

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning and ending

Form sections B through M: B Check if applicable, C Name of organization, D Employer identification number, E Telephone number, F Name and address of principal officer, G Gross receipts, H(a) Is this a group return, H(b) Are all subordinates included, H(c) Group exemption number, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature and Preparer information: Sign Here (MICHAEL A. SZUBSKI), Preparer (SHAWNA M. JANSONS), Firm (DELOITTE TAX LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 4,617,646,573. including grants of \$ 3,019,494. ) (Revenue \$ 4,750,308,262. ) 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 4,617,646,573.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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	
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> 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
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... 191 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>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... 103		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed IL, KS, MA, MI, MS, NH, NJ, NY, NC, ND, OR, PA
- 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, box 6 of 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) MEGERIAN, CLIFF MD SEE SCHEDULE O	2.00 50.00	X						0.	5,030,785.	53,513.
(2) MOORE-HARDY, CYNTHIA SEE SCHEDULE O	0.00 50.00			X				0.	2,508,099.	1,771,463.
(3) SIMON, DANIEL I. MD SEE SCHEDULE O	4.00 50.00	X		X				0.	3,417,262.	50,371.
(4) SZUBSKI, MICHAEL A. SEE SCHEDULE O	4.00 50.00	X		X				0.	3,316,484.	55,489.
(5) SNOWBERGER, THOMAS D. SEE SCHEDULE O	4.00 50.00	X						0.	2,533,094.	39,317.
(6) TEKNOS, THEODOROS N. MD SEE SCHEDULE O	4.00 50.00	X		X				0.	1,790,849.	50,762.
(7) PRONOVOST, PETER MD SEE SCHEDULE O	2.00 50.00	X		X				0.	1,534,157.	23,328.
(8) MILLER, CHRISTOPHER N. MD SEE SCHEDULE O	52.00 0.00	X		X				1,473,309.	0.	49,112.
(9) SABIK, JOSEPH MD SEE SCHEDULE O	50.00 2.00	X						1,442,042.	0.	50,314.
(10) HINCHEY, PAUL R. SEE SCHEDULE O	4.00 50.00	X		X				0.	1,445,600.	38,471.
(11) BECK, ERIC H. DO, MPH SEE SCHEDULE O	8.00 50.00	X		X				0.	1,465,060.	18,971.
(12) TAIT, PAUL G. SEE SCHEDULE O	4.00 50.00	X						0.	1,416,321.	55,102.
(13) ADELMAN, HARLIN G. ESQ. SEE SCHEDULE O	2.00 50.00			X				0.	1,408,405.	55,544.
(14) EUBANKS, JASON D. MD SEE SCHEDULE O	50.00 0.00					X		1,427,421.	0.	30,899.
(15) GLOTZBECKER, MICHAEL P. MD SEE SCHEDULE O	50.00 0.00					X		1,391,438.	0.	37,687.
(16) KONHEIM, ARI L MD SEE SCHEDULE O	50.00 0.00					X		1,389,667.	0.	36,589.
(17) VOOS, JAMES MD SEE SCHEDULE O	50.00 0.00	X						1,311,560.	0.	49,360.

**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) BAMBAKIDIS, NICHOLAS MD SEE SCHEDULE O	50.00 0.00	X						1,255,365.	0.	51,718.
(19) HONDA, KORD S. MD SEE SCHEDULE O	50.00 0.00					X		1,131,454.	0.	34,720.
(20) DEPOMPEI, PATRICIA M. SEE SCHEDULE O	4.00 52.00	X		X				0.	1,103,532.	45,734.
(21) TOPALSKY, GEORGE MD SEE SCHEDULE O	4.00 50.00	X						0.	889,434.	254,087.
(22) PELLETIER, MARC P. MD SEE SCHEDULE O	50.00 0.00					X		1,093,761.	0.	38,431.
(23) SELMAN, WARREN R. MD SEE SCHEDULE O	50.00 0.00	X						1,073,711.	0.	56,563.
(24) STROSACKER, ROBYN MD SEE SCHEDULE O	2.00 50.00			X				0.	943,366.	47,928.
(25) VEHOVEC, MICHAEL R. SEE SCHEDULE O	2.00 50.00	X		X				0.	552,850.	433,642.
(26) GUAY, MARC MD SEE SCHEDULE O	4.00 50.00	X						0.	796,243.	124,581.
<b>1b Subtotal</b>								12,989,728.	30,151,541.	3,553,696.
<b>c Total from continuation sheets to Part VII, Section A</b>								6,122,494.	18,794,103.	1,992,915.
<b>d Total (add lines 1b and 1c)</b>								19,112,222.	48,945,644.	5,546,611.

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 3,213

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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) SALATA, ROBERT A. MD SEE SCHEDULE O	50.00 0.00	X						796,383.	0.	41,746.
(28) MONTER, BRIAN SEE SCHEDULE O	8.00 50.00	X		X				0.	778,113.	49,839.
(29) STEFANO, GREGORY MD SEE SCHEDULE O	2.00 50.00	X						0.	784,678.	40,500.
(30) BOND, BRADLEY C. SEE SCHEDULE O	18.00 58.00	X		X				0.	768,261.	51,924.
(31) CHANG, PHILLIP MD SEE SCHEDULE O	2.00 50.00			X				0.	789,424.	10,316.
(32) PAPA, ALAN J. FACHE SEE SCHEDULE O	12.00 50.00	X		X				0.	729,394.	42,525.
(33) SALVINO, SONIA SEE SCHEDULE O	6.00 50.00	X		X				0.	733,989.	27,573.
(34) CHICKERELLA, DANIELLE SEE SCHEDULE O	6.00 50.00	X		X				0.	719,409.	30,202.
(35) MILLER, MARLENE MD SEE SCHEDULE O	50.00 0.00	X						692,147.	0.	48,637.
(36) DECARLO, DONALD SEE SCHEDULE O	8.00 50.00	X						0.	663,548.	47,539.
(37) CHAKRAVARTY, SENECA MD SEE SCHEDULE O	2.00 50.00	X						0.	635,662.	59,687.
(38) SILA, CATHY MD SEE SCHEDULE O	52.00 0.00	X		X				659,093.	0.	28,671.
(39) TOGLIATTI-TRICKETT KIMBERLY MD SEE SCHEDULE O	54.00 0.00	X						634,666.	0.	47,901.
(40) TRACZ, ROBERT SEE SCHEDULE O	52.00 2.00	X						628,745.	0.	39,317.
(41) BENOIT, WILLIAM SEE SCHEDULE O	4.00 52.00	X		X				0.	605,545.	49,382.
(42) RAPKIN, DAVID S. MD SEE SCHEDULE O	2.00 50.00	X						0.	566,058.	86,320.
(43) HARFORD, TODD SEE SCHEDULE O	2.00 52.00	X						0.	584,584.	49,428.
(44) ANTONIADES, STATHIS MPH SEE SCHEDULE O	4.00 50.00	X		X				0.	600,551.	16,163.
(45) SIPPEY, MEGAN MD SEE SCHEDULE O	2.00 50.00	X						0.	579,616.	19,699.
(46) HILL, JAMES L. SEE SCHEDULE O	2.00 50.00	X						0.	547,662.	47,840.
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) RAO, GOUTHAM MD SEE SCHEDULE O	50.00 0.00	X						533,675.	0.	44,712.
(48) CARPENTER, JENNIFER SEE SCHEDULE O	2.00 50.00	X						0.	508,948.	61,171.
(49) PRESTEGAARD, BENJAMIN MD SEE SCHEDULE O	4.00 50.00	X						0.	513,573.	31,692.
(50) SCHARIO, MARK E. SEE SCHEDULE O	2.00 50.00			X				0.	469,571.	48,062.
(51) SYLVAN, DAVID SEE SCHEDULE O	2.00 50.00	X						0.	497,140.	19,097.
(52) CICERO, RICHARD SEE SCHEDULE O	52.00 2.00	X						468,423.	0.	40,260.
(53) BEJANISHVILI, TAMAR MD SEE SCHEDULE O	2.00 50.00	X						0.	459,906.	40,656.
(54) COLE, MELISSA CNP SEE SCHEDULE O	2.00 50.00	X		X				0.	445,685.	52,404.
(55) PIRTZ, JASON M. SEE SCHEDULE O	2.00 50.00			X				0.	436,700.	46,358.
(56) ROYAL, KIMBERLY S. DO SEE SCHEDULE O	2.00 50.00	X						0.	425,629.	42,046.
(57) CARLUCCI, ASHLEY SEE SCHEDULE O	14.00 50.00	X						0.	398,209.	51,645.
(58) ZNIDARSIC, ROBERT MD SEE SCHEDULE O	50.00 0.00	X						393,505.	0.	51,788.
(59) ZOLTANSKI, JOAN MD SEE SCHEDULE O	52.00 0.00	X						426,946.	0.	16,005.
(60) HOYNES, SEAN MD SEE SCHEDULE O	2.00 50.00	X						0.	344,139.	97,575.
(61) SAGUE, JONATHAN SEE SCHEDULE O	2.00 50.00	X						0.	399,695.	24,396.
(62) GLOWCZEWSKI, JASON SEE SCHEDULE O	6.00 50.00	X		X				0.	383,449.	34,419.
(63) RAVICHANDRAN, KAMALESWARY MD SEE SCHEDULE O	2.00 50.00	X						0.	374,824.	38,567.
(64) SNELSON, MARC MD SEE SCHEDULE O	52.00 0.00	X						334,545.	0.	52,473.
(65) BROWN, SAM H. SEE SCHEDULE O	2.00 50.00	X		X				0.	357,411.	27,695.
(66) KUMAR, AJAY MD SEE SCHEDULE O	4.00 50.00	X						0.	330,126.	39,354.
Total to Part VII, Section A, line 1c .....										

<b>Part VII</b>		<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>								
(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) HAMMACK, ELIZABETH R. ESQ. SEE SCHEDULE O	0.00 50.00						X	0.	312,643.	49,435.
(68) SKARBINSKI, JULIE SEE SCHEDULE O	52.00 0.00	X		X				282,579.	0.	46,590.
(69) ADAIR, BRETT DO SEE SCHEDULE O	2.00 50.00	X						0.	282,444.	6,971.
(70) SINK, KRISTI M. SEE SCHEDULE O	0.00 50.00						X	0.	266,283.	19,524.
(71) BAUM, STEPHEN MD SEE SCHEDULE O	50.00 0.00	X						248,682.	0.	19,793.
(72) MONHEIM, KAREN M. MD SEE SCHEDULE O	2.00 50.00	X						0.	226,121.	33,018.
(73) GOODELLE, MICHAEL SEE SCHEDULE O	2.00 50.00	X						0.	222,879.	31,487.
(74) PATEL, CHETAN P., MD SEE SCHEDULE O	2.00 52.00	X						0.	227,051.	7,930.
(75) KLINE, ANDREW L. SEE SCHEDULE O	2.00 50.00	X						0.	193,274.	35,854.
(76) SOORIYAPALAN, NISHANTHINI MD SEE SCHEDULE O	4.00 50.00	X						0.	199,935.	7,618.
(77) BECK, JOHN SEE SCHEDULE O	2.00 50.00	X		X				0.	158,064.	30,622.
(78) DZIEDZICKI, RONALD E. SEE SCHEDULE O	0.00 0.00						X	0.	166,479.	0.
(79) JAIN, MUKESH MD SEE SCHEDULE O	2.00 50.00	X						0.	107,431.	8,071.
(80) HUNT, JOYCE ANNE SEE SCHEDULE O	52.00 0.00	X						23,105.	0.	418.
(81) AGRANOVICH, CHERYL SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(82) ANDRES, BLAKE SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(83) ANNABLE, CATHY J. S. MD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(84) BALL, STANLEY C. SEE SCHEDULE O	8.00 0.00	X						0.	0.	0.
(85) BALLINGER, MARCIA PHD SEE SCHEDULE O	8.00 0.00	X		X				0.	0.	0.
(86) BALOGH, SCOTT SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
<b>Total to Part VII, Section A, line 1c</b>										

**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) BANIEWICZ, JOHN MD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(88) BARR, WILLIAM H. III SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(89) BEASLEY, TERESA METCALF SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(90) BEER, ANNE SEE SCHEDULE O	4.00 2.00	X		X				0.	0.	0.
(91) BEVERAGE, MORRIS W. JR., EDM SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(92) BLOXDORF, GREGORY DO SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(93) BOWLER, CONNIE SEE SCHEDULE O	8.00 0.00	X		X				0.	0.	0.
(94) BOYKO, TIMOTHY A. SEE SCHEDULE O	6.00 2.00	X		X				0.	0.	0.
(95) BRADLEY, SALLY SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(96) BRAGG, DAN A. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(97) BRECHT, CHRISTOPHER E. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(98) BROOME, BARBARA ANN SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(99) BURKHOLDER, HARVEY SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(100) CAMIENER, DAVID A. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(101) CARR, DAVID SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(102) CHANDLER, POLLY SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(103) CHILDERS, WILLIAM SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(104) CIACCIA, JULIUS JR. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(105) CLARK, JILL SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(106) CLOUGH, MAYOR DENNIS SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

(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) CONNER, MARJORIE		2.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
(108) COOPER, DANIELLE MD		2.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
(109) CORCORAN, KEVIN		4.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
(110) CORRENTI, MARY ANN		2.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
(111) COWEN, TIMOTHY		2.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
(112) DANA, RICHARD L.		8.00									
SEE SCHEDULE O		0.00	X	X				0.	0.	0.	
(113) DAVIE, DIANE		6.00									
SEE SCHEDULE O		0.00	X	X				0.	0.	0.	
(114) DEBS, MICHAEL MD		2.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
(115) DESOUZA, LESLEY		2.00									
SEE SCHEDULE O		0.00	X	X				0.	0.	0.	
(116) DOLL, DAVID		2.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
(117) DOODY, RICHARD		2.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
(118) EGGLESTON, INDRANI		2.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
(119) EMRHEIN, WILLIAM		2.00									
SEE SCHEDULE O		2.00	X					0.	0.	0.	
(120) FINE, LAUREN RICH		2.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
(121) FITTS, JOHN T.		10.00									
SEE SCHEDULE O		0.00	X	X				0.	0.	0.	
(122) FLANIGAN, KEVIN		6.00									
SEE SCHEDULE O		2.00	X					0.	0.	0.	
(123) FLYNN, SCOTT ESQ.		4.00									
SEE SCHEDULE O		0.00	X	X				0.	0.	0.	
(124) FRENCH, MATTHEW C.		2.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
(125) GARCIA, RICHARD		8.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
(126) GAUGHAN, HON. PATRICIA ANN		2.00									
SEE SCHEDULE O		0.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c											

<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (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) GIANFAGNA, JEAN M. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(128) GISZTL, RODNEY SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(129) GREIG, JUDITH C. RN SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(130) GUBANC-ANDERSON, DAWN, MSN, RN SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(131) GUSZ, JOHN R. MD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(132) HABER, IRWIN G. SEE SCHEDULE O	8.00 2.00	X		X				0.	0.	0.
(133) HANFF, POLLY M. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(134) HARDIN, JR. CHARLES W. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(135) HARRINGTON-MCLAUGHLIN, JILL SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(136) HARRIS, TIMOTHY S. SEE SCHEDULE O	2.00 2.00	X						0.	0.	0.
(137) HIMES, BRETT S. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(138) HOCKADAY, JAMES E. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(139) HOSIER-ORVIS, B. PAIGE SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(140) JEMISON, TRACY SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(141) JORDAN, SHARON SOBOL SEE SCHEDULE O	8.00 0.00	X		X				0.	0.	0.
(142) JUBECK, THOMAS P. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(143) JUDD, JAMES (DELL) O. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(144) JUNAID, ANSIR SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(145) KARLOVEC, JOHN D. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(146) KELLY, MICHAEL J. SR. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
<b>Total to Part VII, Section A, line 1c</b> .....										

<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (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) KELSAY, RALPH J. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(148) KINNEY, WARD (BUD) L. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(149) KLAMMER, LISA, ESQ. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(150) KNECHT, BARBARA L. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(151) KOURY, LEE M. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(152) LAISURE, COLLETTE SEE SCHEDULE O	2.00 2.00	X						0.	0.	0.
(153) LEGEZA, MICHAEL D. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(154) LEININGER, KIMM SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(155) LEWIS, MICHAEL A. SEE SCHEDULE O	4.00 0.00	X		X				0.	0.	0.
(156) LONG, REV. JANET SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(157) MAINE, KAREEM D. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(158) MARKOWITZ, DALE H. SEE SCHEDULE O	10.00 0.00	X						0.	0.	0.
(159) MAYHER, MICHAEL E. SEE SCHEDULE O	2.00 0.00			X				0.	0.	0.
(160) MCQUISTON, EDWARD SEE SCHEDULE O	6.00 0.00	X						0.	0.	0.
(161) MIGGINS, LYNN SEE SCHEDULE O	8.00 2.00	X		X				0.	0.	0.
(162) MILLER, MARCIA J. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(163) MILLER, PETE C. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(164) MOORE, ERIC J. ESQ. SEE SCHEDULE O	6.00 0.00	X		X				0.	0.	0.
(165) MYERS, PAUL R. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(166) NEWCOMB, CHRISTOPHER M. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

<b>Part VII</b> 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) OWEN, MELISSA SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(168) PAGANINI, RAYMOND J. SEE SCHEDULE O	2.00 2.00	X						0.	0.	0.
(169) PHYFER, CHERI M. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(170) PLECHA, DONNA MD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(171) PLUMMER, DEBORAH L. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(172) PLUSH, MARK J. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(173) POLITO, MARIA ANN SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(174) PRAUSE, JACK H. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(175) PRIEMER, WILLIAM A. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(176) REYNOLDS, DAVID M. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(177) RICHARDSON, SEAN SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(178) RIEMENSCHNEIDER, DANIEL R. CPA SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(179) RILEY, LORI A. SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(180) ROSENBERG, ENID SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(181) ROWELL, ROBIN SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(182) SAHR, MICHELLE SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(183) SAMSA, JOHN MD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(184) SANDEN, ADAM SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(185) SARGENT, STEVE SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(186) SCHULZE-FLYNN, CYNTHIA V. 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) SEITZ, THOMAS W. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(188) SHARPBACK, PATRICIA DNP, RN SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(189) SINES, RAYMOND. E. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(190) SIRACUSA, ANTHONY SEE SCHEDULE O	8.00 0.00	X		X				0.	0.	0.
(191) SKODA, GREGORY J. SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(192) SKORY, JOHN E. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(193) SMITH, GERI M. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(194) SPALSBURG, ANGELA SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(195) SPEAR, BRENDA SEE SCHEDULE O	6.00 0.00	X		X				0.	0.	0.
(196) STEIGER, DAVID, MD SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(197) STEINHILBER, JEFFREY SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(198) TAYLOR, EDDIE JR. SEE SCHEDULE O	2.00 4.00	X		X				0.	0.	0.
(199) THOMAS, DONNA ESQ. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(200) TIFFT, VICTORIA SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(201) TREXLER, THOMAS SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(202) VARCKETTE, STEVE SEE SCHEDULE O	4.00 0.00	X						0.	0.	0.
(203) VITO, LIESE MD SEE SCHEDULE O	2.00 0.00	X		X				0.	0.	0.
(204) WALDECK, JOHN (JACK) W. SEE SCHEDULE O	2.00 0.00	X						0.	0.	0.
(205) WEINER, DANIELLE SEE SCHEDULE O	2.00 2.00	X						0.	0.	0.
(206) WILKINSON, SCOTT A. SEE SCHEDULE O	2.00 2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	871,521.				
	<b>d</b> Related organizations	<b>1d</b>	2,358,549.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	71,193,774.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	30,144,092.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,074,184.				
	<b>h Total.</b> Add lines 1a-1f			104,567,936.			
Program Service Revenue	<b>2 a</b> NET PROGRAM SERVICE RE	<b>Business Code</b>	900099	4,553,020,983.	4,553,020,983.		
	<b>b</b> GOVERNMENT REIMBURSEME		900099	49,638,699.	49,638,699.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			4,602,659,682.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,821,161.		206,492.	3,614,669.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	832,416.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		0.			
<b>c</b> Gain or (loss)	<b>7c</b>		832,416.				
<b>d</b> Net gain or (loss)			832,416.			832,416.	
<b>8 a</b> Gross income from fundraising events (not including \$ 871,521. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		157,909.				
			247,727.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			-89,818.			-89,818.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> JV INCOME	<b>Business Code</b>	900099	512,825.	512,825.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue		900099	151,571,144.	147,135,755.	4,435,389.	
	<b>e Total.</b> Add lines 11a-11d			152,083,969.			
<b>12 Total revenue.</b> See instructions			4,863,875,346.	4,750,308,262.	4,641,881.	4,357,267.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,019,494.	3,019,494.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	13,413,859.	12,609,027.	804,832.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	437,402.	411,158.	26,244.	
<b>7</b> Other salaries and wages .....	1,848,728,052.	1,729,223,662.	110,375,978.	9,128,412.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,628,036.	72,030,354.	4,597,682.	
<b>9</b> Other employee benefits .....	208,535,246.	193,798,734.	12,370,132.	2,366,380.
<b>10</b> Payroll taxes .....	112,240,336.	105,505,916.	6,734,420.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	126,729.	119,126.	7,603.	
<b>c</b> Accounting .....	482,305.	453,367.	28,938.	
<b>d</b> Lobbying .....	350,956.		350,956.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	108,300,565.	101,683,177.	6,490,415.	126,973.
<b>12</b> Advertising and promotion .....	1,666,366.	1,265,760.	80,793.	319,813.
<b>13</b> Office expenses .....	1,208,876,931.	1,135,596,564.	72,484,887.	795,480.
<b>14</b> Information technology .....	6,283,911.	5,878,679.	375,235.	29,997.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	194,503,049.	182,448,174.	11,645,628.	409,247.
<b>17</b> Travel .....	7,686,358.	7,049,203.	449,949.	187,206.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	2,752.	2,587.	165.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	149,211,518.	140,252,348.	8,952,278.	6,892.
<b>23</b> Insurance .....	63,858,848.	60,027,317.	3,831,531.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> CORPORATE ALLOCATIONS	615,041,730.	578,139,226.	36,902,504.	
<b>b</b> OTHER PURCHASED SERVICE	118,954,614.	111,725,780.	7,131,433.	97,401.
<b>c</b> OHIO STATE HOSPITAL FRA	115,740,295.	108,795,877.	6,944,418.	
<b>d</b> UBI TAXES PAID IN 2022	71,424.		71,424.	
<b>e</b> All other expenses	72,308,167.	67,611,043.	4,315,600.	381,524.
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,926,468,943.	4,617,646,573.	294,973,045.	13,849,325.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	3,499,000.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net .....	57,514,000.	<b>3</b>	57,338,605.
	<b>4</b> Accounts receivable, net .....	627,980,000.	<b>4</b>	724,914,075.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	96,795,000.	<b>8</b>	107,708,926.
	<b>9</b> Prepaid expenses and deferred charges .....	9,925,000.	<b>9</b>	14,133,049.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,457,159,509.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,930,352,421.	1,313,867,000.	<b>10c</b> 1,526,807,088.
	<b>11</b> Investments - publicly traded securities .....	3,113,000.	<b>11</b>	3,838,585.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,000.	<b>12</b>	252,166,893.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	216,565,000.	<b>13</b>	212,882,600.
	<b>14</b> Intangible assets .....	4,410,000.	<b>14</b>	23,750.
	<b>15</b> Other assets. See Part IV, line 11 .....	109,507,000.	<b>15</b>	103,298,216.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,443,180,000.	<b>16</b>	3,003,111,787.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	195,159,000.	<b>17</b>	263,105,677.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,221,000.	<b>19</b>	1,345,923.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	15,000.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	332,972,000.	<b>25</b>	212,892,696.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	529,367,000.	<b>26</b>	477,344,296.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,442,951,000.	<b>27</b>	2,091,032,280.
	<b>28</b> Net assets with donor restrictions .....	470,862,000.	<b>28</b>	434,735,211.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,913,813,000.	<b>32</b>	2,525,767,491.
<b>33</b> Total liabilities and net assets/fund balances .....	2,443,180,000.	<b>33</b>	3,003,111,787.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,863,875,346.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,926,468,943.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-62,593,597.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,913,813,000.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-28,648,983.
<b>6</b>	Donated services and use of facilities	<b>6</b>	30,585.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	703,166,486.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	2,525,767,491.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</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	

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

<b>Name of the organization</b>	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>	90-0059117
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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		0.	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.
<b>Total</b>					0.	0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 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); 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	913,000.	387,000.	2,061,000.	1.	1.	3,361,002.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	913,000.	387,000.	2,061,000.	1.	1.	3,361,002.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						3,361,002.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....	913,000.	387,000.	2,061,000.	1.	1.	3,361,002.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	913,000.	387,000.	2,061,000.	1.	1.	3,361,002.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	100.00 %

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.00 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	.00 %

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
<b>8</b> 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
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
<b>b</b> Did one or more disqualified persons (as defined 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
<b>c</b> 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
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		X
<b>b</b> A family member of a person described on line 11a above?		X
<b>c</b> 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
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**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 - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**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

LAKE HOSPITAL SYSTEM, INC. (LHS) - 34-1425870

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

PRIMEHEALTH, INC. (PH) - 34-1778204

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

**Part VI**

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

SAMARITAN 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

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

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

**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

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

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



**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.)

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

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

PRIMEHEALTH, INC. IS RECOGNIZED AS A HEALTHCARE ORGANIZATION DESCRIBED

IN SECTION 170(B)(1)(A)(III) OF THE INTERNAL REVENUE CODE. PRIMEHEALTH,

INC. DOES NOT OPERATE A FACILITY THAT IS OR IS REQUIRED TO BE LICENSED

AS A HOSPITAL. THEREFORE, PRIMEHEALTH, INC. IS NOT REQUIRED TO FILE

**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.)

FORM 990, SCHEDULE H.

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.

("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.

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

OMB No. 1545-0047

**2022**

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	<b>Employer identification number</b> 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		\$ 5,614,807.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,487,267.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,416,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,098,822.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 2,000,000.	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	<b>Employer identification number</b>  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	_____ _____ _____	\$ 1,587,034.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 1,193,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 1,070,748.	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	<b>Employer identification number</b>  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	_____ _____ _____	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 705,421.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 652,812.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 604,888.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 510,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 506,500.	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	<b>Employer identification number</b> 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		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 426,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 417,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 407,243.	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	<b>Employer identification number</b>  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	_____ _____ _____	\$ _____ 386,469.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ _____ 365,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ _____ 365,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ _____ 362,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ _____ 362,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ _____ 358,641.	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	<b>Employer identification number</b>  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	_____ _____ _____	\$ _____ 355,244.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ _____ 351,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ _____ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ _____ 338,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ _____ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ _____ 300,000.	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	<b>Employer identification number</b>  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	<hr/> <hr/> <hr/>	\$ <u>293,528.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ <u>280,934.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ <u>276,629.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ <u>251,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ <u>250,843.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ <u>250,200.</u>	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
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	_____ _____ _____	\$ _____ 231,054.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ _____	\$ _____ 228,514.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ _____	\$ _____ 226,668.	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	<b>Employer identification number</b>  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		\$ 214,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 210,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 200,372.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 200,000.	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
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	_____ _____ _____	\$ _____ 195,003.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ _____ 192,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	_____ _____ _____	\$ _____ 188,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	_____ _____ _____	\$ _____ 185,752.	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
61		\$ 185,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 181,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 180,111.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 180,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 175,952.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 173,296.	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	<b>Employer identification number</b>  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	<hr/> <hr/> <hr/>	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 160,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 157,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 146,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 146,470.	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
73		\$ 143,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 137,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 127,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 126,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 125,000.	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	<b>Employer identification number</b> 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	_____ _____ _____	\$ _____ 124,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____ _____ _____	\$ _____ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____ _____ _____	\$ _____ 119,509.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____ _____ _____	\$ _____ 119,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____ _____ _____	\$ _____ 112,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____ _____ _____	\$ _____ 103,000.	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	<b>Employer identification number</b>  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		\$ 102,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 100,273.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 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	<b>Employer identification number</b> 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	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	_____ _____ _____	\$ 100,000.	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	<b>Employer identification number</b>  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	_____ _____ _____	\$ _____ 96,000.	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
103	_____ _____ _____	\$ 88,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ 82,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ _____	\$ 82,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ _____	\$ 76,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ _____	\$ 75,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____ _____ _____	\$ 75,024.	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
109	_____ _____ _____	\$ _____ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	_____ _____ _____	\$ _____ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	_____ _____ _____	\$ _____ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	_____ _____ _____	\$ _____ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	_____ _____ _____	\$ _____ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	_____ _____ _____	\$ _____ 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	<b>Employer identification number</b>  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
115	_____ _____ _____	\$ _____ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ _____ 75,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ _____ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ _____ 68,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ _____ 68,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ _____ 66,550.	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		\$ 65,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122		\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 62,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 61,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 59,000.	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
127	<hr/> <hr/> <hr/>	\$ <u>57,630.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ <u>57,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ <u>57,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ <u>55,496.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ <u>55,000.</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	<b>Employer identification number</b> 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	_____ _____ _____	\$ _____ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____ _____ _____	\$ _____ 54,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____ _____ _____	\$ _____ 53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____ _____ _____	\$ _____ 52,878.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____ _____ _____	\$ _____ 52,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____ _____ _____	\$ _____ 52,060.	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	_____ _____ _____	\$ 51,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	_____ _____ _____	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	_____ _____ _____	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	_____ _____ _____	\$ 50,171.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	_____ _____ _____	\$ 50,153.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	_____ _____ _____	\$ 50,100.	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	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	_____ _____ _____	\$ _____ 50,000.	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	<b>Employer identification number</b>  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
151	_____ _____ _____	\$ _____ 50,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
152	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	_____ _____ _____	\$ _____ 50,000.	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		\$ 49,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165		\$ 49,617.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
166		\$ 48,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167		\$ 46,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168		\$ 45,000.	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	_____ _____ _____	\$ _____ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	_____ _____ _____	\$ _____ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	_____ _____ _____	\$ _____ 44,572.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	_____ _____ _____	\$ _____ 44,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	_____ _____ _____	\$ _____ 43,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	_____ _____ _____	\$ _____ 43,150.	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	<hr/> <hr/> <hr/>	\$ 41,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	<hr/> <hr/> <hr/>	\$ 38,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	<hr/> <hr/> <hr/>	\$ 37,585.	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
181	_____ _____ _____	\$ _____ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	_____ _____ _____	\$ _____ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	_____ _____ _____	\$ _____ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	_____ _____ _____	\$ _____ 36,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	_____ _____ _____	\$ _____ 36,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	_____ _____ _____	\$ _____ 36,000.	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
187	_____ _____ _____	\$ _____ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	_____ _____ _____	\$ _____ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	_____ _____ _____	\$ _____ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	_____ _____ _____	\$ _____ 34,574.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
191	_____ _____ _____	\$ _____ 34,302.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	_____ _____ _____	\$ _____ 33,840.	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
193		\$ 33,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194		\$ 33,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195		\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196		\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197		\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198		\$ 31,723.	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		\$ 31,448.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200		\$ 30,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201		\$ 30,047.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
202		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203		\$ 30,000.	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	_____ _____ _____	\$ 29,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	_____ _____ _____	\$ 29,248.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
210	_____ _____ _____	\$ 29,000.	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
211	_____ _____ _____	\$ _____ 28,514.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	_____ _____ _____	\$ _____ 28,448.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	_____ _____ _____	\$ _____ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
214	_____ _____ _____	\$ _____ 27,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	_____ _____ _____	\$ _____ 27,713.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	_____ _____ _____	\$ _____ 27,000.	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	<b>Employer identification number</b>  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	_____ _____ _____	\$ _____ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	_____ _____ _____	\$ _____ 25,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	_____ _____ _____	\$ _____ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	_____ _____ _____	\$ _____ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	_____ _____ _____	\$ _____ 25,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	_____ _____ _____	\$ _____ 25,100.	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	<b>Employer identification number</b>  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
223		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228		\$ 25,000.	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	<b>Employer identification number</b> 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
229	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	_____ _____ _____	\$ _____ 25,000.	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	<b>Employer identification number</b>  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
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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
247		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248		\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249		\$ 23,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250		\$ 23,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251		\$ 22,406.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
252		\$ 22,244.	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	<b>Employer identification number</b> 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
253	_____ _____ _____	\$ _____ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	_____ _____ _____	\$ _____ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	_____ _____ _____	\$ _____ 21,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	_____ _____ _____	\$ _____ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	_____ _____ _____	\$ _____ 21,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	_____ _____ _____	\$ _____ 21,268.	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	<b>Employer identification number</b>  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
259		\$ 20,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260		\$ 20,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261		\$ 20,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262		\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263		\$ 20,182.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
264		\$ 20,019.	Person <input checked="" 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
265	_____ _____ _____	\$ _____ 20,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
266	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270	_____ _____ _____	\$ _____ 20,000.	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	<b>Employer identification number</b>  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
271	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	_____ _____ _____	\$ _____ 20,000.	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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b> 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
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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
283	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	_____ _____ _____	\$ 19,541.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	_____ _____ _____	\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	_____ _____ _____	\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	_____ _____ _____	\$ 19,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	_____ _____ _____	\$ 19,272.	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		\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290		\$ 18,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291		\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292		\$ 18,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293		\$ 18,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294		\$ 17,500.	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
295		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296		\$ 17,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297		\$ 17,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300		\$ 17,000.	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
301	_____ _____ _____	\$ _____ 16,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302	_____ _____ _____	\$ _____ 16,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303	_____ _____ _____	\$ _____ 16,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304	_____ _____ _____	\$ _____ 16,564.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305	_____ _____ _____	\$ _____ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306	_____ _____ _____	\$ _____ 16,250.	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
307	_____ _____ _____	\$ 16,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308	_____ _____ _____	\$ 16,067.	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	_____ _____ _____	\$ 15,800.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
312	_____ _____ _____	\$ 15,600.	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
313	_____ _____ _____	\$ 15,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314	_____ _____ _____	\$ 15,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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	_____ _____ _____	\$ 15,000.	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
319	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
320	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
321	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
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	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
341	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
342	_____ _____ _____	\$ 15,000.	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	<b>Employer identification number</b>  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
343	_____ _____ _____	\$ _____ 14,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
344	_____ _____ _____	\$ _____ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
345	_____ _____ _____	\$ _____ 14,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
346	_____ _____ _____	\$ _____ 14,136.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
347	_____ _____ _____	\$ _____ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
348	_____ _____ _____	\$ _____ 14,000.	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	<b>Employer identification number</b> 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
349	_____ _____ _____	\$ _____ 14,000.	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	_____ _____ _____	\$ _____ 13,000.	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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
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	_____ _____ _____	\$ 12,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
360	_____ _____ _____	\$ 12,244.	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	<b>Employer identification number</b> 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
361		\$ 12,050.	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		\$ 11,755.	Person <input checked="" 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
367		\$ 11,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
368		\$ 11,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
369		\$ 11,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
370		\$ 11,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
371		\$ 11,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
372		\$ 11,117.	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	_____ _____ _____	\$ _____ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
374	_____ _____ _____	\$ _____ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
375	_____ _____ _____	\$ _____ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
376	_____ _____ _____	\$ _____ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
377	_____ _____ _____	\$ _____ 10,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
378	_____ _____ _____	\$ _____ 10,525.	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		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
380		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
381		\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
382		\$ 10,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
383		\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
384		\$ 10,250.	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
385		\$ 10,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
386		\$ 10,194.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
387		\$ 10,188.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
388		\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
389		\$ 10,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
390		\$ 10,014.	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	_____ _____ _____	\$ 10,007.	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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
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	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
460	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
461	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
462	_____ _____ _____	\$ _____ 10,000.	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	<b>Employer identification number</b> 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	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
464	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
465	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
466	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
467	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
468	_____ _____ _____	\$ 9,759.	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	<b>Employer identification number</b> 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		\$ 9,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
470		\$ 9,617.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
471		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
472		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
473		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
474		\$ 8,600.	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
475	_____ _____ _____	\$ _____ 8,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
476	_____ _____ _____	\$ _____ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
477	_____ _____ _____	\$ _____ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
478	_____ _____ _____	\$ _____ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
479	_____ _____ _____	\$ _____ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
480	_____ _____ _____	\$ _____ 8,420.	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	<b>Employer identification number</b>  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		\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
482		\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
483		\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
484		\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
485		\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
486		\$ 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	<b>Employer identification number</b>  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	_____ _____ _____	\$ _____ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
488	_____ _____ _____	\$ _____ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
489	_____ _____ _____	\$ _____ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
490	_____ _____ _____	\$ _____ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
491	_____ _____ _____	\$ _____ 7,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
492	_____ _____ _____	\$ _____ 7,525.	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	<b>Employer identification number</b>  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	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
494	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
495	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
496	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
497	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
498	_____ _____ _____	\$ 7,500.	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
499	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
500	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
501	_____ _____ _____	\$ 7,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
502	_____ _____ _____	\$ 7,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
503	_____ _____ _____	\$ 7,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
504	_____ _____ _____	\$ 7,101.	Person <input checked="" 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
505	_____ _____ _____	\$ _____ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
506	_____ _____ _____	\$ _____ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
507	_____ _____ _____	\$ _____ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
508	_____ _____ _____	\$ _____ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
509	_____ _____ _____	\$ _____ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
510	_____ _____ _____	\$ _____ 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	<b>Employer identification number</b> 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
511	_____ _____ _____	\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
512	_____ _____ _____	\$ 6,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
513	_____ _____ _____	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
514	_____ _____ _____	\$ 6,507.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
515	_____ _____ _____	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
516	_____ _____ _____	\$ 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	<b>Employer identification number</b>  90-0059117
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
517	_____ _____ _____	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
518	_____ _____ _____	\$ 6,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
519	_____ _____ _____	\$ 6,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
520	_____ _____ _____	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
521	_____ _____ _____	\$ 6,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
522	_____ _____ _____	\$ 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
523	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
524	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
525	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
526	_____ _____ _____	\$ 5,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
527	_____ _____ _____	\$ 5,700.	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	_____ _____ _____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
532	_____ _____ _____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
533	_____ _____ _____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
534	_____ _____ _____	\$ 5,500.	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	<b>Employer identification number</b>  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
535	_____ _____ _____	\$ 5,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
536	_____ _____ _____	\$ 5,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
537	_____ _____ _____	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
538	_____ _____ _____	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
539	_____ _____ _____	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
540	_____ _____ _____	\$ 5,300.	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		\$ 5,278.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
542		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
543		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
544		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
545		\$ 5,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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		\$ 5,130.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
548		\$ 5,100.	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		\$ 5,062.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
551		\$ 5,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
552		\$ 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
553		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
554		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
555		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
556		\$ 5,000.	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 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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(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	<b>Employer identification number</b>  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	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
590	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
591	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
592	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
593	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
594	<hr/> <hr/> <hr/>	\$ <u>5,000.</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	<b>Employer identification number</b> 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 checked="" 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.)



Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b> 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
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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
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.)

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
625	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
626	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
627	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
628	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
629	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
630	<hr/> <hr/> <hr/>	\$ 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	<b>Employer identification number</b> 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
631		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
632		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
633		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
634		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
635		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
636		\$ 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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b> 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
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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b> 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
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.)

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
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.)
_____	_____ _____ _____	\$ _____	Person <input 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
18	SECURITIES <hr/> <hr/> <hr/>	\$ 432,872.	12/16/22
38	SECURITIES <hr/> <hr/> <hr/>	\$ 280,934.	11/08/22
49	REAL ESTATE <hr/> <hr/> <hr/>	\$ 214,000.	12/22/22
51	SECURITIES <hr/> <hr/> <hr/>	\$ 100,372.	12/07/22
61	REAL ESTATE <hr/> <hr/> <hr/>	\$ 185,000.	12/27/22
64	REAL ESTATE <hr/> <hr/> <hr/>	\$ 180,000.	12/27/22

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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
84	SECURITIES _____ _____ _____	\$ 100,000.	08/08/22
86	SECURITIES _____ _____ _____	\$ 100,273.	12/14/22
116	SECURITIES _____ _____ _____	\$ 75,000.	11/07/22
151	SECURITIES _____ _____ _____	\$ 50,000.	12/05/22
165	MATERIALS FOR PATIO PROJECT _____ _____ _____	\$ 4,617.	12/31/22
190	BOOKS AND CATERING _____ _____ _____	\$ 31,879.	03/07/22

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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
201	SECURITIES _____ _____ _____	\$ 30,047.	04/14/22
209	SECURITIES _____ _____ _____	\$ 28,316.	11/21/22
213	ARTWORK _____ _____ _____	\$ 3,000.	12/08/22
234	BUILDING MATERIALS _____ _____ _____	\$ 25,000.	11/18/22
251	SECURITIES _____ _____ _____	\$ 22,406.	12/29/22
263	SECURITIES _____ _____ _____	\$ 20,182.	12/23/22

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
264	GOLF SPONSORSHIP EVENT	\$ 5,019.	03/28/22
265	AWAY GAME TRIP EXPERIENCE	\$ 1.	07/11/22
311	ARTWORK	\$ 15,800.	12/31/22
312	CAR WASH GIFT CARDS	\$ 15,600.	06/29/22
346	EVENT SUPPLIES, DINNER, AND GIFT CARDS	\$ 4,136.	01/31/22
360	SECURITIES	\$ 12,244.	06/29/22

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b>  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
366	SECURITIES _____ _____ _____	\$ 5,555.	12/20/22
371	PRIVATE 90 MINUTE GROUP READING _____ _____ _____	\$ 150.	07/11/22
386	SECURITIES _____ _____ _____	\$ 10,144.	02/10/22
387	SECURITIES _____ _____ _____	\$ 10,188.	12/07/22
470	SECURITIES _____ _____ _____	\$ 9,617.	12/20/22
504	FOUR INDIANAPOLIS 500 TICKETS _____ _____ _____	\$ 1.	07/11/22

Name of organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b> 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
514	CRAFT SUPPLIES <hr/> <hr/> <hr/>	\$ 1,507.	08/16/22
521	ARTWORK <hr/> <hr/> <hr/>	\$ 3,600.	10/28/22
535	ADVERTISING SPONSORSHIP EVENT <hr/> <hr/> <hr/>	\$ 5,500.	03/28/22
536	ARTWORK <hr/> <hr/> <hr/>	\$ 4,800.	03/14/22
541	SECURITIES <hr/> <hr/> <hr/>	\$ 5,278.	11/17/22
547	SECURITIES <hr/> <hr/> <hr/>	\$ 5,130.	07/27/22

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
550	SECURITIES _____ _____ _____	\$ 5,062.	04/06/22
599	SECURITIES _____ _____ _____	\$ 2,500.	12/31/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

(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

(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

(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



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
LAKE HOSPITAL SYSTEM, INC. (LHS)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1425870
PRIMEHEALTH, INC. (PRIME)	3605 WARRENSVILLE CENTER ROAD-MSC 9155 - SHAKER HEIGHTS, OH 44122	34-1778204

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number	90-0059117
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**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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	5,000.	10,722.												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	161,055.	345,339.												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	166,055.	356,061.												
<b>d</b>	Other exempt purpose expenditures	2,280,429,246.	6,025,611,091.												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	2,280,595,301.	6,025,967,152.												
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	507,309.	535,466.	361,750.	356,061.	1,760,586.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	16,057.	16,853.	15,078.	10,722.	58,710.

**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>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**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.

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**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) .....	5,000. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	161,055. b												
Total lobbying expenditures (add lines 1a and 1b) .....	166,055. c												
Other exempt purpose expenditures .....	2,280,429,246. d												
Total exempt purpose expenditures (add lines 1c and 1d). .....	2,280,595,301. 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>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 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) .....	491. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	15,822. b												
Total lobbying expenditures (add lines 1a and 1b) .....	16,313. c												
Other exempt purpose expenditures .....	272,250,971. d												
Total exempt purpose expenditures (add lines 1c and 1d). .....	272,267,284. 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>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 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  
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) .....	65. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	2,105. b												
Total lobbying expenditures (add lines 1a and 1b) .....	2,170. c												
Other exempt purpose expenditures .....	32,105,462. d												
Total exempt purpose expenditures (add lines 1c and 1d). .....	32,107,632. 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>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 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) .....	134. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	4,329. b												
Total lobbying expenditures (add lines 1a and 1b) .....	4,463. c												
Other exempt purpose expenditures .....	54,243,971. d												
Total exempt purpose expenditures (add lines 1c and 1d). .....	54,248,434. 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>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 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 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) .....	410. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	13,199. b												
Total lobbying expenditures (add lines 1a and 1b) .....	13,609. c												
Other exempt purpose expenditures .....	208,358,254. d												
Total exempt purpose expenditures (add lines 1c and 1d) .....	208,371,863. 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>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 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) .....	138. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	4,450. b												
Total lobbying expenditures (add lines 1a and 1b) .....	4,588. c												
Other exempt purpose expenditures .....	52,595,984. d												
Total exempt purpose expenditures (add lines 1c and 1d). .....	52,600,572. 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>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 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 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) .....	1,051. 1a
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	33,848. b
Total lobbying expenditures (add lines 1a and 1b) .....	34,899. c
Other exempt purpose expenditures .....	660,474,015. d
Total exempt purpose expenditures (add lines 1c and 1d). .....	660,508,914. 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) .....	155. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	4,936. b												
Total lobbying expenditures (add lines 1a and 1b) .....	5,091. c												
Other exempt purpose expenditures .....	904,177,223. d												
Total exempt purpose expenditures (add lines 1c and 1d). .....	904,182,314. 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 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) .....	527. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	16,959. b												
Total lobbying expenditures (add lines 1a and 1b) .....	17,486. c												
Other exempt purpose expenditures .....	238,719,885. d												
Total exempt purpose expenditures (add lines 1c and 1d). .....	238,737,371. 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>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 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  
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) .....	406. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	13,087. b												
Total lobbying expenditures (add lines 1a and 1b) .....	13,493. c												
Other exempt purpose expenditures .....	213,419,135. d												
Total exempt purpose expenditures (add lines 1c and 1d) .....	213,432,628. 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>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 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  
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:**

	0.	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	0.	b												
Total lobbying expenditures (add lines 1a and 1b) .....	0.	c												
Other exempt purpose expenditures .....	0.	d												
Total exempt purpose expenditures (add lines 1c and 1d) .....	0.	e												
Lobbying nontaxable amount.														
Enter the amount from the following table:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <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 style="text-align: center;">Not over \$500,000</td> <td style="text-align: center;">20% of the amount on line 1e</td> </tr> <tr> <td style="text-align: center;">&gt; 500,000 &lt;= 1,000,000</td> <td style="text-align: center;">100,000 + 15% &gt; 500,000</td> </tr> <tr> <td style="text-align: center;">&gt; 1,000,000 &lt;= 1,500,000</td> <td style="text-align: center;">175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td style="text-align: center;">&gt; 1,500,000 &lt;= 17,000,000</td> <td style="text-align: center;">225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td style="text-align: center;">Over \$17,000,000</td> <td style="text-align: center;">\$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	0.	f
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Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f) .....	0.	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  
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) .....	446. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	14,365. b												
Total lobbying expenditures (add lines 1a and 1b) .....	14,811. c												
Other exempt purpose expenditures .....	212,378,617. d												
Total exempt purpose expenditures (add lines 1c and 1d). .....	212,393,428. 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>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 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  
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) .....	362. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	11,666. b												
Total lobbying expenditures (add lines 1a and 1b) .....	12,028. c												
Other exempt purpose expenditures .....	167,874,048. d												
Total exempt purpose expenditures (add lines 1c and 1d). .....	167,886,076. 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>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 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  
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) .....	459. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	14,782. b												
Total lobbying expenditures (add lines 1a and 1b) .....	15,241. c												
Other exempt purpose expenditures .....	195,428,902. d												
Total exempt purpose expenditures (add lines 1c and 1d). .....	195,444,143. 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>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 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  
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) .....	196. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	6,328. b												
Total lobbying expenditures (add lines 1a and 1b) .....	6,524. c												
Other exempt purpose expenditures .....	90,186,562. d												
Total exempt purpose expenditures (add lines 1c and 1d). .....	90,193,086. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
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.....	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  
LAKE HOSPITAL SYSTEM, INC.

Employer ID Number  
34-1425870

Affiliated Group Member Address  
3606 WARRENSVILLE CENTER RD.  
SHAKER HEIGHTS, OH 44122

Electing Member  
NO

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	805. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	25,936. b												
Total lobbying expenditures (add lines 1a and 1b) .....	26,741. c												
Other exempt purpose expenditures .....	406,379,833. d												
Total exempt purpose expenditures (add lines 1c and 1d). .....	406,406,574. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
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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  
PRIMEHEALTH, INC.

Employer ID Number  
34-1778204

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) .....	77. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	2,472. b												
Total lobbying expenditures (add lines 1a and 1b) .....	2,549. c												
Other exempt purpose expenditures .....	36,588,983. d												
Total exempt purpose expenditures (add lines 1c and 1d) .....	36,591,532. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
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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.												

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

2022

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.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for total number, acreage, and historic structures, and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

**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	291,824,000.	241,904,000.	211,303,000.	179,723,000.	187,557,000.
b Contributions	18,940,337.	22,145,000.	10,211,000.	9,871,000.	5,345,000.
c Net investment earnings, gains, and losses	-24,376,524.	41,936,000.	24,607,000.	32,087,000.	-5,466,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	13,838,761.	14,161,000.	4,217,000.	10,378,000.	7,713,000.
f Administrative expenses					
g End of year balance	272,549,052.	291,824,000.	241,904,000.	211,303,000.	179,723,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.7400 %
  - b Permanent endowment 72.2500 %
  - c Term endowment 23.0100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     | X  |
| (ii) Related organizations  | X   |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		250,322,278.		250,322,278.
b Buildings		2,028,867,870.	942,617,682.	1,086,250,188.
c Leasehold improvements		24,995,596.	15,993,526.	9,002,070.
d Equipment		1,120,313,184.	931,306,901.	189,006,283.
e Other		32,660,581.	40,434,312.	-7,773,731.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,526,807,088.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) OTHER SECURITIES	252,166,893.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	252,166,893.	

**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	187,766,790.	END-OF-YEAR MARKET VALUE
(2) INVESTMENT IN AFFILIATES	16,617,098.	COST
(3) PERPETUAL TRUSTS	8,498,712.	END-OF-YEAR MARKET VALUE
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	212,882,600.	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTIES	53,001,195.
(3) PENSION LIABILITY	57,149,723.
(4) RESEARCH INST OPTION LIABILITY	16,370,303.
(5) OTHER LIABILITIES	80,113,267.
(6) DUE TO AFFILIATES	721.
(7) PROFESSIONAL LIABILITY-WRA	6,256,994.
(8) MEDICARE STIMULUS	493.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	212,892,696.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

PART III, LINE 4:

THE UH ART COLLECTION INCLUDES APPROXIMATELY 3,276 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, 2022 AND 2021,

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))	
		CROSS OUT CANCER DINNER	MIRACLES HAPPEN DINNER	6		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	273,430.	212,104.	543,896.	1,029,430.
	2	Less: Contributions	246,130.	174,954.	450,437.	871,521.
	3	Gross income (line 1 minus line 2)	27,300.	37,150.	93,459.	157,909.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		5,000.		5,000.
	7	Food and beverages	28,440.	36,962.	126,029.	191,431.
	8	Entertainment				
	9	Other direct expenses	7,279.	3,760.	40,257.	51,296.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				247,727.
11	Net income summary. Subtract line 10 from line 3, column (d)				-89,818.	

**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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	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 20a.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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 250 %	X	
<b>b</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	
<b>c</b> 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.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			53,647,842.	0.	53,647,842.	1.09%
<b>b</b> Medicaid (from Worksheet 3, column a)			1019186805.	734,595,339.	284,591,466.	5.78%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			1072834647.	734,595,339.	338,239,308.	6.87%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			10,822,125.	1,588,954.	9,233,171.	.19%
<b>f</b> Health professions education (from Worksheet 5)			136,778,102.	34,219,895.	102,558,207.	2.08%
<b>g</b> Subsidized health services (from Worksheet 6)			39,365,721.	19,363,030.	20,002,692.	.41%
<b>h</b> Research (from Worksheet 7)			112,716,597.	53,650,266.	59,066,331.	1.20%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			1,730,240.	55,001.	1,675,239.	.03%
<b>j Total.</b> Other Benefits			301,412,785.	108,877,146.	192,535,640.	3.91%
<b>k Total.</b> Add lines 7d and 7j			1374247432.	843,472,485.	530,774,948.	10.78%



**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			43,853.		43,853.	.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			43,853.		43,853.	.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	584,248,100.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	650,222,890.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-65,974,790.
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%
3 MENTOR SURGERY CENTER	OUTPATIENT SURGERY CENTER	45.16%		54.84%
4 LAKE WEST MEDICAL SPECIALISTS	MEDICAL OFFICE BUILDING	12.00%		88.00%
5 CONCORD MEDICAL CAMPUS PHYSICIAN BUILDING, LLC	MEDICAL OFFICE BUILDING	51.47%		48.53%
6 MENTOR MEDICAL CAMPUS PHYSICIAN BUILDING, LLC	MEDICAL OFFICE BUILDING	49.40%		50.60%
7 UH PHYSICIAN HOSPITAL ORGANIZATION, INC.	PHYSICIAN SERVICES	50.00%		50.00%



**Part V Facility Information**

**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year? 16

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 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
4 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
5 UH LAKE WEST MEDICAL CENTER 36000 EUCLID AVENUE WILLOUGHBY, OH 44094 WWW.UHHOSPITALS.ORG STLIC:1006 LAKE HOSPITAL SYSTEM EIN:34-1425870	X	X					X			A
6 UH PORTAGE MEDICAL CENTER 6847 NORTH CHESTNUT STREET RAVENNA, OH 44266 WWW.UHHOSPITALS.ORG STLIC:1255 UH PORTAGE MEDICAL CENTER EIN:46-1382538	X	X		X			X			A
7 UH GEAUGA MEDICAL CENTER 13207 RAVENNA ROAD CHARDON, OH 44024 WWW.UHHOSPITALS.ORG STLIC:1001 UH REGIONAL HOSPITALS EIN:34-1924226	X	X					X		IP PSYCHIATRIC UNIT	B
8 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
9 UH TRIPOINT MEDICAL CENTER 7590 AUBURN ROAD CONCORD, OH 44077 WWW.UHHOSPITALS.ORG STLIC:1211 LAKE HOSPITAL SYSTEM EIN:34-1425870	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, 3, 4, 5, 6, 8, 9, 10, 12, 13, 15, 16

	Yes	No
<b>Community Health Needs Assessment</b>		
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 22</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 22</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:			
<b>13</b>	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:			
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<p><b>17</b> 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? .....</p>	X	
<p><b>18</b> 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:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> 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? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p><b>20</b> 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):</p> <p><b>a</b> <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)</p> <p><b>b</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)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> 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? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	X	
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**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
<b>22</b> 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:		
<b>a</b> <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>b</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		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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? .....	<b>23</b>	X
If "Yes," explain in Section C.		
<b>24</b> 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? .....	<b>24</b>	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): 7, 11

	Yes	No
<b>Community Health Needs Assessment</b>		
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 22</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 22</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:			
<b>13</b>	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:			
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<p><b>17</b> 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? .....</p>	X	
<p><b>18</b> 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:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> 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? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p><b>20</b> 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):</p> <p><b>a</b> <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)</p> <p><b>b</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)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> 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? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	X	
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**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
<b>22</b>	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:		
<b>a</b>	<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>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.		X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.		X

**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 C

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 14

	Yes	No
<b>Community Health Needs Assessment</b>		
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 type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input 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 type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 _____		
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 .....		
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 .....		
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		
7 Did the hospital facility make its CHNA report widely available to the public? .....		
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website (list url): _____		
b <input type="checkbox"/> Other website (list url): _____		
c <input 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 .....		
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 _____		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....		
a If "Yes," (list url): _____		
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 C

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:			
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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 C

	Yes	No
<b>17</b> 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	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <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>b</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)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <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 C

	Yes	No
<b>22</b> 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:		
<b>a</b> <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>b</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		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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? .....	<b>23</b>	X
If "Yes," explain in Section C.		
<b>24</b> 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? .....	<b>24</b>	X
If "Yes," explain in Section C.		



**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 3: UH PARMA MEDICAL CENTER
- FACILITY 4: UH ELYRIA MEDICAL CENTER
- FACILITY 5: UH LAKE WEST MEDICAL CENTER
- FACILITY 6: UH PORTAGE MEDICAL CENTER
- FACILITY 8: UH AHUJA MEDICAL CENTER
- FACILITY 9: UH TRIPOINT MEDICAL CENTER
- FACILITY 10: UH ST. JOHN MEDICAL CENTER
- FACILITY 12: UNIVERSITY HOSPITALS REHABILITATION HOSPITAL
- FACILITY 13: UH AVON REHABILITATION HOSPITAL
- FACILITY 15: UH GENEVA MEDICAL CENTER
- FACILITY 16: UH CONNEAUT MEDICAL CENTER

## 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT,

HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT INDICATORS FROM SOURCES

SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY

SURVEY, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER

NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA

ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS

POPULATIONS. THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL

COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS 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.

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") TO COMPLETE THE DATA ASSESSMENT AND

SUMMARY PORTIONS OF THE 2022 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 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.

THE CUYAHOGA COUNTY CHNA STEERING COMMITTEE, INCLUDING UH CLEVELAND

MEDICAL CENTER AND OTHER UH AFFILIATED HOSPITALS, COMMISSIONED CONDUENT

HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF

CUYAHOGA COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH

CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS,

DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION

PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE

EVALUATION PROCESSES.

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL

PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC

NOTICES TO PARTICIPATE IN THE PROCESS OF QUALITATIVE DATA COLLECTION 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.

WHICH INCLUDED TWO VIRTUAL PUBLIC PRIORITIZATION SESSIONS THAT WERE HOSTED

IN EARLY AUGUST 2022. UH CLEVELAND MEDICAL CENTER'S 2022 CHNA CONSIDERED

MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS WITH KEY

COMMUNITY STAKEHOLDERS AND FOCUS GROUP DISCUSSIONS WITH KEY COMMUNITY

GROUPS) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS

INDICATORS, AND MEASURES OF HEALTH CARE ACCESS).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM CUYAHOGA COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN

THIS ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH

COMMUNITY STAKEHOLDERS AND COMMUNITY FOCUS GROUPS. CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT INTERVIEWS VIA PHONE

AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES

INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC

HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/OR BEING ABLE TO

SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE POPULATIONS. THIRTY-TWO

INDIVIDUALS PARTICIPATED AS KEY INFORMANTS REPRESENTING DIFFERENT ENTITIES

SERVING CUYAHOGA COUNTY. THE REPRESENTED ORGANIZATIONS ARE LISTED BELOW:

- ADAMHS BOARD OF CUYAHOGA COUNTY

- ASIAN SERVICES IN ACTION (ASIA)

- BENJAMIN ROSE INSTITUTE ON AGING

- BETTER HEALTH PARTNERSHIP

- CALVARY HILL CHURCH OF GOD IN CHRIST

- CENTER FOR COMMUNITY SOLUTIONS

- CENTERS FOR FAMILIES & CHILDREN

- CITY OF CLEVELAND DIVISION OF EMERGENCY MEDICAL SERVICES (EMS)

**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.

- CLEVELAND CLINIC LAKEWOOD FAMILY HEALTH CENTER

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH (CDPH)

- CUYAHOGA COUNTY BOARD OF HEALTH (CCBH)

- CUYAHOGA COUNTY HHS

- CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES

- CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)

- EDUCATIONAL SERVICE CENTER OF NEO

- ESPERANZA, INC

- FRONTLINE SERVICE

- GREATER CLEVELAND FOOD BANK

- GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY (RTA)

- HISPANIC ROUNDTABLE

- LGBT COMMUNITY CENTER

- MAY DUGAN CENTER

- NAMI GREATER CLEVELAND

- NEIGHBORHOOD FAMILY PRACTICE

- POLICY BRIDGE

- POSITIVE EDUCATION PROGRAM (PEP)

- TAYLOR OSWALD

- UNIVERSITY HOSPITALS PEDIATRIC/WOMEN'S

- URBAN LEAGUE OF GREATER CLEVELAND

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM

THE HEALTHY NORTHEAST OHIO (NEO) COMMUNITY DATA PLATFORM. HEALTHY NEO IS A

PUBLICLY AVAILABLE WEBSITE WHICH HOUSES NEUTRAL POPULATION HEALTH DATA AND

COMMUNITY HEALTH RESOURCES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT EFFORTS

ACROSS A 9-COUNTY REGION. THE DATA ON THIS PLATFORM, MAINTAINED BY

**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.

RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 200 COMMUNITY

INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH,

DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA ARE PRIMARILY

DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE

FOR EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL

TARGETS, AND TO PREVIOUS TIME PERIODS.

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:

- UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL

- UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER

- THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION D/B/A UNIVERSITY

HOSPITALS PARMA MEDICAL CENTER

- UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER

- BEACHWOOD RH, LLC ("UH REHABILITATION HOSPITAL")

- SOUTHWEST GENERAL HEALTH CENTER

- ST. VINCENT CHARITY MEDICAL CENTER

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:

- A VISION OF CHANGE

**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.

- BETTER HEALTH PARTNERSHIP

- CASE WESTERN RESERVE UNIVERSITY

- CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

- CLEVELAND CLINIC

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH

- CUYAHOGA COUNTY BOARD OF HEALTH

- CUYAHOGA COUNTY CLERK OF COURTS

- CUYAHOGA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

- THE METROHEALTH SYSTEM

- NEIGHBORHOOD FAMILY PRACTICE

- POLICYBRIDGE

- THE CENTER FOR HEALTH AFFAIRS

- UNITED WAY

GROUP A-FACILITY 1 -- UH CLEVELAND MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH CLEVELAND MEDICAL CENTER (CUYAHOGA

COUNTY) IDENTIFIED THE FOLLOWING TWO PRIORITY HEATH NEEDS AND ASSOCIATED

STRATEGIES TO ADDRESS THEM:

PRIORITY HEATH NEED #1: ACCESSIBLE AND AFFORDABLE HEALTH CARE

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

ACCESS

STRATEGY #2: STRATEGIC PARTNERSHIPS AND TARGETED SCREENING AND EDUCATION

AMONG HIGH-RISK POPULATIONS TO INCREASE ACCESS, AND DECREASE BARRIERS 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.

CANCER SCREENING AND TREATMENT

STRATEGY #3: CO-LOCATE PROGRAMS AND SERVICES WITHIN A COMMUNITY-BASED

MEDICAL CENTER IN AN UNDER-RESOURCED COMMUNITY

STRATEGY #4: CREATE OPPORTUNITIES TO EXPOSE MINORITIZED YOUTH TO CAREERS

IN HEALTH CARE:

- UH HEALTH SCHOLARS

- BLACK MEN IN WHITE COATS

PRIORITY HEALTH NEED #2: COMMUNITY CONDITIONS (COMMUNITY SAFETY)

STRATEGY #1: COMMUNITY SAFETY TRAINING

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

MEDICAL CENTER IN AN UNDER-RESOURCED COMMUNITY

STRATEGY #3: HOSPITAL-BASED INTERVENTION PROGRAM TO SERVE PATIENTS

IDENTIFIED AND SCREENED DURING TREATMENT

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 2022 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

**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.

FINANCIAL ASSISTANCE PROGRAM.

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE TWO

PRIORITIZED HEALTH NEEDS ABOVE AS THOSE NEEDS 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 NEEDS. THE PRIORITIZED HEALTH

NEED IDENTIFIED IN THE 2022 CHNA FOR CUYAHOGA COUNTY THAT IS NOT BEING

ADDRESSED BY UH CLEVELAND MEDICAL CENTER IS BEHAVIORAL HEALTH (MENTAL

HEALTH & DRUG USE/MISUSE). UH CLEVELAND MEDICAL CENTER HAS DETERMINED THAT

IT IS NOT IN A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR

OTHERS ARE KNOWN TO BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT

POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH CLEVELAND MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

CUYAHOGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH

THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE](https://www.uhhospitals.org/about-uh/community-benefit/community-health-nee)

DS-ASSESSMENT

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



**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.

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

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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT,

**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.

HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT INDICATORS FROM SOURCES

SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY

SURVEY, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER

NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA

ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS

POPULATIONS. 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") TO COMPLETE THE DATA ASSESSMENT AND

SUMMARY PORTIONS OF THE 2022 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 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.

THE CUYAHOGA COUNTY CHNA STEERING COMMITTEE, INCLUDING UH RAINBOW BABIES &

CHILDREN'S HOSPITAL AND OTHER UH AFFILIATED HOSPITALS, COMMISSIONED

CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT

OF CUYAHOGA COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS

WITH CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING

NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION

**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.

PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE

EVALUATION PROCESSES.

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

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL

PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC

NOTICES TO PARTICIPATE IN THE PROCESS OF QUALITATIVE DATA COLLECTION IN

WHICH INCLUDED TWO VIRTUAL PUBLIC PRIORITIZATION SESSIONS THAT WERE HOSTED

IN EARLY AUGUST 2022.THE UH RAINBOW BABIES & CHILDREN'S MEDICAL CENTER'S

2022 CHNA CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT

INTERVIEWS WITH KEY COMMUNITY STAKEHOLDERS AND FOCUS GROUP DISCUSSIONS

WITH KEY COMMUNITY GROUPS) AND SOME SECONDARY (REGARDING DEMOGRAPHICS,

HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM CUYAHOGA COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN

THIS ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH

COMMUNITY STAKEHOLDERS AND COMMUNITY FOCUS GROUPS. CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT INTERVIEWS VIA PHONE

AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES

INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC

HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/OR BEING ABLE TO

SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE POPULATIONS. THIRTY-TWO

INDIVIDUALS PARTICIPATED AS KEY INFORMANTS REPRESENTING DIFFERENT ENTITIES

SERVING CUYAHOGA COUNTY. THE REPRESENTED ORGANIZATIONS ARE LISTED BELOW:

- ADAMHS BOARD OF CUYAHOGA COUNTY

**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.

- ASIAN SERVICES IN ACTION (ASIA)
- BENJAMIN ROSE INSTITUTE ON AGING
- BETTER HEALTH PARTNERSHIP
- CALVARY HILL CHURCH OF GOD IN CHRIST
- CENTER FOR COMMUNITY SOLUTIONS
- CENTERS FOR FAMILIES & CHILDREN
- CITY OF CLEVELAND DIVISION OF EMERGENCY MEDICAL SERVICES (EMS)
- CLEVELAND CLINIC LAKEWOOD FAMILY HEALTH CENTER
- CLEVELAND DEPARTMENT OF PUBLIC HEALTH (CDPH)
- CUYAHOGA COUNTY BOARD OF HEALTH (CCBH)
- CUYAHOGA COUNTY HHS
- CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES
- CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)
- EDUCATIONAL SERVICE CENTER OF NEO
- ESPERANZA, INC
- FRONTLINE SERVICE
- GREATER CLEVELAND FOOD BANK
- GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY (RTA)
- HISPANIC ROUNDTABLE
- LGBT COMMUNITY CENTER
- MAY DUGAN CENTER
- NAMI GREATER CLEVELAND
- NEIGHBORHOOD FAMILY PRACTICE
- POLICY BRIDGE
- POSITIVE EDUCATION PROGRAM (PEP)
- TAYLOR OSWALD
- UNIVERSITY HOSPITALS PEDIATRIC/WOMEN'S

**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.

- URBAN LEAGUE OF GREATER CLEVELAND

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM

THE HEALTHY NORTHEAST OHIO (NEO) COMMUNITY DATA PLATFORM. HEALTHY NEO IS A

PUBLICLY AVAILABLE WEBSITE WHICH HOUSES NEUTRAL POPULATION HEALTH DATA AND

COMMUNITY HEALTH RESOURCES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT EFFORTS

ACROSS A 9-COUNTY REGION. THE DATA ON THIS PLATFORM, MAINTAINED BY

RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 200 COMMUNITY

INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH,

DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA ARE PRIMARILY

DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE

FOR EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL

TARGETS, AND TO PREVIOUS TIME PERIODS.

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

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

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH RAINBOW

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

- UH CLEVELAND MEDICAL CENTER

- UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER

- THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION D/B/A UNIVERSITY

HOSPITALS PARMA MEDICAL CENTER

- UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER

- BEACHWOOD RH, LLC ("UH REHABILITATION HOSPITAL")

- SOUTHWEST GENERAL HEALTH 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.

- ST. VINCENT CHARITY MEDICAL CENTER

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:

- A VISION OF CHANGE

- BETTER HEALTH PARTNERSHIP

- CASE WESTERN RESERVE UNIVERSITY

- CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

- CLEVELAND CLINIC

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH

- CUYAHOGA COUNTY BOARD OF HEALTH

- CUYAHOGA COUNTY CLERK OF COURTS

- CUYAHOGA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

- THE METROHEALTH SYSTEM

- NEIGHBORHOOD FAMILY PRACTICE

- POLICYBRIDGE

- THE CENTER FOR HEALTH AFFAIRS

- UNITED WAY

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

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH RAINBOW BABIES & CHILDREN'S

HOSPITAL (CUYAHOGA COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH

NEED 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: COMMUNITY CONDITIONS

STRATEGY #1: RAINBOW CONNECTS SOCIAL NEEDS SCREENING AND NAVIGATION

STRATEGY #2: ANTIFRAGILITY INITIATIVE- A HOLISTIC, PERSON-CENTERED

PEDIATRIC HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAM (HVIP) SERVING

YOUTHS AND FAMILIES IN THE GREATER CLEVELAND AREA

PRIORITY HEALTH NEED #2: ACCESSIBLE AND AFFORDABLE HEALTH CARE

STRATEGY #1: CENTERING PREGNANCY (UH PROGRAM)

PRIORITY HEALTH NEED #3: BEHAVIORAL HEALTH

STRATEGY #1: CENTERING PREGNANCY (UH PROGRAM)

STRATEGY #2: ANTIFRAGILITY INITIATIVE- A HOLISTIC, PERSON-CENTERED

PEDIATRIC HOSPITAL-BASED VIOLENCE

INTERVENTION PROGRAM (HVIP) SERVING YOUTHS AND FAMILIES IN THE GREATER

CLEVELAND AREA

UH RAINBOW BABIES & CHILDREN'S HOSPITAL IS CURRENTLY ADDRESSING ALL THREE

PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR CUYAHOGA COUNTY,

AND THERE ARE NO PRIORITIZED HEALTH NEEDS THAT UH RAINBOW BABIES &

CHILDREN'S HOSPITAL IS NOT ADDRESSING.

FOR MORE DETAILS ON THE STRATEGIES THAT UH RAINBOW BABIES & CHILDREN'S

**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 IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN

THE 2022 CUYAHOGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO

ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

<HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE>

DS-ASSESSMENT

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



**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 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 8 -- 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT,

HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT INDICATORS FROM SOURCES

SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY

SURVEY, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER

NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA

ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS

POPULATIONS. 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") TO COMPLETE THE DATA ASSESSMENT AND

SUMMARY PORTIONS OF THE 2022 CHNA. UNIVERSITY HOSPITALS HEALTH SYSTEM,

INC. RETAINED THE CENTER TO ASSIST IN DATA COLLECTION AND ANALYSIS 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.

ENSURE THE ENTIRE COMMUNITY SERVED BY THE HOSPITAL WAS CAPTURED. THE CENTER 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.

THE CUYAHOGA COUNTY CHNA STEERING COMMITTEE, INCLUDING UH AHUJA MEDICAL CENTER AND OTHER UH AFFILIATED HOSPITALS, COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF CUYAHOGA COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE EVALUATION PROCESSES.

GROUP A-FACILITY 8 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC NOTICES TO PARTICIPATE IN THE PROCESS OF QUALITATIVE DATA COLLECTION IN WHICH INCLUDED TWO VIRTUAL PUBLIC PRIORITIZATION SESSIONS THAT WERE HOSTED IN EARLY AUGUST 2022. UH AHUJA MEDICAL CENTER'S 2022 CHNA CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS WITH KEY COMMUNITY STAKEHOLDERS AND FOCUS GROUP DISCUSSIONS WITH KEY COMMUNITY GROUPS) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE ACCESS).

**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.

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM CUYAHOGA COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN

THIS ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH

COMMUNITY STAKEHOLDERS AND COMMUNITY FOCUS GROUPS. CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT INTERVIEWS VIA PHONE

AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES

INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC

HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/OR BEING ABLE TO

SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE POPULATIONS. THIRTY-TWO

INDIVIDUALS PARTICIPATED AS KEY INFORMANTS REPRESENTING DIFFERENT ENTITIES

SERVING CUYAHOGA COUNTY. THE REPRESENTED ORGANIZATIONS ARE LISTED BELOW:

- ADAMHS BOARD OF CUYAHOGA COUNTY
- ASIAN SERVICES IN ACTION (ASIA)
- BENJAMIN ROSE INSTITUTE ON AGING
- BETTER HEALTH PARTNERSHIP
- CALVARY HILL CHURCH OF GOD IN CHRIST
- CENTER FOR COMMUNITY SOLUTIONS
- CENTERS FOR FAMILIES & CHILDREN
- CITY OF CLEVELAND DIVISION OF EMERGENCY MEDICAL SERVICES (EMS)
- CLEVELAND CLINIC LAKEWOOD FAMILY HEALTH CENTER
- CLEVELAND DEPARTMENT OF PUBLIC HEALTH (CDPH)
- CUYAHOGA COUNTY BOARD OF HEALTH (CCBH)
- CUYAHOGA COUNTY HHS
- CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES
- CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)
- EDUCATIONAL SERVICE CENTER OF NEO

**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.

- ESPERANZA, INC

- FRONTLINE SERVICE

- GREATER CLEVELAND FOOD BANK

- GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY (RTA)

- HISPANIC ROUNDTABLE

- LGBT COMMUNITY CENTER

- MAY DUGAN CENTER

- NAMI GREATER CLEVELAND

- NEIGHBORHOOD FAMILY PRACTICE

- POLICY BRIDGE

- POSITIVE EDUCATION PROGRAM (PEP)

- TAYLOR OSWALD

- UNIVERSITY HOSPITALS PEDIATRIC/WOMEN'S

- URBAN LEAGUE OF GREATER CLEVELAND

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM

THE HEALTHY NORTHEAST OHIO (NEO) COMMUNITY DATA PLATFORM. HEALTHY NEO IS A

PUBLICLY AVAILABLE WEBSITE WHICH HOUSES NEUTRAL POPULATION HEALTH DATA AND

COMMUNITY HEALTH RESOURCES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT EFFORTS

ACROSS A 9-COUNTY REGION. THE DATA ON THIS PLATFORM, MAINTAINED BY

RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 200 COMMUNITY

INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH,

DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA ARE PRIMARILY

DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE

FOR EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL

TARGETS, AND TO PREVIOUS TIME PERIODS.

**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 AHUJA MEDICAL CENTER

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

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH AHUJA

MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY:

- UH CLEVELAND MEDICAL CENTER

- UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL

- THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION D/B/A UNIVERSITY

HOSPITALS PARMA MEDICAL CENTER

- UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER

- BEACHWOOD RH, LLC ("UH REHABILITATION HOSPITAL")

- SOUTHWEST GENERAL HEALTH CENTER

- ST. VINCENT CHARITY MEDICAL CENTER

GROUP A-FACILITY 8 -- UH AHUJA MEDICAL CENTER

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

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY:

- A VISION OF CHANGE

- BETTER HEALTH PARTNERSHIP

- CASE WESTERN RESERVE UNIVERSITY

- CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

- CLEVELAND CLINIC

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH

- CUYAHOGA COUNTY BOARD OF HEALTH

- CUYAHOGA COUNTY CLERK OF COURTS

**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.

- CUYAHOGA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

- THE METROHEALTH SYSTEM

- NEIGHBORHOOD FAMILY PRACTICE

- POLICYBRIDGE

- THE CENTER FOR HEALTH AFFAIRS

- UNITED WAY

GROUP A-FACILITY 8 -- UH AHUJA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH AHUJA MEDICAL CENTER (CUYAHOGA

COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEEDS AND

ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: COMMUNITY CONDITIONS

STRATEGY #1: STRATEGIC PARTNERSHIPS AND PROGRAMMING TO ADDRESS SOCIAL

DETERMINANTS OF HEALTH WITH THE FOLLOWING GOALS:

- INCREASE ACCESS TO RESOURCES FOR VULNERABLE POPULATIONS INCLUDING

UNDER-RESOURCED INDIVIDUALS, YOUTH AND INFANTS IN PARTICULAR IN CUYAHOGA

COUNTY.

- REDUCE THE PERCENTAGE OF PATIENTS WHO REPORT THEY CANNOT ACCESS ENOUGH

HEALTHY FOOD FOR THEMSELVES OR THEIR CHILDREN AND PROVIDE ADDITIONAL

SOCIAL SUPPORT AS NEEDED

STRATEGY #2: RAISE AWARENESS ABOUT APPROPRIATE HOSPITAL UTILIZATION

**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.

OPTIONS AND PROVIDE COMMUNITY-BASED EDUCATION, HEALTH SCREENINGS AND

SUPPORT GROUPS TO ADVANCE HEALTH EQUITY IN CUYAHOGA COUNTY WITH THE GOAL

TO:

- ASSIST PATIENTS WITH NAVIGATING SYSTEMS OF CARE TO ATTAIN NECESSARY

SOCIAL SERVICES AND PROVIDE COMMUNITY SPACE FOR JOB TRAINING, WELLNESS

CLASSES, SUPPORT GROUPS, ETC.

PRIORITY HEALTH NEED #2: ACCESSIBLE AND AFFORDABLE HEALTH CARE

STRATEGY #1: RAISE AWARENESS ABOUT APPROPRIATE HOSPITAL UTILIZATION

OPTIONS AND PROVIDE COMMUNITY-BASED EDUCATION, HEALTH SCREENINGS AND

SUPPORT GROUPS TO ADVANCE HEALTH EQUITY IN CUYAHOGA COUNTY WITH THE

FOLLOWING GOALS:

- IMPROVE WELL-BEING OF INDIVIDUALS BY INCREASING ACCESS TO CARE BY

REMOVING IDENTIFIED BARRIERS THROUGH HEALTH LITERACY AND SCREENINGS

- ASSIST PATIENTS WITH NAVIGATING SYSTEMS OF CARE TO ATTAIN NECESSARY

SOCIAL SERVICES AND PROVIDE COMMUNITY SPACE FOR JOB TRAINING, WELLNESS

CLASSES, SUPPORT GROUPS, ETC.

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE TWO

PRIORITIZED HEALTH NEEDS ABOVE AS THOSE NEEDS 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 NEEDS. THE PRIORITIZED HEALTH

NEED IDENTIFIED IN THE 2022 CHNA FOR CUYAHOGA COUNTY THAT IS NOT BEING

**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.

ADDRESSED BY UH AHUJA MEDICAL CENTER IS BEHAVIORAL HEALTH (MENTAL HEALTH &

DRUG USE/MISUSE). UH AHUJA MEDICAL CENTER HAS DETERMINED THAT IT IS NOT IN

A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE KNOWN

TO BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH AHUJA MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

CUYAHOGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH

THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE](https://www.uhhospitals.org/about-uh/community-benefit/community-health-need-assessment)

DS-ASSESSMENT

GROUP A-FACILITY 8 -- 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 8 -- 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



**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 8 -- 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.

GROUP A-FACILITY 15 -- 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH SUCH AS ACCESS TO HEALTH CARE,

ECONOMIC STABILITY, EDUCATION, AND NEIGHBORHOOD AND ENVIRONMENT FACTS;

BEHAVIORAL RISK FACTORS; MENTAL AND SOCIAL HEALTH FACTORS; MATERNAL AND

INFANT HEALTH FACTORS; AND ANALYZED THE LEADING CAUSES OF DEATH, ILLNESS,

AND INJURY TO ASHTABULA COUNTY RESIDENTS. SECONDARY DATA SOURCES USED TO

ASSESS THOSE FACTORS INCLUDE FEDERAL SOURCES SUCH AS THE U.S. DEPARTMENT

OF HEALTH AND HUMAN SERVICES: HEALTHY PEOPLE 2030 AND U.S. CENSUS BUREAU;

STATE SOURCES SUCH AS OHIO DEPARTMENT OF HEALTH'S DATA WAREHOUSE; AND

LOCAL SOURCES SUCH AS UNIVERSITY HOSPITALS AND ASHTABULA COUNTY MEDICAL

**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.

CENTER. THE ASSESSMENT ALSO ENCOMPASSES PRIMARY SURVEY DATA FROM YOUTH,

ADULT RESIDENTS, AND COMMUNITY OUTREACH DATA FROM COMMUNITY POLLS AND

COMMUNITY LEADER INTERVIEWS.

HEALTHY ASHTABULA COUNTY, INCLUDING UH GENEVA MEDICAL CENTER AND OTHER UH

AFFILIATED HOSPITALS, CONTRACTED WITH ILLUMINOLOGY, A CENTRAL OHIO BASED

RESEARCH FIRM, TO ASSIST IN THE PREPARATION OF THE 2022 CHNA REPORT FOR

ASHTABULA COUNTY. ILLUMINOLOGY LED THE PROCESS FOR LOCATING HEALTH STATUS

INDICATOR DATA; FOR DESIGNING AND CONDUCTING THE COMMUNITY LEADER

INTERVIEWS, COMMUNITY POLL, AND ADULT SURVEY; AND FOR CREATING THE SUMMARY

REPORT. ILLUMINOLOGY HAS 24 YEARS OF EXPERIENCE RELATED TO RESEARCH

DESIGN, ANALYSIS, AND REPORTING, AND HAS CONDUCTED NUMEROUS COMMUNITY

HEALTH ASSESSMENTS.

GROUP A-FACILITY 15 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH GENEVA MEDICAL CENTER'S 2022 CHNA

CONSIDERED MULTIPLE DATA SOURCES. PRIMARY DATA USED IN THE ASSESSMENT

CONSISTED OF DISCUSSIONS WITH COMMUNITY LEADERS, STAKEHOLDERS, AND

EMPLOYEES FROM PARTICIPATING ORGANIZATIONS REGARDING HEALTH ISSUES IN

ASHTABULA COUNTY. THE PRIMARY DATA FROM ADULT RESIDENTS CONSISTED OF A

REPRESENTATIVE SURVEY MAILED TO A TOTAL OF 2,200 ADDRESSES RANDOMLY

SELECTED FROM THE UNIVERSE OF RESIDENTIAL ADDRESSES IN ASHTABULA COUNTY.

DATA FROM THE YOUTH CONSISTED OF A SURVEY DEVELOPED BY THE OHIO DEPARTMENT

OF MENTAL HEALTH AND ADDICTION SERVICES AND FACILITATED BY THE ASHTABULA

COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD. 1,902 STUDENTS COMPLETED

THE YOUTH SURVEY. IN ADDITION TO THE ADULT AND YOUTH SURVEYS, THE

ASHTABULA COUNTY HEALTH DEPARTMENT WORKED WITH ILLUMINOLOGY TO DESIGN 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.

DEPLOY AN INFORMAL, QUALITATIVE POLL OF COMMUNITY RESIDENTS AND

STAKEHOLDERS AND CONDUCT COMMUNITY LEADER INTERVIEWS.

THE 2022 CHNA WAS OVERSEEN BY HEALTHY ASHTABULA COUNTY, A COMMITTEE OF

PUBLIC HEALTH EXPERTS, WHO SIGNIFICANTLY CONTRIBUTED TO IDENTIFYING AND

SUMMARIZING THE BROAD INTERESTS OF THE COMMUNITY. THE REPRESENTED

ORGANIZATIONS IN THE COMMITTEE ARE LISTED BELOW:

- ASHTABULA CITY HEALTH DEPARTMENT

- ASHTABULA COUNTY HEALTH DEPARTMENT

- ASHTABULA COUNTY JUVENILE COURT

- ASHTABULA COUNTY MEDICAL CENTER

- ASHTABULA COUNTY MENTAL HEALTH & RECOVERY BOARD

- ASHTABULA COUNTY COMMISSIONERS

- ASHTABULA COUNTY COMMUNITY ACTION AGENCY

- ASHTABULA COUNTY DEPARTMENT OF JFS

- ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER

- CATHOLIC CHARITIES OF ASHTABULA COUNTY

- CONNEAUT CITY HEALTH DEPARTMENT

- COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY

- COUNTRY NEIGHBOR PROGRAM

- GLENBEIGH HOSPITAL

- HEALTHY NORTHEAST OHIO

- LAKE AREA RECOVERY CENTER

- SIGNATURE HEALTH

- THE CENTER FOR HEALTH AFFAIRS

- UNIVERSITY HOSPITALS

**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.

SECONDARY DATA FOR THE CHNA CAME FROM NATIONAL, STATE, AND LOCAL SOURCES.

DATA FOR ASHTABULA COUNTY OVERALL, ASHTABULA CITY, CONNEAUT CITY, AND OHIO

WERE ALSO COLLECTED WHEN AVAILABLE. WHEREVER POSSIBLE, LOCAL FINDINGS WERE

COMPARED TO OTHER RELEVANT DATA. ADDITIONAL INFORMATION WAS COLLECTED FROM

SECONDARY DATA SOURCES SUCH AS VITAL STATISTICS AND THE OHIO DISEASE

REPORTING SYSTEM TO SUPPLEMENT FINDINGS FROM THE PRIMARY DATA COLLECTION.

GROUP A-FACILITY 15 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 6A: IN ADDITION TO UH GENEVA MEDICAL CENTER, THE

FOLLOWING HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO

CONDUCT A JOINT CHNA FOR ASHTABULA COUNTY.

- UH CONNEAUT MEDICAL CENTER

- ASHTABULA COUNTY MEDICAL CENTER

GROUP A-FACILITY 15 -- 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 HEALTH DEPARTMENT

- ASHTABULA COUNTY JUVENILE COURT

- ASHTABULA COUNTY MENTAL HEALTH & RECOVERY BOARD

- ASHTABULA COUNTY COMMISSIONERS

- ASHTABULA COUNTY COMMUNITY ACTION AGENCY

- ASHTABULA COUNTY DEPARTMENT OF JFS

**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 EDUCATIONAL SERVICE CENTER

- CATHOLIC CHARITIES OF ASHTABULA COUNTY

- CONNEAUT CITY HEALTH DEPARTMENT

- COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY

- COUNTRY NEIGHBOR PROGRAM

- GLENBEIGH HOSPITAL

- HEALTHY NORTHEAST OHIO

- LAKE AREA RECOVERY CENTER

- SIGNATURE HEALTH

- THE CENTER FOR HEALTH AFFAIRS

GROUP A-FACILITY 15 -- UH GENEVA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH GENEVA MEDICAL CENTER (ASHTABULA

COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEED AND ASSOCIATED

STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: ACCESS TO CARE

STRATEGY #1: IMPROVE ACCESS TO COMPREHENSIVE PRIMARY CARE

PRIORITY HEALTH NEED #2: PREVENT OBESITY AND CHRONIC CONDITIONS BY

PROMOTING NUTRITION AND PHYSICAL ACTIVITY

STRATEGY #1: DIABETES PREVENTION AND EDUCATION PROGRAM

STRATEGY #2: IMPLEMENTATION OF A PHYSICAL ACTIVITY AND NUTRITION 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.

PROGRAM IN THE COMMUNITY AND SCHOOL ENVIRONMENTS

STRATEGY #3: DIABETES PREVENTION PROGRAM (DPP) AND PREDIABETES SCREENING

AND REFERRAL

STRATEGY #4: HYPERTENSION SCREENING AND FOLLOW-UP

PRIORITY HEALTH NEED #3: PREVENT AND PROMOTE TREATMENT OF DEPRESSION AND

ANXIETY ACROSS THE LIFESPAN

STRATEGY #1: SCHOOL-BASED ALCOHOL/OTHER DRUG PREVENTION PROGRAMS

UH GENEVA MEDICAL CENTER IS CURRENTLY ADDRESSING ALL THREE PRIORITIZED

HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR ASHTABULA COUNTY, AND THERE

ARE NO PRIORITIZED HEALTH NEEDS THAT UH GENEVA MEDICAL CENTER IS NOT

ADDRESSING.

FOR MORE DETAILS ON THE STRATEGIES THAT UH GENEVA MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

ASHTABULA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH

THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE](https://www.uhhospitals.org/about-uh/community-benefit/community-health-nee)

DS-ASSESSMENT

GROUP A-FACILITY 15 -- UH GENEVA 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 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 15 -- 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 15 -- UH GENEVA MEDICAL CENTER

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

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

REASONABLE EFFORTS TO DETERMINE INDIVIDUALS' ELIGIBILITY UNDER THE

FACILITIES' FINANCIAL 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 16 -- 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH SUCH AS ACCESS TO HEALTH CARE,

ECONOMIC STABILITY, EDUCATION, AND NEIGHBORHOOD AND ENVIRONMENT FACTS;

BEHAVIORAL RISK FACTORS; MENTAL AND SOCIAL HEALTH FACTORS; MATERNAL AND

INFANT HEALTH FACTORS; AND ANALYED THE LEADING CAUSES OF DEATH, ILLNESS,

AND INJURY TO ASHTABULA COUNTY RESIDENTS. SECONDARY DATA SOURCES USED TO

ASSESS THOSE FACTORS INCLUDE FEDERAL SOURCES SUCH AS THE U.S. DEPARTMENT

OF HEALTH AND HUMAN SERVICES: HEALTHY PEOPLE 2030 AND U.S. CENSUS BUREAU;

STATE SOURCES SUCH AS OHIO DEPARTMENT OF HEALTH'S DATA WAREHOUSE; AND

LOCAL SOURCES SUCH AS UNIVERSITY HOSPITALS AND ASHTABULA COUNTY MEDICAL

CENTER. THE ASSESSMENT ALSO ENCOMPASSES PRIMARY SURVEY DATA FROM YOUTH,

ADULT RESIDENTS, AND COMMUNITY OUTREACH DATA FROM COMMUNITY POLLS AND

COMMUNITY LEADER INTERVIEWS.

HEALTHY ASHTABULA COUNTY, INCLUDING UH CONNEAUT MEDICAL CENTER AND OTHER

UH AFFILIATED HOSPITALS, CONTRACTED WITH ILLUMINOLOGY, A CENTRAL OHIO

BASED RESEARCH FIRM, TO ASSIST IN THE PREPARATION OF THE 2022 CHNA REPORT

FOR ASHTABULA COUNTY. ILLUMINOLOGY LED THE PROCESS FOR LOCATING HEALTH

STATUS INDICATOR DATA; FOR DESIGNING AND CONDUCTING THE COMMUNITY LEADER

INTERVIEWS, COMMUNITY POLL, AND ADULT SURVEY; AND FOR CREATING THE SUMMARY

REPORT. ILLUMINOLOGY HAS 24 YEARS OF EXPERIENCE RELATED TO RESEARCH

DESIGN, ANALYSIS, AND REPORTING, AND HAS CONDUCTED NUMEROUS COMMUNITY

HEALTH ASSESSMENTS.

GROUP A-FACILITY 16 -- UH CONNEAUT 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 5: THE UH CONNEAUT MEDICAL CENTER'S 2022 CHNA

CONSIDERED MULTIPLE DATA SOURCES. PRIMARY DATA USED IN THE ASSESSMENT

CONSISTED OF DISCUSSIONS WITH COMMUNITY LEADERS, STAKEHOLDERS, AND

EMPLOYEES FROM PARTICIPATING ORGANIZATIONS REGARDING HEALTH ISSUES IN

ASHTABULA COUNTY. THE PRIMARY DATA FROM ADULT RESIDENTS CONSISTED OF A

REPRESENTATIVE SURVEY MAILED TO A TOTAL OF 2,200 ADDRESSES RANDOMLY

SELECTED FROM THE UNIVERSE OF RESIDENTIAL ADDRESSES IN ASHTABULA COUNTY.

DATA FROM THE YOUTH CONSISTED OF A SURVEY DEVELOPED BY THE OHIO DEPARTMENT

OF MENTAL HEALTH AND ADDICTION SERVICES AND FACILITATED BY THE ASHTABULA

COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD. 1,902 STUDENTS COMPLETED

THE YOUTH SURVEY. IN ADDITION TO THE ADULT AND YOUTH SURVEYS, THE

ASHTABULA COUNTY HEALTH DEPARTMENT WORKED WITH ILLUMINOLOGY TO DESIGN AND

DEPLOY AN INFORMAL, QUALITATIVE POLL OF COMMUNITY RESIDENTS AND

STAKEHOLDERS AND CONDUCT COMMUNITY LEADER INTERVIEWS.

THE 2022 CHNA WAS OVERSEEN BY HEALTHY ASHTABULA COUNTY, A COMMITTEE OF

PUBLIC HEALTH EXPERTS, WHO SIGNIFICANTLY CONTRIBUTED TO IDENTIFYING AND

SUMMARIZING THE BROAD INTERESTS OF THE COMMUNITY. THE REPRESENTED

ORGANIZATIONS IN THE COMMITTEE ARE LISTED BELOW:

- ASHTABULA CITY HEALTH DEPARTMENT

- ASHTABULA COUNTY HEALTH DEPARTMENT

- ASHTABULA COUNTY JUVENILE COURT

- ASHTABULA COUNTY MEDICAL CENTER

- ASHTABULA COUNTY MENTAL HEALTH & RECOVERY BOARD

- ASHTABULA COUNTY COMMISSIONERS

- ASHTABULA COUNTY COMMUNITY ACTION AGENCY

**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 DEPARTMENT OF JFS

- ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER

- CATHOLIC CHARITIES OF ASHTABULA COUNTY

- CONNEAUT CITY HEALTH DEPARTMENT

- COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY

- COUNTRY NEIGHBOR PROGRAM

- GLENBEIGH HOSPITAL

- HEALTHY NORTHEAST OHIO

- LAKE AREA RECOVERY CENTER

- SIGNATURE HEALTH

- THE CENTER FOR HEALTH AFFAIRS

- UNIVERSITY HOSPITALS

SECONDARY DATA FOR THE CHNA CAME FROM NATIONAL, STATE, AND LOCAL SOURCES.

DATA FOR ASHTABULA COUNTY OVERALL, ASHTABULA CITY, CONNEAUT CITY, AND OHIO

WERE ALSO COLLECTED WHEN AVAILABLE. WHEREVER POSSIBLE, LOCAL FINDINGS WERE

COMPARED TO OTHER RELEVANT DATA. ADDITIONAL INFORMATION WAS COLLECTED FROM

SECONDARY DATA SOURCES SUCH AS VITAL STATISTICS AND THE OHIO DISEASE

REPORTING SYSTEM TO SUPPLEMENT FINDINGS FROM THE PRIMARY DATA COLLECTION.

GROUP A-FACILITY 16 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 6A: IN ADDITION TO UH CONNEAUT MEDICAL CENTER, THE

FOLLOWING HOSPITAL FACILITIES WORKED IN COLLABORATION WITH ONE ANOTHER TO

CONDUCT A JOINT CHNA FOR ASHTABULA COUNTY.

- UH GENEVA MEDICAL CENTER

- ASHTABULA COUNTY 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.

GROUP A-FACILITY 16 -- 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 HEALTH DEPARTMENT
- ASHTABULA COUNTY JUVENILE COURT
- ASHTABULA COUNTY MENTAL HEALTH & RECOVERY BOARD
- ASHTABULA COUNTY COMMISSIONERS
- ASHTABULA COUNTY COMMUNITY ACTION AGENCY
- ASHTABULA COUNTY DEPARTMENT OF JFS
- ASHTABULA COUNTY EDUCATIONAL SERVICE CENTER
- CATHOLIC CHARITIES OF ASHTABULA COUNTY
- CONNEAUT CITY HEALTH DEPARTMENT
- COMMUNITY COUNSELING CENTER OF ASHTABULA COUNTY
- COUNTRY NEIGHBOR PROGRAM
- GLENBEIGH HOSPITAL
- HEALTHY NORTHEAST OHIO
- LAKE AREA RECOVERY CENTER
- SIGNATURE HEALTH
- THE CENTER FOR HEALTH AFFAIRS

GROUP A-FACILITY 16 -- UH CONNEAUT MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH CONNEAUT MEDICAL CENTER (ASHTABULA

COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEED AND ASSOCIATED

**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.

STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: ACCESS TO CARE

STRATEGY #1: IMPROVE ACCESS TO COMPREHENSIVE PRIMARY CARE

PRIORITY HEALTH NEED #2: PREVENT OBESITY AND CHRONIC CONDITIONS BY

PROMOTING NUTRITION AND PHYSICAL ACTIVITY

STRATEGY #1: DIABETES PREVENTION AND EDUCATION PROGRAM

STRATEGY #2: IMPLEMENTATION OF A PHYSICAL ACTIVITY AND NUTRITION EDUCATION

PROGRAM IN THE COMMUNITY AND SCHOOL ENVIRONMENTS

STRATEGY #3: DIABETES PREVENTION PROGRAM (DPP) AND PREDIABETES SCREENING

AND REFERRAL

STRATEGY #4: HYPERTENSION SCREENING AND FOLLOW-UP

PRIORITY HEALTH NEED #3: PREVENT AND PROMOTE TREATMENT OF DEPRESSION AND

ANXIETY ACROSS THE LIFESPAN

STRATEGY #1: SCHOOL-BASED ALCOHOL/OTHER DRUG PREVENTION PROGRAMS

UH CONNEAUT MEDICAL CENTER IS CURRENTLY ADDRESSING ALL THREE PRIORITIZED

HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR ASHTABULA COUNTY, AND THERE

ARE NO PRIORITIZED HEALTH NEEDS THAT UH CONNEAUT MEDICAL CENTER IS NOT

**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.

ADDRESSING.

FOR MORE DETAILS ON THE STRATEGIES THAT UH CONNEAUT MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

ASHTABULA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH

THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

<HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE>

DS-ASSESSMENT

GROUP A-FACILITY 16 -- 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.

GROUP A-FACILITY 16 -- 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

**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.

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 16 -- 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 3 -- 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT,

HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT INDICATORS FROM SOURCES

SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY

SURVEY, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER

NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA

ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS

POPULATIONS. 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

**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 ("THE CENTER") TO COMPLETE THE DATA ASSESSMENT AND

SUMMARY PORTIONS OF THE 2022 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 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.

THE CUYAHOGA COUNTY CHNA STEERING COMMITTEE, INCLUDING UH PARMA MEDICAL

CENTER AND OTHER UH AFFILIATED HOSPITALS, COMMISSIONED CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF CUYAHOGA

COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS

ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS,

DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION

PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE

EVALUATION PROCESSES.

GROUP A-FACILITY 3 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL

PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC

NOTICES TO PARTICIPATE IN THE PROCESS OF QUALITATIVE DATA COLLECTION IN

WHICH INCLUDED TWO VIRTUAL PUBLIC PRIORITIZATION SESSIONS THAT WERE HOSTED

IN EARLY AUGUST 2022. UH PARMA MEDICAL CENTER'S 2022 CHNA CONSIDERED

MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS WITH KEY

COMMUNITY STAKEHOLDERS AND FOCUS GROUP DISCUSSIONS WITH KEY 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.

GROUPS) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS

INDICATORS, AND MEASURES OF HEALTH CARE ACCESS).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM CUYAHOGA COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN

THIS ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH

COMMUNITY STAKEHOLDERS AND COMMUNITY FOCUS GROUPS. CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT INTERVIEWS VIA PHONE

AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES

INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC

HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/OR BEING ABLE TO

SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE POPULATIONS. THIRTY-TWO

INDIVIDUALS PARTICIPATED AS KEY INFORMANTS REPRESENTING DIFFERENT ENTITIES

SERVING CUYAHOGA COUNTY. THE REPRESENTED ORGANIZATIONS ARE LISTED BELOW:

- ADAMHS BOARD OF CUYAHOGA COUNTY

- ASIAN SERVICES IN ACTION (ASIA)

- BENJAMIN ROSE INSTITUTE ON AGING

- BETTER HEALTH PARTNERSHIP

- CALVARY HILL CHURCH OF GOD IN CHRIST

- CENTER FOR COMMUNITY SOLUTIONS

- CENTERS FOR FAMILIES & CHILDREN

- CITY OF CLEVELAND DIVISION OF EMERGENCY MEDICAL SERVICES (EMS)

- CLEVELAND CLINIC LAKEWOOD FAMILY HEALTH CENTER

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH (CDPH)

- CUYAHOGA COUNTY BOARD OF HEALTH (CCBH)

- CUYAHOGA COUNTY HHS



**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.

- CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES

- CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)

- EDUCATIONAL SERVICE CENTER OF NEO

- ESPERANZA, INC

- FRONTLINE SERVICE

- GREATER CLEVELAND FOOD BANK

- GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY (RTA)

- HISPANIC ROUNDTABLE

- LGBT COMMUNITY CENTER

- MAY DUGAN CENTER

- NAMI GREATER CLEVELAND

- NEIGHBORHOOD FAMILY PRACTICE

- POLICY BRIDGE

- POSITIVE EDUCATION PROGRAM (PEP)

- TAYLOR OSWALD

- UNIVERSITY HOSPITALS PEDIATRIC/WOMEN'S

- URBAN LEAGUE OF GREATER CLEVELAND

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM

THE HEALTHY NORTHEAST OHIO (NEO) COMMUNITY DATA PLATFORM. HEALTHY NEO IS A

PUBLICLY AVAILABLE WEBSITE WHICH HOUSES NEUTRAL POPULATION HEALTH DATA AND

COMMUNITY HEALTH RESOURCES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT EFFORTS

ACROSS A 9-COUNTY REGION. THE DATA ON THIS PLATFORM, MAINTAINED BY

RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 200 COMMUNITY

INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH,

DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA ARE PRIMARILY

DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE

**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 EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL TARGETS, AND TO PREVIOUS TIME PERIODS.

GROUP A-FACILITY 3 -- 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:

- UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL

- UH CLEVELAND MEDICAL CENTER

- UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER

- UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER

- BEACHWOOD RH, LLC ("UH REHABILITATION HOSPITAL")

- SOUTHWEST GENERAL HEALTH CENTER

- ST. VINCENT CHARITY MEDICAL CENTER

GROUP A-FACILITY 3 -- UH PARMA MEDICAL CENTER

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

COLLABORATION TO CONDUCT THE JOINT CHNA FOR CUYAHOGA COUNTY:

- A VISION OF CHANGE

- BETTER HEALTH PARTNERSHIP

- CASE WESTERN RESERVE UNIVERSITY

- CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

- CLEVELAND CLINIC

- CLEVELAND DEPARTMENT OF PUBLIC 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.

- CUYAHOGA COUNTY BOARD OF HEALTH

- CUYAHOGA COUNTY CLERK OF COURTS

- CUYAHOGA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

- THE METROHEALTH SYSTEM

- NEIGHBORHOOD FAMILY PRACTICE

- POLICYBRIDGE

- THE CENTER FOR HEALTH AFFAIRS

- UNITED WAY

GROUP A-FACILITY 3 -- UH PARMA MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH PARMA MEDICAL CENTER (CUYAHOGA

COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEEDS AND

ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: COMMUNITY CONDITIONS (ACCESS TO HEALTHY FOOD &

COMMUNITY SAFETY)

STRATEGY #1: NUTRITION PROGRAMMING TO ADDRESS FOOD INSECURITY AMONG OLDER

ADULTS AND CHILDREN

STRATEGY #2: COMMUNITY-BASED EDUCATION AND AWARENESS ON SAFETY

PRIORITY HEALTH NEED #2: ACCESSIBLE AND AFFORDABLE HEALTH CARE

STRATEGY #1: INCREASE ACCESS TO COMMUNITY-BASED EDUCATION AND HEALTH

SCREENINGS TO PREVENT AND/OR MANAGE CHRONIC DISEASES, PARTICULARLY FOR

**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 CORONARY HEART DISEASE

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE TWO

PRIORITIZED HEALTH NEEDS ABOVE AS THOSE NEEDS 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 NEEDS. THE PRIORITIZED HEALTH

NEED IDENTIFIED IN THE 2022 CHNA FOR CUYAHOGA COUNTY THAT IS NOT BEING

ADDRESSED BY UH PARMA MEDICAL CENTER IS BEHAVIORAL HEALTH (MENTAL HEALTH &

DRUG USE/MISUSE). UH PARMA MEDICAL CENTER HAS DETERMINED THAT IT IS NOT IN

A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE KNOWN

TO BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH PARMA MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

CUYAHOGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH

THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE](https://www.uhhospitals.org/about-uh/community-benefit/community-health-need-assessment)

DS-ASSESSMENT

GROUP A-FACILITY 3 -- 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

**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 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 3 -- UH PARMA MEDICAL CENTER

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

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

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

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

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

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

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

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

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

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

HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 3 -- 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 4 -- 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 2022 CHNA EXAMINED SOCIAL

DETERMINANTS OF HEALTH THAT ARE GROUPED INTO THE FOLLOWING FIVE DOMAINS:

NEIGHBORHOOD AND BUILT ENVIRONMENT, ECONOMIC STABILITY, EDUCATION ACCESS

**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 QUALITY, SOCIAL AND COMMUNITY CONTEXT, AND HEALTHCARE ACCESS AND

QUALITY FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION

(CDC), OHIO DEPARTMENT OF HEALTH, U.S. CENSUS BUREAU, STATE OF OHIO BOARD

OF PHARMACY, OHIO DEPARTMENT OF EDUCATION, AND OTHER NATIONAL, STATE AND

LOCAL DATA SOURCES.

THE LORAIN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) STEERING

COMMITTEE, INCLUDING UH ELYRIA MEDICAL CENTER AND OTHER UH AFFILIATED

HOSPITALS, WAS A COLLABORATIVE EFFORT OF PUBLIC HEALTH, HOSPITALS, AND

COMMUNITY ORGANIZATIONS. LORAIN COUNTY PUBLIC HEALTH (LCPH) CONDUCTED THE

COMMUNITY CONVERSATIONS AND SECONDARY DATA COLLECTION, AND BURGESS & BURGESS

STRATEGISTS CONDUCTED THE KEY STAKEHOLDER INTERVIEWS. THE CHNA ASSESSMENT

RELIED ON FEEDBACK FROM LORAIN COUNTY RESIDENTS AND STAKEHOLDERS THROUGH

INTERVIEWS AND FOCUS GROUPS AND ANALYZED LOCAL AND SECONDARY DATA.

GROUP A-FACILITY 4 -- UH ELYRIA MEDICAL CENTER

PART V, SECTION B, LINE 5: THE UH ELYRIA MEDICAL CENTER'S 2022 CHNA

CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (STAKEHOLDER INTERVIEWS AND

COMMUNITY CONVERSATIONS) AND SOME SECONDARY FROM GOVERNMENTAL

ORGANIZATIONS (REGARDING RISK FACTORS AND HEALTH OUTCOME INFORMATION).

TO ENSURE THE BROAD INTEREST OF THE COMMUNITY WERE CONSIDERED, INPUT WAS

COLLECTED FROM VARIOUS LORAIN COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED

IN THE ASSESSMENT CONSISTED OF STAKEHOLDER INTERVIEWS FROM A DIVERSE SET

OF LEADERS FROM ACROSS LORAIN COUNTY, INCLUDING LEADERSHIP FROM HEALTH

SERVICE PROVIDERS, SOCIAL SERVICE ORGANIZATIONS, ELECTED AND APPOINTED

CIVIC INSTITUTIONS, LOCAL AND REGIONAL BUSINESSES, EDUCATIONAL

**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.

INSTITUTIONS, AND FAITH COMMUNITIES. BELOW IS A LIST OF ORGANIZATIONS THAT

PARTICIPATED IN THE STAKEHOLDER INTERVIEWS:

- AVON LOCAL SCHOOL DISTRICT
- CHILD CARE RESOURCE CENTER
- EDUCATIONAL SERVICES CENTER OF LORAIN COUNTY
- EL CENTRO DE SERVICIOS SOCIALES, INC.
- ELYRIA CITY SCHOOL DISTRICT
- FIRELANDS LOCAL SCHOOL DISTRICT
- FULL GOSPEL MINISTRIES
- KEYSTONE LOCAL SCHOOLS
- LORAIN CITY SCHOOLS
- LORAIN COUNTY HEALTH & DENTISTRY
- LORAIN COUNTY COMMUNITY COLLEGE
- LORAIN COUNTY FAIR BOARD
- LORAIN COUNTY FREE CLINIC
- LORAIN COUNTY METRO PARKS
- LORAIN COUNTY URBAN LEAGUE
- LORAIN PUBLIC LIBRARY SYSTEM
- LORAIN/MEDINA COMMUNITY BASED CORRECTIONAL FACILITY
- RIDDELL
- SACRED HEART
- SPRENGER HEALTH CARE
- THE LCADA WAY
- THE NORD CENTER
- UNITED WAY OF GREATER LORAIN COUNTY
- YWCA LORAIN

**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 LORAIN COUNTY PUBLIC HEALTH (LCPH) CONDUCTED COMMUNITY CONVERSATIONS

WITH NINE DIFFERENT COMMUNITY-BASED AND RESIDENT GROUPS IN 2022, BOTH

IN-PERSON AND VIRTUALLY VIA ZOOM. EACH COVERSATION LASTED BETWEEN THIRTY

MINUTES AND ONE HOUR WITH THE GOAL OF AUTHENTICALLY ENGAGING MEMBERS OF

THE COMMUNITY AND GENERATE PUBLIC KNOWLEDGE THAT CAN HELP MAKE

DESICISIONS. LCPH SPECIFICALLY REACHED OUT TO GROUPS REPRESENTING

VULNERABLE POPULATIONS. BELOW IS A LIST OF ORGANIZATIONS THAT PARTICIPATED

IN THE COMMUNITY CONVERSATIONS:

- BLACK PASTORS' HEALTH COALITION

- BOY SCOUTS

- HISPANIC FUND

- LORAIN COUNTY FAIR BOARD

- MERCY FAMILY HEALTH

- MERCY PARISH NURSING

- MERCY PARISH NURSING VOLUNTEERS

- RISING STARTS

- MEN OF COURAGE

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COMPILED THROUGH THE

GOVERNMENT AGENCIES LISTED BELOW:

- OHIO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OHIO CANCER INCIDENCE SURVEILLANCE SYSTEM

COMPILED REPORTS OR DATA BRIEFS



**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.

- CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

- UNITED STATES CENSUS BUREAU

- OHIO DEPARTMENT OF EDUCATION

- STATE OF OHIO BOARD OF PHARMACY

GROUP A-FACILITY 4 -- 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.

THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH ELYRIA MEDICAL

CENTER IN THE JOINT CHNA FOR LORAIN COUNTY:

- AVON RH, LLC (UH AVON REHABILITATION HOSPITAL)

- CLEVELAND CLINIC AVON HOSPITAL

- MERCY HEALTH ALLEN HOSPITAL

- MERCY HEALTH LORAIN HOSPITAL

- SPECIALTY HOSPITAL OF LORAIN

GROUP A-FACILITY 4 -- UH ELYRIA MEDICAL CENTER

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY:

- LORAIN COUNTY HEALTH & DENTISTRY

- LORAIN COUNTY METRO PARKS

- LORAIN COUNTY PUBLIC HEALTH

- MENTAL HEALTH, ADDICTION, AND RECOVERY SERVICES BOARD OF LORAIN COUNTY

GROUP A-FACILITY 4 -- UH ELYRIA 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 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH ELYRIA MEDICAL CENTER (LORAIN

COUNTY) IDENTIFIED THE FOLLOWING FOUR PRIORITY HEATH NEEDS AND ASSOCIATED

STRATEGIES TO ADDRESS THEM:

PRIORITY HEATH NEED #1: CHRONIC DISEASE

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

AND/OR MANAGE CHRONIC DISEASES PARTICULARLY FOR DIABETES, AND CORONARY

HEART DISEASE

PRIORITY HEATH NEED #2 AND #3: MENTAL HEALTH AND SUBSTANCE USE

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

COLLABORATIONS TO ADDRESS MENTAL HEALTH AND ADDICTION

PRIORITY HEATH NEED #4: CANCER

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

AND/OR MANAGE CANCER

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE FOUR

PRIORITIZED HEALTH NEEDS ABOVE AS THOSE NEEDS 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 NEEDS. THE PRIORITIZED HEALTH

NEED IDENTIFIED IN THE 2022 CHNA FOR LORAIN COUNTY THAT IS NOT BEING

ADDRESSED BY UH ELYRIA MEDICAL CENTER IS MATERNAL AND CHILD 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.

ASPECTS OF THIS HEALTH NEEDS ARE ENCOMPASSED IN OTHER EFFORTS BEING

ADDRESSED. OTHER LORAIN COUNTY PARTNERS ARE ALSO ADDRESSING PREVENTION AND

OTHER NEEDS. UH ELYRIA MEDICAL CENTER HAS DETERMINED THAT IT IS NOT IN A

POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE KNOWN TO

BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH ELYRIA MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

LORAIN COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE

CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE](https://www.uhhospitals.org/about-uh/community-benefit/community-health-need-assessment)

DS-ASSESSMENT

GROUP A-FACILITY 4 -- 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 4 -- UH ELYRIA MEDICAL CENTER

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

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

**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.

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 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT,

HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT INDICATORS FROM SOURCES

SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY

SURVEY, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER

NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA

ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS

POPULATIONS. THE ASSESSMENT ALSO ENCOMPASSES INTERVIEW DATA FROM SEVERAL

COMMUNITY STAKEHOLDERS WHO ARE EXPERTS ON THE HEALTH CARE NEEDS 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.

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") TO COMPLETE THE DATA ASSESSMENT AND

SUMMARY PORTIONS OF THE 2022 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 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.

THE CUYAHOGA COUNTY CHNA STEERING COMMITTEE, INCLUDING UH ST. JOHN MEDICAL

CENTER AND OTHER UH AFFILIATED HOSPITALS, COMMISSIONED CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF CUYAHOGA

COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS

ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS,

DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION

PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE

EVALUATION PROCESSES.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL

PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC

NOTICES TO PARTICIPATE IN THE PROCESS OF QUALITATIVE DATA COLLECTION 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.

WHICH INCLUDED TWO VIRTUAL PUBLIC PRIORITIZATION SESSIONS THAT WERE HOSTED

IN EARLY AUGUST 2022. UH ST. JOHN MEDICAL CENTER'S 2022 CHNA CONSIDERED

MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS WITH KEY

COMMUNITY STAKEHOLDERS AND FOCUS GROUP DISCUSSIONS WITH KEY COMMUNITY

GROUPS) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS

INDICATORS, AND MEASURES OF HEALTH CARE ACCESS).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM CUYAHOGA COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN

THIS ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH

COMMUNITY STAKEHOLDERS AND COMMUNITY FOCUS GROUPS. CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT INTERVIEWS VIA PHONE

AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES

INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC

HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/OR BEING ABLE TO

SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE POPULATIONS. THIRTY-TWO

INDIVIDUALS PARTICIPATED AS KEY INFORMANTS REPRESENTING DIFFERENT ENTITIES

SERVING CUYAHOGA COUNTY. THE REPRESENTED ORGANIZATIONS ARE LISTED BELOW:

- ADAMHS BOARD OF CUYAHOGA COUNTY

- ASIAN SERVICES IN ACTION (ASIA)

- BENJAMIN ROSE INSTITUTE ON AGING

- BETTER HEALTH PARTNERSHIP

- CALVARY HILL CHURCH OF GOD IN CHRIST

- CENTER FOR COMMUNITY SOLUTIONS

- CENTERS FOR FAMILIES & CHILDREN

- CITY OF CLEVELAND DIVISION OF EMERGENCY MEDICAL SERVICES (EMS)

**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.

- CLEVELAND CLINIC LAKEWOOD FAMILY HEALTH CENTER

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH (CDPH)

- CUYAHOGA COUNTY BOARD OF HEALTH (CCBH)

- CUYAHOGA COUNTY HHS

- CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES

- CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)

- EDUCATIONAL SERVICE CENTER OF NEO

- ESPERANZA, INC

- FRONTLINE SERVICE

- GREATER CLEVELAND FOOD BANK

- GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY (RTA)

- HISPANIC ROUNDTABLE

- LGBT COMMUNITY CENTER

- MAY DUGAN CENTER

- NAMI GREATER CLEVELAND

- NEIGHBORHOOD FAMILY PRACTICE

- POLICY BRIDGE

- POSITIVE EDUCATION PROGRAM (PEP)

- TAYLOR OSWALD

- UNIVERSITY HOSPITALS PEDIATRIC/WOMEN'S

- URBAN LEAGUE OF GREATER CLEVELAND

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM

THE HEALTHY NORTHEAST OHIO (NEO) COMMUNITY DATA PLATFORM. HEALTHY NEO IS A

PUBLICLY AVAILABLE WEBSITE WHICH HOUSES NEUTRAL POPULATION HEALTH DATA AND

COMMUNITY HEALTH RESOURCES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT EFFORTS

ACROSS A 9-COUNTY REGION. THE DATA ON THIS PLATFORM, MAINTAINED BY

**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.

RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 200 COMMUNITY

INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH,

DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA ARE PRIMARILY

DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE

FOR EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL

TARGETS, AND TO PREVIOUS TIME PERIODS.

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

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

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH ST. JOHN

MEDICAL CENTER IN THE JOINT CHNA FOR CUYAHOGA COUNTY:

- UH CLEVELAND MEDICAL CENTER

- UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL

- UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER

- THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION D/B/A UNIVERSITY

HOSPITALS PARMA MEDICAL CENTER

- BEACHWOOD RH, LLC ("UH REHABILITATION HOSPITAL")

- SOUTHWEST GENERAL HEALTH CENTER

- ST. VINCENT CHARITY MEDICAL CENTER

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:

- A VISION OF CHANGE



**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.

- BETTER HEALTH PARTNERSHIP

- CASE WESTERN RESERVE UNIVERSITY

- CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

- CLEVELAND CLINIC

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH

- CUYAHOGA COUNTY BOARD OF HEALTH

- CUYAHOGA COUNTY CLERK OF COURTS

- CUYAHOGA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

- THE METROHEALTH SYSTEM

- NEIGHBORHOOD FAMILY PRACTICE

- POLICYBRIDGE

- THE CENTER FOR HEALTH AFFAIRS

- UNITED WAY

GROUP A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR ST. JOHN MEDICAL CENTER (CUYAHOGA

COUNTY) IDENTIFIED THE FOLLOWING ONE PRIORITY HEALTH NEED AND AN

ASSOCIATED STRATEGY TO ADDRESS IT:

PRIORITY HEALTH NEED: BEHAVIORAL HEALTH (MENTAL HEALTH AND ADDICTION)

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

COLLABORATIONS TO ADDRESS MENTAL HEALTH AND ADDICTION

IN ADDITION TO THE AFOREMENTIONED STRATEGIC INITIATIVES OUTLINED IN DETAIL

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

**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.

SEVERAL EFFORTS WHICH DO ADDRESS EACH OF THE COMMUNITY HEALTH NEEDS IN

SOME WAY.

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE ONE

PRIORITIZED HEALTH NEED ABOVE AS THIS NEED WAS CHOSEN BASED ON THE NUMBER

OF COMMUNITY MEMBERS IMPACTED AND THE HOSPITAL BEING IN THE BEST POSITION

TO HAVE A POSITIVE IMPACT ON IT. THE PRIORITIZED HEALTH NEEDS IDENTIFIED

IN THE 2022 CHNA FOR CUYAHOGA COUNTY THAT ARE NOT BEING ADDRESSED BY ST.

JOHN MEDICAL CENTER ARE ACCESSIBLE AND AFFORDABLE HEALTHCARE, AND

COMMUNITY CONDITIONS (ACCESS TO HEALTHY FOOD & COMMUNITY SAFETY, UH ST.

JOHN MEDICAL CENTER HAS DETERMINED THAT IT IS NOT IN A POSITION TO HAVE A

SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE KNOWN TO BE FOCUSING ON THAT

NEED AND MAKING A SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH ST. JOHN MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

CUYAHOGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH

THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE](https://www.uhhospitals.org/about-uh/community-benefit/community-health-need-assessment)

DS-ASSESSMENT

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.

**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 A-FACILITY 10 -- UH ST. JOHN MEDICAL CENTER

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

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

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

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

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

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

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

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

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

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

HOSPITAL FINANCIAL COUNSELOR.

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 6 -- 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 2022 CHNA EXAMINED SOCIAL

**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 ECONOMIC DETERMINANTS OF HEALTH, SUCH AS EDUCATION ACCESS AND QUALITY,

ECONOMIC STABILITY, HEALTH CARE ACCESS AND QUALITY, NEIGHBORHOOD AND BUILT

ENVIRONMENT, AND SOCIAL AND COMMUNITY CONTEXT FROM SOURCES SUCH AS U.S.

DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY SURVEY, ROBERT

WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER NATIONAL, STATE

AND LOCAL DATA SOURCES. THE 2022 CHNA ALSO IDENTIFIED VARIOUS DISPARITIES

IN HEALTH EQUITY BY POPULATION GROUPS AND GEOGRAPHY.

UH PORTAGE MEDICAL CENTER WORKED CLOSELY WITH PORTAGE COUNTY COMBINED

GENERAL HEALTH DISTRICT (PCCGHD) TO LEVERAGE PRIMARY AND SECONDARY DATA

ANALYSIS TO PROVIDE A MORE COMPREHENSIVE PICTURE OF THE SIGNIFICANT HEALTH

NEEDS IN PORTAGE COUNTY, OHIO. THE STEERING COMMITTEE WAS COMPRISED OF THE

FOLLOWING ORGANIZATIONS:

- KENT STATE UNIVERSITY (KSU)

- NORTHEAST OHIO MEDICAL UNIVERSITY (NEOMED)

- AXESSPOINTE COMMUNITY HEALTH CENTER

- PORTAGE COUNTY HEALTH DISTRICT (PCHD)

- UNIVERSITY HOSPITALS

- KENT CITY HEALTH DEPARTMENT (KCHD)

- MENTAL HEALTH & RECOVERY BOARD OF PORTAGE COUNTY (MHRB)

THE COMMITTEE ALSO INCLUDED ADDITIONAL REPRESENTATION FROM ACADEMIA,

EDUCATION, HEALTHCARE, PUBLIC HEALTH, AND MENTAL HEALTH. THE COMMITTEE MET

REGULARLY OVER SIX

MONTHS TO REVIEW SECONDARY DATA AND COMMUNITY FEEDBACK, SUGGEST NEW

PARTNERS TO CONTRIBUTE TO THE PRIORITIZATION PROCESS, AND FINALLY APPROVE

**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 FINALIZED HEALTH NEEDS. THE COLLABORATIVE ASSESSMENT DETERMINED THREE

SIGNIFICANT HEALTH NEEDS IN PORTAGE COUNTY. THE PRIORITIZATION PROCESS

IDENTIFIED THE TOP THREE HEALTH NEEDS, INCLUDING CHRONIC DISEASE, MENTAL

HEALTH, SUBSTANCE USE & ADDICTION, AND MATERNAL, INFANT, AND CHILD HEALTH.

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT (PCCGHD) AND UH PORTAGE

MEDICAL CENTER COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI)

TO SUPPORT REPORT DEVELOPMENT OF PORTAGE COUNTY'S 2022 COMMUNITY HEALTH

NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO IMPROVE

COMMUNITY HEALTH BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES,

IDENTIFYING APPROPRIATE INTERVENTION PROGRAMS, ESTABLISHING MONITORING

SYSTEMS, AND IMPLEMENTING PERFORMANCE EVALUATION PROCESSES.

GROUP A-FACILITY 6 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 5: UH PORTAGE MEDICAL CENTER'S 2022 CHNA

CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS

AND FOCUS GROUP DISCUSSIONS WITH KEY COMMUNITY GROUPS) AND SOME SECONDARY

(REGARDING HEALTH, DETERMINANTS OF HEALTH, AND QUALITY OF LIFE). FOR BOTH

PRIMARY AND SECONDARY DATA, IMMENSE EFFORTS WERE MADE TO INCLUDE AS WIDE A

RANGE OF COMMUNITY HEALTH INDICATORS, KEY INFORMANTS, AND FOCUS GROUP

PARTICIPANTS AS POSSIBLE. ALTHOUGH THE TOPICS BY WHICH DATA WERE ORGANIZED

COVERED A WIDE RANGE OF HEALTH AND QUALITY OF LIFE AREAS, WITHIN EACH

TOPIC, THERE WAS A VARYING SCOPE AND DEPTH OF SECONDARY DATA INDICATORS

AND PRIMARY DATA FINDINGS.

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM PORTAGE COUNTY RESIDENTS. PRIMARY DATA GATHERED DURING THIS

**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 CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) CONDUCTED AS PART OF

THE PORTAGE COUNTY HEALTH EQUITY PROJECT, FOCUS GROUP DISCUSSIONS WITH KEY

COMMUNITY GROUPS, AND A SIXTY-SIX QUESTION YOUTH RISK BEHAVIORAL SURVEY

(YRBS) IMPLEMENTED WITH SELECT MIDDLE AND HIGH SCHOOLS WITHIN PORTAGE

COUNTY.

TWENTY-THREE INDIVIDUALS PARTICIPATED AS KEY INFORMANTS IN THE KEY

INFORMANT INTERVIEWS CONDUCTED. THE FOCUS AREAS OF THESE INTERVIEWS

INCLUDED LOW SOCIOECONOMIC STATUS, GEOGRAPHICAL ISOLATION, BARRIERS TO

ACCURATE AND SHAREABLE INFORMATION, BARRIERS TO FORMAL EDUCATION

OPPORTUNITIES, AND DISCRIMINATION/MARGINALIZATION. UH PORTAGE MEDICAL

CENTER ALSO CONDUCTED SEVERAL FOCUS GROUPS WITH VARIOUS KEY COMMUNITY

GROUPS, INCLUDING SENIOR CITIZEN COMMUNITY MEMBERS, BLACK OR AFRICAN

AMERICAN COMMUNITY MEMBERS AND WIC BENEFITS RECIPIENTS IN ORDER TO GAIN

DEEPER INSIGHTS ABOUT PERCEPTIONS, ATTITUDES, EXPERIENCES, OR BELIEFS HELD

BY COMMUNITY MEMBERS ABOUT THEIR HEALTH AND THE HEALTH OF THEIR COMMUNITY.

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM A

COMMUNITY INDICATOR DATABASE DEVELOPED BY CONDUENT HEALTHY COMMUNITIES

INSTITUTE (HCI). THE DATABASE, MAINTAINED BY RESEARCHERS AND ANALYSTS AT

HCI, INCLUDED OVER 200 COMMUNITY INDICATORS, SPANNING AT LEAST 24 TOPICS

IN THE AREAS OF HEALTH, DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE

DATA WAS PRIMARILY DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA

SOURCES. THE VALUE FOR EACH OF THESE INDICATORS IS COMPARED TO OTHER

COMMUNITIES, NATIONAL TARGETS, AND TO PREVIOUS TIME PERIODS. THE SECONDARY

DATA ANALYSIS IDENTIFIED THE FOLLOWING HEALTH TOPIC AREAS: MEDICATIONS &

PRESCRIPTIONS, MENTAL HEALTH & MENTAL DISORDERS, TOBACCO USE, PHYSICAL

**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.

ACTIVITY, CANCER, AND OTHER CONDITIONS.

BELOW ARE THE VARIOUS COMMUNITY ORGANIZATIONS WHO HELPED GUIDE THE 2022

PORTAGE COUNTY CHNA REPORT AND ENSURE THE BROAD INTERESTS OF THE COMMUNITY

WERE TAKEN INTO ACCOUNT:

- AKRON CHILDREN'S HOSPITAL

- AXESSPOINTE COMMUNITY HEALTH CENTER

- CANAPI

- CHILDREN'S ADVANTAGE

- COLEMAN PROFESSIONAL SERVICES

- COMMUNITY ACTION COUNCIL

- 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

- MENTAL HEALTH & RECOVERY BOARD OF PORTAGE COUNTY

- NAMI

- NEOMED STUDENT RUN FREE CLINIC

- NORTHEAST OHIO MEDICAL UNIVERSITY

- OHIOCAN

- OPPORTUNITIES FOR OHIOANS WITH DISABILITIES

- OUR PLACE

**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.

- PARTA

- PORTAGE COUNTY BOARD OF HEALTH

- PORTAGE COUNTY CHILDREN'S SERVICES

- PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT PORTAGE

- PORTAGE COUNTY JOB & FAMILY SERVICES

- PORTAGE COUNTY SAFE COMMUNITIES COALITION

- PORTAGE COUNTY SCHOOL DISTRICTS

- PORTAGE COUNTY WIC

- PORTAGE LEARNING CENTERS

- PORTAGE PARK DISTRICT

- PORTAGE SUBSTANCE ABUSE COMMUNITY COALITION

- SEQUOIA WELLNESS

- STREETSBORO POLICE DEPARTMENT

- SUICIDE PREVENTION COALITION OF PORTAGE COUNTY

- THE HAVEN

- TOWNHALL II

- UNITED WAY OF PORTAGE COUNTY

GROUP A-FACILITY 6 -- 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

- UH PORTAGE MEDICAL CENTER

GROUP A-FACILITY 6 -- 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

- CANAPI

- CHILDREN'S ADVANTAGE

- COLEMAN PROFESSIONAL SERVICES

- COMMUNITY ACTION COUNCIL

- 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

- MENTAL HEALTH & RECOVERY BOARD OF PORTAGE COUNTY

- NAMI

- NEOMED STUDENT RUN FREE CLINIC

- NORTHEAST OHIO MEDICAL UNIVERSITY

- OHIOCAN

- OPPORTUNITIES FOR OHIOANS WITH DISABILITIES

- OUR PLACE

- PARTA

- PORTAGE COUNTY BOARD OF HEALTH

- PORTAGE COUNTY CHILDREN'S SERVICES

- PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT PORTAGE

**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.

- PORTAGE COUNTY JOB & FAMILY SERVICES
- PORTAGE COUNTY SAFE COMMUNITIES COALITION
- PORTAGE COUNTY SCHOOL DISTRICTS
- PORTAGE COUNTY WIC
- PORTAGE LEARNING CENTERS
- PORTAGE PARK DISTRICT
- PORTAGE SUBSTANCE ABUSE COMMUNITY COALITION
- SEQUOIA WELLNESS
- STREETSBORO POLICE DEPARTMENT
- SUICIDE PREVENTION COALITION OF PORTAGE COUNTY
- THE HAVEN
- TOWNHALL II
- UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER
- UNITED WAY OF PORTAGE COUNTY

GROUP A-FACILITY 6 -- UH PORTAGE MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH PORTAGE MEDICAL CENTER (PORTAGE

COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEEDS AND

ASSOCIATED STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: CHRONIC CONDITIONS

STRATEGY #1: EDUCATE PORTAGE COUNTY COMMUNITY ON RISK FACTORS AND OBESITY

PREVENTION AS WELL AS INCREASE SCREENINGS

STRATEGY #2: INCREASE ACCESS TO AND PARTICIPATION IN COMMUNITY-BASED

**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.

NUTRITION PROGRAMS SUCH AS FARMERS MARKETS

STRATEGY #3: SOCIAL DETERMINANTS OF HEALTH (SDOH) SCREENINGS AND RESOURCE

REFERRALS

PRIORITY HEALTH NEED #2: FAMILY, PREGNANCY, INFANT AND CHILD HEALTH

(FPICH)

STRATEGY #1: IMPLEMENT EARLY URGENT MATERNAL WARNING SIGNS EDUCATION

PROGRAM WITHIN PORTAGE COUNTY AND IMPLEMENT REPRODUCTIVE HEALTH AND

WELLNESS INTERVENTIONS

STRATEGY #2: REDUCE THE USE OF TOBACCO PRODUCTS USED DURING PREGNANCY

PRIORITY HEALTH NEED #2: MENTAL HEALTH, SUBSTANCE USE, AND ADDICTION

STRATEGY #1: PROVIDE COMMUNITY-BASED ACTIVITIES AND TRAININGS TO RAISE

AWARENESS OF MENTAL HEALTH, SUBSTANCE USE, AND ADDICTION

STRATEGY #2: PROMOTION OF GUN SAFETY

STRATEGY #3: PROVIDE ACCESS TO SUPPORT RESOURCES AND RAISE AWARENESS OF

THE RISKS OF TOBACCO, SMOKING, AND VAPING

UH PORTAGE MEDICAL CENTER IS CURRENTLY ADDRESSING ALL THREE PRIORITIZED

HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR PORTAGE COUNTY, AND THERE ARE

NO PRIORITIZED HEALTH NEEDS THAT UH PORTAGE MEDICAL CENTER IS NOT

**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.

ADDRESSING.

FOR MORE DETAILS ON THE STRATEGIES THAT UH PORTAGE MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

PORTAGE COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE

CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

<HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE>

DS-ASSESSMENT

GROUP A-FACILITY 6 -- 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 6 -- UH PORTAGE MEDICAL CENTER

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

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

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

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

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

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

**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.

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

UHHOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 6 -- 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT,

HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT INDICATORS FROM SOURCES

SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AMERICAN COMMUNITY

SURVEY, ROBERT WOOD JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER

NATIONAL, STATE AND LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA

ANALYZED VARIOUS DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS

POPULATIONS. 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

**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 ("THE CENTER") TO COMPLETE THE DATA ASSESSMENT AND

SUMMARY PORTIONS OF THE 2022 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 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.

THE CUYAHOGA COUNTY CHNA STEERING COMMITTEE, INCLUDING UH REHABILITATION

HOSPITAL BEACHWOOD AND OTHER UH AFFILIATED HOSPITALS, COMMISSIONED

CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT

OF CUYAHOGA COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS

WITH CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING

NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION

PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE

EVALUATION PROCESSES.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL

PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC

NOTICES TO PARTICIPATE IN THE PROCESS OF QUALITATIVE DATA COLLECTION IN

WHICH INCLUDED TWO VIRTUAL PUBLIC PRIORITIZATION SESSIONS THAT WERE HOSTED

IN EARLY AUGUST 2022. UH REHABILITATION HOSPITAL'S 2022 CHNA CONSIDERED

MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS WITH KEY

COMMUNITY STAKEHOLDERS AND FOCUS GROUP DISCUSSIONS WITH KEY 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.

GROUPS) AND SOME SECONDARY (REGARDING DEMOGRAPHICS, HEALTH STATUS

INDICATORS, AND MEASURES OF HEALTH CARE ACCESS).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM CUYAHOGA COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN

THIS ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH

COMMUNITY STAKEHOLDERS AND COMMUNITY FOCUS GROUPS. CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT INTERVIEWS VIA PHONE

AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES

INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC

HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/OR BEING ABLE TO

SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE POPULATIONS. THIRTY-TWO

INDIVIDUALS PARTICIPATED AS KEY INFORMANTS REPRESENTING DIFFERENT ENTITIES

SERVING CUYAHOGA COUNTY. THE REPRESENTED ORGANIZATIONS ARE LISTED BELOW:

- ADAMHS BOARD OF CUYAHOGA COUNTY

- ASIAN SERVICES IN ACTION (ASIA)

- BENJAMIN ROSE INSTITUTE ON AGING

- BETTER HEALTH PARTNERSHIP

- CALVARY HILL CHURCH OF GOD IN CHRIST

- CENTER FOR COMMUNITY SOLUTIONS

- CENTERS FOR FAMILIES & CHILDREN

- CITY OF CLEVELAND DIVISION OF EMERGENCY MEDICAL SERVICES (EMS)

- CLEVELAND CLINIC LAKEWOOD FAMILY HEALTH CENTER

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH (CDPH)

- CUYAHOGA COUNTY BOARD OF HEALTH (CCBH)

- CUYAHOGA COUNTY HHS

**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.

- CUYAHOGA COUNTY OFFICE OF HOMELESS SERVICES

- CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA)

- EDUCATIONAL SERVICE CENTER OF NEO

- ESPERANZA, INC

- FRONTLINE SERVICE

- GREATER CLEVELAND FOOD BANK

- GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY (RTA)

- HISPANIC ROUNDTABLE

- LGBT COMMUNITY CENTER

- MAY DUGAN CENTER

- NAMI GREATER CLEVELAND

- NEIGHBORHOOD FAMILY PRACTICE

- POLICY BRIDGE

- POSITIVE EDUCATION PROGRAM (PEP)

- TAYLOR OSWALD

- UNIVERSITY HOSPITALS PEDIATRIC/WOMEN'S

- URBAN LEAGUE OF GREATER CLEVELAND

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM

THE HEALTHY NORTHEAST OHIO (NEO) COMMUNITY DATA PLATFORM. HEALTHY NEO IS A

PUBLICLY AVAILABLE WEBSITE WHICH HOUSES NEUTRAL POPULATION HEALTH DATA AND

COMMUNITY HEALTH RESOURCES TO SUPPORT COMMUNITY HEALTH IMPROVEMENT EFFORTS

ACROSS A 9-COUNTY REGION. THE DATA ON THIS PLATFORM, MAINTAINED BY

RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 200 COMMUNITY

INDICATORS, SPANNING AT LEAST 24 TOPICS IN THE AREAS OF HEALTH,

DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE DATA ARE PRIMARILY

DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES. THE VALUE



**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 EACH OF THESE INDICATORS IS COMPARED TO OTHER COMMUNITIES, NATIONAL TARGETS, AND TO PREVIOUS TIME PERIODS.

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

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

COLLABORATION WITH ONE ANOTHER TO CONDUCT A JOINT CHNA FOR CUYAHOGA

COUNTY. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH

REHABILITATION HOSPITAL - BEACHWOOD IN THE JOINT CHNA FOR CUYAHOGA COUNTY:

- UH CLEVELAND MEDICAL CENTER

- UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL

- UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER

- THE PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION D/B/A UNIVERSITY

HOSPITALS PARMA MEDICAL CENTER

- UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER

- SOUTHWEST GENERAL HEALTH CENTER

- ST. VINCENT CHARITY MEDICAL CENTER

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:

- A VISION OF CHANGE

- BETTER HEALTH PARTNERSHIP

- CASE WESTERN RESERVE UNIVERSITY

- CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

- CLEVELAND CLINIC

**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.

- CLEVELAND DEPARTMENT OF PUBLIC HEALTH

- CUYAHOGA COUNTY BOARD OF HEALTH

- CUYAHOGA COUNTY CLERK OF COURTS

- CUYAHOGA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

- THE METROHEALTH SYSTEM

- NEIGHBORHOOD FAMILY PRACTICE

- POLICYBRIDGE

- THE CENTER FOR HEALTH AFFAIRS

- UNITED WAY

GROUP A-FACILITY 13 -- UH REHABILITATION HOSPITAL - BEACHWOOD

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH REHABILITATION HOSPITAL (CUYAHOGA

COUNTY) IDENTIFIED THE FOLLOWING ONE PRIORITY HEALTH NEED AND AN

ASSOCIATED STRATEGY TO ADDRESS IT:

PRIORITY HEALTH NEED: ACCESSIBLE AND AFFORDABLE HEALTH CARE

STRATEGY #1: ACCESS TO COMMUNITY BASED EDUCATION AND HEALTH SCREENING TO

PREVENT AND/OR MANAGE CHRONIC DISEASES

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE ONE

PRIORITIZED HEALTH NEED ABOVE AS THIS NEED WAS CHOSEN BASED ON THE NUMBER

OF COMMUNITY MEMBERS IMPACTED AND THE HOSPITAL BEING IN THE BEST POSITION

TO HAVE A POSITIVE IMPACT ON IT. THE PRIORITIZED HEALTH NEEDS IDENTIFIED

IN THE 2022 CHNA FOR CUYAHOGA COUNTY THAT ARE NOT BEING ADDRESSED BY UH

REHABILITATION HOSPITAL ARE BEHAVIORAL HEALTH (MENTAL HEALTH & DRUG USE/

**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.

MISUSE), AND COMMUNITY CONDITIONS (ACCESS TO HEALTHY FOOD & COMMUNITY

SAFETY). UH REHABILITATION HOSPITAL BEACHWOOD HAS DETERMINED THAT IT IS

NOT IN A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR OTHERS ARE

KNOWN TO BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT POSITIVE

IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH REHABILITATION HOSPITAL

BEACHWOOD IS PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED

IN THE 2022 CUYAHOGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO

ACCESS BOTH THE CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE](https://www.uhhospitals.org/about-uh/community-benefit/community-health-need-assessment)

DS-ASSESSMENT

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

**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.

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 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 12 -- 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 2022 CHNA EXAMINED SOCIAL

DETERMINANTS OF HEALTH THAT ARE GROUPED INTO THE FOLLOWING FIVE DOMAINS:

NEIGHBORHOOD AND BUILT ENVIRONMENT, ECONOMIC STABILITY, EDUCATION ACCESS

AND QUALITY, SOCIAL AND COMMUNITY CONTEXT, AND HEALTHCARE ACCESS AND

QUALITY FROM SOURCES SUCH AS CENTER FOR DISEASE CONTROL AND PREVENTION

(CDC), OHIO DEPARTMENT OF HEALTH, U.S. CENSUS BUREAU, STATE OF OHIO BOARD

OF PHARMACY, OHIO DEPARTMENT OF EDUCATION, AND OTHER NATIONAL, STATE AND

LOCAL DATA SOURCES.

**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 LORAIN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) STEERING

COMMITTEE, INCLUDING UH AVON REHABILITATION HOSPITAL AND OTHER UH

AFFILIATED HOSPITALS, WAS A COLLABORATIVE EFFORT OF PUBLIC HEALTH,

HOSPITALS, AND COMMUNITY ORGANIZATIONS. LORAIN COUNTY PUBLIC HEALTH (LCPH)

CONDUCTED THE COMMUNITY CONVERSATIONS AND SECONDARY DATA COLLECTION, AND

BURGES & BURGES STRATEGISTS CONDUCTED THE KEY STAKEHOLDER INTERVIEWS. THE

CHNA ASSESSMENT RELIED ON FEEDBACK FROM LORAIN COUNTY RESIDENTS AND

STAKEHOLDERS THROUGH INTERVIEWS AND FOCUS GROUPS AND ANALYZED LOCAL AND

SECONDARY DATA.

GROUP A-FACILITY 12 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 5: THE UH AVON REHABILITATION HOSPITAL'S 2022

CHNA CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (STAKEHOLDER

INTERVIEWS AND COMMUNITY CONVERSATIONS) AND SOME SECONDARY FROM

GOVERNMENTAL ORGANIZATIONS (REGARDING RISK FACTORS AND HEALTH OUTCOME

INFORMATION).

TO ENSURE THE BROAD INTEREST OF THE COMMUNITY WERE CONSIDERED, INPUT WAS

COLLECTED FROM VARIOUS LORAIN COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED

IN THE ASSESSMENT CONSISTED OF STAKEHOLDER INTERVIEWS FROM A DIVERSE SET

OF LEADERS FROM ACROSS LORAIN COUNTY, INCLUDING LEADERSHIP FROM HEALTH

SERVICE PROVIDERS, SOCIAL SERVICE ORGANIZATIONS, ELECTED AND APPOINTED

CIVIC INSTITUTIONS, LOCAL AND REGIONAL BUSINESSES, EDUCATIONAL

INSTITUTIONS, AND FAITH COMMUNITIES. BELOW IS A LIST OF ORGANIZATIONS THAT

PARTICIPATED IN THE STAKEHOLDER INTERVIEWS:

- AVON LOCAL SCHOOL DISTRICT

**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.

- CHILD CARE RESOURCE CENTER
- EDUCATIONAL SERVICES CENTER OF LORAIN COUNTY
- EL CENTRO DE SERVICIOS SOCIALES, INC.
- ELYRIA CITY SCHOOL DISTRICT
- FIRELANDS LOCAL SCHOOL DISTRICT
- FULL GOSPEL MINISTRIES
- KEYSTONE LOCAL SCHOOLS
- LORAIN CITY SCHOOLS
- LORAIN COUNTY HEALTH & DENTISTRY
- LORAIN COUNTY COMMUNITY COLLEGE
- LORAIN COUNTY FAIR BOARD
- LORAIN COUNTY FREE CLINIC
- LORAIN COUNTY METRO PARKS
- LORAIN COUNTY URBAN LEAGUE
- LORAIN PUBLIC LIBRARY SYSTEM
- LORAIN/MEDINA COMMUNITY BASED CORRECTIONAL FACILITY
- RIDDELL
- SACRED HEART
- SPRENGER HEALTH CARE
- THE LCADA WAY
- THE NORD CENTER
- UNITED WAY OF GREATER LORAIN COUNTY
- YWCA LORAIN

THE LORAIN COUNTY PUBLIC HEALTH (LCPH) CONDUCTED COMMUNITY CONVERSATIONS

WITH NINE DIFFERENT COMMUNITY-BASED AND RESIDENT GROUPS IN 2022, BOTH

IN-PERSON AND VIRTUALLY VIA ZOOM. EACH COVERSATION LASTED BETWEEN THIRTY

**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.

MINUTES AND ONE HOUR WITH THE GOAL OF AUTHENTICALLY ENGAGING MEMBERS OF

THE COMMUNITY AND GENERATE PUBLIC KNOWLEDGE THAT CAN HELP MAKE

DECISIONS. LCPH SPECIFICALLY REACHED OUT TO GROUPS REPRESENTING

VULNERABLE POPULATIONS. BELOW IS A LIST OF ORGANIZATIONS THAT PARTICIPATED

IN THE COMMUNITY CONVERSATIONS:

- BLACK PASTORS' HEALTH COALITION

- BOY SCOUTS

- HISPANIC FUND

- LORAIN COUNTY FAIR BOARD

- MERCY FAMILY HEALTH

- MERCY PARISH NURSING

- MERCY PARISH NURSING VOLUNTEERS

- RISING STARTS

- MEN OF COURAGE

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COMPILED THROUGH THE

GOVERNMENT AGENCIES LISTED BELOW:

- OHIO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OHIO CANCER INCIDENCE SURVEILLANCE SYSTEM

COMPILED REPORTS OR DATA BRIEFS

- CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

- UNITED STATES CENSUS BUREAU

- OHIO DEPARTMENT OF EDUCATION

- STATE OF OHIO BOARD OF PHARMACY

**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 12 -- 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.

THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED WITH UH AVON REHABILITATION

HOSPITAL IN THE JOINT CHNA FOR LORAIN COUNTY:

- UH ELYRIA MEDICAL CENTER

- CLEVELAND CLINIC AVON HOSPITAL

- MERCY HEALTH ALLEN HOSPITAL

- MERCY HEALTH LORAIN HOSPITAL

- SPECIALTY HOSPITAL OF LORAIN

GROUP A-FACILITY 12 -- UH AVON REHABILITATION HOSPITAL

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR LORAIN COUNTY:

- LORAIN COUNTY HEALTH & DENTISTRY

- LORAIN COUNTY METRO PARKS

- LORAIN COUNTY PUBLIC HEALTH

- MENTAL HEALTH, ADDICTION, AND RECOVERY SERVICES BOARD OF LORAIN COUNTY

GROUP A-FACILITY 12 -- UH AVON REHABILITATION HOSPITAL

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH AVON REHABILITATION HOSPITAL

(LORAIN COUNTY) IDENTIFIED THE FOLLOWING ONE PRIORITY HEALTH NEED AND

ASSOCIATED STRATEGY TO ADDRESS IT:



**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: CHRONIC DISEASE MANAGEMENT AND PREVENTION

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

AND/OR MANAGE CHRONIC DISEASES

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE ONE

PRIORITIZED HEALTH NEED ABOVE AS THIS NEED WAS CHOSEN BASED ON THE NUMBER

OF COMMUNITY MEMBERS IMPACTED AND THE HOSPITAL BEING IN THE BEST POSITION

TO HAVE A POSITIVE IMPACT ON THIS NEED. THE PRIORITIZED HEALTH NEEDS

IDENTIFIED IN THE 2022 CHNA FOR LORAIN COUNTY THAT ARE NOT BEING ADDRESSED

BY UH AVON REHABILITATION HOSPITAL ARE MATERNAL AND CHILD HEALTH, MENTAL

HEALTH, SUBSTANCE USE, AND CANCER. UH AVON REHABILITATION HOSPITAL HAS

DETERMINED THAT IT IS NOT IN A POSITION TO HAVE A SIGNIFICANT POSITIVE

IMPACT AND/OR OTHERS ARE KNOWN TO BE FOCUSING ON THAT NEED AND MAKING A

SIGNIFICANT POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH AVON REHABILITATION HOSPITAL IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

LORAIN COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE

CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE](https://www.uhhospitals.org/about-uh/community-benefit/community-health-need-assessment)

DS-ASSESSMENT

GROUP A-FACILITY 12 -- UH AVON REHABILITATION 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.

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 12 -- UH AVON REHABILITATION HOSPITAL

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

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

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

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

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

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

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

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

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

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

HOSPITAL FINANCIAL COUNSELOR.

GROUP A-FACILITY 12 -- 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.

**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 LAKE WEST 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT,

AND EDUCATION FROM SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN

SERVICES, ROBERT WOOD JOHNSON FOUNDATION, AND OTHER NATIONAL, STATE AND

LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS

DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS.

REPRESENTATIVES FROM KEY LAKE COUNTY ANCHOR ORGANIZATIONS FORMED THE LAKE

COUNTY CHNA STEERING COMMITTEE TO GUIDE LAKE COUNTY GENERAL HEALTH

DISTRICT (LCGHD), UNIVERSITY HOSPITALS LAKE WEST MEDICAL CENTER AND

UNIVERSITY HOSPITALS TRIPOINT MEDICAL CENTER ("UH LAKE HEALTH MEDICAL

CENTERS") THROUGH THE ASSESSMENT PROCESS. REPRESENTING A VARIETY OF

SECTORS INCLUDING ACADEMIA, EDUCATION, HEALTHCARE, TRANSPORTATION, SOCIAL

SERVICES, AS WELL AS THE AGING POPULATION AND THOSE WITH DISABILITIES,

THESE ORGANIZATIONS PLAY KEY ROLES IN OPTIMIZING THE COMMUNITY'S HEALTH.

THE COMMITTEE MET REGULARLY OVER SIX MONTHS TO REVIEW SECONDARY DATA,

REVISE RESIDENT SURVEY QUESTIONS, SUGGEST NEW PARTNERS TO CONTRIBUTE TO

THE PRIORITIZATION PROCESS, AND FINALLY APPROVE THE FINALIZED HEALTH

NEEDS.

LCGHD AND UNIVERSITY HOSPITALS COMMISSIONED CONDUENT HEALTHY COMMUNITIES

INSTITUTE (HCI) TO SUPPORT DATA ANALYSIS AND REPORT DEVELOPMENT OF LAKE

COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS

ACROSS THE NATION TO DRIVE COMMUNITY HEALTH OUTCOMES BY ASSESSING NEEDS,

DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION

**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.

PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE

EVALUATION PROCESSES.

GROUP A-FACILITY 5 -- UH LAKE WEST MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL

PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC

NOTICES TO PARTICIPATE IN THE PROCESS WHICH INCLUDED PARTICIPATION IN

QUALITATIVE DATA COLLECTION, MARKETING AND PARTICIPATION IN THE COMMUNITY

HEALTH SURVEY, AS WELL AS PARTICIPATION IN THE PUBLIC PRIORITIZATION

MEETING THAT WAS HOSTED VIRTUALLY. UH WEST MEDICAL CENTER 2022 CHNA

CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (COMMUNITY SURVEY AND FOCUS

GROUPS AND MAYORS AND CITY MANAGERS FEEDBACK) AND SOME SECONDARY

(REGARDING DEMOGRAPHICS, SOCIOECONOMIC, MORBIDITY, AND MORTALITY).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM RESIDENTS IN LAKE COUNTY. PRIMARY DATA USED IN THIS

ASSESSMENT CONSISTED OF FOCUS GROUP DISCUSSIONS, AN ONLINE COMMUNITY

SURVEY, AS WELL AS AN ADDITIONAL SURVEY WITH MAYORS AND CITY MANAGERS.

THE COMMUNITY SURVEY WAS CONDUCTED ONLINE AND PROMOTED ACROSS LAKE COUNTY

BY LCGHD AND UH LAKE HEALTH MEDICAL CENTERS AND THEIR COMMUNITY PARTNERS.

THE SURVEY CONSISTED OF 103 QUESTIONS RELATED TO TOP HEALTH NEEDS IN THE

COMMUNITY, INDIVIDUALS' PERCEPTION OF THEIR OVERALL HEALTH, INDIVIDUALS'

ACCESS TO HEALTH CARE SERVICES, AS WELL AS SOCIAL AND ECONOMIC

DETERMINANTS OF HEALTH AND GENERAL HEALTH STATUS. RESPONSES WERE COLLECTED

FROM JANUARY 21, 2022, TO MARCH 1, 2022. BOTH AN ENGLISH AND SPANISH

VERSION OF THE SURVEY WERE MADE AVAILABLE. A TOTAL OF 1,846 RESPONSES WERE

**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.

COLLECTED.

SEVEN ADDITIONAL KEY INFORMANT SURVEYS WERE ADMINISTERED TO LAKE COUNTY

MAYORS AND CITY MANAGERS TO GAIN ADDITIONAL COMMUNITY-LEVEL FEEDBACK.

FIVE KEY FOCUS GROUP DISCUSSIONS WERE CONDUCTED IN MARCH 2022 TO GAIN

DEEPER UNDERSTANDING OF HEALTH ISSUES IMPACTING THE RESIDENTS OF LAKE

COUNTY. KEY COMMUNITY GROUPS WHO PARTICIPATED IN THESE FOCUS GROUPS

INCLUDE REPRESENTATIVES FROM:

- BLACK LIVES MATTER

- LGBTQ+ COMMUNITY

- NAACP

- PAINESVILLE ELM STREET ELEMENTARY

- SENIORS

INITIALLY, A TOTAL OF 181 SECONDARY DATA MEASURES WERE IDENTIFIED AND

COMPILED ACROSS HEALTHY PEOPLE 2030 (WHERE AVAILABLE), NATIONAL, STATE,

AND COUNTY VALUES. IN CONJUNCTION WITH LAKE COUNTY VALUES, TWO

DEMOGRAPHICALLY SIMILAR COUNTIES, LICKING COUNTY AND CLERMONT COUNTY, AS

DETERMINED BY TOTAL POPULATION, POVERTY, AGE, AND MEDIAN HOUSEHOLD INCOME,

WERE INCLUDED FOR BENCHMARKING PURPOSES. BASED UPON THE QUALITY, AGE,

AVAILABILITY, AND/OR REDUNDANCY OF THE MEASURES, 171 OF THE INITIALLY

COMPILED 338 (94%) MEASURES WERE INCLUDED FOR ANALYSIS.

GROUP A-FACILITY 5 -- UH LAKE WEST MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITY IS INCLUDED

WITH UH LAKE WEST MEDICAL CENTER IN THE JOINT CHNA FOR LAKE COUNTY:

**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.

- UH TRIPOINT MEDICAL CENTER

GROUP A-FACILITY 5 -- UH LAKE WEST MEDICAL CENTER

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR LAKE COUNTY:

- EDUCATIONAL SERVICE CENTER OF THE WESTERN RESERVE

- LAKE COUNTY ALCOHOL, DRUG, AND MENTAL HEALTH SERVICES BOARD

- LAKE COUNTY COUNCIL ON AGING

- LAKE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

- LAKE COUNTY JOB & FAMILY SERVICES

- LAKE METROPARKS

- LAKELAND COMMUNITY COLLEGE

- LAKETRAN

- SIGNATURE HEALTH

- UNITED WAY OF LAKE COUNTY

- YMCA OF LAKE COUNTY

GROUP A-FACILITY 5 -- UH LAKE WEST MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH LAKE WEST MEDICAL CENTER (LAKE

COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEATH NEEDS AND ASSOCIATED

STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: ACCESS TO HEALTHCARE

**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: IMPROVE HEALTHCARE ACCESS THROUGH THE CREATION OF WORKFORCE

PIPELINE AND DEVELOPMENT OPPORTUNITIES TO PURSUE CAREERS IN HEALTH CARE.

IMPROVE INCLUSIVE HEALTHCARE ACCESS FOR COMMUNITY MEMBERS, ESPECIALLY

THOSE IMPACTED BY HIGH COST DUE TO BEING UNINSURED OR UNDERINSURED WITH A

HIGH DEDUCTIBLE TO IMPROVE REFERRALS TO PRIMARY CARE.

PRIORITY HEALTH NEED #2: BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE

AND MISUSE)

STRATEGY #1: UH LAKE HEALTH AND PUBLIC HEALTH PARTNERS ADDRESS

OPIOIDS/SUBSTANCE USE/MISUSE AND MENTAL HEALTH

PRIORITY HEALTH NEED #3: CHRONIC DISEASE CONDITIONS

STRATEGY #1: COMMUNITY ENGAGEMENT TO PROVIDE SCREENINGS, EDUCATION AND

SUPPORT GROUPS TO PREVENT AND/OR MANAGE CHRONIC DISEASES.

UH LAKE WEST MEDICAL CENTER IS CURRENTLY ADDRESSING ALL THREE PRIORITIZED

HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR LAKE COUNTY, AND THERE ARE NO

PRIORITIZED HEALTH NEEDS THAT UH LAKE WEST MEDICAL CENTER IS NOT

ADDRESSING.

FOR MORE DETAILS ON THE STRATEGIES THAT UH LAKE WEST MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

LAKE COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE

CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

**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.

LINK:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE](https://www.uhhospitals.org/about-uh/community-benefit/community-health-nee)

DS-ASSESSMENT

GROUP A-FACILITY 5 -- UH LAKE WEST 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 5 -- UH LAKE WEST 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 5 -- UH LAKE WEST 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 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 TRIPOINT 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT,

AND EDUCATION FROM SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN

SERVICES, ROBERT WOOD JOHNSON FOUNDATION, AND OTHER NATIONAL, STATE AND

LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS

DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS.

REPRESENTATIVES FROM KEY LAKE COUNTY ANCHOR ORGANIZATIONS FORMED THE LAKE

COUNTY CHNA STEERING COMMITTEE TO GUIDE LAKE COUNTY GENERAL HEALTH

DISTRICT (LCGHD), UNIVERSITY HOSPITALS LAKE WEST MEDICAL CENTER AND

UNIVERSITY HOSPITALS TRIPOINT MEDICAL CENTER ("UH LAKE HEALTH MEDICAL

CENTERS") THROUGH THE ASSESSMENT PROCESS. REPRESENTING A VARIETY OF

SECTORS INCLUDING ACADEMIA, EDUCATION, HEALTHCARE, TRANSPORTATION, SOCIAL

SERVICES, AS WELL AS THE AGING POPULATION AND THOSE WITH DISABILITIES,

THESE ORGANIZATIONS PLAY KEY ROLES IN OPTIMIZING THE COMMUNITY'S HEALTH.

THE COMMITTEE MET REGULARLY OVER SIX MONTHS TO REVIEW SECONDARY DATA,

REVISE RESIDENT SURVEY QUESTIONS, SUGGEST NEW PARTNERS TO CONTRIBUTE TO

THE PRIORITIZATION PROCESS, AND FINALLY APPROVE THE FINALIZED HEALTH

NEEDS.

**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.

LCGHD AND UNIVERSITY HOSPITALS COMMISSIONED CONDUENT HEALTHY COMMUNITIES

INSTITUTE (HCI) TO SUPPORT DATA ANALYSIS AND REPORT DEVELOPMENT OF LAKE

COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH CLIENTS

ACROSS THE NATION TO DRIVE COMMUNITY HEALTH OUTCOMES BY ASSESSING NEEDS,

DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION

PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE

EVALUATION PROCESSES.

GROUP A-FACILITY 9 -- UH TRIPPOINT MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL

PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC

NOTICES TO PARTICIPATE IN THE PROCESS WHICH INCLUDED PARTICIPATION IN

QUALITATIVE DATA COLLECTION, MARKETING AND PARTICIPATION IN THE COMMUNITY

HEALTH SURVEY, AS WELL AS PARTICIPATION IN THE PUBLIC PRIORITIZATION

MEETING THAT WAS HOSTED VIRTUALLY. UH WEST MEDICAL CENTER 2022 CHNA

CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (COMMUNITY SURVEY AND FOCUS

GROUPS AND MAYORS AND CITY MANAGERS FEEDBACK) AND SOME SECONDARY

(REGARDING DEMOGRAPHICS, SOCIOECONOMIC, MORBIDITY, AND MORTALITY).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM RESIDENTS IN LAKE COUNTY. PRIMARY DATA USED IN THIS

ASSESSMENT CONSISTED OF FOCUS GROUP DISCUSSIONS, AN ONLINE COMMUNITY

SURVEY, AS WELL AS AN ADDITIONAL SURVEY WITH MAYORS AND CITY MANAGERS.

THE COMMUNITY SURVEY WAS CONDUCTED ONLINE AND PROMOTED ACROSS LAKE COUNTY

BY LCGHD AND UH LAKE HEALTH MEDICAL CENTERS AND THEIR COMMUNITY PARTNERS.

THE SURVEY CONSISTED OF 103 QUESTIONS RELATED TO TOP HEALTH NEEDS IN 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.

COMMUNITY, INDIVIDUALS' PERCEPTION OF THEIR OVERALL HEALTH, INDIVIDUALS'

ACCESS TO HEALTH CARE SERVICES, AS WELL AS SOCIAL AND ECONOMIC

DETERMINANTS OF HEALTH AND GENERAL HEALTH STATUS. RESPONSES WERE COLLECTED

FROM JANUARY 21, 2022, TO MARCH 1, 2022. BOTH AN ENGLISH AND SPANISH

VERSION OF THE SURVEY WERE MADE AVAILABLE. A TOTAL OF 1,846 RESPONSES WERE

COLLECTED.

SEVEN ADDITIONAL KEY INFORMANT SURVEYS WERE ADMINISTERED TO LAKE COUNTY

MAYORS AND CITY MANAGERS TO GAIN ADDITIONAL COMMUNITY-LEVEL FEEDBACK.

FIVE KEY FOCUS GROUP DISCUSSIONS WERE CONDUCTED IN MARCH 2022 TO GAIN

DEEPER UNDERSTANDING OF HEALTH ISSUES IMPACTING THE RESIDENTS OF LAKE

COUNTY. KEY COMMUNITY GROUPS WHO PARTICIPATED IN THESE FOCUS GROUPS

INCLUDE REPRESENTATIVES FROM:

- BLACK LIVES MATTER

- LGBTQ+ COMMUNITY

- NAACP

- PAINESVILLE ELM STREET ELEMENTARY

- SENIORS

INITIALLY, A TOTAL OF 181 SECONDARY DATA MEASURES WERE IDENTIFIED AND

COMPILED ACROSS HEALTHY PEOPLE 2030 (WHERE AVAILABLE), NATIONAL, STATE,

AND COUNTY VALUES. IN CONJUNCTION WITH LAKE COUNTY VALUES, TWO

DEMOGRAPHICALLY SIMILAR COUNTIES, LICKING COUNTY AND CLERMONT COUNTY, AS

DETERMINED BY TOTAL POPULATION, POVERTY, AGE, AND MEDIAN HOUSEHOLD INCOME,

WERE INCLUDED FOR BENCHMARKING PURPOSES. BASED UPON THE QUALITY, AGE,

AVAILABILITY, AND/OR REDUNDANCY OF THE MEASURES, 171 OF THE INITIALLY

**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.

COMPILED 338 (94%) MEASURES WERE INCLUDED FOR ANALYSIS.

GROUP A-FACILITY 9 -- UH TRIPOINT MEDICAL CENTER

PART V, SECTION B, LINE 6A: THE FOLLOWING HOSPITAL FACILITY IS INCLUDED

WITH UH TRIPOINT MEDICAL CENTER IN THE JOINT CHNA FOR LAKE COUNTY:

- UH LAKE WEST MEDICAL CENTER

GROUP A-FACILITY 9 -- UH TRIPOINT MEDICAL CENTER

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR LAKE COUNTY:

- EDUCATIONAL SERVICE CENTER OF THE WESTERN RESERVE

- LAKE COUNTY ALCOHOL, DRUG, AND MENTAL HEALTH SERVICES BOARD

- LAKE COUNTY COUNCIL ON AGING

- LAKE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

- LAKE COUNTY JOB & FAMILY SERVICES

- LAKE METROPARKS

- LAKELAND COMMUNITY COLLEGE

- LAKETRAN

- SIGNATURE HEALTH

- UNITED WAY OF LAKE COUNTY

- YMCA OF LAKE COUNTY

GROUP A-FACILITY 9 -- UH TRIPOINT MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH TRIPOINT MEDICAL CENTER (LAKE

**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) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEEDS AND ASSOCIATED

STRATEGIES TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: ACCESS TO HEALTHCARE

STRATEGY #1: IMPROVE HEALTHCARE ACCESS THROUGH THE CREATION OF WORKFORCE

PIPELINE AND DEVELOPMENT OPPORTUNITIES TO PURSUE CAREERS IN HEALTH CARE.

IMPROVE INCLUSIVE HEALTHCARE ACCESS FOR COMMUNITY MEMBERS, ESPECIALLY

THOSE IMPACTED BY HIGH COST DUE TO BEING UNINSURED OR UNDERINSURED WITH A

HIGH DEDUCTIBLE TO IMPROVE REFERRALS TO PRIMARY CARE.

PRIORITY HEALTH NEED #2: BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE

AND MISUSE)

STRATEGY #1: UH LAKE HEALTH AND PUBLIC HEALTH PARTNERS ADDRESS

OPIOIDS/SUBSTANCE USE/MISUSE AND MENTAL HEALTH

PRIORITY HEALTH NEED #3: CHRONIC DISEASE CONDITIONS

STRATEGY #1: COMMUNITY ENGAGEMENT TO PROVIDE SCREENINGS, EDUCATION AND

SUPPORT GROUPS TO PREVENT AND/OR MANAGE CHRONIC DISEASES.

UH TRIPOINT MEDICAL CENTER IS CURRENTLY ADDRESSING ALL THREE PRIORITIZED

HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR LAKE COUNTY, AND THERE ARE NO

PRIORITIZED HEALTH NEEDS THAT UH TRIPOINT MEDICAL CENTER IS NOT

ADDRESSING.

**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 MORE DETAILS ON THE STRATEGIES THAT UH TRIPOINT MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

LAKE COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE

CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE](https://www.uhhospitals.org/about-uh/community-benefit/community-health-need-assessment)

DS-ASSESSMENT

GROUP A-FACILITY 9 -- UH TRIPOINT 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 TRIPOINT 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

**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.

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 TRIPOINT 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.

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

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 7: UH GEAUGA MEDICAL CENTER

- FACILITY 11: UH SAMARITAN MEDICAL CENTER

GROUP B-FACILITY 7 -- 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT,

EDUCATION, HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT FACTORS FROM

SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ROBERT WOOD

JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER NATIONAL, STATE AND

LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS

DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS.

**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 HOSPITAL COUNCIL OF NORTHWEST OHIO WORKED CLOSELY WITH GEAUGA COUNTY

LEADERS, THE HEALTH DEPARTMENT, UNIVERSITY HOSPITALS, LOCAL ORGANIZATIONS,

AND GEAUGA COUNTY RESIDENTS IN THE 2022 CHNA FOR GEAUGA COUNTY.

REPRESENTATIVES FROM GEAUGA PUBLIC HEALTH AND UNIVERSITY HOSPITALS GEAUGA

MEDICAL CENTER FORMED THE PARTNERSHIP OF HEALTHY GEAUGA FOR THE 2022 CHNA.

THE PARTNERS MET REGULARLY OVER SIX MONTHS TO REVIEW SECONDARY DATA AND

COMMUNITY FEEDBACK, SUGGEST NEW PARTNERS TO CONTRIBUTE TO THE

PRIORITIZATION PROCESS, AND FINALLY APPROVE THE FINALIZED HEALTH NEEDS.

THE PARTNERS ENGAGED WITH GEAUGA COUNTY COMMUNITY MEMBERS THROUGHOUT THE

ASSESSMENT PROCESS. REPRESENTING A VARIETY OF SECTORS, INCLUDING ACADEMIA,

EDUCATION, HEALTHCARE, TRANSPORTATION, SOCIAL SERVICES, AS WELL AS THE

AGING POPULATION AND THOSE WITH DISABILITIES, THESE ORGANIZATIONS PLAY KEY

ROLES IN OPTIMIZING THE COMMUNITY'S HEALTH.

THE GEAUGA COUNTY CHNA STEERING COMMITTEE (AKA PARTNERSHIP OF HEALTHY

GEAUGA), INCLUDING GEAUGA PUBLIC HEALTH AND UH GEAUGA MEDICAL CENTER,

COMMISSIONED CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT

REPORT DEVELOPMENT OF GEAUGA COUNTY'S 2022 COMMUNITY HEALTH NEEDS

ASSESSMENT. HCI WORKS WITH CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY

HEALTH BY ASSESSING NEEDS, DEVELOPING FOCUSED STRATEGIES, IDENTIFYING

APPROPRIATE INTERVENTION PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND

IMPLEMENTING PERFORMANCE EVALUATION PROCESSES.

GROUP B-FACILITY 7 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 5: UH GEAUGA MEDICAL CENTER'S 2022 ASSESSMENT

CONSIDERED MULTIPLE DATA SOURCES, SOME PRIMARY (KEY INFORMANT INTERVIEWS,

COMMUNITY SURVEY, AND FOCUS GROUPS) AND SOME SECONDARY (REGARDING



**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.

DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH CARE

ACCESS). FOR BOTH PRIMARY AND SECONDARY DATA, IMMENSE EFFORTS WERE MADE TO

INCLUDE AS WIDE A RANGE OF COMMUNITY HEALTH INDICATORS, KEY INFORMANTS,

AND FOCUS GROUP PARTICIPANTS AS POSSIBLE. ALTHOUGH THE TOPICS BY WHICH

DATA WERE ORGANIZED COVERED A WIDE RANGE OF HEALTH AND QUALITY OF LIFE

AREAS, WITHIN EACH TOPIC, THERE WAS A VARYING SCOPE AND DEPTH OF SECONDARY

DATA INDICATORS AND PRIMARY DATA FINDINGS.

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM GEAUGA COUNTY RESIDENTS. PRIMARY DATA USED IN THIS

ASSESSMENT CONSISTED OF COMMUNITY SURVEYS, KEY INFORMANT INTERVIEWS (KIIS)

WITH KEY COMMUNITY STAKEHOLDERS, AND FOCUS GROUP DISCUSSIONS WITH KEY

COMMUNITY GROUPS.

GEAUGA PUBLIC HEALTH CONDUCTED FIVE KEY INFORMANT INTERVIEWS IN AUGUST

2022. INDIVIDUALS REPRESENTING THE FOLLOWING GROUPS PARTICIPATED IN THE

KEY INFORMANT INTERVIEWS:

- DEPARTMENT OF AGING

- GEAUGA METROPOLITAN HOUSING AUTHORITY

- KENT STATE GEAUGA

- LEAGUE OF WOMEN VOTERS

- UNITED WAY

FOUR FOCUS GROUP DISCUSSIONS WERE CONDUCTED BY GEAUGA PUBLIC HEALTH FROM

APRIL TO AUGUST 2022 TO GAIN DEEPER INSIGHTS ABOUT PERCEPTIONS, ATTITUDES,

EXPERIENCES, OR BELIEFS HELD BY COMMUNITY MEMBERS ABOUT THEIR HEALTH 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.

THE HEALTH OF THEIR COMMUNITY. PARTICIPANTS IN THE COMMUNITY FOCUS GROUPS

INCLUDED REPRESENTATIVES FROM: CHAGRIN FALLS PARK, HISPANIC POPULATIONS,

AND SENIORS THAT INCLUDED PERSPECTIVES FROM ACROSS THE COUNTY.

THE COMMUNITY SURVEY CONTAINED BOTH CUSTOMIZED QUESTIONS AND A SET OF CORE

QUESTIONS TAKEN FROM THE CENTER FOR DISEASE CONTROL AND PREVENTION'S

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM. THE NUMBER OF SURVEYS

COMPLETED AND ANALYZED (398) MET THE THRESHOLD FOR STATISTICAL

SIGNIFICANCE AT THE 95% CONFIDENCE LEVEL, WITH A 5% MARGIN OF ERROR.

WHEREVER POSSIBLE, LOCAL FINDINGS WERE COMPARED TO OTHER LOCAL, REGIONAL,

STATE, AND NATIONAL DATA.

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM A

COMMUNITY INDICATOR DATABASE DEVELOPED BY CONDUENT HEALTHY COMMUNITIES

INSTITUTE (HCI). THE DATABASE, MAINTAINED BY RESEARCHERS AND ANALYSTS AT

HCI, INCLUDED OVER 150 COMMUNITY INDICATORS, SPANNING AT LEAST 24 TOPICS

IN THE AREAS OF HEALTH, DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE

DATA WAS PRIMARILY DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA

SOURCES. THE VALUE FOR EACH OF THESE INDICATORS WAS COMPARED TO OTHER

COMMUNITIES, NATIONAL TARGETS, AND TO PREVIOUS TIME PERIODS. THE SECONDARY

DATA ANALYSIS IDENTIFIED THE FOLLOWING HEALTH TOPIC AREAS: MEDICATIONS &

PRESCRIPTIONS, NUTRITION & HEALTHY EATING, WOMENS HEALTH, HEALTHCARE

ACCESS & QUALITY, AND OTHER CONDITIONS.

GROUP B-FACILITY 7 -- UH GEAUGA MEDICAL CENTER

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR GEAUGA COUNTY:

**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.

- GEAUGA COUNTY DEPARTMENT ON AGING

- GEAUGA PARK DISTRICT

- LAKE GEAUGA RECOVERY CENTERS

- MIDDLEFIELD CARE CENTER

- UNITED WAY SERVICES OF GEAUGA COUNTY

- KENT-STATE GEAUGA

- CHAGRIN FALLS PARK COMMUNITY CENTER

- GEAUGA SOGI SUPPORT NETWORK

- GEAUGA COUNTY VETERAN'S SERVICES

- GEAUGA TRANSIT DEPARTMENT

- GEAUGA COUNTY PLANNING COMMISSION

- GEAUGA METROPOLITAN HOUSING AUTHORITY

- GEAUGA COUNTY BOARD OF MENTAL HEALTH & RECOVERY SERVICES

- GEAUGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

- GEAUGA COUNTY EDUCATIONAL SERVICE CENTER

- GEAUGA COUNTY JOBS AND FAMILY SERVICES

- NAMI GEAUGA

- RAVENWOOD MENTAL HEALTH

- WOMENSAFE, INC.

GROUP B-FACILITY 7 -- UH GEAUGA MEDICAL CENTER

PART V, SECTION B, LINE 11: PART V, SECTION B, LINE 11: THE 2022 COMMUNITY

HEALTH NEEDS ASSESSMENT AND THE 2022 IMPLEMENTATION STRATEGY FOR UH GEAUGA

MEDICAL CENTER (GEAUGA COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY

HEALTH 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 HEALTH NEED #1: BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE

USE/MISUSE)

STRATEGY #1: SUPPORT COUNTYWIDE COLLABORATIVE EFFORTS FOR BEHAVIORAL

HEALTH PREVENTION AND TREATMENT SERVICES

STRATEGY #2: COORDINATION OF EDUCATION RELATED TO MENTAL HEALTH

PREVENTION

STRATEGY #3: COORDINATION OF PREVENTION AND EDUCATION EFFORTS ABOUT

ALCOHOL TOBACCO OTHER DRUGS (ATOD) TO THE AMISH COMMUNITY

PRIORITY HEALTH NEED #2: CHRONIC CONDITIONS (HEART DISEASE & BREAST

CANCER)

STRATEGY #1: PLANNING AND COORDINATION OF ACTIVITIES AND SERVICES TO

INCREASE AWARENESS ABOUT HEART HEALTH ACROSS GEAUGA COUNTY

STRATEGY #2: OUTREACH TO THE AMISH COMMUNITY TO INCREASE AWARENESS ABOUT

HEART HEALTH

STRATEGY #3: COORDINATION AND OUTREACH TO INCREASE AWARENESS ABOUT BREAST

HEALTH AMONG ADULTS

PRIORITY HEALTH NEED #3: HEALTHCARE ACCESS AND QUALITY

STRATEGY #1: COORDINATION AND OUTREACH EDUCATION TO EXPAND HEALTHCARE

**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 FOR AMISH COMMUNITY

THE CURRENT PLAN MOST AGGRESSIVELY AND COMPREHENSIVELY ADDRESSES THE THREE

PRIORITIZED HEALTH NEEDS ABOVE AS THOSE NEEDS 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 NEEDS. THE PRIORITIZED HEALTH

NEED IDENTIFIED IN THE 2022 CHNA FOR GEAUGA COUNTY THAT IS NOT BEING

ADDRESSED BY UH GEAUGA MEDICAL CENTER IS COMMUNITY CONDITIONS

(TRANSPORTATION AND HOUSING). UH GEAUGA MEDICAL CENTER HAS DETERMINED THAT

IT IS NOT IN A POSITION TO HAVE A SIGNIFICANT POSITIVE IMPACT AND/OR

OTHERS ARE KNOWN TO BE FOCUSING ON THAT NEED AND MAKING A SIGNIFICANT

POSITIVE IMPACT.

FOR MORE DETAILS ON THE STRATEGIES THAT UH GEAUGA MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

GEAUGA COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE

CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE](https://www.uhhospitals.org/about-uh/community-benefit/community-health-need-assessment)

DS-ASSESSMENT

GROUP B-FACILITY 7 -- 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

**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.

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 7 -- UH GEAUGA MEDICAL CENTER

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

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

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

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

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

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

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

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

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

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

HOSPITAL FINANCIAL COUNSELOR.

GROUP B-FACILITY 7 -- 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 11 -- 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 2022 CHNA EXAMINED SOCIAL

AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS INCOME, POVERTY, EMPLOYMENT,

**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.

EDUCATION, HOUSING, AND NEIGHBORHOOD AND BUILT ENVIRONMENT FACTORS FROM

SOURCES SUCH AS U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ROBERT WOOD

JOHNSON FOUNDATION, COUNTY HEALTH RANKINGS, AND OTHER NATIONAL, STATE AND

LOCAL DATA SOURCES. ADDITIONALLY, THE 2022 CHNA ANALYZED VARIOUS

DISPARITIES AND HEALTH EQUITY ISSUES AMONGST VARIOUS POPULATIONS.

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

ORGANIZATIONS, COMMITTEES, AND WORK GROUPS THAT WERE ACTIVE IN ASHLAND

COUNTY AND PROVIDED INPUT INTO THIS ASSESSMENT PROCESS:

- FAMILY AND CHILDREN FIRST (FCFC)

- ASHLAND COUNTY SUBSTANCE USE COMMITTEE

- HOMELESS COALITION

- WELLNESS TARGET ACTION GROUP

- AMISH HEALTH AND SAFETY GROUP

ASHLAND COUNTY HEALTH DEPARTMENT AND UH SAMARITAN MEDICAL CENTER TOGETHER

FORMED THE ASHLAND COUNTY STEERING COMMITTEE AND COMMISSIONED CONDUCENT

HEALTHY COMMUNITIES INSTITUTE (HCI) TO SUPPORT REPORT DEVELOPMENT OF

ASHLAND COUNTY'S 2022 COMMUNITY HEALTH NEEDS ASSESSMENT. HCI WORKS WITH

CLIENTS ACROSS THE NATION TO IMPROVE COMMUNITY HEALTH BY ASSESSING NEEDS,

DEVELOPING FOCUSED STRATEGIES, IDENTIFYING APPROPRIATE INTERVENTION

PROGRAMS, ESTABLISHING MONITORING SYSTEMS, AND IMPLEMENTING PERFORMANCE

EVALUATION PROCESSES.

THE STEERING COMMITTEE MET REGULARLY OVER SIX MONTHS TO REVIEW SECONDARY

DATA AND COMMUNITY FEEDBACK, SUGGEST NEW PARTNERS TO CONTRIBUTE TO 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.

PRIORITIZATION PROCESS, AND FINALLY APPROVE THE FINALIZED HEALTH NEEDS.

THE STEERING COMMITTEE ENGAGED WITH ASHLAND COUNTY COMMUNITY PARTNERS

THROUGHOUT THE ASSESSMENT PROCESS, REPRESENTING A VARIETY OF SECTORS,

INCLUDING ACADEMIA, EDUCATION, HEALTHCARE, TRANSPORTATION, SOCIAL

SERVICES, AS WELL AS THE AGING POPULATION AND THOSE WITH DISABILITIES.

GROUP B-FACILITY 11 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 5: MULTIPLE SECTORS, INCLUDING THE GENERAL

PUBLIC, WERE ASKED THROUGH EMAIL LIST SERVS, SOCIAL MEDIA, AND PUBLIC

NOTICES TO PARTICIPATE IN THE PROCESS WHICH INCLUDED PARTICIPATION IN

QUALITATIVE DATA COLLECTION, AS WELL AS PARTICIPATION IN THE PUBLIC

PRIORITIZATION THAT WAS HOSTED IN ASHLAND COUNTY IN EARLY AUGUST 2022.

UH SAMARITAN MEDICAL CENTER'S 2022 CHNA CONSIDERED MULTIPLE DATA SOURCES,

SOME PRIMARY (KEY INFORMANT INTERVIEWS WITH KEY COMMUNITY STAKEHOLDERS AND

FOCUS GROUP DISCUSSIONS WITH KEY COMMUNITY GROUPS) AND SOME SECONDARY

(REGARDING DEMOGRAPHICS, HEALTH STATUS INDICATORS, AND MEASURES OF HEALTH

CARE ACCESS).

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT WAS

COLLECTED FROM ASHLAND COUNTY COMMUNITY MEMBERS. PRIMARY DATA USED IN THIS

ASSESSMENT CONSISTED OF KEY INFORMANT INTERVIEWS (KIIS) WITH COMMUNITY

STAKEHOLDERS AND COMMUNITY FOCUS GROUPS.

CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) CONDUCTED KEY INFORMANT

INTERVIEWS VIA PHONE AND VIDEO CONFERENCE IN ORDER TO COLLECT COMMUNITY

INPUT. INTERVIEWEES INVITED TO PARTICIPATE WERE RECOGNIZED AS HAVING



**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.

EXPERTISE IN PUBLIC HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS,

AND/OR BEING ABLE TO SPEAK TO THE NEEDS OF UNDERSERVED OR VULNERABLE

POPULATIONS. FIFTEEN INDIVIDUALS PARTICIPATED AS KEY INFORMANTS

REPRESENTING DIFFERENT ENTITIES SERVING ASHLAND COUNTY. THE REPRESENTED

ORGANIZATIONS ARE LISTED BELOW:

- ACCESS

- AKRON CHILDREN'S IN ASHLAND

- ASHLAND CITY GOVERNMENT

- ASHLAND COUNTY COUNCIL ON ALCOHOLISM AND DRUG ABUSE

- ASHLAND COUNTY SCHOOL BOARD

- ASHLAND GRACE BRETHERN CHURCH

- ASHLAND UNIVERSITY

- CATHOLIC CHARITIES ASHLAND

- CHAMBER OF COMMERCE

- COUNCIL ON AGING

- JOB AND FAMILY SERVICES

- KROC CENTER/SALVATION ARMY

- MENTAL HEALTH RECOVERY BOARD

- NORTH COUNTY REPRESENTATIVE

- OHIO HIGHWAY PATROL

FOCUS GROUP DISCUSSIONS WERE CONDUCTED BY HCI AND ASHLAND COUNTY CHNA

STEERING COMMITTEE PARTNER UNIVERSITY HOSPITALS TO GAIN DEEPER INSIGHTS

ABOUT PERCEPTIONS, ATTITUDES, EXPERIENCES, OR BELIEFS HELD BY COMMUNITY

MEMBERS ABOUT THEIR HEALTH AND THE HEALTH OF THEIR COMMUNITY.

SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM 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.

COMMUNITY INDICATOR DATABASE DEVELOPED BY CONDUENT HEALTHY COMMUNITIES

INSTITUTE (HCI). THE DATABASE, MAINTAINED BY RESEARCHERS AND ANALYSTS AT

HCI, INCLUDES OVER 150 COMMUNITY INDICATORS, SPANNING AT LEAST 24 TOPICS

IN THE AREAS OF HEALTH, DETERMINANTS OF HEALTH, AND QUALITY OF LIFE. THE

DATA ARE PRIMARILY DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA

SOURCES. THE VALUE FOR EACH OF THESE INDICATORS IS COMPARED TO OTHER

COMMUNITIES, NATIONAL TARGETS, AND TO PREVIOUS TIME PERIODS.

GROUP B-FACILITY 11 -- UH SAMARITAN MEDICAL CENTER

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

COLLABORATION TO CONDUCT A JOINT CHNA FOR ASHLAND COUNTY:

- APPLESEED COMMUNITY MENTAL HEALTH CENTER

- ASHLAND CITY GOVERNMENT

- ASHLAND CITY SCHOOLS

- ASHLAND COUNTY BOARD OF HEALTH

- ASHLAND COUNTY CHAMBER OF COMMERCE

- ASHLAND COUNTY COUNCIL ON AGING

- ASHLAND COUNTY COUNCIL ON ALCOHOLISM AND DRUG ABUSE

- ASHLAND COUNTY EMA

- ASHLAND COUNTY FAMILY AND CHILDREN FIRST COUNCIL

- ASHLAND COUNTY JOB & FAMILY SERVICES

- ASHLAND FIRE

- ASHLAND PARENTING PLUS

- ASHLAND UNIVERSITY

- CATHOLIC CHARITIES ASHLAND

- KROC CENTER/SALVATION ARMY

**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.

- LOUDONVILLE- PERRYVILLE SCHOOLS

- MENTAL HEALTH RECOVERY BOARD

- OHIO HIGHWAY PATROL

GROUP B-FACILITY 11 -- UH SAMARITAN MEDICAL CENTER

PART V, SECTION B, LINE 11: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND

THE 2022 IMPLEMENTATION STRATEGY FOR UH SAMARITAN MEDICAL CENTER (ASHLAND

COUNTY) IDENTIFIED THE FOLLOWING THREE PRIORITY HEALTH NEEDS AND

ASSOCIATED STRATEGY TO ADDRESS THEM:

PRIORITY HEALTH NEED #1: ACCESS TO HEALTHCARE

STRATEGY #1: FOCUSING ON TELEHEALTH AND USAGE BY OUR OLDER POPULATION,

DEVELOP A FRAMEWORK TO PROVIDE LIVE GROUP EDUCATION EVENTS AND 1-ON-1

TRAINING TO PROMOTE TELEHEALTH AS AN OPTION FOR ROUTINE CHECK-UPS

PRIORITY HEALTH NEED #2: BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE

USE/MISUSE)

STRATEGY #1: OFFER MUSIC THERAPY TO INPATIENTS AND OUTPATIENTS TO IMPROVE

MENTAL HEALTH (INCLUDING BUT NOT LIMITED TO SEIDMAN CANCER & INFUSION

CENTER, ED, 1:1 CONSULTATIONS)

STRATEGY #2: DECREASE PRESCRIPTION MEDICATION ABUSE

STRATEGY #3: OFFER MUSIC THERAPY SERVICES TO 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.

PRIORITY HEALTH NEED #3: CANCER

STRATEGY #1: COLLABORATE WITH PROVIDERS AND COMMUNITY PARTNERS ON VARIETY

OF COMMUNITY OUTREACH EVENTS TARGETED TO CANCER EDUCATION AND THE VALUE OF

CANCER SCREENINGS

UH SAMARITAN MEDICAL CENTER IS CURRENTLY ADDRESSING ALL THREE PRIORITIZED

HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA FOR ASHLAND COUNTY, AND THERE ARE

NO PRIORITIZED HEALTH NEEDS THAT UH SAMARITAN MEDICAL CENTER IS NOT

ADDRESSING.

FOR MORE DETAILS ON THE STRATEGIES THAT UH SAMARITAN MEDICAL CENTER IS

PURSUING TO ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE 2022

ASHLAND COUNTY CHNA REPORT, PLEASE VISIT THE LINK BELOW TO ACCESS BOTH THE

CHNA AND THE 2022 IMPLEMENTATION STRATEGY.

LINK:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEE](https://www.uhhospitals.org/about-uh/community-benefit/community-health-need-assessment)

DS-ASSESSMENT

GROUP B-FACILITY 11 -- UH SAMARITAN MEDICAL CENTER

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

BE ELIGIBLE FOR THE UH FAP.

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

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

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

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

**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 B-FACILITY 11 -- 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 11 -- 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.

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

FACILITY REPORTING GROUP C CONSISTS OF:

- FACILITY 14: UH REGIONAL HOSPITALS

GROUP C-FACILITY 14 -- UH REGIONAL HOSPITALS

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 C-FACILITY 14 -- UH REGIONAL HOSPITALS

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

INTENDED FOR ALL HOSPITAL PATIENTS WHO MEET THE CONDITIONS AND GUIDELINES

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

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

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

AT ALL UH FACILITIES IN AREAS OF HOSPITAL REGISTRATION AND FINANCIAL

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

FACILITIES PATIENT ACCESS AREAS OR FINANCIAL ASSISTANCE OFFICES. IF A

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

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

HOSPITAL FINANCIAL COUNSELOR.

GROUP C-FACILITY 14 -- 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.

PART V, SECTION B, FACILITY 14

**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.

IN AUGUST 2022, TWO HOSPITAL FACILITY CAMPUSES THAT WERE A PART OF UH

REGIONAL HOSPITALS (UH BEDFORD MEDICAL CENTER AND UH RICHMOND MEDICAL

CENTER) CEASED OPERATION OF THEIR HOSPITAL FACILITIES. PURSUANT TO

REGULATIONS SECTION 1.501(R)-3(D)(4), THESE TWO HOSPITAL FACILITIES

WERE NOT REQUIRED TO MEET THE REQUIREMENTS OF SECTION 501(R)(3) DURING

THE TAXABLE YEAR THEREFORE, THESE TWO HOSPITAL FACILITIES DID NOT

CONDUCT AND ADOPT A COMMUNITY HEALTH NEEDS ASSESSMENT FOR TAX YEAR

2022.

REPORTING GROUP A

PART V, SECTION B, LINE 7A:

[HTTPS://WWW.UHHOSPITALS.ORG/ABOUT-UH/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](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-NEEDS-ASSESSMENT](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-MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/](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:

**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.

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-

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-

NEEDS-ASSESSMENT

REPORTING GROUP B

PART V, SECTION B, LINE 10A:

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-

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-

MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/



**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.

REPORTING GROUP B

PART V, SECTION B, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/

REPORTING GROUP C

REPORTING GROUP C

PART V, SECTION B, LINE 16A, FAP WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/

REPORTING GROUP C

PART V, SECTION B, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.UHHOSPITALS.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE-AND-MEDICAL-RECORDS/PAY-MY-BILL/FINANCIAL-ASSISTANCE/

REPORTING GROUP C

PART V, SECTION B, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

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? 125

Name and address	Type of facility (describe)
1 UH MINOFF HEALTH CENTER AT CHAGRIN H 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 MEDINA HEALTH CENTER 4001 CARRICK DR. MEDINA, OH 44256	OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC
8 UH LANDERBROOK HEALTH CENTER 5850 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	OUTPATIENT HEALTH CENTER & RAINBOW SPECIALTY CLINIC
9 UH EUCLID HEALTH CENTER 18599 LAKE SHORE BLVD EUCLID, OH 44119	OUTPATIENT HEALTH CENTER
10 UH MAYFIELD VILLAGE HEALTH CENTER 730 S.O.M. CENTER ROAD SUITE 110 MAYFIELD VILLAGE, OH 44143	OUTPATIENT HEALTH CENTER

Schedule H (Form 990) 2022

**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? 125

Name and address	Type of facility (describe)
11 UH UNIVERSITY SUBURBAN HEALTH CENTER 1611 SOUTH GREEN ROAD SOUTH EUCLID, OH 44121	OUTPATIENT HEALTH CENTER, RAINBOW SPECIALTY CLINIC, & SURGERY CENTER
12 UH HUDSON HEALTH CENTER 5778 DARROW ROAD HUDSON, OH 44236	OUTPATIENT HEALTH CENTER
13 UH MADISON HEALTH CENTER 701 NORTH LAKE STREET MADISON, OH 44057	OUTPATIENT HEALTH CENTER
14 UH OTIS MOSS JR. HEALTH CENTER 8819 QUINCY AVENUE CLEVELAND, OH 44106	OUTPATIENT HEALTH CENTER
15 UH SOLON HEALTH CENTER 34055 SOLON ROAD SOLON, OH 44139	OUTPATIENT HEALTH CENTER
16 UH WELLPOINTE HEALTH CENTER 303 E ROYALTON RD BROADVIEW HTS, OH 44147	DIAGNOSTIC AND THERAPY CENTER
17 UH AVON HEALTH CENTER 1997 HEALTHWAY ROAD AVON, OH 44011	LAB, IMAGING, REHABILITATION, & FITNESS CENTER SERVICES
18 UH AMHERST HEALTH CENTER 254 CLEVELAND AVE AMHERST, OH 44001	LAB, 24 HOUR ER, & IMAGING
19 UH FAIRLAWN HEALTH CENTER 3800 EMBASSY PKWY FAIRLAWN, OH 44333	OUTPATIENT HEALTH CENTER
20 UH GEAUGA HEALTH CENTER 13221 RAVENNA RD CHARDON, OH 44024	OUTPATIENT HEALTH CENTER

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**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? 125

Name and address	Type of facility (describe)
21 UH INDEPENDENCE HEALTH CENTER 6150 OAK TREE BLVD INDEPENDENCE, OH 44131	OUTPATIENT HEALTH CENTER
22 UH KENT HEALTH CENTER 401, 408, AND 411 DEVON PLACE KENT, OH 44240	OUTPATIENT HEALTH CENTER & LAB
23 UH SHEFFIELD HEALTH CENTER 5001 TRANSPORTATION DRIVE SHEFFIELD LAKE, OH 44054	OUTPATIENT HEALTH CENTER
24 UH STREETSBORO HEALTH CENTER 9318 STATE ROUTE 14 STREETSBORO, OH 44241	OUTPATIENT HEALTH CENTER
25 UH BROADVIEW HEIGHTS HEALTH CENTER 5901 E ROYALTON ROAD BROADWAY HEIGHTS, OH 44147	OUTPATIENT HEALTH CENTER
26 UH ASHTABULA HEALTH CENTER 3315 N. RIDGE ROAD ASHTABULA, OH 44004	URGENT CARE & RADIOLOGY
27 UHCMC TRANSPLANT INSTITUTE 145 WEST AVENUE TALLMADGE, OH 44278	OUTPATIENT HEALTH CENTER
28 UH EVANS MIDDLEFIELD HEALTH CENTER 15976 E. HIGH STREET MIDDLEFIELD, OH 44062	RADIOLOGY
29 UH BROOK PARK (PARTNER WITH SOUTHWES 15900 SNOW ROAD SUITE 200 BROOK PARK, OH 44142	URGENT CARE & RADIOLOGY
30 UH NORTH OLMSTED HEALTH CENTER 26127 LORAIN ROAD, SUITE 100 NORTH OLMSTED, OH 44070	OUTPATIENT HEALTH CENTER & URGENT CARE

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**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? 125

Name and address	Type of facility (describe)
31 UH NORTH RIDGEVILLE HEALTH CENTER 32800 LORAIN ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT HEALTH CENTER
32 UH ASHLAND FAMILY PRACTICE 1941 S BANEY RD, STE 100 ASHLAND, OH 44805	OUTPATIENT HEALTH CENTER
33 UH KETTERING HEALTH CENTER 546 NORTH UNION STREET LOUDONVILLE, OH 44842	URGENT CARE
34 UH RAINBOW AHUJA CENTER FOR WOMEN & 5805 EUCLID AVENUE CLEVELAND, OH 44103	RAINBOW SPECIALTY CLINIC
35 UH ASHLAND MEDICAL CENTER 2212 MIFFLIN AVENUE ASHLAND, OH 44805	OUTPATIENT HEALTH CENTER
36 RICHLAND HEALTH CENTER 1033 ASHLAND ROAD MANSFIELD, OH 44905	URGENT CARE
37 WESTLAKE FAMILY HEALTH CENTER 26908 DETROIT ROAD WESTLAKE, OH 44145	OUTPATIENT HEALTH CENTER
38 UH TRI CITY AVON CONVENIENT CARE 1480 CENTER ROAD, SUITE B AVON, OH 44011	CONVENIENT CARE
39 UH KATHY RISMAN PAVILION 1000 AUBURN DR BEACHWOOD, OH 44122	HOPD FERTILITY CLINIC
40 UH TRI CITY AMHERST 101 COOPER FOSTER PARK RD, STE R AMHERST, OH 44001	RADIOLOGY

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**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? 125

Name and address	Type of facility (describe)
41 EMC ELYRIA DEWHURST 10325 DEWHURST RD, STE A ELYRIA, OH 44035	HOSPITAL OUTPATIENT SERVICES
42 UH W.O. WALKER BUILDING 10524 EUCLID AVE CLEVELAND, OH 44106	HOSPITAL OUTPATIENT SERVICES
43 BOLWELL HEALTH CENTER PHARMACY 11100 EUCLID AVE, BOLWELL HEALTH CEN CLEVELAND, OH 44106	RETAIL PHARMACY/CLINIC PHARMACY
44 NRMFC 11409 STATE RD NORTH ROYALTON, OH 44133	OPT EXTENSION SITE
45 GEAUGA YMCA 12460 BASS LAKE RD CHARDON, OH 44024	OPT EXTENSION SITE
46 NORTH OHIO HEART - ELYRIA 125 E BROAD ST, STE 305 ELYRIA, OH 44035	HOSPITAL OUTPATIENT SERVICES
47 UH EMC WOUND CARE & HYPERBARIC MED 133 E BROAD ST ELYRIA, OH 44035	HOSPITAL OUTPATIENT SERVICES
48 HARRINGTON HEART & VASCULAR INST 1335 CORPORATE DR HUDSON, OH 44236	HOPD CARDIOLOGY
49 UH REHABILITATION SERVICES, KENT 1850 STATE ROUTE 59, STE B KENT, OH 44240	OPT EXENTION SITE
50 EMC AVON T3 REHAB 1965 RECREATION LN, STE A AVON, OH 44011	REHABILITATION

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**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? 125

Name and address	Type of facility (describe)
51 ST. JOHN MEDICAL CENTER ROCKY RIVER 19800 DETROIT RD, STE 101 ROCKY RIVER, OH 44116	HOPD LAB & RADIOLOGY
52 UH FERTILITY CENTER WEST 2055 CROCKER RD, STE 206 WESTLAKE, OH 44145	HOPD FERTILITY CLINIC
53 MEDICAL ASSOCIATES OF MID OHIO INC 2109 CLAREMONT AVE, STE A ASHLAND, OH 44805	HOPD LAB
54 UH CLAREMONT MEDICAL SERVICES 2111 CLAREMONT AVE, STE A ASHLAND, OH 44805	HOPD LAB
55 SAMARITAN HEALTH & REHAB CENTER 2163 CLAREMONT AVE ASHLAND, OH 44805	OPT EXTENSION SITE
56 UH EMC WOUND CARE & HYPERBARIC MED 25200 CENTER RIDGE RD, STE 1400 WESTLAKE, OH 44145	HOSPITAL OUTPATIENT SERVICES
57 UHCMC REHABILITATION AND SPORTS MED 26001 S WOODLAND RD BEACHWOOD, OH 44122	OPT EXTENSION SITE
58 OHIO MEDICAL GROUP - ELYRIA 26908 COOK RD, STE A OLMSTEAD TWP, OH 44138	HOSPITAL OUTPATIENT SERVICES
59 WESTLAKE RECREATION CENTER 28955 HILLIARD BLVD WESTLAKE, OH 44145	OPT EXTENSION SITE
60 UH PEDIATRIC REHAB SERVICES 29160 CENTER RIDGE RD WESTLAKE, OH 44145	OPT EXTENSION SITE/WOUND CARE

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**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? 125

Name and address	Type of facility (describe)
61 NORTH OHIO HEART - WESTLAKE 29325 HEALTH CAMPUS DR, STE 3A WESTLAKE, OH 44145	HOSPITAL OUTPATIENT SERVICES
62 NORTH OHIO HEART - LORAIN 3600 KOLBE RD, STE 127A LORAIN, OH 44053	HOSPITAL OUTPATIENT SERVICES
63 UHCMC FOLEY ELDERHEALTH CENTER 3619 PARK EAST DR, STE 109 BEACHWOOD, OH 44122	HOSPITAL OUTPATIENT SERVICES
64 UH SLEEP CENTER AT MARRIOTT 3628 PARK EAST DR, STE 442 BEACHWOOD, OH 44122	HOPD SLEEP CENTER
65 CENTER RIDGE REHAB 39000 CENTER RIDGE RD NORTH RIDGEVILLE, OH 44039	HOSPITAL OUTPATIENT SERVICES
66 UH PERRICO HEALTH CENTER 4176 STATE ROUTE 306 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE & DIAGNOSTIC CENTER
67 UH WARRENSVILLE OPT & NEURO REHAB 4480 RICHMOND RD WARRENSVILLE HEIGHTS, OH 44128	OPT EXTENSION SITE
68 UH BROOK PARK IMAGING CENTER 5260 SMITH RD, STE A BROOKPARK, OH 44142	HOPD RADIOLOGY
69 UH SPECIALTY CLINIC 6115 POWERS BLVD, STE 301 PARMA, OH 44129	HOSPITAL OUTPATIENT SERVICES
70 OUTPATIENT CENTER 6305 POWERS BLVD PARMA, OH 44129	OUTPATIENT CENTER

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**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? 125

Name and address	Type of facility (describe)
71 ANTI-COAGULATION CLINIC 6525 POWERS BLVD PARMA, OH 44129	ANTI-COAGULATION CLINIC
72 THERAPY SERVICES 6681 RIDGE RD PARMA, OH 44129	OPT EXTENSION SITE/THERAPY/CARDIO THORACIC CLINIC
73 WOUND CLINIC 6707 POWERS BLVD PARMA, OH 44129	WOUND CLINIC/SURGERY CLINIC
74 NORTH OHIO HEART - SANDUSKY 703 TYLER ST, STE 250A SANDUSKY, OH 44870	HOSPITAL OUTPATIENT SERVICES
75 NORTH OHIO HEART-MIDDLEBURG HEIGHTS 7255 OLD OAK BLVD, STE C408A MIDDLEBURG HEIGHTS, OH 44130	HOSPITAL OUTPATIENT SERVICES
76 FITWORKS FITNESS & SPORTS THERAPY 7723 W RIDGEWOOD DR, UNIT 926 PARMA, OH 44129	OPT EXTENSION SITE
77 SEVEN HILLS THERAPY 7777 SUMMITVIEW DR SEVEN HILLS, OH 44131	OPT EXTENSION SITE
78 BEDFORD MEDICAL OFFICE BUILDING 88 CENTER RD BEDFORD, OH 44146	OTHER HEALTH CARE FACILITY
79 UH TWINSBURG TOWN CENTER 8900 DARROW RD, STE H111 TWINSBURG, OH 44087	HOPD WOMEN'S HEALTH
80 UH WESTLAKE HEALTH CENTER 950 CLAGUE RD, STE 101A WESTLAKE, OH 44145	HOPD NEUROLOGICAL

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**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? 125

Name and address	Type of facility (describe)
81 UH LHPG OHIO HAND AND SHOULDER CENTE 25501 CHAGRIN BLVD BEACHWOOD, OH 44122	PHYSICIAN OFFICE
82 UH LHPG OHIO HAND AND SHOULDER CENTE 13170 RAVENNA RD, STE 200 CHARDON, OH 44024	PHYSICIAN OFFICE
83 UH CHARDON HEALTH CENTER 510 5TH AVE CHARDON, OH 44024	URGENT CARE CENTER & RADIOLOGY
84 UH LHPG CHARDON PEDIATRICS 510 5TH AVE, STE 100 CHARDON, OH 44024	PHYSICIAN OFFICE
85 UH LHPG CHARDON FAMILY PRACTICE 510 5TH AVE, STE 130 CHARDON, OH 44024	PHYSICIAN OFFICE
86 UH LHPG GENERAL SURGERY CONCORD 7580 AUBURN RD, STE 314 CONCORD TOWNSHIP, OH 44077	GENERAL SURGERY PHYSICIAN OFFICE
87 UH LAKE CONTINUING CARE CENTER 10977 CAPITAL PKWY CONCORD TWP, OH 44077	REHABILITATION AND PSYCHIATRIC DEPARTMENTS
88 UH LHPG NORTHEAST OHIO HEART ASSOCIA 7580 AUBURN RD, STE 106 CONCORD TWP, OH 44077	PHYSICIAN OFFICE
89 UH LHPG NORTH COAST FAMILY PRACTICE 7580 AUBURN RD, STE 202 CONCORD TWP, OH 44077	PHYSICIAN OFFICE
90 UH MADISON HEALTH CENTER 6270 N RIDGE RD MADISON, OH 44057	GENERAL MEDICAL & PHYSICIAN OFFICES

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**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? 125

Name and address	Type of facility (describe)
91 UH BRUNNER SANDEN DEITRICK WELLNESS 8655 MARKET ST MENTOR, OH 44060	MEDICAL FITNESS CENTER
92 UH MENTOR HEALTH CENTER 9485 MENTOR AVE MENTOR, OH 44060	VARIOUS PHYSICIAN OFFICES - PEDIATRICS, OBGYN, INTERNAL MED, PAIN MANAGEMENT
93 UH LABORATORY LAKE AMBULATORY BLDG 9500 MENTOR AVE SUITE 220 MENTOR, OH 44060	DIAGNOSTIC CENTER
94 UH LHPG LAKE COUNTY FAMILY PRACTICE 9500 MENTOR AVENUE SUITE 100 MENTOR, OH 44060	PHYSICIAN OFFICE
95 UH LHPG MENTOR GENERAL SURGERY 9500 MENTOR AVENUE SUITE 300 MENTOR, OH 44060	PHYSICIAN OFFICE
96 UH LHPG MIDDLEFIELD FAMILY PRACTICE 16030 EAST HIGH STREET MIDDLEFIELD, OH 44062	PHYSICIAN OFFICE
97 UH LHPG SOM GENERAL SURGERY 2105 SOM CENTER ROAD SUITE 107 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
98 UH WILLOWICK HEALTH CENTER 29804 LAKESHORE BLVD WILLOWICK, OH 44095	URGENT CARE CENTER
99 UH LHPG WILLOWICK FAMILY PRACTICE 29804 LAKESHORE BLVD WILLOWICK, OH 44095	PHYSICIAN OFFICE
100 UH LHPG CHARDON CENTER STREET FAMILY 320 CENTER STREET CHARDON, OH 44024	PHYSICIAN OFFICE

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**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? 125

Name and address	Type of facility (describe)
101 UH LHPG SPORTS MEDICINE & REHAB 36060 EUCLID AVENUE SUITE 105 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
102 UH LHPG ORTHOPEDIC SURGERY 36060 EUCLID AVENUE SUITE 203 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
103 UH LHPG PLASTIC SURGERY 36060 EUCLID AVENUE SUITE 204 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
104 UH LAKE WEST MEDICAL CENTER REFERENC 36100 EUCLID AVE SUITE 190 WILLOUGHBY, OH 44094	DIAGNOSTIC CENTER
105 UH LHPG OPHTHALMOLOGY ASSOCIATES 36100 EUCLID AVE SUITE 450 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
106 UH LHPG NORTHEAST OHIO HEART ASSOCIA 36100 EUCLID AVENUE SUITE 120 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
107 UH IMED NP BEACON HEALTH 36100 EUCLID AVENUE SUITE 120 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
108 UH LHPG BARIATRIC SURGERY 36100 EUCLID AVENUE SUITE 170 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
109 UH LHPG WEST IMED 36100 EUCLID AVENUE SUITE 210 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
110 UH LHPG WILLOUGHBY IMED 36100 EUCLID AVENUE SUITE 240 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE

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**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? 125

Name and address	Type of facility (describe)
111 UH LHPG WILLOUGHBY PEDIATRICS 36100 EUCLID AVENUE SUITE 300 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
112 UH LHPG CARDIO ELECTROPHYSIOLOGY 36100 EUCLID AVENUE SUITE 400 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
113 UH LAKE SOM HEALTH CENTER WELLNESS & 5105 SOM CENTER ROAD WILLOUGHBY, OH 44094	REHABILITATION CLINIC
114 UH LHPG ARTHRITIS ASSOCIATES 5105 SOM CENTER ROAD SUITE 200 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
115 UH LHPG OB/GYN WILLOUGHBY 5105 SOM CENTER ROAD SUITE 201 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
116 UH LHPG PAIN MANAGEMENT 5105 SOM CENTER ROAD SUITE 202 WILLOUGHBY, OH 44094	PHYSICIAN OFFICE
117 UH MAYFIELD WILDCAT WELLNESS CLINIC 6098 MAYFIELD RD MAYFIELD VILLAGE, OH 44143	PHYSICIAN OFFICE
118 UH LHPG OHIO HAND AND SHOULDER CENTE 7580 AUBURN RD SUITE 214 CONCORD, OH 44077	PHYSICIAN OFFICE
119 UH LHPG MENTOR ENDOCRINOLOGY 8300 TYLER BOULEVARD SUITE 102 MENTOR, OH 44060	PHYSICIAN OFFICE
120 UH LHPG HACKETT MEDICAL GROUP 8300 TYLER BOULEVARD SUITE 300 MENTOR, OH 44060	PHYSICIAN OFFICE

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**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? 125

Name and address	Type of facility (describe)
121 UH LHPG MENTOR FAMILY PRACTICE 8655 MARKET STREET MENTOR, OH 44060	PHYSICIAN OFFICE
122 UH LHPG INTEGRATIVE MEDICINE 8655 MARKET STREET MENTOR, OH 44060	PHYSICIAN OFFICE
123 UH LHPG SPORTS MEDICINE 8655 MARKET STREET MENTOR, OH 44060	PHYSICIAN OFFICE
124 UH WELLNESS CLINIC AT MHS 8655 MARKET STREET MENTOR, OH 44060	WALK IN CLINIC
125 UH URGENT CARE BRUNNER SANDEN DEITRI 8655 MARKET STREET MENTOR, OH 44060	URGENT CARE CENTER



**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 (for example, 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 2022 TOTALED \$531 MILLION AS COMPARED TO THE 2021 COMMUNITY BENEFIT TOTAL OF \$500 MILLION. THE 2022 COMMUNITY BENEFIT NUMBER CONSISTED OF CHARITY CARE (\$53 MILLION), MEDICAID SHORTFALL (\$340 MILLION), RESEARCH (\$59 MILLION), EDUCATION AND TRAINING (\$102 MILLION), AND COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT (\$31 MILLION), LESS HOSPITAL CARE ASSURANCE PROGRAM ("HCAP") (\$55 MILLION). TO MEASURE AND REPORT COMMUNITY BENEFIT, THE SYSTEM HAS FOLLOWED INTERNAL REVENUE SERVICE GUIDELINES. AS SUCH, THE INFORMATION FOR 2022 REPRESENTS THE REVISED REQUIREMENT TO OFFSET VARIOUS COMMUNITY BENEFIT PROGRAMS WITH RELATED REVENUE RECEIVED. FOR 2022, THIS REVENUE OFFSET WAS \$55 MILLION.

**Part VI** Supplemental Information (Continuation)

THE 2021 INFORMATION PROVIDED ABOVE (\$500 MILLION) INCLUDED A REVENUE  
OFFSET OF \$32 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: \$38,146,582. THE TOTAL AMOUNT  
OF ASSOCIATED DIRECT OFFSETTING REVENUE IS \$19,359,520. THE TOTAL AMOUNT  
OF NET COMMUNITY BENEFIT EXPENSE INCLUDED IN LINE 7G IS \$18,787,062.

## 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 39,761 (6,095 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](http://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 A  
 2022 REPORT FROM CLARITAS, THE TOTAL POPULATION FOR CUYAHOGA COUNTY IS  
 1,229,828. COMMUNITY MEMBERS IDENTIFYING AS WHITE REPRESENT A SMALLER  
 PROPORTION OF THE POPULATION IN CUYAHOGA COUNTY (60.7%) WHEN COMPARED TO  
 OHIO (79.7%) AND THE U.S. (70.4%), WHILE BLACK/AFRICAN AMERICAN PERSONS  
 REPRESENT A HIGHER PROPORTION OF THE POPULATION OF THE COUNTY (30.2%)  
 COMPARED TO OHIO (13.0%) AND THE U.S. (12.6%). 6.8% OF THE POPULATION IN  
 CUYAHOGA COUNTY IDENTIFY AS ETHNICALLY HISPANIC/LATINO. THIS IS A LARGER  
 PROPORTION OF THE POPULATION WHEN COMPARED TO OHIO (4.4%), BUT A SMALLER  
 PROPORTION OF THE POPULATION COMPARED TO THE U.S. CUYAHOGA COUNTY'S  
 POPULATION IS GROWING OLDER, ON AVERAGE. CHILDREN (AGES 0-17) COMPRISED

**Part VI** Supplemental Information (Continuation)

20.5% OF THE POPULATION IN CUYAHOGA COUNTY. WHEN COMPARED TO OHIO (21.8%)

AND THE U.S (22.4%), CUYAHOGA COUNTY HAS A SMALLER PERCENTAGE POPULATION

OF CHILDREN (AGES 0-17). IN CUYAHOGA COUNTY, 19.8% OF THE POPULATION IS

AGED 65+, WHICH IS A HIGHER PROPORTION IN COMPARISON TO ALL OF OHIO

(18.6%) AND THE U.S. (16.0%). CUYAHOGA COUNTY HAS A HIGHER PERCENTAGE OF

RESIDENTS WITH A HIGH SCHOOL DEGREE OR HIGHER (90.2%) WHEN COMPARED TO THE

U.S VALUE (88.5%) BUT HAS A SLIGHTLY LOWER PERCENTAGE WHEN COMPARED TO THE

STATE VALUE (90.7%). HOWEVER, RESIDENTS WITH A BACHELOR'S DEGREE OR HIGHER

(33.5%) MAKE UP A LARGER PERCENTAGE OF THE POPULATION WHEN COMPARED TO

BOTH THE STATE (29.0%) AND U.S. VALUE (32.9%). THE UNEMPLOYMENT RATE FOR

CUYAHOGA COUNTY IS 6.8%, WHICH IS HIGHER THAN THE STATE VALUE AT 4.7% AND

THE U.S. VALUE AT 5.4%.

UH GEAUGA MEDICAL CENTER

THE PRIMARY SERVICE AREA FOR THIS HOSPITAL IS GEAUGA COUNTY. THE TOTAL

POPULATION FOR GEAUGA COUNTY AS OF A 2022 REPORT BY CLARITAS IS 93,926.

96.4% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 1.2% AS ASIAN, 1.2%

AFRICAN AMERICAN, AND 1.2% AS MORE THAN ONE RACE OR OTHER. 1.9% OF THE

POPULATION IN GEAUGA COUNTY IDENTIFY AS ETHNICALLY HISPANIC/LATINO. THIS

IS A SMALLER PROPORTION OF THE POPULATION WHEN COMPARED TO OHIO AND U.S.

THE AGE DISTRIBUTION OF THE POPULATION IN THE AGE GROUP OF UNDER 18 AND

85+ IN GEAUGA COUNTY IS RELATIVELY SIMILAR TO OHIO AND THE U.S. WHILE, THE

PERCENTAGE OF POPULATION IN THE AGE GROUP 25+ IN GEAUGA COUNTY IS SMALLER

WHEN COMPARED TO OHIO (50.4%) AND THE U.S. (52.1%). FURTHER, THE

POPULATION IN AGE GROUP 65+ IN GEAUGA COUNTY IS SIMILAR TO DISTRIBUTION OF

OHIO; HOWEVER, IS HIGHER THAN THE U.S. A HOUSEHOLD INCOME OF \$50,000 -

\$74,999 IS SHARED BY THE LARGEST PROPORTION OF HOUSEHOLDS IN GEAUGA COUNTY

(16.3%), FOLLOWED BY A HOUSEHOLD INCOME OF \$75,000 - \$99,999 (13.5% OF

**Part VI** Supplemental Information (Continuation)

HOUSEHOLDS). HOUSEHOLDS WITH AN INCOME OF LESS THAN \$15,000 MAKE UP 4.8%

OF HOUSEHOLDS IN GEAUGA COUNTY. THE MEDIAN HOUSEHOLD INCOME FOR GEAUGA

COUNTY IS \$85,468, WHICH IS HIGHER THAN THE STATE AND NATIONAL VALUES OF

\$65,070 AND \$64,994 RESPECTIVELY. DISPARITIES IN MEDIAN HOUSEHOLD INCOME

EXIST BETWEEN RACIAL AND ETHNIC GROUPS WITHIN THE COUNTY. THE MEDIAN

HOUSEHOLD INCOME AMONG RESIDENTS OF THE ASIAN COMMUNITY (159,028), 2 OR

MORE RACES (\$114,706), WHITE COMMUNITY (\$85,727), AND

NON-HISPANIC/NON-LATINO (\$85,710) FALL ABOVE THE COUNTY AVERAGE. OVERALL,

3.4% OF FAMILIES IN GEAUGA COUNTY LIVE BELOW THE POVERTY LEVEL, WHICH IS

LOWER THAN BOTH THE STATE VALUE OF 9.6% AND THE NATIONAL VALUE OF 9.1%.

THE UNEMPLOYMENT RATE FOR THE GEAUGA COUNTY IS 2.0%, WHICH IS LOWER THAN

THE STATE VALUE AT 4.7% AND THE U.S. VALUE AT 5.4%. GEAUGA COUNTY HAS A

SLIGHTLY LESSER PERCENTAGE OF RESIDENTS WITH A HIGH SCHOOL DEGREE OR

HIGHER (89.5%) WHEN COMPARED TO THE STATE VALUE (90.7%) BUT HAS A HIGHER

PERCENTAGE WHEN COMPARED TO THE NATIONAL VALUE (88.5%). WHILE RESIDENTS

WITH A BACHELOR'S DEGREE OR HIGHER (37.0%) HAS A HIGHER PERCENTAGE WHEN

BOTH COMPARED TO THE STATE (29.0%) AND NATIONAL VALUE (32.9%).

UH GENEVA MEDICAL CENTER

UH CONNEAUT MEDICAL CENTER

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS ASHTABULA COUNTY. THE

TOTAL POPULATION FOR ASHTABULA COUNTY AS 2019 IS 97,241. 95.5% OF THE

POPULATION IDENTIFIES AS WHITE ALONE, 5.4% AFRICAN AMERICAN, AND 1.5% AS

MORE THAN ONE RACE OR OTHER. IN TERMS OF ETHNICITY, 4.4% OF THE POPULATION

IDENTIFIES AS HISPANIC/LATINO. 24.8% OF THE POPULATION IS BETWEEN THE AGES

OF 0 19; 28.9% ARE BETWEEN 20 44 YEARS OLD; 27.4% ARE BETWEEN 45 64

YEARS OLD; AND 19.8% ARE AGE 65 YEARS OR OLDER. THE AVERAGE HOUSEHOLD SIZE



**Part VI** Supplemental Information (Continuation)

IS 2.4 PEOPLE AND THE AVERAGE FAMILY SIZE IS 2.9 PEOPLE. 59.7% OF THE  
POPULATION OF ASHTABULA COUNTY HAVE A HIGH SCHOOL DIPLOMA, GED EQUIVALENT,  
OR LESS; 27.0% OF THE POPULATION HAS AN ASSOCIATES DEGREE OR SOME COLLEGE;  
AND 13.3% OF THE POPULATION HAS A BACHELOR'S DEGREE OR MORE. 49.7% OF THE  
POPULATION HAS A HOUSEHOLD INCOME LESS THAN \$50,000; 18.1% OF THE  
POPULATION HAS A HOUSEHOLD INCOME BETWEEN \$50,000 - \$74,999; 18.4% OF THE  
POPULATION HAS A HOUSEHOLD INCOME BETWEEN \$74,999 - \$99,999; AND 13.8% OF  
THE POPULATION HAS A HOUSEHOLD INCOME OF \$100,000 OR MORE.

UH ELYRIA MEDICAL CENTER

UH REHABILITATION HOSPITAL -- AVON

UH AVON REHABILITATION HOSPITAL IS LOCATED IN THE CITY OF AVON IN LORAIN  
COUNTY, OHIO. UH AVON REHABILITATION HOSPITAL'S PRIMARY AND SECONDARY  
SERVICE AREAS ARE ALMOST EXCLUSIVELY CONTAINED WITHIN CUYAHOGA AND LORAIN  
COUNTIES. THE PRIMARY SERVICE AREA FOR UH AVON REHABILITATION HOSPITAL  
INCLUDES AVON AND THE SEVEN COMMUNITIES IMMEDIATELY SURROUNDING IT  
(ELYRIA, NORTH RIDGEVILLE, WESTLAKE, AVON LAKE, NORTH OLMSTED, SHEFFIELD  
LAKE/VILLAGE AND BAY VILLAGE).

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS LORAIN COUNTY. THE TOTAL  
POPULATION FOR LORAIN COUNTY AS OF 2020 IS 309,134. 84% OF THE POPULATION  
IDENTIFIES AS WHITE, 10.0% AS HISPANIC OR LATINO, 8% AFRICAN AMERICAN, AND  
8% AS MORE THAN ONE RACE OR OTHER. 25% OF THE POPULATION IS UNDER AGE 20;  
50% OF THE POPULATION IS BETWEEN 20 59; AND 25% OF THE POPULATION IS OVER  
60 YEARS OLD. 89.9% OF THE POPULATION HAS A HIGH SCHOOL DIPLOMA OR  
EQUIVALENT OR HIGHER EDUCATION LEVEL, OF THAT 25.3% HAS A BACHELOR'S  
DEGREE OR HIGHER LEVEL OF EDUCATION. THE MEDIAN HOUSEHOLD INCOME IN LORAIN

**Part VI** Supplemental Information (Continuation)

COUNTY IN 2020 IS \$58,798. THE MEAN HOUSEHOLD INCOME IN LORAIN COUNTY IN  
 2020 IS \$78,142. 13.4% OF INDIVIDUALS ARE BELOW THE POVERTY LINE COMPARED  
 TO THE AVERAGE 13.6% IN OHIO. THE UNEMPLOYMENT RATE IN LORAIN COUNTY IS  
 4.3% COMPARED TO 5.3% IN THE STATE OF 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

**Part VI** Supplemental Information (Continuation)

AND EXPERTISE TO OTHER PARTS OF THE STATE OR COUNTRY, THEREBY BENEFITING

OTHER COMMUNITIES.

UH WORKS TO INCREASE HEALTH AND MEDICAL KNOWLEDGE THROUGH GOVERNMENT AND

NON-PROFIT FUNDED RESEARCH. THE SHARED KNOWLEDGE DERIVED FROM THESE

EFFORTS IMPROVES THE HEALTH AND WELL-BEING OF PEOPLE THROUGHOUT THE NATION

AND THE WORLD WHEN THEY LEAD TO NEW STANDARDS OF CARE, NEW MEDICAL

DEVICES, OR BREAKTHROUGHS IN TACKLING DISEASES.

AS INDICATED IN THE ABOVE RESPONSE TO PART VI, LINE 4, UH HAS MADE

SIGNIFICANT INVESTMENTS IN ACCESS TO CARE FOR LOW INCOME AND VULNERABLE

RESIDENTS WITHIN THE COUNTIES UH SERVES.

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

**Part VI** Supplemental Information (Continuation)

TOWNS, RURAL AREAS AND SUBURBS.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

OH

PART VI, LINE 4 (CONTINUATION)

UH PORTAGE MEDICAL CENTER

UH PORTAGE MEDICAL CENTER IS LOCATED IN THE CITY OF RAVENNA IN PORTAGE

COUNTY, OHIO. PORTAGE COUNTY IS LOCATED DIRECTLY EAST OF SUMMIT COUNTY

(AKRON METRO AREA) AND SOUTHEAST OF CUYAHOGA COUNTY (CLEVELAND METRO

AREA). THE HOSPITAL'S MARKET AREA INCLUDES 15 MUNICIPALITIES (EIGHT IN

ITS PRIMARY MARKET AREA AND SEVEN IN ITS SECONDARY MARKET AREA). IT IS

ALMOST COMPLETELY CONTAINED WITHIN PORTAGE COUNTY, OHIO.

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS PORTAGE COUNTY.

ACCORDING TO A 2022 REPORT FROM CLARITAS, THE POPULATION IS 164,161.

89.9% OF THE POPULATION IDENTIFIES AS WHITE ALONE, 4.9% IDENTIFY AS

AFRICAN AMERICAN, 2.2% IDENTIFY AS ASIAN, AND 3.0% IDENTIFY AS TWO OR

MORE RACES OR OTHER. IN TERMS OF ETHNICITY, 2.3% OF THE POPULATION IN

PORTAGE COUNTY IDENTIFY AS HISPANIC/LATINO. THIS IS A SMALLER

PROPORTION OF THE POPULATION WHEN COMPARED TO OHIO (4.4%) AND THE U.S.

(18.2%). CHILDREN (0-17) COMPRISED 18.2% OF THE POPULATION IN PORTAGE

COUNTY. WHEN COMPARED TO OHIO (21.8%) AND THE U.S. (22.4%), PORTAGE

COUNTY HAS A LOWER PROPORTION OF CHILDREN POPULATION (AGE 0-17).

PORTAGE COUNTY HAS 18.4% OF RESIDENTS AGED 65+. PORTAGE COUNTY HAS A

SLIGHTLY LOWER PROPORTION OF ELDER POPULATION (AGE 65+) WHEN COMPARED

TO OHIO (18.6%), AND HIGHER PROPORTION WHEN COMPARED TO THE U.S.

**Part VI** Supplemental Information (Continuation)

(16.0%). A HOUSEHOLD INCOME OF \$50,000 - \$74,999 IS SHARED BY THE LARGEST PROPORTION OF HOUSEHOLDS IN THE PORTAGE COUNTY (19.2%). HOUSEHOLDS WITH AN INCOME OF LESS THAN \$15,000 MAKE UP 9.2% OF HOUSEHOLDS IN THE PORTAGE COUNTY. THE MEDIAN HOUSEHOLD INCOME FOR PORTAGE COUNTY IS \$64,541, WHICH IS LOWER THAN THE STATE VALUE OF \$65,070 AND THE U.S. VALUE OF \$64,994. TWO RACIAL/ETHNIC GROUPS WHITE AND NON-HISPANIC/NON-LATINO HAVE MEDIAN HOUSEHOLD INCOMES ABOVE THE OVERALL MEDIAN VALUE. ALL OTHER RACES HAVE INCOMES BELOW THE OVERALL VALUE, WITH THE ASIAN POPULATIONS HAVING THE LOWEST MEDIAN HOUSEHOLD INCOME AT \$32,879. OVERALL, 8.1% OF FAMILIES IN PORTAGE COUNTY LIVE BELOW THE POVERTY LEVEL, WHICH IS LOWER THAN BOTH THE STATE VALUE OF 9.6% AND THE U.S. OF 9.1%. THE UNEMPLOYMENT RATE FOR PORTAGE COUNTY IS 4.5%, WHICH IS LOWER THAN THE STATE VALUE AT 4.0% AND THE U.S. VALUE AT 5.4%. PORTAGE COUNTY HAS A HIGHER PERCENTAGE OF RESIDENTS WITH A HIGH SCHOOL DEGREE OR HIGHER (92.1%) WHEN COMPARED TO BOTH THE STATE AND THE U.S. VALUE WHILE RESIDENTS WITH A BACHELOR'S DEGREE OR HIGHER (29.0%) HAVE A LOWER PERCENTAGE WHEN COMPARED TO THE U.S. VALUE.

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 A 2022 REPORT BY CLARITAS, THE POPULATION IS 53,804. 96.1% OF THE POPULATION IDENTIFIES AS WHITE, 0.8% IDENTIFIES AS AFRICAN AMERICAN, 1.8% IDENTIFIES AS HISPANIC OR LATINO (ETHNICITY), 0.8%

**Part VI** Supplemental Information (Continuation)

IDENTIFIES AS ASIAN, AND 2.1% IDENTIFIES AS TWO OR MORE OR OTHER.

21.98% OF THE POPULATION IS UNDER AGE 18 AND 20.23% OF THE POPULATION

IS OVER THE AGE OF 65. A HOUSEHOLD INCOME OF \$50,000 - \$74,999 IS

SHARED BY THE LARGEST PROPORTION OF HOUSEHOLDS IN ASHLAND COUNTY

(20.6%), FOLLOWED BY A HOUSEHOLD INCOME OF \$35,000 - \$49,999 (14.5% OF

HOUSEHOLDS). HOUSEHOLDS WITH AN INCOME OF LESS THAN \$15,000 MAKE UP

8.0% OF HOUSEHOLDS IN ASHLAND COUNTY. THE MEDIAN HOUSEHOLD INCOME FOR

ASHLAND COUNTY IS \$61,116, WHICH IS LOWER THAN THE STATE AND NATIONAL

VALUES OF \$65,070 AND \$64,994 RESPECTIVELY. DISPARITIES IN MEDIAN

HOUSEHOLD INCOME EXIST BETWEEN RACIAL AND ETHNIC GROUPS WITHIN THE

COUNTY, HOWEVER. THE MEDIAN HOUSEHOLD INCOME AMONG RESIDENTS OF THE

WHITE COMMUNITY (\$61,457), BLACK/AFRICAN AMERICAN (\$64,646) AND

NON-HISPANIC/NON-LATINO COMMUNITY (\$61,308) FALL ABOVE THE COUNTY

AVERAGE. OVERALL, 7.7% OF FAMILIES IN ASHLAND COUNTY LIVE BELOW THE

POVERTY LEVEL, WHICH IS LOWER THAN BOTH THE STATE VALUE OF 9.6% AND THE

NATIONAL VALUE OF 9.1%. THE UNEMPLOYMENT RATE FOR THE ASHLAND COUNTY IS

3.4%, WHICH IS LOWER THAN THE STATE VALUE AT 4.7% AND THE U.S. VALUE AT

5.4%. ASHLAND COUNTY HAS THE SAME PERCENTAGE OF RESIDENTS IN THE U.S.

WITH A HIGH SCHOOL DEGREE OR HIGHER (88.5%) BUT HAS A LOWER PERCENTAGE

WHEN COMPARED TO THE STATE VALUE (90.7%). WHILE RESIDENTS WITH A

BACHELOR'S DEGREE OR HIGHER (21.0%) HAS A LOWER PERCENTAGE WHEN BOTH

COMPARED TO THE STATE AND U.S. VALUE.

WEST MEDICAL CENTER

TRIPOINT MEDICAL CENTER

THE PRIMARY SERVICE AREA FOR THESE HOSPITALS IS LAKE COUNTY. ACCORDING

TO A 2022 REPORT FROM CLARITAS, THE POPULATION IS 231,521. THE RACIAL

**Part VI** Supplemental Information (Continuation)

MAKEUP OF LAKE COUNTY SHOWS 89% OF THE POPULATION IDENTIFYING AS WHITE.

THE PROPORTION OF BLACK/AFRICAN AMERICAN COMMUNITY MEMBERS IS THE

SECOND LARGEST OF ALL RACIAL GROUPS AT 5%. ALL OTHER PROPORTIONS OF THE

POPULATION FALLS BELOW 5% OF THE POPULATION. 3.1% OF THE POPULATION IN

LAKE COUNTY IDENTIFY AS HISPANIC/LATINO. THIS IS A SMALLER PROPORTION

OF THE POPULATION WHEN COMPARED TO OHIO. CHILDREN (0-20) COMPRISED

22.8% OF THE POPULATION IN LAKE COUNTY. LAKE COUNTY HAS 21.8% OF

RESIDENTS AGED 65+. A HOUSEHOLD INCOME OF \$50,000 - \$74,999 IS SHARED

BY THE LARGEST PROPORTION OF HOUSEHOLDS IN LAKE COUNTY (19.3%),

FOLLOWED BY A HOUSEHOLD INCOME OF \$75,000 - \$99,999 (15.0% OF

HOUSEHOLDS). HOUSEHOLDS WITH AN INCOME OF LESS THAN \$15,000 MAKE UP

6.0% OF HOUSEHOLDS IN LAKE COUNTY. THE MEDIAN HOUSEHOLD INCOME FOR LAKE

COUNTY IS \$70,030, WHICH IS HIGHER THAN THE STATE AND NATIONAL VALUES

OF \$65,070 AND \$62,843 RESPECTIVELY. DISPARITIES IN MEDIAN HOUSEHOLD

INCOME EXIST BETWEEN RACIAL AND ETHNIC GROUPS WITHIN THE COUNTY

HOWEVER. THE MEDIAN HOUSEHOLD INCOME AMONG RESIDENTS OF THE ASIAN

COMMUNITY (\$90,761), WHITE COMMUNITY (\$71,706), AMERICAN INDIAN/ALASKAN

NATIVE (\$72,384) AND NON-HISPANIC/LATINO COMMUNITY (\$70,683) FALL ABOVE

THE COUNTY AVERAGE. OVERALL, 3.9% OF FAMILIES IN LAKE COUNTY LIVE BELOW

THE POVERTY LEVEL, WHICH IS LOWER THAN BOTH THE STATE VALUE OF 7.3% AND

THE NATIONAL VALUE OF 9.5%. THE UNEMPLOYMENT RATE FOR LAKE COUNTY IS

4.2%, WHICH IS LOWER THAN THE STATE AND NATIONAL UNEMPLOYMENT VALUES OF

4.7% AND 5.3% RESPECTIVELY.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
PARMA HOSPITAL HEALTH CARE FOUNDATION - 7007 POWERS BLVD. - PARMA, OH 44129	34-1626664	501(C)3	640,668.	0.			GENERAL SUPPORT
ROBINSON MEMORIAL HOSPITAL FOUNDATION - 6847 N. CHESTNUT STREET PO BOX 1204 - RAVENNA, OH 44266	34-1510544	501(C)3	638,580.	0.			GENERAL SUPPORT
LAKE HOSPITAL FOUNDATION, INC. 3605 WARRENSVILLE CENTER RD. SHAKER HEIGHTS, OH 44122	34-1425872	501(C)3	489,553.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY, INC. 3380 CHASTAIN MEADOWS PARKWAY, NW, KENNESAW, GA 30144	13-1788491	501(C)3	400,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE. DALLAS, TX 75231	13-5613797	501(C)3	167,500.	0.			GENERAL SUPPORT
CHARLES RIVER LABORATORIES 640 N ELIZABETH STREET SPENCERVILLE, OH 45887	76-0509980		154,385.	0.			GENERAL SUPPORT

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

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

Schedule I (Form 990) 2022



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY - 1240 WEST 6TH STREET - CLEVELAND, OH 44113		GOVERNMENT	125,000.	0.			GENERAL SUPPORT
ELYRIA MEDICAL CENTER FOUNDATION 630 EAST RIVER STREET ELYRIA, OH 44035	61-1579760	501(C)3	103,440.	0.			GENERAL SUPPORT
THE MT. SINAI HEALTH CARE FOUNDATION - 10501 EUCLID AVE. FL 2 - CLEVELAND, OH 44106	34-1777878	501(C)3	66,667.	0.			GENERAL SUPPORT
LIFEACT 210 BELL STREET, SUITE 200 CHAGRIN FALLS, OH 44022	34-1724365	501(C)3	55,000.	0.			GENERAL SUPPORT
NEWBRIDGE CLEVELAND CENTER FOR ARTS AND TECHNOLOGY - 3634 EUCLID AVE. SUITE 100 - CLEVELAND, OH 44115	27-1193704	501(C)3	50,000.	0.			GENERAL SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	13-5644916	501(C)3	32,500.	0.			GENERAL SUPPORT
CLEVELAND CLINIC FOUNDATION P.O. BOX 931517 CLEVELAND, OH 44193	34-0714585	501(C)3	26,201.	0.			GENERAL SUPPORT
PROVIDENCE HOUSE INC. 2050 W. 32ND STREET CLEVELAND, OH 44113	34-1336325	501(C)3	25,000.	0.			GENERAL SUPPORT
BUSINESS VOLUNTEERS UNLIMITED 1300 EAST 9TH STREET SUITE 1220 CLEVELAND, OH 44114	34-1724581	501(C)3	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

Employer identification number  
90-0059117

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>	X	
<b>9</b>	X	

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

Schedule J (Form 990) 2022

**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) MEGERIAN, CLIFF MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	1,625,391.	2,791,762.	613,632.	24,400.	29,113.	5,084,298.	0.
(2) MOORE-HARDY, CYNTHIA	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	806,202.	181,920.	1,519,977.	1,763,586.	7,877.	4,279,562.	0.
(3) SIMON, DANIEL I. MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	1,024,326.	2,129,598.	263,338.	21,706.	28,665.	3,467,633.	0.
(4) SZUBSKI, MICHAEL A.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	966,900.	2,076,002.	273,582.	27,450.	28,039.	3,371,973.	0.
(5) SNOWBERGER, THOMAS D.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	695,021.	1,673,343.	164,730.	22,875.	16,442.	2,572,411.	0.
(6) TEKNOS, THEODOROS N. MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	898,513.	825,147.	67,189.	22,875.	27,887.	1,841,611.	0.
(7) PRONOVOST, PETER MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	789,441.	716,115.	28,601.	22,875.	453.	1,557,485.	0.
(8) MILLER, CHRISTOPHER N. MD	(i)	809,786.	637,889.	25,634.	21,350.	27,762.	1,522,421.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SABIK, JOSEPH MD	(i)	1,293,098.	112,500.	36,444.	22,875.	27,439.	1,492,356.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) HINCHEY, PAUL R.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	877,891.	541,893.	25,816.	20,315.	18,156.	1,484,071.	0.
(11) BECK, ERIC H. DO, MPH	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	453,195.	1,010,600.	1,265.	4,271.	14,700.	1,484,031.	0.
(12) TAIT, PAUL G.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	641,589.	584,326.	190,406.	27,450.	27,652.	1,471,423.	0.
(13) ADELMAN, HARLIN G. ESQ.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	650,037.	569,256.	189,112.	27,450.	28,094.	1,463,949.	0.
(14) EUBANKS, JASON D. MD	(i)	1,398,777.	8,634.	20,010.	22,875.	8,024.	1,458,320.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) GLOTZBECKER, MICHAEL P. MD	(i)	1,368,814.	1,250.	21,374.	9,150.	28,537.	1,429,125.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KONHEIM, ARI L MD	(i)	1,215,380.	171,986.	2,301.	9,150.	27,439.	1,426,256.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.

**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				
(17) VOOS, JAMES MD	(i)	1,195,525.	112,500.	3,535.	21,350.	28,010.	1,360,920.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) BAMBAKIDIS, NICHOLAS MD	(i)	1,124,037.	76,915.	54,413.	22,875.	28,843.	1,307,083.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) HONDA, KORD S. MD	(i)	1,127,380.	1,250.	2,824.	6,151.	28,569.	1,166,174.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) DEPOMPEI, PATRICIA M.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	523,868.	447,127.	132,537.	27,450.	18,284.	1,149,266.	0.
(21) TOPALSKY, GEORGE MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	588,240.	216,708.	84,486.	237,645.	16,442.	1,143,521.	0.
(22) PELLETIER, MARC P. MD	(i)	1,066,554.	1,250.	25,957.	9,150.	29,281.	1,132,192.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) SELMAN, WARREN R. MD	(i)	902,502.	112,500.	58,709.	27,450.	29,113.	1,130,274.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) STROSACKER, ROBYN MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	583,121.	298,760.	61,485.	22,875.	25,053.	991,294.	0.
(25) VEHOVEC, MICHAEL R.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	301,439.	164,753.	86,658.	433,040.	602.	986,492.	0.
(26) GUAY, MARC MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	787,222.	1,250.	7,771.	98,575.	26,006.	920,824.	0.
(27) SALATA, ROBERT A. MD	(i)	631,314.	115,500.	49,569.	24,400.	17,346.	838,129.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) MONTER, BRIAN	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	454,158.	246,835.	77,120.	21,350.	28,489.	827,952.	0.
(29) STEFANO, GREGORY MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	677,646.	105,257.	1,775.	12,200.	28,300.	825,178.	0.
(30) BOND, BRADLEY C.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	434,302.	224,952.	109,007.	24,400.	27,524.	820,185.	0.
(31) CHANG, PHILLIP MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	177,957.	219,747.	391,720.	3,816.	6,500.	799,740.	0.
(32) PAPA, ALAN J. FACHE	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	452,855.	246,275.	30,264.	22,875.	19,650.	771,919.	0.

**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				
(33) SALVINO, SONIA	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	410,701.	220,329.	102,959.	27,450.	123.	761,562.	0.
(34) CHICKERELLA, DANIELLE	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	412,295.	223,154.	83,960.	21,350.	8,852.	749,611.	0.
(35) MILLER, MARLENE MD	(i)	553,268.	112,500.	26,379.	22,875.	25,762.	740,784.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(36) DECARLO, DONALD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	416,037.	179,056.	68,455.	22,875.	24,664.	711,087.	0.
(37) CHAKRAVARTY, SENECA MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	632,923.	1,258.	1,481.	50,545.	9,142.	695,349.	0.
(38) SILA, CATHY MD	(i)	508,802.	116,757.	33,534.	27,450.	1,221.	687,764.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(39) TOGLIATTI-TRICKETT KIMBERLY MD	(i)	492,717.	124,597.	17,352.	18,206.	29,695.	682,567.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(40) TRACZ, ROBERT	(i)	452,515.	113,007.	63,223.	22,875.	16,442.	668,062.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(41) BENOIT, WILLIAM	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	389,276.	177,073.	39,196.	21,350.	28,032.	654,927.	0.
(42) RAPKIN, DAVID S. MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	557,515.	1,293.	7,250.	58,220.	28,100.	652,378.	0.
(43) HARFORD, TODD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	295,284.	135,391.	153,909.	21,989.	27,439.	634,012.	0.
(44) ANTONIADES, STATHIS MPH	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	454,049.	115,014.	31,488.	0.	16,163.	616,714.	0.
(45) SIPPEY, MEGAN MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	577,602.	1,250.	764.	10,675.	9,024.	599,315.	0.
(46) HILL, JAMES L.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	382,681.	143,176.	21,805.	19,825.	28,015.	595,502.	0.
(47) RAO, GOUTHAM MD	(i)	418,364.	110,828.	4,483.	16,175.	28,537.	578,387.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(48) CARPENTER, JENNIFER	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	298,460.	147,776.	62,712.	27,125.	34,046.	570,119.	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				
(49) PRESTEGAARD, BENJAMIN MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	439,476.	72,085.	2,012.	15,250.	16,442.	545,265.	0.
(50) SCHARIO, MARK E.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	286,304.	118,342.	64,925.	22,567.	25,495.	517,633.	0.
(51) SYLVAN, DAVID	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	304,949.	167,615.	24,576.	17,389.	1,708.	516,237.	0.
(52) CICERO, RICHARD	(i)	320,207.	80,457.	67,759.	23,848.	16,412.	508,683.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(53) BEJANISHVILI, TAMAR MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	456,423.	1,250.	2,233.	13,725.	26,931.	500,562.	0.
(54) COLE, MELISSA CNP	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	290,164.	137,951.	17,570.	19,435.	32,969.	498,089.	0.
(55) PIRTZ, JASON M.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	309,982.	125,564.	1,154.	18,166.	28,192.	483,058.	0.
(56) ROYAL, KIMBERLY S. DO	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	358,534.	63,918.	3,177.	26,263.	15,783.	467,675.	0.
(57) CARLUCCI, ASHLEY	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	281,817.	82,676.	33,716.	18,726.	32,919.	449,854.	0.
(58) ZNIDARSIC, ROBERT MD	(i)	365,535.	16,250.	11,720.	24,079.	27,709.	445,293.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(59) ZOLTANSKI, JOAN MD	(i)	236,436.	121,453.	69,057.	3,271.	12,734.	442,951.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(60) HOYNES, SEAN MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	323,259.	17,470.	3,410.	68,323.	29,252.	441,714.	0.
(61) SAGUE, JONATHAN	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	286,874.	111,774.	1,047.	16,147.	8,249.	424,091.	0.
(62) GLOWCZEWSKI, JASON	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	228,617.	102,248.	52,584.	19,407.	15,012.	417,868.	0.
(63) RAVICHANDRAN, KAMALESWARY MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	310,350.	58,190.	6,284.	15,250.	23,317.	413,391.	0.
(64) SNELSON, MARC MD	(i)	333,101.	1,319.	125.	24,574.	27,899.	387,018.	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				
(65) BROWN, SAM H.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	212,332.	144,280.	799.	5,947.	21,748.	385,106.	0.
(66) KUMAR, AJAY MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	319,236.	10,165.	725.	31,330.	8,024.	369,480.	0.
(67) HAMMACK, ELIZABETH R. ESQ.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	249,953.	50,203.	12,487.	21,891.	27,544.	362,078.	0.
(68) SKARBINSKI, JULIE	(i)	224,769.	51,386.	6,424.	18,577.	28,013.	329,169.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(69) ADAIR, BRETT DO	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	264,463.	17,446.	535.	0.	6,971.	289,415.	0.
(70) SINK, KRISTI M.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	0.	0.	266,283.	0.	19,524.	285,807.	271,625.
(71) BAUM, STEPHEN MD	(i)	210,255.	1,250.	37,177.	5,179.	14,614.	268,475.	0.
SEE SCHEDULE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(72) MONHEIM, KAREN M. MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	172,090.	47,135.	6,896.	14,042.	18,976.	259,139.	0.
(73) GODELLE, MICHAEL	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	177,051.	36,828.	9,000.	14,085.	17,402.	254,366.	0.
(74) PATEL, CHETAN P., MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	225,011.	8.	2,032.	0.	7,930.	234,981.	0.
(75) KLINE, ANDREW L.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	191,300.	1,650.	324.	8,145.	27,709.	229,128.	0.
(76) SOORIYAPALAN, NISHANTHINI MD	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	179,803.	19,755.	377.	7,006.	612.	207,553.	0.
(77) BECK, JOHN	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	99,558.	23,563.	34,943.	3,424.	27,198.	188,686.	0.
(78) DZIEDZICKI, RONALD E.	(i)	0.	0.	0.	0.	0.	0.	0.
SEE SCHEDULE O	(ii)	0.	0.	166,479.	0.	0.	166,479.	0.
	(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

PERSONS IN PART VII:

BECK, JOHN: \$32,994

CHANG, PHILLIP MD: \$269,562

SINK, KRISIT M.: \$271,625

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:

CHANG, PHILLIPS MD (\$113,484 - SERP)

DZIEDZICKI, RONALD E. (\$101,598 - SERP)

HARFORD, TODD (\$90,393 - 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.

FORM 990, SCHEDULE J, PART II:

FORM 990 REPORTING REQUIREMENTS RELATED TO ITEMS SUCH AS DEFERRED

COMPENSATION PROGRAMS REQUIRE DUAL REPORTING IN SOME YEARS FOR VARIOUS

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

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

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

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

REPORTED.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

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

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MINDY GUSZ	SEE PART V	22,372.	SEE PART V		X
ELLEN SABIK	SEE PART V	207,305.	SEE PART V		X
KATHRYN THOMPSON	SEE PART V	12,151.	SEE PART V		X
RELATED TO A SUBSTANTIAL C	SEE PART V	78,926.	SEE PART V		X
RELATED TO A SUBSTANTIAL C	SEE PART V	62,579.	SEE PART V		X
JEANNE FLEMING	SEE PART V	10,668.	SEE PART V		X
MALINDA GIBSON	SEE PART V	43,401.	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

MEMBER OF JOHN GUSZ, DIRECTOR EX-OFICIO AT UNIVERSITY HOSPITALS

ROBINSON HEALTH SYSTEM.

(C) AMOUNT OF TRANSACTION: \$22,372.

(D) DESCRIPTION OF TRANSACTION: A FAMILY MEMBER OF JOHN GUSZ IS PAID BY

UNIVERSITY HOSPITALS ROBINSON HEALTH SYSTEM.

(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

MEMBER OF JOSEPH SABIK, DIRECTOR AT UNIVERSITY HOSPITALS MEDICAL GROUP.

(C) AMOUNT OF TRANSACTION: \$207,305.

(D) DESCRIPTION OF TRANSACTION: A FAMILY MEMBER OF JOSEPH SABIK IS PAID

BY UNIVERSITY HOSPITALS MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

**Part V Supplemental Information**

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

(A) NAME OF PERSON: KATHRYN THOMPSON.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF PATRICIA DEPOMPEI, OFFICER AT UNIVERSITY HOSPITALS CLEVELAND

MEDICAL CENTER.

(C) AMOUNT OF TRANSACTION: \$12,151.

(D) DESCRIPTION OF TRANSACTION: A FAMILY MEMBER OF PATRICIA DEPOMPEI IS

PAID BY UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RELATED TO A SUBSTANTIAL CONTRIBUTOR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF SUBSTANTIAL CONTRIBUTOR.

(C) AMOUNT OF TRANSACTION: \$78,926.

(D) DESCRIPTION OF TRANSACTION: A FAMILY MEMBER OF A SUBSTANTIAL

CONTRIBUTOR IS PAID BY UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RELATED TO A SUBSTANTIAL CONTRIBUTOR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF SUBSTANTIAL CONTRIBUTOR.

(C) AMOUNT OF TRANSACTION: \$62,579.

(D) DESCRIPTION OF TRANSACTION: A FAMILY MEMBER OF A SUBSTANTIAL

CONTRIBUTOR IS PAID BY UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

**Part V Supplemental Information**

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

(A) NAME OF PERSON: JEANNE FLEMING.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF DENNIS CLOUGH, DIRECTOR AT ST. JOHN MEDICAL CENTER.

(C) AMOUNT OF TRANSACTION: \$10,668.

(D) DESCRIPTION OF TRANSACTION: A FAMILY MEMBER OF DENNIS CLOUGH IS

PAID BY ST. JOHN MEDICAL CENTER.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MALINDA GIBSON.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF MICHAEL LEWIS, OFFICER AND DIRECTOR AT UNIVERSITY HOSPITALS

ROBINSON HEALTH SYSTEM.

(C) AMOUNT OF TRANSACTION: \$43,401.

(D) DESCRIPTION OF TRANSACTION: A FAMILY MEMBER OF MICHAEL LEWIS IS

PAID BY UNIVERSITY HOSPITALS ROBINSON HEALTH SYSTEM.

(E) SHARING OF ORGANIZATION REVENUES? = NO.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**  
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	17	32,701.	APPRAISAL/RECEIPT
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		28,529.	FMV
5 Clothing and household goods	X		11,058.	RECEIPT/FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	51	1,341,783.	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	3	579,000.	APPRAISAL/SALE AGREEMENT
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	3	4,485.	RECEIPT
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( BUILDING MATL. )	X	2	29,617.	FMV
26 Other ( AUCTION/EVENT )	X	113	24,846.	RECEIPT/FMV
27 Other ( GIFT CARD/TKT )	X	41	22,065.	STATED VALUE
28 Other ( MISCELLANEOUS )	X	1	100.	RECEIPT/FMV

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

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022

**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 NUMBER REPORTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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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) 2022

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

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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 2022, UNIVERSITY HOSPITALS

DEDICATED MORE THAN \$531 MILLION TO COMMUNITY BENEFIT PROGRAMS IN

NORTHEAST OHIO CONSISTING OF:

- EDUCATION AND TRAINING = \$102 MILLION

- RESEARCH = \$59 MILLION

- CHARITY CARE = \$53 MILLION

- MEDICAID SHORTFALL = \$340 MILLION

- COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = \$31

MILLION

- HOSPITAL CARE ASSURANCE PROGRAM (HCAP) RECEIPTS = (\$55 MILLION).

REFER TO SCHEDULE H FOR FURTHER DETAIL ON HOW THE SYSTEM MEASURES AND

REPORTS COMMUNITY BENEFIT. COMMUNITY BENEFIT FOR 2022 TOTALED \$531

MILLION.

IN ADDITION TO CHARITY CARE AND INSUFFICIENT FUNDING FROM THE MEDICAID

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

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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 2022, \$131 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, LAKE, 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 39,761 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

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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THE SYSTEM'S SEIDMAN CANCER CENTER AT UH CLEVELAND MEDICAL CENTER AND

VARIOUS COMMUNITY MEDICAL CENTERS, CONTINUE TO PROVIDE EXPANDED

EMPLOYMENT OPPORTUNITIES WHILE EXTENDING UH'S MISSION TO MORE PATIENTS.

NEW STATE-OF-THE-ART OUTPATIENT HEALTH CENTERS IN THE REGION HAVE

SPURRED ECONOMIC GROWTH WHILE GIVING PEOPLE ACCESS TO THE CARE THEY

NEED CLOSE TO HOME AND EXPANDING OUR COMMUNITY BENEFIT PROGRAMS.

THE SYSTEM IS PROUD TO CONTRIBUTE TO THE HEALTH OF ITS CITIZENS AND TO

BE A POSITIVE ECONOMIC FORCE IN THE REGION. FOR MORE DETAILED

INFORMATION ON THE SYSTEM'S COMMUNITY BENEFIT OR TO VIEW THE 2022

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

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).

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

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

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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  
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:

IL,KS,MA,MI,MS,NH,NJ,NY,NC,ND,OR,PA,SC,TN,VA,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS FOR UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. AND



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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.

CONNEAUT: UNIVERSITY HOSPITALS CONNEAUT

ELYRIA: EMH REGIONAL MEDICAL CENTER

GEAUGA: UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER

GENEVA: UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER

HOME CARE: UNIVERSITY HOSPITALS HOME CARE SERVICES, INC.

ECC: UHHS HEATHER HILL INC.

LHS: LAKE HOSPITAL SYSTEM, INC

PARMA: PARMA COMMUNITY GENERAL HOSPITAL

PH: PRIMEHEALTH, INC.

PORTAGE: ROBINSON HEALTH SYSTEM, INC.

SAMARITAN: SAMARITAN REGIONAL HEALTH SYSTEM

ST. JOHN: UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER

UHCMC: UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER

UHLSF: UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION

UHMG: UNIVERSITY HOSPITALS MEDICAL GROUP, INC.

REGIONAL: UH REGIONAL HOSPITALS

HOURS LISTED BELOW INCLUDE:

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AVERAGE HOURS PER WEEK FOR EACH INDIVIDUALS' ENTITY BOARD.

ROLES LISTED BELOW INCLUDE:

D: INDIVIDUAL DIRECTOR

T: INDIVIDUAL TRUSTEE

O: OFFICER

KE: KEY EMPLOYEE

HCE: HIGHEST COMPENSATED EMPLOYEE

F: FORMER

IN FEBRUARY OF 2022, UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER (EIN:

34-0816492) MERGED INTO UH REGIONAL HOSPITALS (EIN: 34-1924226). ALL

PREVIOUS DIRECTOR AND OFFICER ROLES AT UNIVERSITY HOSPITALS GEAUGA

MEDICAL CENTER WILL SHOW AS ENDING IN FEBRUARY OF 2022.

MEGERIAN, CLIFF MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (EX-OFF); 2 HOURS; D

UHMG: FORMER OFFICER; 0 HOURS; F

MOORE-HARDY, CYNTHIA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: PRESIDENT AND CEO; 50 HOURS; O

SIMON, DANIEL I. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: CHAIR (END 05/22)/DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D, O

UHCMC: FORMER OFFICER; 0 HOURS; F

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SZUBSKI, MICHAEL A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR/VICE CHAIR/TREASURER; 2 HOURS; D, O

UHMG: FORMER OFFICER; 0 HOURS; F

SNOWBERGER, THOMAS D.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (END 05/22); 2 HOURS; D

UHMG: DIRECTOR; 2 HOURS; D

TEKNOS, THEODOROS N. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: PRESIDENT - SEIDMAN CANCER CENTER; 2 HOURS; O

UHMG: DIRECTOR (BEGIN 05/22); 2 HOURS; D

PRONOVOST, PETER MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR/CHAIR; 2 HOURS; D, O

MILLER, CHRISTOPHER N. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR/CHAIR (BEGIN 05/22); 2 HOURS; D, O

UHMG: DIRECTOR (EX-OFF)/PRESIDENT/CHAIR (BEGIN 05/22); 50 HOURS; D, O

SABIK, JOSEPH MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR (EX-OFF); 50 HOURS; D

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HINCHEY, PAUL R.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR/VICE CHAIR (BEGIN 05/22); 2 HOURS; D, O

LHS: TRUSTEE; 2 HOURS; T

BECK, ERIC H. DO, MPH:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR/CHAIR (END 05/22); 2 HOURS; D, O

UHMC: DIRECTOR (EX-OFF)/INTERIM PRESIDENT (END 05/22); 2 HOURS; D, O

UHMG: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

TAIT, PAUL G.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

LHS: TRUSTEE; 2 HOURS; T

ADELMAN, HARLIN G. ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMC: CHIEF LEGAL OFFICER/SECRETARY; 2 HOURS; O

EUBANKS, JASON D. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: ORTHOPEDIC SURGEON; 50 HOURS; HCE

GLOTZBECKER, MICHAEL P. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIVISION CHIEF, UHMG; 50 HOURS; HCE

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KONHEIM, ARI L. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: PHYSICIAN; 50 HOURS; HCE

VOOS, JAMES MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR; 50 HOURS; D

BAMBAKIDIS, NICHOLAS MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR (BEGIN 05/22); 50 HOURS; D

HONDA, KORD S. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR OF DERMATOPATHOLOGY; 50 HOURS; HCE

DEPOMPEI, PATRICIA M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMC: PRESIDENT - RAINBOW BABIES & CHILDRENS; 2 HOURS; O

UHMG: DIRECTOR; 2 HOURS; D

TOPALSKY, GEORGE MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

HOME CARE: DIRECTOR; 2 HOURS; D

PELLETIER, MARC P. MD:

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ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: CHIEF, CARDIAC SURGERY; 50 HOURS; HCE

SELMAN, WARREN R. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR (END 05/22); 50 HOURS; D

STROSACKER, ROBYN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: CHIEF OPERATING OFFICER (END 05/22); 2 HOURS; O

GUAY, MARC MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR (EX-OFF); 2 HOURS; D

ELYRIA: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

SALATA, ROBERT A. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR (EX-OFF); 50 HOURS; D

MONTER, BRIAN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR/PRESIDENT/CHAIR; 2 HOURS; D, O

ELYRIA: DIRECTOR (EX-OFF) (BEGIN 05/22)/PRESIDENT; 2 HOURS; D, O

PARMA: DIRECTOR (EX-OFF) (BEGIN 05/22)/PRESIDENT; 2 HOURS; D, O

ST. JOHN: DIRECTOR (EX-OFF) (BEGIN 05/22)/PRESIDENT; 2 HOURS; D, O

REGIONAL: FORMER OFFICER; 0 HOURS; F

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STEFANO, GREGORY MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (EX-OFF) (END 02/22); 2 HOURS; D

BOND, BRADLEY C.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: SECRETARY/TREASURER; 2 HOURS; O

CHCO: DIRECTOR (BEGIN 05/22)/SECRETARY/TREASURER; 2 HOURS; D, O

CONNEAUT: TREASURER (BEGIN 09/22); 2 HOURS; O

ECC: DIRECTOR/SECRETARY/TREASURER; 2 HOURS; D, O

ELYRIA: SECRETARY/TREASURER; 2 HOURS; O

GENEVA: TREASURER (BEGIN 09/22); 2 HOURS; O

REGIONAL: SECRETARY/TREASURER ; 2 HOURS; O

SAMARITAN: SECRETARY/TREASURER (END 06/22); 2 HOURS; O

UHLSF: DIRECTOR/TREASURER; 2 HOURS; D, O

CHANG, PHILLIP MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: CHIEF MEDICAL OFFICER (END 05/22); 2 HOURS; O

PAPA, ALAN J. FACHE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (EX-OFF)/PRESIDENT/COO; 2 HOURS; D, O

CONNEAUT: DIRECTOR (EX-OFF)/COO (BEGIN 05/22)/PRESIDENT; 2 HOURS; D, O

GEAUGA: PRESIDENT (END 02/22); 2 HOURS; O

GENEVA: DIRECTOR (EX-OFF) (BEGIN 05/22)/PRESIDENT/COO; 2 HOURS; D, O

LHS: TRUSTEE (BEGIN 04/22); 2 HOURS; T

REGIONAL: DIRECTOR (EX-OFF) (BEGIN 05/22)/PRESIDENT/COO; 2 HOURS; D, O

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SALVINO, SONIA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ST. JOHN: SECRETARY/TREASURER; 2 HOURS; O

UHMC: TREASURER; 2 HOURS; O

UHMG: DIRECTOR/SECRETARY/TREASURER; 2 HOURS; D, O

UHLSF: FORMER OFFICER; 0 HOURS; F

CHICKERELLA, DANIELLE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR/VICE CHAIR; 2 HOURS; D, O

LHS: TRUSTEE (BEGIN 04/22); 2 HOURS; T

UHMG: DIRECTOR; 2 HOURS; D

MILLER, MARLENE MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR (EX-OFF); 50 HOURS; D

DECARLO, DONALD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

CONNEAUT: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

GENEVA: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

REGIONAL: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

GEAUGA: FORMER OFFICER; 0 HOURS; F

CHAKRAVARTY, SENECA MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)



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PORTAGE: DIRECTOR (EX-OFF) (BEGIN 01/22) (END 05/22); 2 HOURS; D

SILA, CATHY MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR/SECRETARY/TREASURER; 2 HOURS; D, O

TOGLIATTI-TRICKETT, KIMBERLY MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

PARMA: DIRECTOR (EX-OFF) (BEGIN 05/22); 50 HOURS; D

ST. JOHN: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

TRACZ, ROBERT:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: TRUSTEE; 2 HOURS; T

BENOIT, WILLIAM:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (EX-OFF)/PRESIDENT; 2 HOURS; D, O

SAMARITAN: DIRECTOR (EX-OFF)/PRESIDENT; 2 HOURS; D, O

RAPKIN, DAVID S. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

REGIONAL: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

HARFORD, TODD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

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SAMARITAN: FORMER OFFICER; 0 HOURS; F

ANTONIADES, STATHIS MPH:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMC: DIRECTOR (EX-OFF)/PRESIDENT/COO INTERIM (BEGIN 05/22); 2 HOURS;

D, O

UHMG: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

SIPPEY, MEGAN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAMARITAN: DIRECTOR (END 05/22); 2 HOURS; D

HILL, JAMES L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

VEHOVEC, MICHAEL R.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ECC: DIRECTOR/CHAIR; 2 HOURS; D, O

RAO, GOUTHAM MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR; 50 HOURS; D

CARPENTER, JENNIFER:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR; 2 HOURS; D

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PRESTEGAARD, BENJAMIN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

SAMARITAN: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

SCHARIO, MARK E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: PRESIDENT/SECRETARY; 2 HOURS; O

SYLVAN, DAVID:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR; 2 HOURS; D

CICERO, RICHARD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: TRUSTEE; 2 HOURS; T

BEJANISHVILI, TAMAR MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

REGIONAL: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

COLE, MELISSA CNP:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

HOME CARE: DIRECTOR/PRESIDENT (END 11/22); 2 HOURS; D, O

PIRTZ, JASON M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: CHIEF NURSING OFFICER; 2 HOURS; O

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ROYAL, KIMBERLY S. DO:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAMARITAN: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

CARLUCCI, ASHLEY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

CONNENAUT: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

ELYRIA: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

GENEVA: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

PARMA: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

REGIONAL: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

ST. JOHN: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

ZNIDARSIC, ROBERT MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: TRUSTEE; 50 HOURS; T

ZOLTANSKI, JOAN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAMARITAN: DIRECTOR (END 05/22); 2 HOURS; D

UHMG: DIRECTOR (END 10/22); 50 HOURS; D

HOYNES, SEAN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

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SAGUE, JONATHAN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ST. JOHN: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

GLOWCZEWSKI, JASON:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: DIRECTOR (EX-OFF) (END 5/22)/TREASURER (END 09/22)/SECRETARY;

2 HOURS; D, O

GEAUGA: DIRECTOR (EX-OFF) (END 02/22); 2 HOURS; D

GENEVA: DIRECTOR (EX-OFF) (END 05/22)/TREASURER (END 09/22)/SECRETARY;

2 HOURS; D, O

RAVICHANDRAN, KAMALESWARY MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

SNELSON, MARC MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

BROWN, SAM H.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHLSF: DIRECTOR/PRESIDENT/SECRETARY (END 10/22); 2 HOURS; D, O

KUMAR, AJAY MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GENEVA: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

CONNEAUT: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

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HAMMACK, ELIZABETH R. ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: FORMER OFFICER; 0 HOURS; F

SKARBINSKI, JULIE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (EX-OFF) (BEGIN 05/22)/SECRETARY/TREASURER (BEGIN

06/22); 50 HOURS; D, O

SAMARITAN: DIRECTOR (EX-OFF) (BEGIN 05/22)/SECRETARY/TREASURER (BEGIN

06/22); 2 HOURS; D, O

ADAIR, BRETT DO:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAMARITAN: DIRECTOR (END 05/22); 2 HOURS; D

SINK, KRISTI M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: FORMER OFFICER; 0 HOURS; F

ELYRIA: FORMER OFFICER; 0 HOURS; F

PARMA: FORMER OFFICER; 0 HOURS; F

BAUM, STEPHEN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: TRUSTEE (END 12/22); 50 HOURS; T

MONHEIM, KAREN M. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b> 90-0059117
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CCO: DIRECTOR; 2 HOURS; D

GODELLE, MICHAEL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHLSF: DIRECTOR; 2 HOURS; D

PATEL, CHETAN P., MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: TRUSTEE; 2 HOURS; T

KLINE, ANDREW L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (END 05/22); 2 HOURS; D

SOORIYAPALAN, NISHANTHINI MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: DIRECTOR (05/22); 2 HOURS; D

GENEVA: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

BECK, JOHN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ECC: DIRECTOR (END 12/22)/PRESIDENT; 2 HOURS; D, O

DZIEDZICKI, RONALD E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: FORMER OFFICER; 0 HOURS; F

UHLSF: FORMER OFFICER; 0 HOURS; F

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JAIN, MUKESH MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHMG: DIRECTOR (END 03/22); 2 HOURS; D

HUNT, JOYCE ANNE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAMARITAN: DIRECTOR (END 05/22); 2 HOURS; D

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 (END 02/22); 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

CONNEAUT: DIRECTOR (BEGIN 05/22); 2 HOURS; D

GENEVA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

REGIONAL: DIRECTOR (BEGIN 05/22); 2 HOURS; D

BALLINGER, MARCIA PHD:



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ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR/VICE CHAIR (END 05/22); 2 HOURS; D, O

ELYRIA: VICE CHAIR (END 5/22)/DIRECTOR; 2 HOURS; D, O

PARMA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

ST. JOHN: DIRECTOR (BEGIN 05/22); 2 HOURS; D

BALOGH, SCOTT:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

BANIEWICZ, JOHN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: TRUSTEE (EX-OFF); 2 HOURS; T

BARR, WILLIAM H. III:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

BEASLEY, TERESA METCALF:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

BEER, ANNE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR/CHAIR (BEGIN 05/22); 2 HOURS; D, O

SAMARITAN: CHAIR (END 05/22)/VICE CHAIR/DIRECTOR (BEGIN 05/22); 2

HOURS; D, O

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GROUP RETURN

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BEVERAGE, MORRIS W. JR., EDM:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

BLOXDORF, GREGORY DO:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ST. JOHN: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

BOWLER, CONNIE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

CONNEAUT: VICE CHAIR (END 5/22)/DIRECTOR; 2 HOURS; D, O

GENEVA: VICE CHAIR (END 5/22)/DIRECTOR; 2 HOURS; D, O

REGIONAL: DIRECTOR (BEGIN 05/22); 2 HOURS; D

BOYKO, TIMOTHY A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR/VICE CHAIR (BEGIN 05/22); 2 HOURS; D, O

PARMA: CHAIR (END 5/22)/VICE CHAIR (BEGIN 05/22)/DIRECTOR; 2 HOURS; D,

O

ST. JOHN: VICE CHAIR/DIRECTOR (BEGIN 05/22); 2 HOURS; D, O

BRADLEY, SALLY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: DIRECTOR (END 05/22); 2 HOURS; D

GENEVA: DIRECTOR (END 05/22); 2 HOURS; D

BRAGG, DAN A.:

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ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR (END 05/22); 2 HOURS; D

ELYRIA: DIRECTOR (END 05/22); 2 HOURS; D

BRECHT, CHRISTOPHER E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: DIRECTOR (END 05/22); 2 HOURS; D

GENEVA: DIRECTOR (END 05/22); 2 HOURS; D

BROOME, BARBARA ANN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: VICE CHAIR/DIRECTOR (END 05/22); 2 HOURS; D, O

BURKHOLDER, HARVEY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAMARITAN: DIRECTOR (END 05/22); 2 HOURS; D

CAMIENER, DAVID A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: 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)

SAMARITAN: DIRECTOR (END 05/22); 2 HOURS; D

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

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (END 05/22); 2 HOURS; D

CIACCIA, JULIUS JR.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR (END 05/22); 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)

ST. JOHN: DIRECTOR (END 05/22); 2 HOURS; D

CONNER, MARJORIE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (END 05/22); 2 HOURS; D

COOPER, DANIELLE MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: TRUSTEE; 2 HOURS; T

CORCORAN, KEVIN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR (END 05/22); 2 HOURS; D

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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ELYRIA: DIRECTOR (END 05/22); 2 HOURS; D

CORRENTI, MARY ANN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

REGIONAL: DIRECTOR (END 05/22); 2 HOURS; D

COWHEN, TIMOTHY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAMARITAN: DIRECTOR (END 05/22); 2 HOURS; D

DANA, RICHARD L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR/VICE CHAIR (BEGIN 05/22); 2 HOURS; D, O

CONNEAUT: DIRECTOR/VICE CHAIR (BEGIN 05/22); 2 HOURS; D, O

GENEVA: CHAIR (END 5/22)/VICE CHAIR (BEGIN 05/22)/DIRECTOR; 2 HOURS; D,

O

REGIONAL: VICE CHAIR/DIRECTOR (BEGIN 05/22); 2 HOURS; D, O

DAVIE, DIANE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR/VICE CHAIR (BEGIN 05/22); 2 HOURS; D, O

PARMA: DIRECTOR/VICE CHAIR (BEGIN 05/22); 2 HOURS; D, O

ST. JOHN: CHAIR (END 05/22)/VICE CHAIR (BEGIN 05/22)/DIRECTOR; 2 HOURS;

D, O

DEBS, MICHAEL MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

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

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR (END 05/22)/SECRETARY; 2 HOURS; D, O

DOLL, DAVID:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

DOODY, RICHARD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (END 05/22); 2 HOURS; D

EGLESTON, INDRANI:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

EMRHEIN, WILLIAM:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

FINE, LAUREN RICH:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (END 05/22); 2 HOURS; D

FITTS, JOHN T.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR/VICE CHAIR (BEGIN 05/22); 2 HOURS; D, O

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

Employer identification number  
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CONNEAUT: DIRECTOR/VICE CHAIR (BEGIN 05/22); 2 HOURS; D, O

GEAUGA: CHAIR/DIRECTOR (END 02/22); 2 HOURS; D, O

GENEVA: DIRECTOR/VICE CHAIR (BEGIN 05/22); 2 HOURS; D, O

REGIONAL: DIRECTOR/VICE CHAIR (BEGIN 05/22); 2 HOURS; D, O

FLANIGAN, KEVIN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

PARMA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

ST. JOHN: DIRECTOR (BEGIN 05/22); 2 HOURS; D

FLYNN, SCOTT ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: VICE CHAIR (END 05/22)/DIRECTOR ; 2 HOURS; D, O

SAMARITAN: DIRECTOR (BEGIN 05/22); 2 HOURS; D

FRENCH, MATTHEW C.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (END 05/22); 2 HOURS; D

GARCIA, RICHARD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

CONNEAUT: DIRECTOR; 2 HOURS; D

GENEVA: DIRECTOR; 2 HOURS; D

REGIONAL: DIRECTOR (BEGIN 05/22); 2 HOURS; D

GAUGHAN, HON. PATRICIA ANN:

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ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ST. JOHN: DIRECTOR (END 05/22); 2 HOURS; D

GIANFAGNA, JEAN M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ST. JOHN: DIRECTOR (END 05/22); 2 HOURS; D

GISZTL, RODNEY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR (END 05/22)/TREASURER; 2 HOURS; D, O

GREIG, JUDITH C. RN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

REGIONAL: DIRECTOR (END 05/22); 2 HOURS; D

GUBANC-ANDERSON, DAWN, MSN, RN, DPN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: TRUSTEE, VICE CHAIR; 2 HOURS; T, O

GUSZ, JOHN R. MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

HABER, IRWIN G.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR/CHAIR; 2 HOURS; D, O

CONNEAUT: DIRECTOR/CHAIR (BEGIN 05/22); 2 HOURS; D, O

GENEVA: DIRECTOR/CHAIR (BEGIN 05/22); 2 HOURS; D, O



Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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REGIONAL: DIRECTOR/CHAIR (BEGIN 05/22); 2 HOURS; D, O

HANFF, POLLY M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

REGIONAL: DIRECTOR (END 05/22); 2 HOURS; D

HARDIN, JR. CHARLES W.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: DIRECTOR (END 05/22); 2 HOURS; D

GENEVA: DIRECTOR (END 05/22); 2 HOURS; D

HARRINGTON-MCLAUGHLIN, JILL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (END 11/22); 2 HOURS; D

HARRIS, TIMOTHY S.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

HIMES, BRETT S.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: TRUSTEE, CHAIR; 2 HOURS; T, O

HOCKADAY, JAMES E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: DIRECTOR (END 05/22); 2 HOURS; D

GENEVA: DIRECTOR (END 05/22); 2 HOURS; D

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

Employer identification number  
90-0059117

HOSIER-ORVIS, B. PAIGE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

JEMISON, TRACY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: VICE CHAIR/DIRECTOR (END 02/22); 2 HOURS; D, O

JORDAN, SHARON SOBOL:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR/VICE CHAIR (BEGIN 05/22); 2 HOURS; D, O

CONNEAUT: DIRECTOR (BEGIN 05/22); 2 HOURS; D

GENEVA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

REGIONAL: DIRECTOR (BEGIN 05/22); 2 HOURS; D

JUBECK, THOMAS P.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: TRUSTEE; 2 HOURS; T

JUDD, JAMES (DELL) O.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

REGIONAL: DIRECTOR (END 05/22); 2 HOURS; D

JUNAID, ANSIR:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (BEGIN 05/22); 2 HOURS; D

KARLOVEC, JOHN D.:

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)

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

KELLY, MICHAEL J. SR.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (BEGIN 05/22); 2 HOURS; D

SAMARITAN: DIRECTOR; 2 HOURS; D

KELSAY, RALPH J.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

SAMARITAN: DIRECTOR (END 05/22); 2 HOURS; D

KINNEY, WARD (BUD) L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

KLAMMER, LISA, ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: TRUSTEE; 2 HOURS; T

KNECHT, BARBARA L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: SECRETARY/TREASURER/DIRECTOR (END 02/22); 2 HOURS; D, O

KOURY, LEE M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	<b>Employer identification number</b> 90-0059117
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LAISURE, COLLETTE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D

LEGEZA, MICHAEL D.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: DIRECTOR (END 05/22); 2 HOURS; D

GENEVA: DIRECTOR (END 05/22); 2 HOURS; D

LEININGER, KIMM:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

LEWIS, MICHAEL A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: CHAIR (END 05/22)/VICE CHAIR (BEGIN 05/22)/DIRECTOR; 2 HOURS;

D, O

SAMARITAN: DIRECTOR/VICE CHAIR (BEGIN 05/22); 2 HOURS; D, O

LONG, REV. JANET:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR (END 05/22); 2 HOURS; D

ELYRIA: DIRECTOR (END 05/22); 2 HOURS; D

MAINE, KAREEM D.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR (END 5/22); 2 HOURS; D

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

Employer identification number  
90-0059117

MARKOWITZ, DALE H.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

CONNEAUT: DIRECTOR (BEGIN 05/22); 2 HOURS; D

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

GENEVA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

REGIONAL: DIRECTOR (BEGIN 05/22); 2 HOURS; D

MAYHER, MICHAEL E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: TREASURER; 2 HOURS; O

MCQUISTON, EDWARD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

PARMA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

ST. JOHN: DIRECTOR; 2 HOURS; D

MIGGINS, LYNN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CHCO: DIRECTOR/CHAIR (END 05/22); 2 HOURS; D, O

ELYRIA: DIRECTOR/CHAIR; 2 HOURS; D, O

PARMA: DIRECTOR/CHAIR (BEGIN 05/22); 2 HOURS; D, O

ST. JOHN: DIRECTOR/CHAIR (BEGIN 05/22); 2 HOURS; D, O

MILLER, MARCIA J.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

REGIONAL: CHAIR/DIRECTOR (END 05/22); 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, PETE C.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

MOORE, ERIC J. ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

PARMA: VICE CHAIR (END 05/22)/DIRECTOR ; 2 HOURS; D, O

ST. JOHN: DIRECTOR (BEGIN 05/22); 2 HOURS; D

MYERS, PAUL R.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (BEGIN 05/22); 2 HOURS; D

SAMARITAN: DIRECTOR; 2 HOURS; D

NEWCOMB, CHRISTOPHER M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: DIRECTOR (END 05/22); 2 HOURS; D

GENEVA: DIRECTOR (END 05/22); 2 HOURS; D

OWEN, MELISSA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

PAGANINI, RAYMOND J.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: TRUSTEE; 2 HOURS; T

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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PHYFER, CHERI M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

PLECHA, DONNA MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (EX-OFF); 2 HOURS; D

PLUMMER, DEBORAH L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (END 05/22); 2 HOURS; D

PLUSH, MARK J:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CCO: DIRECTOR; 2 HOURS; D

POLITO, MARIA ANN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

REGIONAL: DIRECTOR (END 05/22); 2 HOURS; D

PRAUSE, JACK H.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: DIRECTOR (END 05/22); 2 HOURS; D

GENEVA: DIRECTOR (END 05/22); 2 HOURS; D

PRIEMER, WILLIAM A.:

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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UHCMC: DIRECTOR; 2 HOURS; D

REYNOLDS, DAVID M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (END 05/22); 2 HOURS; D

RICHARDSON, SEAN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

RIEMENSCHNEIDER, DANIEL R. CPA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR; 2 HOURS; D

SAMARITAN: DIRECTOR (BEGIN 05/22); 2 HOURS; D

RILEY, LORI A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: DIRECTOR (END 05/22); 2 HOURS; D

GENEVA: DIRECTOR (END 05/22); 2 HOURS; D

ROSENBERG, ENID:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (END 05/22); 2 HOURS; D

ROWELL, ROBIN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

REGIONAL: DIRECTOR (EX-OFF) (END 05/22); 2 HOURS; D



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

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PORTAGE: DIRECTOR (END 05/22); 2 HOURS; D

SAMSA, JOHN MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: TRUSTEE; 2 HOURS; T

SANDEN, ADAM:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: TRUSTEE, TREASURER (END 03/22); 2 HOURS; T, O

SARGENT, STEVE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: DIRECTOR (END 05/22); 2 HOURS; D

GENEVA: DIRECTOR (END 05/22); 2 HOURS; D

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 (END 05/22); 2 HOURS; D

SHARPNACK, PATRICIA DNP, RN:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (END 05/22); 2 HOURS; D

Name of the organization UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. GROUP RETURN	Employer identification number 90-0059117
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SINES, RAYMOND. E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: TRUSTEE, SECRETARY; 2 HOURS; T, O

SIRACUSA, ANTHONY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

CONNEAUT: DIRECTOR (BEGIN 05/22); 2 HOURS; D

GENEVA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

REGIONAL: VICE CHAIR (END 05/22)/DIRECTOR ; 2 HOURS; D, O

SKODA, GREGORY J.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: VICE CHAIR/DIRECTOR; 2 HOURS; D, O

SKORY, JOHN E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR; 2 HOURS; D

SMITH, GERI M.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

REGIONAL: DIRECTOR (END 05/22); 2 HOURS; D

SPALSBURG, ANGELA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

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

Employer identification number  
90-0059117

SPEAR, BRENDA:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

PARMA: VICE CHAIR (END 05/22)/DIRECTOR; 2 HOURS; D, O

ST. JOHN: DIRECTOR (BEGIN 05/22); 2 HOURS; D

STEIGER, DAVID, MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: TRUSTEE; 2 HOURS; T

STEINHILBER, JEFFREY:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (END 05/22); 2 HOURS; D

TAYLOR, EDDIE JR.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: CHAIR/DIRECTOR; 2 HOURS; D, O

THOMAS, DONNA ESQ.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR (END 05/22); 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

TREXLER, THOMAS:

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)

PORTAGE: DIRECTOR (END 05/22); 2 HOURS; D

VARCKETTE, STEVE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

CONNEAUT: DIRECTOR (END 05/22); 2 HOURS; D

GENEVA: DIRECTOR (END 05/22); 2 HOURS; D

VITO, LIESE MD:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PH: TRUSTEE/CHAIR; 2 HOURS; T, O

WALDECK, JOHN (JACK) W.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

GEAUGA: DIRECTOR (END 02/22); 2 HOURS; D

WEINER, DANIELLE:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

UHCMC: DIRECTOR (EX-OFF) (BEGIN 05/22); 2 HOURS; D

WILKINSON, SCOTT A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR (END 05/22); 2 HOURS; D

WILSON, DANIEL L.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: TRUSTEE; 2 HOURS; T

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

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

ELYRIA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

PARMA: DIRECTOR (BEGIN 05/22); 2 HOURS; D

ST. JOHN: DIRECTOR; 2 HOURS; D

ZANIN, CLAUDIO:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

PARMA: DIRECTOR (END 05/22); 2 HOURS; D

ZELLER, LORNA A.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

REGIONAL: DIRECTOR (END 05/22); 2 HOURS; D

ZELMAN, DANIEL N.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

AHUJA: DIRECTOR (END 05/22); 2 HOURS; D

ZIEGLER, KEITH E.:

ENTITY: TITLE; HOURS; ROLE (D, T, O, KE, HCE, F)

LHS: TRUSTEE; 2 HOURS; T

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

NET ASSETS RELEASED FROM RESTRICTION -43,543,000.

EQUITY TRANSFERS 235,064,638.

OTHER CHANGES IN FUND BALANCE 64,018,960.

CHANGE IN BENEFICIAL INTEREST FOUNDATIONS -33,865,000.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**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 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
LAKE HEALTH IPHE LLC 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	PHYSICIAN SERVICES	OHIO	0.	0.	LAKE HOSPITAL SYSTEM, INC.
7800 TYLER ASSOCIATES, LLC 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO	0.	0.	LAKE HOSPITAL SYSTEM, INC.
JUSTIN LBP, LLC 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO	0.	0.	LAKE HOSPITAL SYSTEM, INC.

**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-MSC 9155 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	
FUND FOR CURES UK, LTD. 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	GRANT FUNDING	UNITED KINGDOM	N/A	N/A	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
KETTERING MOHICAN AREA MEDICAL CENTER INC. - 34-0823455, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO	501(C)(3)		SAMARITAN REGIONAL HEALTH SYSTEM	X	

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LAKE HEALTH - UNIVERSITY HOSPITALS SEIDMAN CANCER CENTER - 31-1562964, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER	HEALTHCARE	OHIO	501(C)(3)	LINE 10	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
LAKE HEALTH - UNIVERSITY HOSPITALS SEIDMAN CANCER CENTER PHYSICIANS, INC. - , 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER	SUPPORT HOSPITAL	OHIO	501(C)(3)	LINE 12A, I	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
LAKE HOSPITAL FOUNDATION, INC. - 34-1425872 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	SUPPORT HOSPITAL	OHIO	501(C)(3)	LINE 12A, I	LAKE HOSPITAL SYSTEM, INC.	X	
LHS LEGACY - 86-2916134 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	MANAGEMENT	OHIO	501(C)(3)	LINE 12C, III-FI	LAKE HOSPITAL SYSTEM, INC.	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 GENERAL HOSPITAL	X	
ROBINSON MEMORIAL HOSPITAL FOUNDATION - 34-1510544, 6847 N. CHESTNUT STREET PO BOX, RAVENNA, OH 44266	SUPPORT HOSPITAL	OHIO	501(C)(3)	LINE 12A, I	ROBINSON HEALTH SYSTEM INC.	X	
SAMARITAN HOSPITAL FOUNDATION - 34-1783215 663 EAST MAIN STREET ASHLAND, OH 44805	SUPPORT HOSPITAL	OHIO	501(C)(3)	LINE 12C, III-FI	SAMARITAN REGIONAL HEALTH SYSTEM	X	
THE AUXILLARY OF LAKE HOSPITAL SYSTEM, INC. - 34-1605226, 7590 AUBURN ROAD, CONCORD TOWNSHIP, OH 44077	PATIENT NEEDS AND PHYSICIAN EQUIPMENT	OHIO	501(C)(3)	LINE 3	LAKE HOSPITAL SYSTEM, INC.	X	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CONCORD MEDICAL CAMPUS, PHYSICIAN BUILDING, LLC - 26-0550261, 7580 AUBURN RD, CONCORD, OH 44077	OFFICE SPACE	OH	LAKE HOSPITAL SYSTEM, INC.	RELATED	225,414.	1,931,256.		X	N/A		X	52.49%
NEW MANNA CLG, LLC - 37-1848577, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	MEDICAL SERVICES	OH	LAKE HOSPITAL SYSTEM, INC.	UNRELATED	-3,657,340.	14,202,228.		X	N/A		X	51.00%
SAMARITAN REGIONAL PAIN MANAGEMENT, LLC - 46-2286785, 1025 CENTER STREET, ASHLAND, OH 44805	MEDICAL SERVICES	OH	SAMARITAN REGIONAL HEALTH SYSTEM	RELATED	364,046.	271,734.		X	N/A		X	51.00%
UH CANTON-ENDOSCOPY, LLC - 83-0638696, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, 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 CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	PHYSICIAN ADMINISTRATION	OH	COMPREHENSIVE HEALTH CARE OF OHIO, INC.	C CORP	1,294,299.	4,265,771.	100%	X	
EMH MEDICAL OFFICE BUILDING IN AVON, INC. - 34-1935407, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	REAL ESTATE	OH	EMH REGIONAL MEDICAL CENTER	C CORP	70,076.	89,970.	100%	X	
EMH PROFESSIONAL SERVICES, INC. - 34-1778419 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	PHYSICIAN GROUP	OH	N/A	C CORP	N/A	N/A	N/A	X	
LHS ASSURANCE, LTD - 98-0456229 23 LIME TREE BAY AVENUE , GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	LAKE HOSPITAL SYSTEM, INC.	C CORP	0.	0.	100%	X	
NORTH OHIO HEART, INC. - 27-2574020 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	COMPREHENSIVE HEALTH CARE OF OHIO, INC.	C CORP	0.	54,689.	100%	X	



**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
POWERS PROFESSIONAL CORPORATION - 34-1735290 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	PARMA COMMUNITY GENERAL	C CORP	0.	0.	100%	X	
PRL CORPORATION - 34-1499245 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	PARMA COMMUNITY GENERAL	C CORP	2,197,270.	5,219,659.	100%	X	
QUALITY CARE NETWORK, INC. - 81-1081563 3605 WARRENSVILLE CENTER ROAD-MSC 9155 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 CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	HOLDING COMPANY	OH	N/A	C CORP	N/A	N/A	N/A	X	
UHHS PROVIDER AND CENTRAL VERIFICATION ORGANIZATION, INC. - 34-1908517, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER	MEDICAL MANAGEMENT	OH	N/A	C CORP	N/A	N/A	N/A	X	
UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION, INC. - 81-3836118, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER	ACCOUNT CARE	OH	N/A	C CORP	N/A	N/A	N/A	X	
UNIVERSITY HOSPITALS HOLDINGS, INC. - 34-1768931, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HOLDING COMPANY	OH	N/A	C CORP	N/A	N/A	N/A	X	
UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC. - 34-1768929, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, 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 CENTER ROAD-MSC 9155, 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 GT KY1, , GRAND CAYMAN, CAYMAN ISLANDS	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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
ROBINSON HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS <b>(1)</b> PHYSICIAN SERVICES,	A	1,635,365.	GENERAL LEDGER
SAMARITAN REGIONAL HEALTH SYSTEM FROM UNIVERSITY HOSPITALS <b>(2)</b> PHYSICIAN SERVIC	A	670,017.	GENERAL LEDGER
UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER FROM UNIVERSITY <b>(3)</b> HOSPITALS PHYS	A	522,375.	GENERAL LEDGER
UH REGIONAL HOSPITALS FROM UNIVERSITY HOSPITALS PHYSICIAN <b>(4)</b> SERVICES, INC.	A	504,169.	GENERAL LEDGER
PARMA COMMUNITY GENERAL HOSPITAL FROM UNIVERSITY HOSPITALS <b>(5)</b> PHYSICIAN SERVIC	A	175,355.	GENERAL LEDGER
SAMARITAN REGIONAL HEALTH SYSTEM FROM UNIVERSITY HOSPITALS <b>(6)</b> HEALTH SYSTEM, I	A	84,901.	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) EMH REGIONAL MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYSICIAN SERVICES, I	A	46,474.	GENERAL LEDGER
(8) ROBINSON HEALTH SYSTEM, INC. FROM UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORG	A	44,348.	GENERAL LEDGER
(9) UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYS	A	40,622.	GENERAL LEDGER
(10) UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER FROM UNIVERSITY HOSPITALS PHYSIC	A	24,706.	GENERAL LEDGER
(11) UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC. FROM UNIVERSITY HOSPITALS P	A	22,852.	GENERAL LEDGER
(12) LAKE HOSPITAL SYSTEM, INC. FROM UNIVERSITY HOSPITALS PHYSICIAN SERVICES, IN	A	6,162.	GENERAL LEDGER
(13) PARMA COMMUNITY GENERAL HOSPITAL TO PARMA HOSPITAL HEALTH CARE FOUNDATION	B	640,668.	GENERAL LEDGER
(14) ROBINSON HEALTH SYSTEM, INC. TO ROBINSON MEMORIAL HOSPITAL FOUNDATION	B	638,580.	GENERAL LEDGER
(15) LAKE HOSPITAL SYSTEM, INC. TO LAKE HOSPITAL FOUNDATION, INC.	B	489,553.	GENERAL LEDGER
(16) EMH REGIONAL MEDICAL CENTER TO ELYRIA MEDICAL CENTER FOUNDATION	B	103,440.	GENERAL LEDGER
(17) ROBINSON HEALTH SYSTEM, INC. FROM ROBINSON MEMORIAL HOSPITAL FOUNDATION	C	1,070,748.	GENERAL LEDGER
(18) EMH REGIONAL MEDICAL CENTER FROM ELYRIA MEDICAL CENTER FOUNDATION	C	1,000,000.	GENERAL LEDGER
(19) LAKE HOSPITAL SYSTEM, INC. FROM LAKE HOSPITAL FOUNDATION, INC.	C	652,812.	GENERAL LEDGER
(20) PARMA COMMUNITY GENERAL HOSPITAL FROM PARMA HOSPITAL HEALTH CARE FOUNDATION	C	407,243.	GENERAL LEDGER
(21) CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	K	6,321,763.	GENERAL LEDGER
(22) UNIVERSITY HOSPITALS MEDICAL GROUP INC FROM UNIVERSITY HOSPITALS HEALTH SYS	K	2,920,144.	GENERAL LEDGER
(23) CLEVELAND MEDICAL CENTER FROM 5805 EUCLID, INC.	K	895,206.	GENERAL LEDGER
(24) AHUJA MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	K	865,082.	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) CLEVELAND MEDICAL CENTER FROM UNIVERSITY SUBURBAN REAL ESTATE, LTD.	K	660,530.	GENERAL LEDGER
(8) CLEVELAND MEDICAL CENTER FROM PRL CORPORATION	K	525,803.	GENERAL LEDGER
(9) UNIVERSITY HOSPITALS MEDICAL GROUP INC FROM UNIVERSITY SUBURBAN REAL ESTATE	K	473,790.	GENERAL LEDGER
(10) UH LAB SERVICES FOUNDATION FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	K	447,033.	GENERAL LEDGER
(11) PARMA MEDICAL CENTER FROM PRL CORPORATION	K	417,428.	GENERAL LEDGER
(12) UH REGIONAL HOSPITALS FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	K	341,339.	GENERAL LEDGER
(13) SAMARITAN MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	K	230,989.	GENERAL LEDGER
(14) UNIVERSITY HOSPITALS MEDICAL GROUP INC FROM PRL CORPORATION	K	99,576.	GENERAL LEDGER
(15) ELYRIA MEDICAL CENTER FROM NORTH OHIO HEART INC.	K	94,854.	GENERAL LEDGER
(16) PARMA MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	K	89,517.	GENERAL LEDGER
(17) ST. JOHN MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	K	74,919.	GENERAL LEDGER
(18) GENEVA MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	K	64,418.	GENERAL LEDGER
(19) AHUJA MEDICAL CENTER FROM UNIVERSITY SUBURBAN REAL ESTATE, LTD.	K	60,208.	GENERAL LEDGER
(20) LAKE HOSPITAL SYSTEM, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	605,167,420.	GENERAL LEDGER
(21) UNIVERSITY HOSPITALS MEDICAL GROUP, INC. TO UNIVERSITY HOSPITALS HEALTH SYS	R	162,237,719.	GENERAL LEDGER
(22) UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC. TO UNIVERSITY HOSPITALS HEA	R	83,130,041.	GENERAL LEDGER
(23) PARMA COMMUNITY GENERAL HOSPITAL TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC	R	42,961,133.	GENERAL LEDGER
(24) UNIVERSITY HOSPITALS HOME CARE SERVICES, INC. TO UNIVERSITY HOSPITALS HEALT	R	26,873,294.	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 UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	25,825,447.	GENERAL LEDGER
(8) EMH REGIONAL MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	11,114,687.	GENERAL LEDGER
(9) UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER TO UNIVERSITY HOSPITALS HEALTH	R	4,986,880.	GENERAL LEDGER
(10) ROBINSON HEALTH SYSTEM, INC. TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	1,442,306.	GENERAL LEDGER
(11) UH REGIONAL HOSPITALS TO UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	R	1,305,680.	GENERAL LEDGER
(12) LAKE HOSPITAL SYSTEM, INC. FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	598,652,975.	GENERAL LEDGER
(13) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEA	S	32,622,641.	GENERAL LEDGER
(14) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEA	S	14,501,793.	GENERAL LEDGER
(15) UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION FROM UNIVERSITY HOSPITALS	S	12,858,071.	GENERAL LEDGER
(16) UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEALTH	S	8,216,229.	GENERAL LEDGER
(17) UH REGIONAL HOSPITALS FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	7,685,106.	GENERAL LEDGER
(18) UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER FROM UNIVERSITY HOSPITALS HEAL	S	7,080,960.	GENERAL LEDGER
(19) SAMARITAN REGIONAL HEALTH SYSTEM FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, I	S	1,860,396.	GENERAL LEDGER
(20) PRIMEHEALTH, INC. FROM UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	S	655,688.	GENERAL LEDGER
(21) COMPREHENSIVE HEALTH CARE OF OHIO, INC. FROM UNIVERSITY HOSPITALS HEALTH SY	S	327,351.	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](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. 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, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2022 or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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



**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

Consolidated Financial Statements  
and Supplementary Information

December 31, 2022 and 2021

(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, 2022 and December 31, 2021, 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, 2022 and December 31, 2021, 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 17, 2023

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

## Consolidated Balance Sheets

December 31, 2022 and 2021

(In thousands of dollars)

<b>Assets</b>	<b>2022</b>	<b>2021</b>
Current assets:		
Cash and cash equivalents	\$ 224,195	691,177
Patient accounts receivable	673,685	662,972
Other receivables	126,988	100,802
Other current assets	234,264	255,607
Total current assets	<u>1,259,132</u>	<u>1,710,558</u>
Investments	2,466,033	2,752,155
Property and equipment, net	2,157,323	2,063,937
Other assets:		
Investments in affiliates	116,385	146,746
Beneficial interest in foundations	187,768	219,374
Perpetual trusts	204,351	249,271
Other	315,552	335,016
Total other assets	<u>824,056</u>	<u>950,407</u>
Total assets	<u>\$ 6,706,544</u>	<u>7,477,057</u>

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

Consolidated Balance Sheets

December 31, 2022 and 2021

(In thousands of dollars)

<b>Liabilities and Net Assets</b>	<b>2022</b>	<b>2021</b>
Current liabilities:		
Current installments of long-term debt	\$ 7,645	17,663
Accounts payable and accrued expenses	663,253	607,807
Other current liabilities	217,622	243,781
Estimated amounts due to third-party payors	53,207	63,625
CMS advances, current	—	209,166
Total current liabilities	<u>941,727</u>	<u>1,142,042</u>
Long-term debt, less current installments	1,710,454	1,722,773
Revolving credit	60,000	—
Liability related to the sale of future revenue	91,357	92,273
Other liabilities	<u>631,451</u>	<u>814,597</u>
Total liabilities	<u>3,434,989</u>	<u>3,771,685</u>
Net assets:		
Without donor restrictions	2,300,507	2,628,332
With donor restrictions	<u>971,048</u>	<u>1,077,040</u>
Total net assets	<u>3,271,555</u>	<u>3,705,372</u>
Total liabilities and net assets	<u>\$ 6,706,544</u>	<u>7,477,057</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, 2022 and 2021

(In thousands of dollars)

	<b>2022</b>	<b>2021</b>
<b>Revenues:</b>		
Net patient service revenue	\$ 5,058,417	4,938,316
Other revenue	348,690	400,081
Total revenues	5,407,107	5,338,397
<b>Expenses:</b>		
Salaries, wages, and employee benefits	3,151,102	2,880,165
Purchased services	376,940	326,271
Patient care supplies	1,227,548	1,126,313
Other supplies	50,496	43,858
Insurance	62,159	97,338
Other	518,325	467,220
Depreciation and amortization	273,228	235,345
Non-cash interest for the sale of future revenue	3,582	2,696
Interest	47,418	54,487
Special charges	5,292	953
Recoveries in excess of insurance	(6,894)	(750)
Total expenses	5,709,196	5,233,896
Net operating (loss) income	(302,089)	104,501
<b>Nonoperating revenues (expenses):</b>		
Net investment (loss) income	(198,075)	141,324
Change in fair value of derivative instruments	89,064	17,643
Loss on extinguishment of debt	—	(75)
Member substitution	—	217,941
Loss on disposition of business unit	—	(2)
Pension settlement costs	(71,261)	—
Nonservice periodic pension benefit (costs)	1,985	(14,021)
(Deficiency) excess of revenues over expenses	\$ (480,376)	467,311

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, 2022 and 2021

(In thousands of dollars)

	<u>Without donor restrictions</u>	<u>With donor restrictions</u>	<u>Total</u>
Net assets at December 31, 2020	\$ 1,958,872	940,313	2,899,185
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>
Increase in net assets			
Net assets at December 31, 2021	<u>2,628,332</u>	<u>1,077,040</u>	<u>3,705,372</u>
Deficiency of revenues over expenses	(480,376)	—	(480,376)
Investment loss	—	(22,317)	(22,317)
Contributions	—	44,767	44,767
Change in beneficial interest in Foundations and perpetual trusts	—	(76,526)	(76,526)
Net assets released from restrictions used for operations	—	(43,326)	(43,326)
Pension settlement costs	71,261	—	71,261
Pension liability adjustment	70,961	—	70,961
Net assets released from restrictions for acquisition of property and equipment	8,590	(8,590)	—
Contributed capital	1,739	—	1,739
	<u>(327,825)</u>	<u>(105,992)</u>	<u>(433,817)</u>
Decrease in net assets			
Net assets at December 31, 2022	\$ <u><u>2,300,507</u></u>	<u><u>971,048</u></u>	<u><u>3,271,555</u></u>

See accompanying notes to consolidated financial statements.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

Consolidated Statements of Cash Flows

Years ended December 31, 2022 and 2021

(In thousands of dollars)

	<u>2022</u>	<u>2021</u>
Operating activities:		
Change in net assets	\$ (433,817)	806,187
Adjustments to reconcile (decrease) increase in net assets to net cash and cash equivalents provided by operating activities:		
Depreciation and amortization	273,228	235,345
Amortization of bond premium, discount, and financing costs	(5,194)	(11,649)
Non-cash net activity associated with the sale of future revenue	(916)	(246)
Loss on extinguishment of debt	—	75
Change in beneficial interest in foundations and perpetual trusts	76,526	(46,046)
Net realized and unrealized investment losses (gains)	274,868	(136,300)
Pension liability adjustment	(70,961)	(195,889)
Net change attributable to investments in joint ventures	30,361	(21,786)
Restricted revenue and investment income	(26,737)	(81,176)
Member substitution	—	(211,707)
Net change in operating assets and liabilities:		
Patient accounts receivable	(10,713)	(81,705)
Other current assets and receivables	(4,843)	(37,368)
Accounts payable, accrued expenses, and other current liabilities	44,017	26,367
Other assets and liabilities	<u>(312,305)</u>	<u>(153,090)</u>
Net cash (used in) provided by operating activities	<u>(166,486)</u>	<u>91,012</u>
Investing activities:		
Acquisition of property and equipment	(374,200)	(242,658)
Proceeds from sales of investments	1,367,144	2,885,821
Purchases of investments	<u>(1,386,733)</u>	<u>(3,182,071)</u>
Net cash used in investing activities	<u>(393,789)</u>	<u>(538,908)</u>
Financing activities:		
Proceeds from restricted revenue and investment income	26,737	81,176
Repayment of long-term debt	(17,143)	(368,075)
Proceeds from issuance of long-term debt	—	403,543
Bond issuance costs	—	(4,684)
Payments on revolving credit borrowing	(145,000)	(66,366)
Proceeds from revolving credit borrowing	205,000	66,366
Change in treasury service agreement	<u>(7,144)</u>	<u>12,210</u>
Net cash provided by financing activities	<u>62,450</u>	<u>124,170</u>
Decrease in cash, cash equivalents, and restricted cash	(497,825)	(323,726)
Cash, cash equivalents, and restricted cash at beginning of year	<u>726,331</u>	<u>1,050,057</u>
Cash, cash equivalents, and restricted cash at end of year	\$ <u><u>228,506</u></u>	\$ <u><u>726,331</u></u>
Supplemental cash flow information:		
Reconciliation of cash, cash equivalents and restricted cash to the consolidated balance sheets:		
Cash and cash equivalents	\$ 224,195	691,177
Restricted cash included in investments	<u>4,311</u>	<u>35,154</u>
Total cash, cash equivalents, and restricted cash	\$ <u><u>228,506</u></u>	\$ <u><u>726,331</u></u>
Change in accounts payable related to property and equipment	\$ (7,586)	150

See accompanying notes to consolidated financial statements.

## UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(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.

On January 26, 2022, UH Regional Hospitals was added as an Obligated Group member under the UH Master Trust Indenture. Effective February 1, 2022, University Hospitals Geauga Medical Center and UH Regional Hospitals merged, with UH Regional Hospitals being the surviving entity and Obligated Group member. Prior to February 1, 2022, University Hospitals Geauga Medical Center operated an inpatient hospital in Chardon, Ohio and was an Obligated Group member, while UH Regional Hospitals operated two inpatient hospitals in Bedford, Ohio and Richmond Heights, Ohio and was not a member of the Obligated Group. On August 12, 2022 inpatient services ceased at the Bedford and Richmond Heights campuses. UH Regional Hospitals currently operates three campuses in Chardon, Ohio (inpatient and outpatient services), Bedford, Ohio (outpatient services only) and Richmond Heights, Ohio (outpatient services only).

### (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 based upon the underlying net asset value of the fund or partnership as estimated and reported by the general partners as a practical expedient.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(in thousands of dollars)

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 net investment (loss) income. Investment (loss) income on investments with restrictions is recorded according to the donor's intentions and reported as investment (loss) income with donor restrictions within the consolidated statement of 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.

**(c) Long-term Debt – Costs of Borrowing**

Deferred financing costs are capitalized when incurred, and then amortized during the period in which the debt is outstanding. Net deferred financing costs totaled \$11,666 and \$14,229 as of December 31, 2022 and 2021 and are reported as a component of long-term debt on the consolidated balance sheets.

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 \$8,230 and \$4,153 for the years ended December 31, 2022 and 2021, respectively.

**(d) Sale of Future Revenue**

The sale of future revenue to University Circle Parking Services LLC is considered a 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 remaining term of the lease. Estimated useful lives of equipment vary generally from 3 to 20 years.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(in thousands of dollars)

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, 2022 and 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 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 \$304,843 and \$291,096 as of December 31, 2022 and 2021, respectively, which have not been recognized as assets or revenue 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, 2022 and 2021 are reported as follows:

	<u>2022</u>	<u>2021</u>
Without donor restrictions	\$ 2,882	3,311
With donor restrictions	44,767	80,941
	<u>\$ 47,649</u>	<u>84,252</u>

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(in thousands of dollars)

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, 2022 and 2021 are as follows:

	<u>2022</u>	<u>2021</u>
Pledges due:		
In less than one year	\$ 63,315	63,211
In one year to five years	64,241	67,725
In more than five years	<u>53,785</u>	<u>47,058</u>
	181,341	177,994
Discount	(32,710)	(13,930)
Allowance for doubtful pledges	<u>(7,432)</u>	<u>(7,605)</u>
	<u>\$ 141,199</u>	<u>156,459</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 Emergency Management Agency and Coronavirus Relief Funds totaled \$20,523 and \$11,594 for the years ended December 31, 2022 and 2021, 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.

## UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(in thousands of dollars)

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, 2022 and 2021 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 minimal bad debt expense recorded for the years ended December 31, 2022 and 2021.

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, 2022 and 2021 was \$53,655 and \$50,023, 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.

### **(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.



## UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(in thousands of dollars)

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 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 US 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

## UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(in thousands of dollars)

unsecured trade payables program that is noninterest bearing and is not collateralized. The Agreement includes customary covenants as well as customary events of default. The amounts outstanding on the Agreement fluctuate on a daily basis, but as of December 31, 2022 and 2021, the amount outstanding included within accounts payable was \$69,354 and \$62,210, 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.

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

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(in thousands of dollars)

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.

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 and Board Designated Funds**

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 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 \$33,548 and \$37,014 at December 31, 2022 and 2021, and are included within investments and net assets without donor restrictions. These assets are designated by the board for various uses and can be used for other purposes as needed and directed by the Board.

**(p) (Deficiency) Excess of Expenses over Revenues**

The consolidated statements of operations and changes in net assets include a performance indicator, (deficiency) 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, 2022 and 2021, are as follows:

	<u>2022</u>			<u>2021</u>	
Medicare	\$ 1,751,406	35 %	\$	1,660,825	34 %
Medicaid	703,704	14		718,467	14
Managed care and commercial	2,481,530	49		2,413,270	49
Self-pay	<u>121,777</u>	2		<u>145,754</u>	3
	<u>\$ 5,058,417</u>		\$	<u>4,938,316</u>	

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(in thousands of dollars)

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, 2022 and 2021, are as follows:

	<u>2022</u>			<u>2021</u>	
Medicare	\$ 164,165	24 %	\$	166,850	25 %
Medicaid	72,259	11		54,689	8
Managed care and commercial	417,358	62		414,030	63
Self-pay	<u>19,903</u>	3		<u>27,403</u>	4
	<u>\$ 673,685</u>		\$	<u>662,972</u>	

**(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, 2022 and 2021 are as follows:

	<u>2022</u>	<u>2021</u>
Time/purpose restrictions:		
Capital expenditures	\$ 54,371	56,719
Education	37,429	48,379
Research	124,614	158,752
Patient care	129,551	130,593
Beneficial interest in foundations	146,441	177,812
Amounts held in perpetuity:		
Perpetual trusts	204,351	249,271
Receivables	22,821	21,755
Endowments	210,143	192,197
Beneficial interest in foundations	<u>41,327</u>	<u>41,562</u>
	<u>\$ 971,048</u>	<u>1,077,040</u>

The System's endowment consists of 454 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 \$210,143 and \$192,197 at December 31, 2022 and 2021, respectively. Accumulated earnings from donor restricted endowment funds totaled \$49,490 and \$86,951 at December 31, 2022 and 2021, respectively, and are reported within the applicable purpose restrictions in the table above.

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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 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.

	<b>Without donor restriction</b>	<b>With donor restriction</b>	<b>Total</b>
Endowment net assets, at December 31, 2020	\$ 13,485	228,419	241,904
Endowment return:			
Investment income	2,792	39,143	41,935
(Transfers) contributions	(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	12,676	279,148	291,824
Endowment return:			
Investment loss	(1,063)	(23,314)	(24,377)
Contributions	1,303	17,637	18,940
Appropriation of endowment assets for expenditure	<u>—</u>	<u>(13,838)</u>	<u>(13,838)</u>
Endowment net assets, at December 31, 2022	\$ <u>12,916</u>	<u>259,633</u>	<u>272,549</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.

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**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.

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 or SOFR, 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 \$148,631 and \$164,064 at December 31, 2022 and 2021, 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, 2022:				
Assets:				
Cash and cash equivalents	\$ 224,195	—	—	224,195
Cash equivalents – pooled with investments	135,426	—	—	135,426
Restricted cash – held by trustees	4,311	—	—	4,311
Fixed income securities:				
Corporate bonds	—	44,213	—	44,213
Fixed income mutual funds	621,165	202,438	—	823,603
Government securities	77,311	108,966	—	186,277
Total fixed income securities	<u>698,476</u>	<u>355,617</u>	<u>—</u>	<u>1,054,093</u>
Mutual funds:				
Domestic mutual funds	393,840	5,063	—	398,903
International mutual funds	361,043	37,395	—	398,438
Total mutual funds	<u>754,883</u>	<u>42,458</u>	<u>—</u>	<u>797,341</u>
Deferred compensation assets – mutual funds				
	31,812	—	—	31,812
Beneficial interest in Foundations	—	—	187,768	187,768
Perpetual trusts	—	—	204,351	204,351
Interest rate swaps	—	18,768	—	18,768
Total assets	<u>\$ 1,849,103</u>	<u>416,843</u>	<u>392,119</u>	<u>2,658,065</u>
Liabilities:				
Deferred compensation liabilities	\$ 31,812	—	—	31,812
Interest rate swaps	—	19,219	—	19,219
Total liabilities	<u>\$ 31,812</u>	<u>19,219</u>	<u>—</u>	<u>51,031</u>

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	<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>
Mutual funds:				
Domestic mutual funds	516,527	2,387	—	518,914
International mutual funds	397,265	—	—	397,265
Total mutual 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>

The following table summarizes the System's investments at December 31, 2022 and 2021, for which NAV was used as a practical expedient to estimate fair value:

	<u>2022</u>	<u>2021</u>
Hedge funds	\$ 289,959	286,129
Real estate	54,425	52,191
Distressed debt	12,002	18,186
Private equity	118,476	96,979
Total alternative investments	<u>\$ 474,862</u>	<u>453,485</u>



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For the years ended December 31, 2022 and 2021, there were no transfers into or out of Level 1, 2, or 3.

For the years ended December 31, 2022 and 2021, the reconciliation of investments with fair value measurements using significant unobservable inputs (level 3) is as follows:

	<b>Fair value measurements using significant unobservable inputs (Level 3)</b>		
	<b>Beneficial interest in foundations</b>	<b>Perpetual trusts</b>	<b>Total</b>
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	18,045	—	18,045
Balance at December 31, 2021	219,374	249,271	468,645
Total change included in:			
Donor restricted net assets	(31,606)	(44,920)	(76,526)
Balance at December 31, 2022	\$ 187,768	204,351	392,119

**(6) Investments**

The composition of investments at December 31, 2022 and 2021 are as follows:

	<b>2022</b>	<b>2021</b>
Cash equivalents – pooled with investments	\$ 135,426	214,851
Restricted cash – held by bond trustees	4,311	35,154
Fixed income securities	1,054,093	1,121,591
Equities, mutual and exchange traded funds	797,341	916,179
Alternative investments	474,862	453,485
Other	—	10,895
Total investments	\$ 2,466,033	2,752,155

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 private credit. 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

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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 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, 2022 are as follows:

	<u>Carrying</u> <u>value</u>	<u>Unfunded</u> <u>commitments</u>
Less than 1 year, no contractual restrictions have been imposed	\$ 307,395	5,643
Limited partnership fund expiring in 1–5 years	23,305	7,108
Limited partnership fund expiring in 6–10 years	80,583	13,242
Limited partnership fund expiring in 11–15 years	39,728	30,546
Limited partnership fund expiring in 15+ years	<u>23,851</u>	<u>75,639</u>
Total alternative investments	\$ <u>474,862</u>	<u>132,178</u>

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The components and related restrictions of investments shown above are as follows:

	<u>2022</u>	<u>2021</u>
Without donor restriction and board designated	\$ 2,025,337	2,257,445
With donor restriction	436,385	451,014
Investments held by bond trustees	4,311	35,154
Swap collateral	<u>—</u>	<u>8,542</u>
Total investments	\$ <u>2,466,033</u>	<u>2,752,155</u>

Investment income is comprised of the following for the years ended December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Interest and dividend income:		
Without donor restriction	\$ 37,510	60,843
With donor restriction	<u>4,961</u>	<u>3,841</u>
	<u>42,471</u>	<u>64,684</u>
Net realized and change in unrealized (losses) gains:		
Without donor restriction	(235,585)	80,481
With donor restriction	<u>(27,278)</u>	<u>37,765</u>
	<u>(262,863)</u>	<u>118,246</u>
Total investment (loss) income	\$ <u>(220,392)</u>	<u>182,930</u>

**(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

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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, 2022 and 2021 is as follows:

	<u>2022</u>	<u>2021</u>
Balance at beginning of period	\$ 92,273	92,519
Current year amortization of net proceeds	<u>(916)</u>	<u>(246)</u>
Balance at end of period	<u>\$ 91,357</u>	<u>92,273</u>

The System recognized \$4,498 and \$2,942 reported in other revenue and \$3,582 and \$2,696 of non-cash interest expense related to this transaction for the years ended December 31, 2022 and 2021, respectively.

**(8) Property and Equipment**

Property and equipment, at December 31, 2022 and 2021, are summarized below:

	<u>2022</u>	<u>2021</u>
Land and land improvements	\$ 206,937	205,049
Buildings and fixed equipment	2,420,268	2,423,466
Movable equipment and furnishings	1,937,253	1,900,902
Construction in progress	<u>392,065</u>	<u>175,478</u>
	4,956,523	4,704,895
Less accumulated depreciation	<u>2,799,200</u>	<u>2,640,958</u>
Property and equipment, net	<u>\$ 2,157,323</u>	<u>2,063,937</u>

As of December 31, 2022, the System has made contractual commitments on construction contracts, including information technology projects, of \$155,146.

**(9) Long-Term Debt**

The System's \$275,000 revolving credit commitment (the Credit Commitment), is a syndicated commitment with a maturity date of September 17, 2027. The Credit Commitment bears interest at various rates for short-term periods. For the years ended December 31, 2022 and 2021, the weighted average interest rate for borrowings under this credit line was 3.68% and 0.73%, respectively. As of December 31, 2022 and 2021, there were \$60,000 and \$0, respectively, in borrowings outstanding under the Credit Commitment

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reported within noncurrent liabilities in the consolidated balance sheet. The remaining available Credit Commitment is \$215,000 and \$250,000 at December 31, 2022 and 2021, respectively.

A summary of long-term debt at December 31, 2022 and 2021 is as follows:

Series	Type	Average interest rate% for the years ended December 31, 2022 and 2021	Final maturity	Amount outstanding December 31	
				2022	2021
2021A Revenue Bonds	Fixed	3.15	2051	\$ 157,825	157,825
2021B Revenue Bonds	Variable	1.42, 0.12	2049	30,000	30,000
2021C Revenue Bonds	Variable	1.45, 0.12	2051	20,000	20,000
2021D Revenue Bonds	Variable	1.20, 0.06	2051	50,000	50,000
2021E Revenue Bonds	Fixed	2.66	2041	82,605	82,605
2021G Revenue Bonds	Variable	2.20, 0.66	2040	38,400	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	1.92, 0.63	2050	127,010	127,010
2020E Revenue Bonds	Variable	1.84, 0.55	2050	46,915	46,915
2018A Revenue Bonds	Variable	0.97, 0.02	2046	25,230	25,230
2018B Revenue Bonds	Variable	1.21, 0.05	2046	36,355	36,355
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	1.44, 0.15	2045	30,000	30,000
2015B Revenue Bonds	Variable	1.46, 0.12	2045	30,000	30,000
2015C Revenue Bonds	Variable	1.45, 0.15	2045	40,000	40,000
2014A Revenue Bonds	Fixed	3.69	2044	46,145	46,145
2014B Revenue Bonds	Variable	1.44, 0.15	2045	30,000	30,000
2013A Revenue Bonds	Fixed	4.65	2029	68,575	74,575
2013B Revenue Bonds	Variable	1.46, 0.12	2033	28,000	28,000
2012A Revenue Bonds	Fixed	4.73	2041	63,355	66,175
CIF	Fixed	2.05	2045	22,000	22,000
Other long-term debt		Various	Various	4,077	12,400
				<u>1,653,972</u>	<u>1,671,115</u>
Unamortized premium				76,326	84,128
Less:					
Unamortized discount				533	578
Deferred financing costs				11,666	14,229
Current installments				<u>7,645</u>	<u>17,663</u>
Long-term debt, less current installments				<u>\$ 1,710,454</u>	<u>1,722,773</u>

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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, 2022 and 2021.

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 Hospitals Geauga Medical Center, a Campus of UH Regional Hospitals, University Hospitals Ahuja Medical Center, University Hospitals Parma Medical Center, University Hospitals Elyria Medical Center, University Hospitals St. John Medical Center, Lake Hospital System, Inc. (as of October 2021), University Hospitals Regional Hospitals - Richmond Heights Outpatient Campus (as of February 2022) and University Hospitals Regional Hospitals Bedford Outpatient Campus (as of February 2022).

The System did not issue new debt in 2022. 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.

As of December 31, 2022, the System's debt structure consists of 68% fixed rate debt and 32% floating rate debt, \$1,117,985 and \$531,910, respectively. The floating rate debt structure includes \$212,325 of bank direct purchase bonds of which portions begin to renew in 2027 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, \$61,585, \$25,000 and \$25,000 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 \$215,000 on the Credit Commitment, which has a maturity in 2027, 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, 2022 and 2021.

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Combined current aggregate scheduled maturities of long-term debt for the five years subsequent to December 31, 2022, assuming bonds subject to remarketing are remarketed, are as follows: 2023 – \$7,645; 2024 – \$9,860; 2025 – \$12,305; 2026 – \$30,350; 2027 – \$31,895; and 2028 and thereafter – \$1,561,917.

Cash paid for interest totaled \$59,476 and \$64,989 in the years ended December 31, 2022 and 2021, respectively.

**(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 or SOFR) 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, 2022		Notional value at December 31	
		System pays	System receives	2022	2021
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
Basis	2032	SIFMA Index	85.3% of 3-month LIBOR	50,000	50,000
Fixed-payer	2029	3.61 %	64.1% of 5-year LIBOR	15,745	17,625
Fixed-payer	2030	5.09 %	91.0% of 5-year LIBOR	4,410	4,835
Fixed-payer	2030	3.62 %	64.1% of 5-year LIBOR	5,545	6,115
Fixed-payer	2026	3.78 %	70% of 1-month LIBOR	3,375	4,255
Fixed-payer	2022	3.68 %	70% of 1-month LIBOR	—	630
Fixed-payer	2047	1.43 %	70% of 1-month LIBOR	25,000	25,000
Fixed-payer	2030	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	50,000
Fixed-payer	2041	5.02 %	74% of 1-month LIBOR + 0.74%	43,525	43,525
Fixed-payer	2041	5.43 %	74% of 1-month LIBOR + 1.11%	21,750	21,750
Constant Maturity	2038	67% of 1-month LIBOR	67% 10 yr LIBOR - 0.38%	50,000	50,000
Total return swap	2027	SIFMA Index + 0.50%	Bond Coupon	50,000	50,000
Basis	2042	SIFMA Index	70% of SOFR + 0.76%	50,000	—
Total return swap	2027	SIFMA Index + 0.35%	Bond Coupon	63,355	—
				<u>\$ 807,705</u>	<u>725,325</u>

In October 2022, the System terminated a swap with a notional amount of \$26,590. The termination required a payment of \$3,161.

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In April 2022, the System executed three swap transactions including the restructure of a fixed payer swap with a notional amount of \$25,000 shortening the final maturity date from 2047 to 2030, the restructure of a fixed payer swap with a notional amount of \$37,500 removing the mandatory termination provision in January 2023, and the sale of a one-time option to terminate a fixed payer swap with a notional amount of \$50,000 in 2027. These three transactions resulted in a net payment to the System of \$5,159.

In September 2021, the System amended and novated two Lake fixed-payer swaps for notional amounts of \$43,525 and \$21,750. The amendment required a payment of \$35,200 and suspended cash flows until 2035.

SIFMA is an index of high-grade, tax-exempt variable rate demand obligations. SIFMA ranged from 0.04% to 3.80% (average rate of 1.21%) for the year ended December 31, 2022 and 0.02% to 0.11% (average rate of 0.05%) for the year ended December 31, 2021.

The net fair value of interest rate swap agreements was a liability of \$451 as of December 31, 2022. The net fair value for swap agreements at December 31, 2022 consisted of \$18,768 recorded in other assets and \$19,219 recorded in other liabilities within the December 31, 2022 consolidated balance sheet. 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 increase in fair value of derivative instruments in the consolidated statements of operations and changes in net assets totaled \$89,064 for the year ended December 31, 2022. The 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. Cash paid to counterparties totaled \$9,677 and \$12,216, for the years ended December 31, 2022 and 2021, respectively. Cash received from counterparties totaled \$9,168 and \$1,847 for the years ended December 31, 2022 and 2021, respectively.

The System posted collateral of \$0 and \$8,542 as of December 31, 2022 and 2021, 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.



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At December 31, 2022 and 2021, lease assets and liabilities were recorded in the consolidated balance sheet as follows:

<u>Lease type</u>	<u>Balance sheet classification</u>	<u>2022</u>	<u>2021</u>
Assets:			
Operating	Other assets	\$ 115,671	121,839
Finance	Other assets	48,054	48,172
Total assets		<u>\$ 163,725</u>	<u>170,011</u>
Liabilities:			
Current operating	Other current liabilities	\$ 23,284	22,966
Current finance	Other current liabilities	1,972	3,110
Noncurrent operating	Other liabilities	93,090	99,747
Noncurrent finance	Other liabilities	51,199	52,003
Total liabilities		<u>\$ 169,545</u>	<u>177,826</u>

The components of lease cost for the years ended December 31, 2022 and 2021 were as follows:

	<u>2022</u>	<u>2021</u>
Operating leases:		
Operating lease cost	\$ 31,639	31,495
Short-term lease cost	87	239
Sublease income <sup>(1)</sup>	(1,492)	(2,041)
Total operating lease cost	<u>\$ 30,234</u>	<u>29,693</u>
Finance leases:		
Amortization of ROU assets	\$ 2,212	3,285
Interest on lease liabilities	1,688	2,361
Total financing lease cost	<u>\$ 3,900</u>	<u>5,646</u>

<sup>(1)</sup> Sublease income excludes related party arrangements.

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Other information related to leases for the years ended December 31, 2022 and 2021 were as follows:

	<u>2022</u>	<u>2021</u>
Supplemental cash flow information:		
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flow from operating leases	\$ 31,619	31,502
Operating cash flow from financing leases	1,688	2,361
Financing cash flow from financing leases	1,846	2,458
Weighted average remaining lease term:		
Operating leases (in years)	11.0	10.1
Financing leases (in years)	16.3	14.8
Weighted average discount rate:		
Operating leases	3.08 %	3.51 %
Financing leases	3.14	5.71

Future minimum lease payments required under non-cancelable leases as of December 31, 2022 are as follows:

	<u>Operating</u>	<u>Finance</u>	<u>Total</u>
2023	\$ 27,187	3,605	30,791
2024	22,511	3,677	26,188
2025	17,804	3,751	21,555
2026	13,922	3,826	17,747
2027	9,835	3,902	13,738
2028 and thereafter	44,480	50,061	94,542
Total undiscounted future lease payments	135,739	68,822	204,561
Less present value discount	(19,365)	(15,651)	(35,016)
Total lease liability	\$ <u>116,374</u>	<u>53,171</u>	<u>169,545</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, 2022, the Western Reserve SPC consists

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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, 2022, 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 \$238,521 and \$230,903 at December 31, 2022 and 2021, respectively. The current portion of the reserves at both December 31, 2022 and 2021, is \$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.

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The amounts recognized in changes in net assets without donor restrictions at December 31, 2022 and 2021 consisted of the following:

	<u>2022</u>	<u>2021</u>
Amount recognized in net assets without donor restrictions at end of year:		
Unrecognized actuarial loss	\$ 217,886	362,507
Unrecognized prior service costs	<u>(1,295)</u>	<u>(3,694)</u>
Net amount recognized	\$ <u>216,591</u>	<u>358,813</u>

The accumulated benefit obligation for the plan was \$902,482 and \$1,426,812 as of December 31, 2022 and 2021, respectively. The following represents selected information about the plan as of December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Change in benefit obligation:		
Projected benefit obligation (PBO) at beginning of year	\$ 1,483,790	1,509,449
Service cost	63,178	62,510
Interest cost	36,733	29,051
Actuarial gain	(284,102)	(31,633)
Retiree annuity purchases	(242,745)	—
Benefits paid	<u>(98,945)</u>	<u>(85,587)</u>
Projected benefit obligation at end of year	<u>957,909</u>	<u>1,483,790</u>
Change in plan assets:		
Fair value of assets at beginning of year	1,258,905	1,061,915
Actual return on assets	(174,373)	179,577
Employer contribution	113,992	103,000
Retiree annuity purchases	(242,745)	—
Benefits paid	<u>(98,945)</u>	<u>(85,587)</u>
Fair value of assets at end of year	<u>856,834</u>	<u>1,258,905</u>
Funded status (PBO in excess of plan assets)	\$ <u>(101,075)</u>	<u>(224,885)</u>

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	<u>2022</u>	<u>2021</u>
The components of net periodic pension costs included the following:		
Operating expenses:		
Service cost	\$ 63,178	62,510
Nonoperating expenses:		
Interest cost	36,733	29,051
Expected return on plan assets	(72,483)	(65,484)
Amortization of prior service costs	(2,399)	(2,399)
Settlement cost	71,261	—
Recognized net actuarial loss	<u>36,164</u>	<u>52,853</u>
Net periodic pension cost	<u>\$ 132,454</u>	<u>76,531</u>

The decrease to the projected benefit obligation from 2021 to 2022 was driven by the retiree annuity purchase and change in the discount rate assumptions.

In November 2022, the System purchased a group annuity contract from an insurance company to transfer \$242,745 of the outstanding pension benefit obligations related to certain retirees and beneficiaries. As a result of the transaction, the insurance company is now required to pay and administer the retirement benefits owed to the approximately 2,700 retirees and beneficiaries, with no change to their monthly retirement benefit payment amounts. In connection with this transaction, the System recognized a pension settlement charge of \$71,261 as a nonoperating expense, primarily related to the accelerated recognition of actuarial losses included in net assets for the plan.

The weighted average assumptions used to determine benefit obligations and net benefit cost for the years ended December 31, 2022 and 2021 were as follows:

	<u>2022</u>	<u>2021</u>
Weighted average assumptions:		
Discount rate – benefit obligation	5.23 %	2.94 %
Discount rate – service cost	3.00 / 5.16 *	2.70
Discount rate – interest cost	2.36 / 5.03 *	1.89
Expected return on plan assets	7.00	6.25
Rate of compensation increase	4.00	3.75
Cash balance interest crediting rate	2.30	2.30

\* Discount rates used before and after settlement of annuity purchase.

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Pension assets are invested in various asset classes as follows:

	<u>2022</u>	<u>2021</u>
Asset class:		
Equities, mutual and exchange traded funds	35 %	48 %
Fixed income	15	20
Alternative investments	43	30
Cash and cash equivalents	7	2

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 does not expect to contribute to the plan in the year ended December 31, 2023. The estimated benefit payments, which reflect expected future service, as appropriate, are expected to be paid by the System as follows: 2023 – \$53,599; 2024 – \$60,880; 2025 – \$63,680; 2026 – \$69,331; 2027– \$73,767; and 2028 to 2032 – \$426,641.

The following tables present the System's fair value leveling hierarchy for those plan assets measured at fair value as of December 31, 2022 and 2021. Refer to note 5 for level definitions.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2022:				
Cash and cash equivalents	\$ 59,857	—	—	59,857
Fixed income securities -				
Corporate bonds	129,818	—	—	129,818
Equities, mutual and exchange				
traded funds:				
Domestic mutual funds	135,119	—	—	135,119
International mutual funds	162,086	—	—	162,086
Total equities, mutual				
and exchange				
traded funds	297,205	—	—	297,205
Total	\$ 486,880	—	—	486,880

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	<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>

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.

The following table summarizes the System's investments at December 31, 2022 and 2021, for which NAV was used as a practical expedient to estimate fair value:

	<u>2022</u>	<u>2021</u>
Alternative investments:		
Hedge funds	\$ 134,765	145,059
Real estate	92,698	84,684
Distressed debt	35,210	41,084
Private equity	<u>107,281</u>	<u>105,278</u>
Total alternative investments	\$ <u>369,954</u>	<u>376,105</u>

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The table below classifies the net asset value at December 31, 2022 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	\$ 169,387	11,334
Limited partnership fund expiring in 1–5 years	38,717	5,689
Limited partnership fund expiring in 6–10 years	125,510	19,156
Limited partnership fund expiring in 11–15 years	25,197	8,507
Limited partnership fund expiring in 15+ years	<u>11,143</u>	<u>58,193</u>
Total alternative investments	\$ <u>369,954</u>	<u>102,879</u>

The System sponsors various defined contribution employee benefit plans. The System contributed \$41,612 and \$34,959 to the defined contribution employee benefit plans for the years ended December 31, 2022 and 2021, respectively.

The System also has nonqualified deferred compensation plans for certain employees. The System contributed and recognized as expense \$4,811 and \$4,736 to the deferred compensation plans for the years ended December 31, 2022 and 2021, 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 (loss) earnings as defined in the agreement. Total investment in Southwest amounted to \$41,815 and \$79,340 at December 31, 2022 and 2021, respectively. Total net (loss) earnings under the Southwest joint venture for the years ended December 31, 2022 and 2021 are shown below.

	<u>2022</u>	<u>2021</u>
(Loss) earnings	\$ (25,071)	12,459
Distribution	<u>(12,454)</u>	<u>(9,062)</u>
Net (loss) earnings	\$ <u>(37,525)</u>	<u>3,397</u>

The System also has a joint venture arrangement with Western Reserve Hospital, LLC (WRH), owning 40%. The System's total investment in WRH amounted to \$41,930 and \$34,628 at December 31, 2022 and 2021, respectively. The System recognized (\$2,998) and \$3,556 in net (loss) earnings under the WRH joint venture for the years ended December 31, 2022 and 2021, respectively.



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Total investments for all joint ventures, including Southwest, amounted to \$116,385 and \$146,746 at December 31, 2022 and 2021, 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 \$5,292 and \$953 in special charges during the years ending December 31, 2022 and 2021, respectively. The special charges related primarily to restructuring and severance costs.

**(17) Purchase Commitments**

The System has commitments to purchase goods and services with the following minimum contractual obligations as follows: 2023 – \$42,238; 2024 – \$34,010; 2025 – \$28,197; 2026 – \$19,542 and 2027 – \$13,861; 2028 and thereafter – \$21,198. Purchases under these or similar contracts totaled \$111,727 and \$131,090 in the years ending December 31, 2022 and 2021, respectively.

The System's contractual commitments on construction contracts, including information technology projects disclosed in note 8 are not included in these purchase commitments.

**(18) Income Taxes**

The System has certain taxable subsidiaries that have incurred net losses for federal income tax purposes. Cumulative losses available totaled \$1,119,880 and \$975,583 at December 31, 2022 and 2021 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, 2019. A potential tax benefit has not been recorded in the consolidated financial statements at December 31, 2022 and 2021 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, 2022 and 2021:

	December 31, 2022			Total
	Health care services	Academic and research	Administrative support	
Salaries, wages and employee benefits	\$ 2,729,859	42,142	379,101	3,151,102
Purchased services	267,929	16,330	92,681	376,940
Patient care supplies	1,220,092	7,456	—	1,227,548
Other supplies	45,332	1,810	3,354	50,496
Insurance	62,159	—	—	62,159
Other	382,456	10,003	125,866	518,325
Depreciation and amortization	157,453	—	115,775	273,228
Non-cash interest for the sale of future revenue	3,582	—	—	3,582
Interest	47,418	—	—	47,418
Special charges	5,292	—	—	5,292
Recoveries in excess of insurance	(6,894)	—	—	(6,894)
Total operating expenses	<u>4,914,678</u>	<u>77,741</u>	<u>716,777</u>	<u>5,709,196</u>
Nonservice periodic pension benefit	<u>(1,985)</u>	<u>—</u>	<u>—</u>	<u>(1,985)</u>
Total functional expenses	<u>\$ 4,912,693</u>	<u>77,741</u>	<u>716,777</u>	<u>5,707,211</u>

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	<b>December 31, 2021</b>			
	<b>Health care services</b>	<b>Academic and research</b>	<b>Administrative support</b>	<b>Total</b>
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	348,501	8,172	110,547	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)
<b>Total operating expenses</b>	<b>4,454,956</b>	<b>64,134</b>	<b>714,806</b>	<b>5,233,896</b>
Nonservice periodic pension costs	14,021	—	—	14,021
<b>Total functional expenses</b>	<b>\$ 4,468,977</b>	<b>64,134</b>	<b>714,806</b>	<b>5,247,917</b>

Some categories of natural class expenses are attributable to more than one activity and require allocation, applied on a consistent basis. Insurance represents the professional liability insurance. Administrative support consists of corporate functions such as legal, accounting and information systems.

Certain amounts related to the reporting of expenses by function were incorrectly classified in 2021. To correct this error, the System reduced the Other amount of Administrative support by \$150,000 and increased the Other amount of Health care services by \$150,000.

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### (20) Liquidity and Availability of Resources

As of the years ended December 31, 2022 and 2021, 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>2022</u>	<u>2021</u>
Financial assets:		
Cash and cash equivalents	\$ 224,195	691,177
Patient accounts receivable	673,685	662,972
Other receivables	98,097	73,369
Investments	<u>1,884,077</u>	<u>2,127,590</u>
Total financial assets available within a year	2,880,054	3,555,108
Liquidity resources:		
Available revolving credit commitment	<u>215,000</u>	<u>250,000</u>
Total financial assets and liquidity resources available within a year	<u>\$ 3,095,054</u>	<u>3,805,108</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 a syndicated revolving line of credit that is 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, 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, 2022 and 2021, the System recognized \$0 and \$100,847, respectively, in grant revenue from the PRF, which is presented within other revenue in the accompanying consolidated statements of operations and changes in net assets, which is 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. As of December 31, 2022, the Centers for Medicare & Medicaid Services (CMS) has recouped all of these advanced payments.

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 during the year ended December 31, 2020 and paid \$35,720 during each of the years ended December 31, 2021 and 2022.

### **(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.

Lake was the managing partner and had 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 gained 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 during the year ended December 31, 2021. In December 2021, the remaining non-controlling interest was purchased by the System.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(in thousands of dollars)

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		<u>210,308</u>
Net assets	\$	<u><u>235,986</u></u>

Allocation of member substitution:

Net assets without donor restrictions	\$	217,941
Net assets with donor restrictions		<u>18,045</u>
Total net assets	\$	<u><u>235,986</u></u>

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(in thousands of dollars)

**(24) Subsequent Events**

Management has evaluated subsequent events through March 17, 2023, 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, 2022, and events which occurred subsequent to December 31, 2022, but were not recognized in the consolidated financial statements.

There were no reportable events.



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## 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, 2022 and December 31, 2021, and have issued our report thereon dated March 17, 2023 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 17, 2023



## UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Supplementary Information – Balance Sheet

December 31, 2022

(In thousands of dollars)

Assets	Obligated group	Other nonobligated group	5805 Euclid Inc.	Total nonobligated group	Eliminations	Consolidated
Current assets:						
Cash and cash equivalents	\$ 208,055	16,011	129	16,140	—	224,195
Patient accounts receivable	500,726	172,959	—	172,959	—	673,685
Other receivables	118,259	113,730	—	113,730	(105,001)	126,988
Other current assets	208,047	26,217	—	26,217	—	234,264
Total current assets	1,035,087	328,917	129	329,046	(105,001)	1,259,132
Investments	2,360,574	105,459	—	105,459	—	2,466,033
Property and equipment, net	1,963,705	174,121	19,497	193,618	—	2,157,323
Other assets:						
Investments in affiliates	406,589	75,697	—	75,697	(365,901)	116,385
Beneficial interest in foundations	128,628	59,140	—	59,140	—	187,768
Perpetual trusts	203,300	1,051	—	1,051	—	204,351
Other	305,963	22,837	318	23,155	(13,566)	315,552
Total other assets	1,044,480	158,725	318	159,043	(379,467)	824,056
Total assets	\$ 6,403,846	767,222	19,944	787,166	(484,468)	6,706,544
<b>Liabilities and Net Assets</b>						
Current liabilities:						
Current installments of long-term debt	\$ 7,645	—	—	—	—	7,645
Accounts payable and accrued expenses	584,961	78,285	7	78,292	—	663,253
Other current liabilities	233,049	81,552	2,959	84,511	(99,938)	217,622
Estimated amounts due to third party payors	56,469	(3,262)	—	(3,262)	—	53,207
Total current liabilities	882,124	156,575	2,966	159,541	(99,938)	941,727
Long-term debt, less current installments	1,706,377	1,536	16,107	17,643	(13,566)	1,710,454
Revolving credit	60,000	—	—	—	—	60,000
Liability related to the sale of future revenue	91,357	—	—	—	—	91,357
Other liabilities	457,160	179,354	—	179,354	(5,063)	631,451
Total liabilities	3,197,018	337,465	19,073	356,538	(118,567)	3,434,989
Net assets:						
Without donor restrictions	2,300,507	365,030	871	365,901	(365,901)	2,300,507
With donor restrictions	906,321	64,727	—	64,727	—	971,048
Total net assets	3,206,828	429,757	871	430,628	(365,901)	3,271,555
Total liabilities and net assets	\$ 6,403,846	767,222	19,944	787,166	(484,468)	6,706,544

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, 2022

(In thousands of dollars)

	Obligated group	Other nonobligated group	5805 Euclid Inc.	Total nonobligated group	Eliminations	Consolidated
<b>Revenues:</b>						
Patient service revenue	\$ 3,611,439	1,446,978	—	1,446,978	—	5,058,417
Other revenue	295,977	348,711	1,785	350,496	(297,783)	348,690
Total revenues	<u>3,907,416</u>	<u>1,795,689</u>	<u>1,785</u>	<u>1,797,474</u>	<u>(297,783)</u>	<u>5,407,107</u>
<b>Expenses:</b>						
Salaries, wages and employee benefits	1,893,749	1,270,223	—	1,270,223	(12,870)	3,151,102
Purchased services	260,755	298,295	60	298,355	(182,170)	376,940
Patient care supplies	912,943	314,605	—	314,605	—	1,227,548
Other supplies	38,703	11,793	—	11,793	—	50,496
Insurance	38,587	77,463	—	77,463	(53,891)	62,159
Other	483,355	83,615	—	83,615	(48,645)	518,325
Depreciation and amortization	247,783	24,512	933	25,445	—	273,228
Non-cash interest for the sale of future revenue	3,582	—	—	—	—	3,582
Interest	47,418	—	207	207	(207)	47,418
Special charges	5,194	98	—	98	—	5,292
Recoveries in excess of insurance	(6,894)	—	—	—	—	(6,894)
	<u>3,925,175</u>	<u>2,080,604</u>	<u>1,200</u>	<u>2,081,804</u>	<u>(297,783)</u>	<u>5,709,196</u>
Net operating (loss) income	(17,759)	(284,915)	585	(284,330)	—	(302,089)
<b>Nonoperating revenues (expenses):</b>						
Investment loss	(197,015)	(1,060)	—	(1,060)	—	(198,075)
Change in fair value of derivative instruments	89,064	—	—	—	—	89,064
Pension settlement costs	(71,261)	—	—	—	—	(71,261)
Nonservice periodic pension benefit	1,985	—	—	—	—	1,985
(Deficiency) excess of revenues over expenses	<u>\$ (194,986)</u>	<u>(285,975)</u>	<u>585</u>	<u>(285,390)</u>	<u>—</u>	<u>(480,376)</u>

See accompanying independent auditors' report on supplementary information and notes to supplementary information.

## 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
<b>Liabilities and Net Assets</b>						
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	<u>3,575,461</u>	<u>2,009,115</u>	<u>1,852</u>	<u>2,010,967</u>	<u>(248,031)</u>	<u>5,338,397</u>
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)
	<u>3,299,293</u>	<u>2,181,322</u>	<u>1,220</u>	<u>2,182,542</u>	<u>(247,939)</u>	<u>5,233,896</u>
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)
Nonservice periodic pension costs	(14,021)	—	—	—	—	(14,021)
Excess of revenues over expenses	<u>\$ 437,713</u>	<u>46,955</u>	<u>632</u>	<u>47,587</u>	<u>(17,989)</u>	<u>467,311</u>

See accompanying independent auditors' report on supplementary information and notes to supplementary information.

## UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Notes to Supplemental Information

December 31, 2022 and 2021

(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, a Campus of UH Regional Hospitals
- 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 1, 2021)
- University Hospitals Regional Hospitals – Richmond Heights Outpatient Campus (as of February 1, 2022)
- University Hospitals Regional Hospitals – Bedford Outpatient Campus (as of February 1, 2022)

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 Total Nonobligated group totals. Entities included in the Nonobligated group include the following:

- University Hospitals Health Care Enterprises, Inc.
- University Hospitals Conneaut Medical Center
- University Hospitals Geneva Medical Center
- 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