 2022 and is included within current liabilities in the accompanying consolidated balance sheet as of December 31, 2021.

(23) Member Substitution

On April 16, 2021, all of the assets and liabilities were assumed by the System as a result of a member substitution agreement with Lake and were recorded at fair value. There was no goodwill recognized as a result of this non-cash business combination. Lake is a health care system that provides a wide range of inpatient and outpatient services. It includes three main hospitals (TriPoint Medical Center, West Medical Center, and Beachwood Medical Center), three urgent/ambulatory care facilities, a freestanding emergency department, physician practice sites and a home health agency. The System completed this transaction to enhance high quality local services for its patients, to improve clinical integration, and to create future growth opportunities for the System.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(in thousands of dollars)

Lake is the managing partner and has a 51% controlling ownership interest in Beachwood Medical Center, a for-profit facility. Prior to the business combination, the System owned 24% of Beachwood Medical Center. As a result of the business combination, the System now has control of the Beachwood Medical Center and the non-controlling interest held before the acquisition was recorded at its fair value of \$8,826. This resulted in a write down of the System's 24% investment in Beachwood Medical Center of \$15,060, which is included as a reduction of other revenue on the consolidated statements of operations and changes in net assets. In December 2021, the remaining non-controlling interest was purchased by the System.

The following table summarizes the estimated fair values of the assets acquired and liabilities assumed at the member substitution date, April 16, 2021. Determining the fair value of the assets acquired and liabilities assumed requires judgment that involves the use of significant accounting estimates and assumptions, including assumptions with respect to future cash flows and discount rates:

Fair value:

Cash and cash equivalents	\$	24,279
Patient accounts receivable		43,180
Other receivables		8,912
Other current assets		14,980
Investments		317,371
Property, plant and equipment		203,009
Investments in affiliates		16,561
Beneficial interest in foundations		18,045
Other		119,126
Current installments of long-term debt		17,002
Accounts payable and accrued expenses		59,796
Estimated amounts due to third-party payors		9,052
CMS advances, current		13,290
Long-term debt, less current installments		201,075
CMS advances, long term		18,954
Other liabilities		210,308
		210,308
Net assets	\$	235,986

Allocation of member substitution:

Net assets without donor restrictions	\$	217,941
Net assets with donor restrictions		18,045
Total net assets	\$	235,986

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(in thousands of dollars)

The following unaudited pro forma information presents the combined historical results of operations of the System and Lake as if the member substitution occurred on the first day of 2020.

Unaudited pro forma consolidated results of operations as of December 31, 2021 and 2020 are as follows:

	Year ended December 31	
	2021	2020
Total operating revenue	\$ 5,473,227	4,850,457
Total operating expense	<u>5,354,039</u>	<u>4,837,168</u>
Net operating income	119,188	13,289
Nonoperating revenues	<u>378,952</u>	<u>92,506</u>
Excess of revenues over expenses	<u>\$ 498,140</u>	<u>105,795</u>

The unaudited pro forma financial information is not intended to represent or be indicative of what would have occurred if the transaction had taken place on the date presented and is not indicative of what the System's actual results of operations would have been had the member substitution been completed at the beginning of the periods indicated above. Further, the pro forma combined results do not reflect one-time costs to fully merge and operate the combined organization more efficiently or anticipated synergies expected to result from the member substitution and should not be relied upon as being indicative of future results that the System will experience.

(24) Subsequent Events

Management has evaluated subsequent events through March 16, 2022, which represents the date the consolidated financial statements were available for issuance, to ensure that the consolidated financial statements include appropriate disclosures of events both recognized in the consolidated financial statements as of December 31, 2021, and events which occurred subsequent to December 31, 2021, but were not recognized in the consolidated financial statements.

There were no reportable events.

SUPPLEMENTARY INFORMATION



KPMG LLP
One Cleveland Center
Suite 2600
1375 East Ninth Street
Cleveland, OH 44114-1796

Independent Auditors' Report on Supplementary Information

The Board of Directors
University Hospitals Health System, Inc.:

We have audited the consolidated financial statements of University Hospitals Health System, Inc. and its subsidiaries as of and for the years ended December 31, 2021 and 2020, and have issued our report thereon dated March 16, 2022, which contained an unmodified opinion on those consolidated financial statements. Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in Schedules 1 through 4 is presented for the purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Cleveland, Ohio
March 16, 2022

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Supplementary Information – Balance Sheet

December 31, 2021

(In thousands of dollars)

Assets	Obligated group	Other nonobligated group	5805 Euclid Inc.	Total nonobligated group	Eliminations	Consolidated
Current assets:						
Cash and cash equivalents	\$ 656,427	34,520	230	34,750	—	691,177
Patient accounts receivable	485,314	177,658	—	177,658	—	662,972
Other receivables	108,128	62,939	—	62,939	(70,265)	100,802
Other current assets	226,861	28,746	—	28,746	—	255,607
Total current assets	1,476,730	303,863	230	304,093	(70,265)	1,710,558
Investments	2,667,046	85,109	—	85,109	—	2,752,155
Property and equipment, net	1,842,530	200,920	20,487	221,407	—	2,063,937
Other assets:						
Investments in affiliates	394,060	31,674	—	31,674	(278,988)	146,746
Beneficial interest in foundations	143,182	76,192	—	76,192	—	219,374
Perpetual trusts	247,910	1,361	—	1,361	—	249,271
Other	271,749	76,388	445	76,833	(13,566)	335,016
Total other assets	1,056,901	185,615	445	186,060	(292,554)	950,407
Total assets	\$ 7,043,207	775,507	21,162	796,669	(362,819)	7,477,057
Liabilities and Net Assets						
Current liabilities:						
Current installments of long-term debt	\$ 8,837	8,826	—	8,826	—	17,663
Accounts payable and accrued expenses	535,907	84,322	2	84,324	(12,424)	607,807
Other current liabilities	216,044	81,433	3,751	85,184	(57,447)	243,781
Estimated amounts due to third party payors	60,172	3,453	—	3,453	—	63,625
CMS Advances, current	169,217	39,949	—	39,949	—	209,166
Total current liabilities	990,177	217,983	3,753	221,736	(69,871)	1,142,042
Long-term debt, less current installments	1,719,216	—	17,123	17,123	(13,566)	1,722,773
Liability related to the sale of future revenue	92,273	—	—	—	—	92,273
Other liabilities	620,553	194,918	—	194,918	(874)	814,597
Total liabilities	3,422,219	412,901	20,876	433,777	(84,311)	3,771,685
Net assets:						
Without donor restrictions	2,628,332	278,222	286	278,508	(278,508)	2,628,332
With donor restrictions	992,656	84,384	—	84,384	—	1,077,040
Total net assets	3,620,988	362,606	286	362,892	(278,508)	3,705,372
Total liabilities and net assets	\$ 7,043,207	775,507	21,162	796,669	(362,819)	7,477,057

See accompanying independent auditors' report on supplementary information and notes to supplementary information.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Supplementary Information – Schedule of Operations

Year ended December 31, 2021

(In thousands of dollars)

	Obligated group	Other nonobligated group	5805 Euclid Inc.	Total nonobligated group	Eliminations	Consolidated
Revenues:						
Patient service revenue	\$ 3,291,473	1,646,843	—	1,646,843	—	4,938,316
Other revenue	283,988	362,272	1,852	364,124	(248,031)	400,081
Total revenues	3,575,461	2,009,115	1,852	2,010,967	(248,031)	5,338,397
Expenses:						
Salaries, wages and employee benefits	1,620,565	1,273,011	—	1,273,011	(13,411)	2,880,165
Purchased services	114,824	371,379	60	371,439	(159,992)	326,271
Patient care supplies	834,207	292,106	—	292,106	—	1,126,313
Other supplies	29,973	13,885	—	13,885	—	43,858
Insurance	51,028	75,681	—	75,681	(29,371)	97,338
Other	402,813	109,365	—	109,365	(44,958)	467,220
Depreciation and amortization	195,680	38,712	953	39,665	—	235,345
Non-cash interest for the sale of future revenue	2,696	—	—	—	—	2,696
Interest	47,520	6,967	207	7,174	(207)	54,487
Special charges	737	216	—	216	—	953
Recoveries in excess of insurance	(750)	—	—	—	—	(750)
	3,299,293	2,181,322	1,220	2,182,542	(247,939)	5,233,896
Net operating income (loss)	276,168	(172,207)	632	(171,575)	(92)	104,501
Nonoperating revenues (expenses):						
Investment income	135,984	5,340	—	5,340	—	141,324
Change in fair value of derivative instruments	21,762	(4,119)	—	(4,119)	—	17,643
Loss on extinguishment of debt	(75)	—	—	—	—	(75)
Member substitution	17,897	217,941	—	217,941	(17,897)	217,941
Loss on disposition of business unit	(2)	—	—	—	—	(2)
Other nonservice periodic pension costs	(14,021)	—	—	—	—	(14,021)
Excess of revenues over expenses	\$ 437,713	46,955	632	47,587	(17,989)	467,311

See accompanying independent auditors' report on supplementary information and notes to supplementary information.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Supplementary Information – Balance Sheet

December 31, 2020

(In thousands of dollars)

Assets	Obligated group	Other nonobligated group	5805 Euclid Inc.	Total nonobligated group	Eliminations	Consolidated
Current assets:						
Cash and cash equivalents	\$ 820,259	5,265	375	5,640	—	825,899
Patient accounts receivable	377,582	160,505	—	160,505	—	538,087
Other receivables	67,807	26,169	—	26,169	(21,930)	72,046
Other current assets	187,915	35,188	—	35,188	—	223,103
Total current assets	1,453,563	227,127	375	227,502	(21,930)	1,659,135
Investments	2,107,257	83,981	—	83,981	—	2,191,238
Property and equipment, net	1,623,495	208,836	21,134	229,970	—	1,853,465
Other assets:						
Investments in affiliates	338,789	4,472	—	4,472	(234,862)	108,399
Beneficial interest in foundations	109,855	66,749	—	66,749	—	176,604
Perpetual trusts	226,674	1,276	—	1,276	—	227,950
Other	269,942	23,190	487	23,677	(13,566)	280,053
Total other assets	945,260	95,687	487	96,174	(248,428)	793,006
Total assets	\$ 6,129,575	615,631	21,996	637,627	(270,358)	6,496,844
Liabilities and Net Assets						
Current liabilities:						
Current installments of long-term debt	\$ 6,182	225	—	225	—	6,407
Accounts payable and accrued expenses	477,187	72,731	356	73,087	7	550,281
Other current liabilities	161,479	59,395	3,847	63,242	(21,937)	202,784
Estimated amounts due to third party payors	31,841	133	—	133	—	31,974
CMS Advances, current	88,792	37,534	—	37,534	—	126,326
Total current liabilities	765,481	170,018	4,203	174,221	(21,930)	917,772
Long-term debt, less current installments	1,492,244	—	18,139	18,139	(13,566)	1,496,817
Liability related to the sale of future revenue	92,519	—	—	—	—	92,519
CMS Advances, long-term	154,096	37,054	—	37,054	—	191,150
Other liabilities	800,489	98,912	—	98,912	—	899,401
Total liabilities	3,304,829	305,984	22,342	328,326	(35,496)	3,597,659
Net assets:						
Without donor restrictions	1,958,872	235,208	(346)	234,862	(234,862)	1,958,872
With donor restrictions	865,874	74,439	—	74,439	—	940,313
Total net assets	2,824,746	309,647	(346)	309,301	(234,862)	2,899,185
Total liabilities and net assets	\$ 6,129,575	615,631	21,996	637,627	(270,358)	6,496,844

See accompanying independent auditors' report on supplementary information and notes to supplementary information.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Supplementary Information – Schedule of Operations

Year ended December 31, 2020

(In thousands of dollars)

	Obligated group	Other nonobligated group	5805 Euclid Inc.	Total nonobligated group	Eliminations	Consolidated
Revenues:						
Patient service revenue	\$ 2,797,528	1,260,812	—	1,260,812	—	4,058,340
Other revenue	322,456	285,898	1,880	287,778	(189,020)	421,214
Total revenues	<u>3,119,984</u>	<u>1,546,710</u>	<u>1,880</u>	<u>1,548,590</u>	<u>(189,020)</u>	<u>4,479,554</u>
Expenses:						
Salaries, wages and employee benefits	1,426,625	1,079,815	—	1,079,815	(12,169)	2,494,271
Purchased services	107,938	301,074	60	301,134	(130,229)	278,843
Patient care supplies	728,766	206,353	—	206,353	—	935,119
Other supplies	33,499	11,078	—	11,078	—	44,577
Insurance	34,849	33,757	—	33,757	(11,324)	57,282
Other	342,601	79,197	—	79,197	(35,091)	386,707
Depreciation and amortization	172,283	25,435	916	26,351	—	198,634
Non-cash interest for the sale of future revenue	908	—	—	—	—	908
Interest	52,016	14	207	221	(207)	52,030
Special charges	2,377	204	—	204	—	2,581
Recoveries in excess of insurance	(26,053)	—	—	—	—	(26,053)
	<u>2,875,809</u>	<u>1,736,927</u>	<u>1,183</u>	<u>1,738,110</u>	<u>(189,020)</u>	<u>4,424,899</u>
Net operating income (loss)	244,175	(190,217)	697	(189,520)	—	54,655
Nonoperating revenues (expenses):						
Investment income	123,561	463	—	463	—	124,024
Change in fair value of derivative instruments	(36,473)	—	—	—	—	(36,473)
Loss on extinguishment of debt	(2,029)	—	—	—	—	(2,029)
Gain on disposition of business unit	22,700	(5,077)	—	(5,077)	—	17,623
Other nonservice periodic pension costs	(24,318)	—	—	—	—	(24,318)
Excess (deficiency) of revenues over expenses	<u>\$ 327,616</u>	<u>(194,831)</u>	<u>697</u>	<u>(194,134)</u>	<u>—</u>	<u>133,482</u>

See accompanying independent auditors' report on supplementary information and notes to supplementary information.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Supplementary Information

December 31, 2021 and 2020

(In thousands of dollars)

(1) Basis of Presentation

In the accompanying supplementary information, the Obligated group includes the following:

- University Hospitals Health System, Inc.
- University Hospitals Cleveland Medical Center
- University Hospitals Geauga Medical Center
- University Hospitals Ahuja Medical Center, Inc.
- Parma Community General Hospital Association d/b/a University Hospitals Parma Medical Center
- EMH Regional Hospital Medical Center d/b/a University Hospitals Elyria Medical Center
- University Hospitals St. John Medical Center
- Lake Hospital System, Inc. (as of October 2021)

Certain affiliated or controlled entities of the System required to be consolidated with the System in accordance with accounting principles generally accepted in the United States of America are presented in the supplementary information as Nonobligated group totals. Entities included in the Nonobligated group include the following:

- University Hospitals Health Care Enterprises, Inc.
- University Hospitals Regional Hospitals Richmond Medical Center Campus
- University Hospitals Conneaut Medical Center
- University Hospitals Geneva Medical Center
- University Hospitals Regional Hospitals Bedford Medical Center Campus
- University Hospitals Medical Group, Inc.
- University Primary Care Practices, Inc.
- University Hospitals Holdings, Inc.
- Western Reserve Assurance Company Ltd., SPC
- University Hospitals Samaritan Medical Center
- University Hospitals Portage Medical Center
- University Hospitals Accountable Care Organization
- UH Health Solutions, LLC
- University Hospitals Home Care Services, Inc.
- UH Ventures, LLC
- 5805 Euclid, Inc.
- University Suburban Real Estate, Ltd.
- Lake Health Beachwood Medical Center