** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning **and ending**

B Check if applicable: Address change; Name change; Initial return; Final return/ terminated; Amended return; Application pending

C Name of organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 3605 WARRENSVILLE CENTER ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
SHAKER HEIGHTS, OH 44122

F Name and address of principal officer: BRADLEY C. BOND
SAME AS C ABOVE

D Employer identification number
34-0714775

E Telephone number
216-844-1000

G Gross receipts $ 991,877,109.

H(a) Is this a group return for subordinates? ..... Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number 3829

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

J Website: WWW.UHHOSPITALS.ORG

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 1940

M State of legal domicile: OH

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	5826
6	Total number of volunteers (estimate if necessary)	6	28
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-7,114,815.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	38,701,434.	22,331,773.
9	Program service revenue (Part VIII, line 2g)	673,157,681.	830,014,938.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,006,976.	43,704,398.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133,376,228.	94,074,883.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	878,242,319.	990,125,992.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,818,704.	1,778,155.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	408,973,122.	475,597,693.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 13,096,533.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	490,390,502.	509,376,677.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	904,182,328.	986,752,525.
19	Revenue less expenses. Subtract line 18 from line 12	-25,940,009.	3,373,467.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,635,764,872.	5,988,003,356.
21	Total liabilities (Part X, line 26)	2,791,467,613.	3,143,073,219.
22	Net assets or fund balances. Subtract line 21 from line 20	2,844,297,259.	2,844,930,137.

Part II Signature Block

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

Sign Here

Signature of officer Date

BRADLEY C. BOND, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: SHAWNA M. JANSONS	Preparer's signature: Shawna M. Jansons	Date: 11/14/2024	Check if self-employed	PTIN: P01222873
Firm's name: DELOITTE TAX LLP			Firm's EIN: 86-1065772	
Firm's address: 111 MONUMENT CIRCLE, SUITE 4200 INDIANAPOLIS, IN 48226			Phone no. (317) 464-8600	

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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 764,776,638. including grants of $ 1,778,155.) (Revenue $ 929,802,288.)
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 764,776,638.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1541		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 5826			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**	X	
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN

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.

[X] Own website [ ] Another's website [X] 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
BRADLEY C. BOND - (216) 844-1000
3605 WARRENSVILLE CENTER ROAD, SHAKER HEIGHTS, OH 44122

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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	50.00									
DIRECTOR EX OFFICIO/CEO	2.00	X		X				2,767,975.	0.	58,510.
(2) SZUBSKI, MICHAEL A.	50.00									
CHIEF FINANCIAL OFFICER/TREASURER	2.00			X				1,424,647.	0.	311,467.
(3) TAIT, PAUL G.	50.00									
CHIEF STRATEGY OFFICER (END 09/23)	4.00			X				1,565,275.	0.	36,557.
(4) STAMLER, JONATHAN	50.00									
PRESIDENT HDI	0.00					X		1,531,130.	0.	45,330.
(5) SIMON, DANIEL I. MD	50.00									
CHIEF SCIENTIFIC OFFICER	2.00			X				1,456,439.	0.	54,017.
(6) TEKNOS, THEODOROS N	50.00									
PRESIDENT SIEDMAN CANCER CENTER	4.00					X		1,436,176.	0.	55,543.
(7) SABIK, JOSEPH MD	2.00									
DIRECTOR	50.00	X						0.	1,370,260.	62,078.
(8) HINCHEY, PAUL R.	50.00									
CHIEF OPERATING OFFICER	4.00			X				1,205,419.	0.	50,588.
(9) SNOWBERGER, THOMAS D.	50.00									
CHIEF ADMINISTRATIVE OFFICER	2.00			X				1,101,664.	0.	43,005.
(10) PRONOVOST, PETER MD	50.00									
CHIEF QUALITY OFFICER	2.00			X				1,033,909.	0.	24,833.
(11) ADELMAN, HARLIN G. ESQ.	50.00									
CHIEF LEGAL OFFICER/SECRETARY	2.00			X				985,590.	0.	68,883.
(12) SHISHEHBOR, MEHDI	50.00									
PRESIDENT UH HARRINGTON HEART	0.00					X		959,393.	0.	60,302.
(13) SASSER, SCOTT M.	50.00									
PRESIDENT - UHMG AND UHPS	4.00					X		924,530.	0.	60,771.
(14) PAPA, ALAN J.	50.00									
COO, UH EAST MARKET	10.00					X		874,387.	0.	46,147.
(15) BISHOP, SHERRI L	50.00									
CHIEF DEVELOPMENT OFFICER	0.00				X			790,860.	0.	67,659.
(16) HEREFORD, MICHELLE	50.00									
CHIEF NURSING OFFICER	0.00			X				640,179.	0.	36,969.
(17) KEEGAN, ARTHUR E.	50.00									
CHIEF MARKETING OFFICER	0.00				X			595,888.	0.	50,555.

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) SYLVAN, DAVID	50.00									
CHIEF STRATEGY OFFICER (BEGIN 05/23)	4.00			X				492,458.	0.	19,575.
(19) PULLIAM, LAVONNE	50.00									
CHIEF COMPLIANCE OFFICER	0.00			X				359,821.	0.	47,593.
(20) MILLER, JANET L. ESQ.	0.00									
FORMER OFFICER	0.00						X	190,376.	0.	0.
(21) ADELMAN, JOEL E.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(22) ANTON, ARTHUR F.	2.00									
DIRECTOR/CHAIR (END 05/23)	0.00	X		X				0.	0.	0.
(23) ANTONUCCI, JOHN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(24) BAUM, ROBIN I.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(25) BEER, ANNE	2.00									
DIRECTOR EX OFFICIO	4.00	X						0.	0.	0.
(26) CARESTIO, DANIEL A.	2.00									
DIRECTOR (BEGIN 06/23)	0.00	X						0.	0.	0.
1b Subtotal								20,336,116.	1,370,260.	1,200,382.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								20,336,116.	1,370,260.	1,200,382.

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 765

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	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? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		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
MCKESSON CORPOARTION 6555 N. STATE HIGHWAY 161, IRVING, TX 75039	PHARMACEUTICAL SUPPLIER	548,993,987.
OWENS & MINOR DIST., INC., 9120 LOCKWOOD BOULEVARD, MECHANICSVILLE, VA 23116	ADMINISTRATIVE SERVICES	86,907,233.
QUALIVIS, LLC 1000 CENTER POINT ROAD, COLUMBIA, SC 29210	STAFFING SERVICES	86,907,233.
NAVITUS HEALTH SOLUTIONS, LLC 361 INTEGRITY DR., MADISON, WI 53717	ADMINISTRATIVE SERVICES	85,099,236.
CSI COMPANIES, 7720 BAYMEADOWS RD. E., JAKSONVILLE, FL 32256	STAFFING SERVICES	39,284,705.

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 993

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) CONNELL, MICHELE L.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(28) DECKARD, JENNIFER	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(29) DELLA RATTA, RALPH	2.00									
DIRECTOR (END 05/23)	0.00	X						0.	0.	0.
(30) GORMAN, CHRISTOPHER M	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(31) HABER, IRWIN G.	2.00									
DIRECTOR EX OFFICIO	8.00	X						0.	0.	0.
(32) HANNA, IV, HOWARD (HOBY) W.	2.00									
DIRECTOR (BEGIN 06/23)	0.00	X						0.	0.	0.
(33) HARGAN, ERIC D.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(34) HASLAM, DEE	2.00									
DIRECTOR/VICE CHAIR	0.00	X		X				0.	0.	0.
(35) HELLER, DAVID J.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(36) JAROS, CAREY	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(37) JONES, HAROLD V.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(38) KELSHEIMER, JERRY L.	2.00									
DIRECTOR/VICE CHAIR (BEGIN 06/23)	0.00	X		X				0.	0.	0.
(39) LACEY, WILLIAM	2.00									
DIRECTOR (END 05/23)	0.00	X						0.	0.	0.
(40) MAINARDI, CESARE	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(41) MIGGINS, LYNN	2.00									
DIRECTOR EX OFFICIO	6.00	X						0.	0.	0.
(42) MORIKIS, JOHN G.	2.00									
DIRECTOR/VICE CHAIR(END 5/23)/CHAIR	0.00	X		X				0.	0.	0.
(43) PANDRANGI, VASU MD	2.00									
DIRECTOR EX OFFICIO	0.00	X						0.	0.	0.
(44) PETZ, HEIDI G.	2.00									
DIRECTOR (BEGIN 06/23)	0.00	X						0.	0.	0.
(45) POTASH, STEVEN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(46) RICHARD, RONALD B.	2.00									
DIRECTOR (BEGIN 06/23)	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			
(47) SETHI, NEIL MD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(48) SMITH, ROBERT C.	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(49) TALTON, SHEILA	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(50) TAYLOR, EDDIE JR.	2.00									
DIRECTOR	4.00	X						0.	0.	0.
(51) YOUNG, WILLIAM A. JR.	2.00									
DIRECTOR EX OFFICIO	0.00	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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	349,519.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	9,062,795.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,919,459.				
	g Noncash contributions included in lines 1a-1f	1g	$ 6,260,909.				
	h **Total.** Add lines 1a-1f			22,331,773.			
Program Service Revenue		Business Code					
	2a PROGRAM SERV REVENUES	900099		830,014,938.	830,014,938.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			830,014,938.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			45,353,379.		-1,416,602.	46,769,981.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales expenses 7b	1,648,981.					
	c Gain or (loss) 7c	-1,648,981.					
	d Net gain or (loss)			-1,648,981.			-1,648,981.
	8a Gross income from fundraising events (not including $ 349,519. of contributions reported on line 1c). See Part IV, line 18	8a	87,182.				
	b Less: direct expenses	8b	102,136.				
	c Net income or (loss) from fundraising events			-14,954.			-14,954.
	9a Gross income from gaming activities. See Part IV, line 19	9a	700.				
	b Less: direct expenses	9b	0.				
	c Net income or (loss) from gaming activities			700.			700.
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a INTERCOMPANY TRANSFERS	900099		28,382,741.	28,382,741.		
	b JOINT VENTURE INCOME	900099		14,871,878.	20,570,091.	-5,698,213.	
	c OTHER THAN TEMPORARY I	900099		9,000,000.	9,000,000.		
	d All other revenue	900099		41,834,518.	41,834,518.		
	e **Total.** Add lines 11a-11d			94,089,137.			
	12 **Total revenue.** See instructions			990,125,992.	929,802,288.	-7,114,815.	45,106,746.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,660,738.	1,660,738.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	117,417.	117,417.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	15,290,332.		15,290,332.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	190,376.		190,376.	
7 Other salaries and wages	406,494,296.	318,380,580.	79,595,145.	8,518,571.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-7,886,006.	-6,308,805.	-1,577,201.	
9 Other employee benefits	31,462,294.	23,402,062.	5,850,515.	2,209,717.
10 Payroll taxes	30,046,401.	24,037,121.	6,009,280.	
11 Fees for services (nonemployees):				
a Management				
b Legal	1,112,885.	890,308.	222,577.	
c Accounting	708,843.	567,074.	141,769.	
d Lobbying	5,136.		5,136.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	28,070,957.	22,377,096.	5,594,274.	99,587.
12 Advertising and promotion	20,675,168.	16,285,670.	4,071,417.	318,081.
13 Office expenses	12,095,469.	8,695,670.	2,173,918.	1,225,881.
14 Information technology	120,974,058.	96,738,047.	24,184,512.	51,499.
15 Royalties				
16 Occupancy	26,104,482.	20,805,918.	5,201,479.	97,085.
17 Travel	1,467,651.	1,110,266.	277,566.	79,819.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	51,852,531.	41,482,025.	10,370,506.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	110,888,635.	88,710,038.	22,177,509.	1,088.
23 Insurance	-10,393,220.	-10,393,220.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTH PURCH SERVICES	137,245,536.	109,689,632.	27,422,408.	133,496.
b SWAP VALUATION ADJUSTME	4,650,022.	3,720,018.	930,004.	
c OHIO STATE HOSPITAL FRA	1,448,551.	1,158,841.	289,710.	
d UBI TAXES PAID	45,584.		45,584.	
e All other expenses	2,424,389.	1,650,142.	412,538.	361,709.
25 **Total functional expenses.** Add lines 1 through 24e	986,752,525.	764,776,638.	208,879,354.	13,096,533.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		208,767,716.	2	258,262,049.
	3	Pledges and grants receivable, net		9,110,230.	3	9,601,294.
	4	Accounts receivable, net		31,309,187.	4	26,997,036.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		20,608.	8	
	9	Prepaid expenses and deferred charges		38,039,343.	9	52,871,945.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,207,327,812.			
	b	Less: accumulated depreciation	10b 564,897,716.	562,190,676.	10c	642,430,096.
	11	Investments - publicly traded securities		1,648,880,357.	11	1,564,430,229.
	12	Investments - other securities. See Part IV, line 11		460,687,765.	12	509,824,927.
	13	Investments - program-related. See Part IV, line 11		2,447,500,763.	13	2,742,035,836.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		229,258,227.	15	181,549,944.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		5,635,764,872.	16	5,988,003,356.
Liabilities	17	Accounts payable and accrued expenses		381,879,144.	17	467,755,005.
	18	Grants payable			18	
	19	Deferred revenue		9,956,926.	19	6,994,852.
	20	Tax-exempt bond liabilities		1,706,376,674.	20	1,688,003,969.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		67,645,000.	23	158,405,000.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		625,609,869.	25	821,914,393.
	26	**Total liabilities.** Add lines 17 through 25		2,791,467,613.	26	3,143,073,219.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,305,516,551.	27	2,225,920,277.
	28	Net assets with donor restrictions		538,780,708.	28	619,009,860.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,844,297,259.	32	2,844,930,137.
	33	Total liabilities and net assets/fund balances		5,635,764,872.	33	5,988,003,356.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	990,125,992.
2	Total expenses (must equal Part IX, column (A), line 25)	2	986,752,525.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,373,467.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,844,297,259.
5	Net unrealized gains (losses) on investments	5	130,802,690.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-133,543,279.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,844,930,137.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
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 1
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER	34-1567805	3	X		0.	0.
Total					0.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2023.** 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 - 2022.** 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 - 2023.** 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 - 2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		X
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		X
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		X
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		X
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described 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? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (*describe in* **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

SCHEDULE A, PART IV, SECTION A, LINE 6:

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. PROVIDES LIMITED SUPPORT TO OTHER PUBLIC CHARITIES ON BEHALF OF ITS SUPPORTED ORGANIZATION. ALL GRANTS THAT ARE MADE THROUGH UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. ARE DONE SO TO CARRY OUT THE ACTIVITIES AND PURPOSES OF ITS SUPPORTED ORGANIZATION.

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

THE CONTROL AND MANAGEMENT OF UHHS (I.E. THE SUPPORTING ORGANIZATION) IS VESTED IN THE INDIVIDUALS THAT SERVE AS MEMBERS AND DIRECTORS OF UHHS PURSUANT TO ITS APPLICABLE GOVERNANCE DOCUMENTS. UHHS POSSESSES RESERVED RIGHTS WITH RESPECT TO UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER, INCLUDING WITHOUT LIMITATION THE RIGHT TO APPROVE BUDGETS, OTHER FINANCIAL MATTERS AND STRATEGIC PLANS, APPROVE AMENDMENTS TO CONSTITUTIVE DOCUMENTS AND APPROVE THE APPOINTMENT OF OFFICERS AND DIRECTORS FOR UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER. UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER IS GOVERNED BY SYSTEM-WIDE MANAGEMENT POLICIES AND PROCEDURES, COMPLIANCE GUIDELINES, CODES OF CONDUCT AND APPROVAL OF MATTERS RELATED TO FINANCING, INVESTMENTS, LEGAL, MATERIAL ASSET SALES OR TRANSFERS, AND STRATEGIC AND CAPITAL BUDGETS. ALL OF WHICH HAVE BEEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS FOR UHHS.

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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.

Employer identification number

34-0714775

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		$ 7,853,756.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2		$ 5,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 3,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 2,750,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 2,041,143.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 1,903,485.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 1,503,765.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 1,050,000.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
9		$ 1,000,852.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 1,000,166.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
11		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 816,558.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 800,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 775,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 727,219.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 655,864.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
17		$ 625,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 548,891.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 535,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 527,796.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
21		$ 521,228.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
22		$ 512,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 502,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 466,041.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 403,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 401,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
29		$ 345,530.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 336,859.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 330,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 318,161.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 310,728.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 305,798.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
35		$ 300,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 275,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 260,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 253,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 248,213.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
42		$ 240,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 228,266.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
44		$ 225,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 225,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 215,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
47		$ 201,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52		$ 177,945.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53		$ 155,500.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
54		$ 150,398.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 150,217.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
56		$ 145,201.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57		$ 144,510.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58		$ 128,374.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59		$ 125,000.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
60		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64		$ 110,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65		$ 108,596.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66		$ 101,456.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78		$ 99,814.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80		$ 74,454.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
81		$ 69,444.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
82		$ 65,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
83		$ 52,191.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
84		$ 51,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
86		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
87		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
88		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
89		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
90		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
92		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
93		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
94		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
95		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
96		$ 50,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 49,897.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
98		$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
99		$ 43,752.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
100		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
101		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
102		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 38,662.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
104		$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
105		$ 37,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
106		$ 35,870.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
107		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
108		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 30,967.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
110		$ 30,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
111		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
112		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
113		$ 29,750.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
114		$ 29,560.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 29,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
116		$ 25,668.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
117		$ 25,574.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
118		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
119		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
120		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
122		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
123		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
124		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
125		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
126		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
128		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
129		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
130		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
131		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
132		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 21,904.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
134		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
135		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
136		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
137		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
138		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
140		$ 19,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
141		$ 19,194.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
142		$ 19,101.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
143		$ 18,699.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
144		$ 18,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

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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		$ 17,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
146		$ 16,931.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
147		$ 15,504.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
148		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
149		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
150		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 14,907.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
152		$ 14,068.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
153		$ 13,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
154		$ 12,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
155		$ 12,788.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
156		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

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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		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
158		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
159		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
160		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
161		$ 12,019.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
162		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
164		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
165		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
166		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
167		$ 10,478.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
168		$ 10,091.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

34-0714775

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		$ 10,037.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
170		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
171		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
172		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
173		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
174		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
176		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
177		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
178		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
179		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
180		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
182		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
183		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
184		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
185		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
186		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
188		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
189		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
190		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
191		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
192		$ 9,896.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 9,412.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
194		$ 8,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
195		$ 8,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
196		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
197		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
198		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
200		$ 7,427.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
201		$ 7,216.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
202		$ 7,143.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
203		$ 6,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
204		$ 6,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 6,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
206		$ 6,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
207		$ 6,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
208		$ 6,199.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
209		$ 6,035.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
210		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
212		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
213		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
214		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
215		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
216		$ 5,875.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 5,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
218		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
219		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
220		$ 5,461.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
221		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
222		$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 5,191.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
224		$ 5,121.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
225		$ 5,062.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
226		$ 5,020.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
227		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
228		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
230		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
231		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
232		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
233		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
234		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
236		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
237		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
238		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
239		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
240		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
242		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
243		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
244		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
245		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
246		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
248		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
249		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
250		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
251		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
252		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
254		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
255		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
256		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
257		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
258		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
260		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
261		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
262		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
263		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
264		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
266		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
267		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
268		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
269		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
270		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
272		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
273		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
274		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
275		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
276		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
278		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
279		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
280		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
281		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
282		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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
1	SECURITIES	$ 39,723.	04/13/23
8	REAL ESTATE - COMMERCIAL	$ 1,050,000.	10/10/23
10	SECURITIES	$ 1,000,166.	04/03/23
16	MEDICAL SUPPLIES	$ 468,364.	06/08/23
20	SECURITIES	$ 525,996.	01/18/23
21	SECURITIES	$ 520,228.	12/28/23

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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
28	SECURITIES	$ 387,130.	08/15/23
34	SECURITIES	$ 305,798.	02/09/23
36	SECURITIES	$ 268,962.	12/20/23
41	SECURITIES	$ 248,213.	05/11/23
42	ARTWORK	$ 90,000.	11/30/23
43	SECURITIES	$ 228,266.	11/30/23

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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
46	SECURITIES	$ 198,939.	10/24/23
53	SECURITIES	$ 154,193.	12/21/23
54	SECURITIES	$ 50,398.	11/13/23
55	SECURITIES	$ 50,217.	11/29/23
59	REAL ESTATE - RESIDENTIAL	$ 125,000.	07/20/23
66	SECURITIES	$ 101,456.	12/13/23

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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
78	SECURITIES	$ 99,814.	06/12/23
80	SECURITIES	$ 74,454.	12/22/23
96	SECURITIES	$ 48,336.	10/02/23
97	SECURITIES	$ 49,897.	12/28/23
109	EVENT SUPPLIES	$ 30,967.	12/19/23
113	ARTWORK	$ 29,750.	01/31/23

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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
116	SECURITIES	$ 25,668.	12/28/23
146	SECURITIES	$ 16,131.	10/24/23
151	SECURITIES	$ 14,907.	08/15/23
168	SECURITIES	$ 10,091.	11/29/23
169	SECURITIES	$ 10,037.	03/17/23
200	SCRAPBOOK SUPPLIES	$ 7,427.	08/08/23

Name of organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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
220	SECURITIES	$ 5,461.	12/31/23
224	SECURITIES	$ 5,121.	12/20/23
226	SECURITIES	$ 5,020.	12/31/23
		$	
		$	
		$	

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

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

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

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

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

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

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

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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 [X] if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check [ ] if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	8,908.
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	297,312.
c Total lobbying expenditures (add lines 1a and 1b)	0.	306,220.
d Other exempt purpose expenditures	0.	6,314,141,076.
e Total exempt purpose expenditures (add lines 1c and 1d)	0.	6,314,447,296.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0.	1,000,000.
g Grassroots nontaxable amount (enter 25% of line 1f)	0.	250,000.
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.

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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? [ ] Yes [ ] No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	535,466.	361,750.	356,061.	306,220.	1,559,497.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	16,853.	15,078.	10,722.	8,908.	51,561.

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

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

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

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

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

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

Part IV Supplemental Information

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

Part IV Supplemental Information *(continued)*

Schedule C

Affiliated Group Lobbying Expenditures
Part II -A

Name of Affiliated Group Member
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER

Employer ID Number
34-1567805

Affiliated Group Member Address
11100 EUCLID AVENUE
CLEVELAND, OH 44106

Electing Member
YES

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	4,357.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	145,432.	b
Total lobbying expenditures (add lines 1a and 1b)	149,789.	c
Other exempt purpose expenditures	2,434,179,049.	d
Total exempt purpose expenditures (add lines 1c and 1d).	2,434,328,838.	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
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)	347.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	11,562.	b
Total lobbying expenditures (add lines 1a and 1b)	11,909.	c
Other exempt purpose expenditures	189,674,166.	d
Total exempt purpose expenditures (add lines 1c and 1d).	189,686,075.	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 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)	44.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	1,455.	b
Total lobbying expenditures (add lines 1a and 1b)	1,499.	c
Other exempt purpose expenditures	31,138,577.	d
Total exempt purpose expenditures (add lines 1c and 1d).	31,140,076.	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 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)	112.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	3,730.	b
Total lobbying expenditures (add lines 1a and 1b)	3,842.	c
Other exempt purpose expenditures	60,708,728.	d
Total exempt purpose expenditures (add lines 1c and 1d).	60,712,570.	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 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)	362.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	12,074.	b
Total lobbying expenditures (add lines 1a and 1b)	12,436.	c
Other exempt purpose expenditures	257,452,472.	d
Total exempt purpose expenditures (add lines 1c and 1d).	257,464,908.	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 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)	97.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	3,248.	b
Total lobbying expenditures (add lines 1a and 1b)	3,345.	c
Other exempt purpose expenditures	51,255,163.	d
Total exempt purpose expenditures (add lines 1c and 1d).	51,258,508.	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 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)	898.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	29,971.	b
Total lobbying expenditures (add lines 1a and 1b)	30,869.	c
Other exempt purpose expenditures	718,663,429.	d
Total exempt purpose expenditures (add lines 1c and 1d).	718,694,298.	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)	149.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	4,987.	b
Total lobbying expenditures (add lines 1a and 1b)	5,136.	c
Other exempt purpose expenditures	986,747,390.	d
Total exempt purpose expenditures (add lines 1c and 1d).	986,752,526.	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 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)	446.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	14,902.	b
Total lobbying expenditures (add lines 1a and 1b)	15,348.	c
Other exempt purpose expenditures	272,677,593.	d
Total exempt purpose expenditures (add lines 1c and 1d).	272,692,941.	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
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)	333.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	11,124.	b
Total lobbying expenditures (add lines 1a and 1b)	11,457.	c
Other exempt purpose expenditures	217,106,616.	d
Total exempt purpose expenditures (add lines 1c and 1d).	217,118,073.	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
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:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	1.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	41.	b
Total lobbying expenditures (add lines 1a and 1b)	42.	c
Other exempt purpose expenditures	0.	d
Total exempt purpose expenditures (add lines 1c and 1d).	42.	e
Lobbying nontaxable amount. Enter the amount from the following table:		
Grassroots nontaxable amount (enter 25% of line 1f)	2.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	34.	i
Member's share of excess lobbying expenditures	0.	

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

8. f

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)	350.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	11,672.	b
Total lobbying expenditures (add lines 1a and 1b)	12,022.	c
Other exempt purpose expenditures	212,240,378.	d
Total exempt purpose expenditures (add lines 1c and 1d).	212,252,400.	e

Lobbying nontaxable amount.
Enter the amount from the following table:

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

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

Part IV Supplemental Information *(continued)*

Schedule C

Affiliated Group Lobbying Expenditures
Part II -A

Name of Affiliated Group Member
ROBINSON HEALTH SYSTEM, INC.

Employer ID Number
46-1382538

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

Electing Member
NO

Limits on Lobbying Expenditures:		**Line**
Total lobbying expenditures to influence public opinion (grassroots lobbying)	269.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	8,980.	b
Total lobbying expenditures (add lines 1a and 1b)	9,249.	c
Other exempt purpose expenditures	161,257,859.	d
Total exempt purpose expenditures (add lines 1c and 1d).	161,267,108.	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
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)	368.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	12,274.	b
Total lobbying expenditures (add lines 1a and 1b)	12,642.	c
Other exempt purpose expenditures	196,811,943.	d
Total exempt purpose expenditures (add lines 1c and 1d).	196,824,585.	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
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)	150.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	4,993.	b
Total lobbying expenditures (add lines 1a and 1b)	5,143.	c
Other exempt purpose expenditures	90,121,406.	d
Total exempt purpose expenditures (add lines 1c and 1d).	90,126,549.	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
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)	585.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	19,531.	b
Total lobbying expenditures (add lines 1a and 1b)	20,116.	c
Other exempt purpose expenditures	410,125,970.	d
Total exempt purpose expenditures (add lines 1c and 1d).	410,146,086.	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
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)	40.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	1,336.	b
Total lobbying expenditures (add lines 1a and 1b)	1,376.	c
Other exempt purpose expenditures	23,980,337.	d
Total exempt purpose expenditures (add lines 1c and 1d).	23,981,713.	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.	

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

2023

Open to Public Inspection

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number
34-0714775

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ 119,750.

(ii) Assets included in Form 990, Part X $ 9,024,495.

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

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a [X] Public exhibition
b [ ] Scholarly research
c [ ] Preservation for future generations
d [ ] Loan or exchange program
e [X] 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 [X] 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 in Part XIII [ ]

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	272,549,052.	291,824,000.	241,904,000.	211,303,000.	179,723,000.
b Contributions	17,009,277.	18,940,337.	22,145,000.	10,211,000.	9,871,000.
c Net investment earnings, gains, and losses	29,884,094.	-24,376,524.	41,936,000.	24,607,000.	32,087,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	13,369,703.	13,838,761.	14,161,000.	4,217,000.	10,378,000.
f Administrative expenses					
g End of year balance	306,072,720.	272,549,052.	291,824,000.	241,904,000.	211,303,000.

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

a Board designated or quasi-endowment 4.0000 %
b Permanent endowment 70.1100 %
c Term endowment 25.8900 %

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? 3a(i)		X
(ii) Related organizations? 3a(ii)	X	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	X	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		67,254,872.		67,254,872.
b Buildings		275,404,072.	121,389,835.	154,014,237.
c Leasehold improvements		16,491,663.	12,836,985.	3,654,678.
d Equipment		776,160,353.	418,844,512.	357,315,841.
e Other		72,016,852.	11,826,384.	60,190,468.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				642,430,096.

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	13,652,854.	END-OF-YEAR MARKET VALUE
(B) INVESTMENTS (TR FUNDS)	269,303,108.	END-OF-YEAR MARKET VALUE
(C) INVESTMENTS (PR FUNDS)	226,868,965.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	509,824,927.	

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) INVESTMENT IN AFFILIATES	2,531,574,032.	COST
(2) PERPETUAL TRUSTS	210,461,804.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	2,742,035,836.	

Part IX Other Assets

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

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

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) OTHER LIABILITIES	400,727,746.
(3) PENSION LIABILITIES	183,481,800.
(4) LIABILITY RELATED TO THE SALE OF FUTURE REVENUE	89,963,155.
(5) PROFESSIONAL LIABILITY-WRA	47,716,545.
(6) DUE TO THIRD PARTIES	25,147.
(7) SHORT-TERM BORROWINGS	100,000,000.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	821,914,393.

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 ... X

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART III, LINE 4:

THE UH SYSTEM ART COLLECTION INCLUDES APPROXIMATELY 3,339 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 FUNDS VARIES DEPENDING ON DONOR STIPULATIONS. ALL SPENDING OF ENDOWMENT EARNINGS ARE DONE SO IN ACCORDANCE WITH DONOR INTENT AND APPLICABLE LAW.

Part XIII Supplemental Information *(continued)*

PART X, LINE 2:

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTES 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, 2023 AND 2022, UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

Part I General Information on Activities Outside the United States.

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		55,741,740.
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	OFFSHORE CAPTIVE MANAGEMENT	-3,171,866.
SOUTH ASIA	0	0	GRANTMAKING		41,362.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		1,798,419.
NORTH AMERICA	0	0	INVESTMENTS		18.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		76,055.
3 a Subtotal	0	1			54,485,728.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	1			54,485,728.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	48,250.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	27,805.		0.		
		SOUTH ASIA	GENERAL SUPPORT	41,362.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

3 Enter total number of other organizations or entities 2

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

HARRINGTON DISCOVERY INSTITUTE AT UHHS CURRENTLY GRANTS AWARDS OUTSIDE OF THE U.S. IN CANADA AND THE UNITED KINGDOM. EACH PROGRAM APPLICATION HAS ELIGIBILITY QUESTIONS THAT ARE ASKED OF THE APPLICANT THROUGH HARRINGTON DISCOVERY INSTITUTE'S GRANT MANAGEMENT SYSTEM, SMARTSIMPLE. APPLICANTS MUST ANSWER THE ELIGIBILITY QUESTIONS IN THE AFFIRMATIVE IN ORDER TO ADVANCE TO THE ONLINE APPLICATION FORM. THE APPLICATION FIELDS FURTHER CONFIRM THE APPLICANT'S ELIGIBILITY FOR THE GRANT, INCLUDING THEIR FACULTY STATUS AT THE ACADEMIC INSTITUTION, CONTROL OF THE PROJECT'S INTELLECTUAL PROPERTY, TYPE OF RESEARCH PROJECT (DRUG VERSUS DEVICE), STAGE OF DEVELOPMENT, AND OTHER CHARACTERISTICS OF THE RESEARCH.

APPLICATIONS ARE HOUSED IN SMARTSIMPLE AND REVIEWED BY A PANEL OF REVIEWERS. THE REVIEW TEMPLATES INCLUDE MULTIPLE CHOICE QUESTIONS, OPEN-ENDED QUESTIONS, AND NUMERIC SCORING OF THE APPLICATION.

APPLICATIONS ARE ASSESSED BASED ON:

- QUALITY OF THE SCIENCE AND THE SCIENTIST
- NOVELTY AND INNOVATIVE QUALITY OF THE WORK
- POTENTIAL FOR IMPACT ON HUMAN HEALTH

THE SUBMITTED REVIEWS ARE COMPILED AND THE TOTAL SCORES ARE CALCULATED. THE SCORES ARE USED AS A BASIS FOR THE SELECTION PROCESS, WHICH IS TYPICALLY A CONFERENCE CALL WHERE MINUTES ARE TAKEN. THE REVIEWER RESULTS, NUMERIC SCORES, AND NOTES FROM THE SELECTION PROCESS ARE ALL SAVED ON THE ORGANIZATION'S SHARED DRIVE.

THE GRANT AGREEMENT BETWEEN HARRINGTON DISCOVERY INSTITUTE AND THE GRANTEE'S ACADEMIC INSTITUTION SPELLS OUT THE TERMS OF THE GRANT

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

AGREEMENT. UPON EXECUTION OF THE AGREEMENT BETWEEN BOTH PARTIES,

HARRINGTON DISCOVER INSTITUTE'S VP OF THERAPEUTICS DEVELOPMENT ASSIGNS A

TEAM OF ADVISORS AND A PROJECT MANAGER TO THE GRANTEE. DURING THE

GRANTEE'S TERM, WHICH COULD BE 1, 2 OR 3 YEARS, THE GRANTEE MEETS

REGULARLY (TYPICALLY ONCE PER MONTH, OR MORE FREQUENTLY AS NEEDED) WITH

THEIR PROJECT TEAM TO ADVISE THE GRANTEE ON THEIR SCIENTIFIC WORK,

MONITOR USE OF GRANT FUNDS, AND EVALUATE PROGRESS TOWARDS STATED AIMS.

YEARLY RENEWAL OF THE AWARD IS DEPENDENT ON THE TIMELY SUBMISSION OF A

WRITTEN ANNUAL PROGRESS REPORT.

ANNUAL PROGRESS REPORT INCLUDE KEY DETAILS OF THE GRANTEE'S PROJECT

INCLUDING PROJECT OBJECTIVE, STATUS, MILESTONES TO BE MET, CHANGE IN KEY

PERSONNEL IF APPLICABLE, PUBLICATIONS RELATED TO THE WORK, ANY NEW

PATENTS FILED OR ISSUED RELATED TO WORK, NEW OR POTENTIAL SOURCES OF

ADDITIONAL FUNDING, STATUS OF PARTNERING ACTIVITIES, FINANCIAL REPORTING,

AND UPDATED BUDGET. YEARLY REPORTS ARE SAVED ON HARRINGTON DISCOVERY

INSTITUTE'S SHARED DRIVE WITH ALL MATERIALS RELATED TO THE GRANT.

PART I, LINE 3:

EXPENDITURES ARE RECORDED ON AN ACCRUAL BASIS.

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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))
		X OUT CANCER GALA	TUNE INTO YOUR HEART GOLF	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	309,341.	127,360.		436,701.
	2 Less: Contributions	242,391.	107,128.		349,519.
	3 Gross income (line 1 minus line 2)	66,950.	20,232.		87,182.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	41,754.	27,443.		69,197.
	8 Entertainment				
	9 Other direct expenses	19,341.	13,598.		32,939.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				102,136.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-14,954.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ 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: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number
34-0714775

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MASS GENERAL BRIGHAM INCORPORATED 399 REVOLUTION DR. STE. 645 SOMERVILLE, MA 02145	04-2807148	501(C)(3)	240,000.	0.			GENERAL SUPPORT
DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	162,500.	0.			GENERAL SUPPORT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	150,000.	0.			GENERAL SUPPORT
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNVERSITY - 485 BROADWAY MAIL CODE 8838 - REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	150,000.	0.			GENERAL SUPPORT
THE UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DRIVE AUSTIN, TX 78705	74-6000203	501(C)(3)	141,977.	0.			GENERAL SUPPORT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239	93-1176109	501(C)(3)	100,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 17.

3 Enter total number of other organizations listed in the line 1 table ..... 4.

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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO - 220 MONTGOMERY ST. FL 5 - SAN FRANCISCO, CA 94104	94-6036493	501(C)(3)	100,000.	0.			GENERAL SUPPORT
UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE. CINCINNATI, OH 45220	31-6000989	501(C)(3)	100,000.	0.			GENERAL SUPPORT
CYAGEN US, INC. 2255 MARTIN AVENUE, SUITE E SANTA CLARA, CA 95050	82-4308467		55,610.	0.			GENERAL SUPPORT
CHILDREN'S HOSPITAL CORPORATION DBA CHILDREN'S HOSPITAL BOSTON - 300 LONGWOOD AVE. - BOSTON, MA 02115	04-2774441	501(C)(3)	50,000.	0.			GENERAL SUPPORT
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	52-0595110	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MEMORIAL SLOAN KETTERING CANCER CENTER - P.O. BOX 27106 GIFT ADMINISTRATION - NEW YORK, NY 10087	13-1924236	501(C)(3)	50,000.	0.			GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO - 9500 GILMAN DR - LA JOLLA, CA 92093	95-6006144	501(C)(3)	50,000.	0.			GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 202 COUSTEAU PL STE 185 - DAVIS, CA 95618	94-6036494	501(C)(3)	50,000.	0.			GENERAL SUPPORT
UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD. UNIT 207 - HOUSTON, TX 77030	74-6001118	501(C)(3)	50,000.	0.			GENERAL SUPPORT

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
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	50,000.	0.			GENERAL SUPPORT
PSYCHOGENICS, INC. 215 COLLEGE ROAD PARAMUS, NJ 07652	14-1989159		37,378.	0.			GENERAL SUPPORT
RICERCA BIOSCIENCES, LLC 7528 AUBURN ROAD CONCORD, OH 44077	34-1911003		27,670.	0.			GENERAL SUPPORT
ALBERT EINSTEIN COLLEGE OF MEDICINE, INC. - 1300 MORRIS PARK AVE. - BRONX, NY 10461	47-2209056	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEW YORK NEW YORK, NY 10012	13-5562308	501(C)(3)	12,500.	0.			GENERAL SUPPORT
CHARLES RIVER LABORATORIES 640 N ELIZABETH STREET SPENCERVILLE, OH 45887	76-0509980		5,296.	0.			GENERAL SUPPORT

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

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

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

PART I, LINE 2:

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**	X	
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	**8**	X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**	X	

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)	1,773,351.	504,430.	490,194.	26,400.	32,110.	2,826,485.	0.
DIRECTOR EX OFFICIO/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SZUBSKI, MICHAEL A.	(i)	980,587.	220,559.	223,501.	273,539.	37,928.	1,736,114.	0.
CHIEF FINANCIAL OFFICER/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TAIT, PAUL G.	(i)	485,021.	147,118.	933,136.	8,438.	28,119.	1,601,832.	0.
CHIEF STRATEGY OFFICER (END 09/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STAMLER, JONATHAN	(i)	1,113,679.	216,563.	200,888.	26,400.	18,930.	1,576,460.	0.
PRESIDENT HDI	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SIMON, DANIEL I. MD	(i)	1,024,683.	227,243.	204,513.	22,956.	31,061.	1,510,456.	0.
CHIEF SCIENTIFIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TEKNOS, THEODOROS N	(i)	969,557.	307,508.	159,111.	24,750.	30,793.	1,491,719.	0.
PRESIDENT SIEDMAN CANCER CENTER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SABIK, JOSEPH MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	1,292,566.	41,250.	36,444.	24,750.	37,328.	1,432,338.	0.
(8) HINCHEY, PAUL R.	(i)	967,582.	202,274.	35,563.	23,100.	27,488.	1,256,007.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SNOWBERGER, THOMAS D.	(i)	740,355.	212,511.	148,798.	24,750.	18,255.	1,144,669.	0.
CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PRONOVOST, PETER MD	(i)	796,453.	178,565.	58,891.	24,750.	83.	1,058,742.	0.
CHIEF QUALITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ADELMAN, HARLIN G. ESQ.	(i)	680,076.	146,107.	159,407.	29,700.	39,183.	1,054,473.	0.
CHIEF LEGAL OFFICER/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SHISHEHBOR, MEHDI	(i)	833,128.	99,089.	27,176.	23,100.	37,202.	1,019,695.	0.
PRESIDENT UH HARRINGTON HEART	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SASSER, SCOTT M.	(i)	732,721.	150,007.	41,802.	22,059.	38,712.	985,301.	0.
PRESIDENT - UHMG AND UHPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) PAPA, ALAN J.	(i)	458,468.	93,060.	322,859.	24,750.	21,397.	920,534.	0.
COO, UH EAST MARKET	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) BISHOP, SHERRI L	(i)	529,530.	123,308.	138,022.	29,700.	37,959.	858,519.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) HEREFORD, MICHELLE	(i)	532,697.	102,122.	5,360.	24,750.	12,219.	677,148.	0.
CHIEF NURSING OFFICER	(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) KEEGAN, ARTHUR E.	(i)	417,158.	92,952.	85,778.	24,750.	25,805.	646,443.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SYLVAN, DAVID	(i)	363,918.	85,976.	42,564.	18,724.	851.	512,033.	0.
CHIEF STRATEGY OFFICER (BEGIN 05/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) PULLIAM, LAVONNE	(i)	326,783.	32,220.	818.	16,992.	30,601.	407,414.	0.
CHIEF COMPLIANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) MILLER, JANET L. ESQ.	(i)	0.	0.	190,376.	0.	0.	190,376.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

MANAGEMENT INCENTIVE PLAN (MIP) PAYMENTS ARE CALCULATED ANNUALLY AS A PERCENTAGE OF BASE SALARY BASED UPON GOAL ATTAINMENT FOR EACH INCENTIVE CYCLE. THE ELIGIBLE INCENTIVE PERCENTAGE IS DEPENDENT UPON EACH INDIVIDUAL'S LEADERSHIP LEVEL IN THE ORGANIZATION.

PART I, LINE 8:

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

PART I, LINE 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 PERSONS IN PART VII:

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.

ADELMAN, HARLIN G. ESQ. ($150,395 - SERP)

BISHOP, SHERRI L. ($103,280 - SERP)

KEEGAN, ARTHUR E. ($78,191 - SERP)

MEGERIAN, CLIFF MD ($444,626 - SERP)

PAPA, ALAN J. ($206,698 - SERP)

PRONOVOST, PETER MD ($26,549 - SERP)

SIMON, DANIEL I. MD ($189,019 - SERP)

SNOWBERGER, THOMAS D. ($113,797 - SERP)

STAMLER, JONATHAN ($162,844 - SERP)

SYLVAN , DAVID ($15,417 - SERP)

SZUBSKI, MICHAEL A. ($185,532 - SERP)

TAIT, PAUL G. ($256,682 - SERP)

TEKNOS, THEODOROS N. ($122,150 - SERP)

FORM 990, SCHEDULE J, PART II:

FORM 990 REPORTING REQUIREMENTS RELATED TO ITEMS SUCH AS DEFERRED

COMPENSATION PROGRAMS REQUIRE DUAL REPORTING IN SOME YEARS FOR VARIOUS

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

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

REPORTED.

ENTITY 1

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

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number
34-0714775

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CAS7	06/21/12	189,782,379.	SEE PART VI FOR DESCRIPTION	X			X		X
B	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CCB2	12/10/13	124,142,966.	SEE PART VI FOR DESCRIPTION		X		X		X
C	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CCC0	11/06/14	100,361,458.	SEE PART VI FOR DESCRIPTION		X		X		X
D	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CCF3	10/01/15	100,000,000.	SEE PART VI FOR DESCRIPTION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		92,735,000.	25,000,000.	
2	Amount of bonds legally defeased	119,025,000.			
3	Total proceeds of issue	189,782,379.	124,142,966.	100,361,458.	100,000,577.
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds		1,442,966.	1,221,881.	
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,092,370.			1,204,500.
8	Credit enhancement from proceeds	349,258.			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			10,000,000.	37,316,424.
11	Other spent proceeds	187,340,751.	122,700,000.	89,139,577.	61,479,653.
12	Other unspent proceeds				
13	Year of substantial completion	2012	2013	2015	2015

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X		X		X	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

ENTITY 2

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

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number
34-0714775

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CCZ9	03/31/16	249,373,895.	SEE PART VI FOR DESCRIPTION		X		X		X
B	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CDF2	09/26/18	243,220,482.	SEE PART VI FOR DESCRIPTION		X		X		X
C	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CDP0	01/23/20	613,525,516.	SEE PART VI FOR DESCRIPTION		X		X		X
D	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CFF0	10/13/21	270,616,002.	SEE PART VI FOR DESCRIPTION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		170,355,000.		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	249,373,895.	245,082,583.	615,208,797.	270,616,002.
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds		292,106.		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,924,715.	1,763,911.	3,175,157.	2,447,592.
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		130,075,136.	300,518,640.	206,802,909.
11	Other spent proceeds	247,449,180.	112,951,430.	311,515,000.	61,365,501.
12	Other unspent proceeds				
13	Year of substantial completion	2016	2019	2023	2021
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	No: X	Yes: X	Yes: X	No: X
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	Yes: X	No: X	No: X	Yes: X
16	Has the final allocation of proceeds been made?	Yes: X	Yes: X	Yes: X	Yes: X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Yes: X	Yes: X	Yes: X	Yes: X

ENTITY 3

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

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number
34-0714775

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	000000000	10/13/21	94,527,060.	SEE PART VI FOR DESCRIPTION		X		X		X
B	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	000000000	01/13/23	66,140,000.	SEE PART VI FOR DESCRIPTION		X		X		X
C	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CFZ6	12/20/23	57,800,000.	SEE PART VI FOR DESCRIPTION		X		X		X
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,105,000.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	94,527,060.	66,410,000.	57,800,000.	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	852,159.	129,778.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	93,674,901.	66,280,222.	57,800,000.	
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X		
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %		.00 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		.00 %
6	Total of lines 4 and 5		.00 %		.00 %		.00 %		.00 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X	X		X	
c	No rebate due?	X		X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %		.00 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		.00 %
6	Total of lines 4 and 5		.00 %		.00 %		.00 %		.00 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X	X			X		X
c	No rebate due?	X			X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		%
6	Total of lines 4 and 5		.00 %		.00 %		.00 %		%
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		

Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b Name of provider					WELLS FARGO BANK, N			
c Term of hedge						.1000000		
d Was the hedge superintegrated?						X		
e Was the hedge terminated?						X		
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

FORM 990, SCHEDULE K, SUPPLEMENTAL INFORMATION - PART I, COLUMN (F)

PART I, COLUMN (F) - THE SERIES 2012A BONDS ISSUED 6/21/2012 REFUNDED ALL OF THE OUTSTANDING SERIES 2009A BONDS ISSUED 3/24/2009.

PART I, COLUMN (F) - THE SERIES 2013A AND 2013B BONDS ISSUED 12/10/2013 REFUNDED ALL OF THE OUTSTANDING SERIES 2008BDE BONDS ISSUED 5/8/2008.

PART I, COLUMN (F) - THE PROCEEDS OF THE SERIES 2014ABC ISSUED 11/6/2014 WERE USED FOR THE ACQUISITIONS OF UH PARMA MEDICAL CENTER AND UH ELYRIA MEDICAL CENTER, AS WELL AS FOR ROUTINE CAPITAL EXPENDITURES AND TO REFUND BONDS ISSUED 4/2/2014 AND 4/17/2014.

PART I, COLUMN (F) - THE PROCEEDS OF THE SERIES 2015ABC BONDS ISSUED 10/1/2015 WERE USED FOR THE ACQUISITION OF UH PORTAGE MEDICAL CENTER, AS WELL AS FOR ROUTINE CAPITAL EXPENDITURES AND TO REFUND A PORTION OF BONDS ISSUED 12/27/2010 AND ALL THE OUTSTANDING DEBT ISSUED 6/1/2015.

PART I, COLUMN (F) - THE SERIES 2016A BONDS ISSUED 3/31/2016 REFUNDED A PORTION OF THE SERIES 2007A BONDS ISSUED 2/7/2007.

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

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

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

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

PART I, COLUMN (F) - THE PROCEEDS OF THE SERIES 2021ABCD BONDS ISSUED 10/13/2021 WERE USED TO ACQUIRE ASSETS OF LAKE HEALTH, AND TO REFUND TAXABLE DEBT ISSUED 9/16/2021.

PART I, COLUMN (F) - THE SERIES 2021E BONDS ISSUED 10/13/2021 REFUNDED A PORTION OF THE SERIES 2012A BONDS ISSUED 6/21/2012.

PART I, COLUMN (F) THE SERIES 2023A BONDS ISSUED 1/13/2023 REFUNDED ALL OF THE OUTSTANDING SERIES 2013A BONDS ISSUED 12/10/2013.

PART I, COLUMN (F) THE SERIES 2023C BONDS ISSUED 12/20/2023 REFUNDED TAXABLE DEBT ISSUED 9/15/2023.

FORM 990, SCHEDULE K, SUPPLEMENTAL INFORMATION - PART IV, LINE 2C

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

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

PART IV, LINE 2C, FOR THE 3/31/2016 BONDS - THE REBATE CALCULATION FOR THE SERIES 2016A BONDS WAS PERFORMED ON 5/18/2021 FOR THE COMPUTATION PERIOD ENDED 3/30/2021.

FORM 990, SCHEDULE K, SUPPLEMENTAL INFORMATION

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

ALL DIFFERENCES BETWEEN AMOUNTS REPORTED ON PART II, LINE 3, AND PART I, COLUMN (E) ARE DUE TO INVESTMENT EARNINGS.

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

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

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

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? 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
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$						

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) THE CLEVELAND BROWNS FOO	SEE PART V	3,939,017.	SEE PART V		X
(2) MEDIC MANAGEMENT GROUP L	SEE PART V	134,230.	SEE PART V		X
(3) SUBSTANTIAL CONTRIBUTOR	SEE PART V	103,298.	SEE PART V		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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: THE CLEVELAND BROWNS FOOTBALL TEAM.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: MS. DEE HASLAM IS A CURRENT DIRECTOR AND OFFICER ON THE UHHS BOARD AND OWNER OF THE CLEVELAND BROWNS FOOTBALL TEAM. UHHS IS THE MEDICAL PARTNER FOR THE CLEVELAND BROWNS FOOTBALL TEAM.

(C) AMOUNT OF TRANSACTION: $3,939,017.

(D) DESCRIPTION OF TRANSACTION: UHHS PROVIDES MEDICAL SERVICES TO THE CLEVELAND BROWNS FOOTBALL TEAM.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MEDIC MANAGEMENT GROUP LLC

(B) JERRY L. KELSHEIMER IS A CURRENT DIRECTOR AND OFFICER ON THE UHHS BOARD AND OWNER OF MEDIC MANAGEMENT GROUP LLC WHICH HAS A BUSINESS RELATIONSHIP WITH UHHS.

(C) AMOUNT OF TRANSACTION: $134,230.

(D) DESCRIPTION OF TRANSACTION: MEDICA MANAGEMENT GROUP LLC PROVIDES BUSINESS IMPROVEMENT SOLUTIONS AND SUPPORT TO UHHS.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

Part V Supplemental Information

Complete this part to 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: SUBSTANTIAL CONTRIBUTOR #28

(B) SUBSTANTIAL CONTRIBUTOR #28 IS THE OWNER/PRESIDENT OF A COMPANY

THAT HAS A BUSINESS RELATIONSHIP WITH UHHS.

(C) AMOUNT OF TRANSACTION: $103,298.

(D) DESCRIPTION OF TRANSACTION: THE COMPANY PROVIDES EQUIPMENT AND

MAINTENANCE SUPPORT TO UHHS.

(E) SHARING OF ORGANIZATION REVENUES? = NO.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number

34-0714775

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	7	119,750.	APPRAISAL/RECEIPT
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	64	4,459,401.	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	X	1	125,000.	APPRAISAL
16	Real estate - Commercial	X	1	1,050,000.	APPRAISAL
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	2	468,364.	APPRAISAL/FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (EVENT SUPPLIES)	X	1	30,967.	RECEIPT
26	Other (SCRAPBOOK SUPPL)	X	1	7,427.	RECEIPT
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 2

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number
34-0714775

FORM 990, PART III, LINE 1:

UNIVERSITY HOSPITALS (THE "SYSTEM") IS GUIDED BY ITS MISSION "TO HEAL. TO TEACH. TO DISCOVER." THE SYSTEM SERVES A UNIQUE ROLE IN THE COMMUNITIES IT SERVES BY PROVIDING DIVERSE POPULATIONS THROUGHOUT THE NORTHEAST OHIO REGION WITH COMPREHENSIVE HEALTH CARE - FROM PRIMARY CARE TO HIGHLY SPECIALIZED MEDICAL CARE FOR THE MOST SERIOUS OF HEALTH PROBLEMS. THE SYSTEM IS KNOWN FOR PROVIDING SUPERIOR, LEADING-EDGE HEALTH CARE ACROSS THE FULL RANGE OF MEDICAL AND SURGICAL SPECIALITIES FROM INFANCY TO ELDER CARE. IN ADDITION TO DELIVERING QUALITY PATIENT CARE, THE SYSTEM SERVES AS A PREEMINENT TEACHING FACILITY FOR PHYSICIANS, NURSES AND ANCILLARY MEDICAL PERSONNEL. THE SYSTEM'S EXTENSIVE CLINICAL RESEARCH PROGRAMS CONTINUE TO IMPROVE THE UNDERSTANDING OF DISEASE AND ENHANCE PATIENT CARE.

FORM 990, PART III, LINE 4A:

COMMITMENT TO THE COMMUNITY REMAINS AT THE CORE OF THE SYSTEM'S MISSION: TO HEAL. TO TEACH. TO DISCOVER. IN 2023, UNIVERSITY HOSPITALS DEDICATED MORE THE $522 MILLION TO COMMUNITY BENEFIT PROGRAMS IN NORTHEAST OHIO CONSISTING OF:

- EDUCATION AND TRAINING = $100 MILLION
- RESEARCH = $58 MILLION
- CHARITY CARE = $58 MILLION
- MEDICAID SHORTFALL = $268 MILLION
- COMMUNITY HEALTH IMPROVEMENT SERVICES, PROGRAMS AND SUPPORT = $38 MILLION
- HOSPITAL CARE ASSURANCE PROGRAM (HCAP) = ($75 MILLION)

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number
34-0714775

REFER TO SCHEDULE H IN THE UH GROUP RETURN FOR FURTHER DETAIL ON HOW THE SYSTEM MEASURES AND REPORTS COMMUNITY BENEFIT. COMMUNITY BENEFIT FOR 2023 TOTALED $522 MILLION.

IN ADDITION TO CHARITY CARE AND INSUFFICIENT FUNDING FROM THE MEDICAID PROGRAM, THE SYSTEM INCURS SIGNIFICANT LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENT FOR SERVICES RENDERED OR INSURED PATIENTS WHO FAIL TO REMIT CO-PAYMENTS AND DEDUCTIBLES AS REQUIRED UNDER APPLICABLE HEALTH INSURANCE ARRANGEMENTS. IN 2023, $129 MILLION REPRESENTED REVENUES FOR SERVICES PROVIDED THAT WERE DEEMED TO BE UNCOLLECTIBLE.

THE SYSTEM HAS A BROAD PRESENCE THROUGHOUT NORTHEAST OHIO, INCLUDING CUYAHOGA, LORAIN, GEAUGA, ASHTABULA, PORTAGE, ASHLAND, 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 38,433 (32,607 REPORTED ON THE UH GROUP FORM 990) 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

Name of the organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

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

THE SYSTEM IS PROUD TO CONTRIBUTE TO THE HEALTH OF OUR CITIZENS AND TO BE A POSITIVE ECONOMIC FORCE IN OUR REGION. FOR MORE DETAILED INFORMATION ON THE SYSTEM'S COMMUNITY BENEFIT OR TO VIEW THE 2023 COMMUNITY BENEFIT REPORT, PLEASE VISIT THE SYSTEM'S WEBSITE AT WWW.UHHOSPITALS.ORG.

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

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

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

THE MEMBERS ELECT THE BOARD OF DIRECTORS.

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number
34-0714775

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

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

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT AND COMPLIANCE COMMITTEE HAS BEEN DELEGATED AUTHORITY BY THE UHHS BOARD OF DIRECTORS TO REVIEW THE FORM 990. THE COMPENSATION COMMITTEE REVIEWED THE COMPENSATION SECTIONS OF THE FORM 990. THE UHHS BOARD OF DIRECTORS RECEIVES A COMPLETE COPY OF THE RETURN BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. CERTAIN MEMBERS OF SENIOR MANAGEMENT REVIEW THE FORM WHILE OVERSEEING THIS PROCESS.

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

UH HAS ADOPTED FOUR CONFLICT OF INTEREST POLICIES: THE FIRST RELATES TO ALL EMPLOYEES AND AFFILIATED PHYSICIANS; THE SECOND RELATES TO UH AND ALL ITS SUBSIDIARIES AND APPLIES TO ALL DIRECTORS, OFFICERS, SUBSTANTIAL CONTRIBUTORS AND RELATED PARTIES; THE THIRD APPLIES TO PHYSICIANS AND OTHER LICENSED PRACTITIONERS. IN ADDITION, UH HAS A SEPARATE BOARD DISCLOSURE OF INTEREST POLICY. UH REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICIES. UH MANAGEMENT, ALL DIRECTORS, AND ALL PHYSICIANS AND ADVANCED PRACTICE PROFESSIONALS ARE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE AND PROVIDE INFORMATION REGARDING ANY INTERESTS THAT MAY BE POTENTIAL CONFLICTS PURSUANT TO THE CONFLICT OF INTEREST POLICIES. THEY ARE REQUIRED TO PROVIDE ANY CHANGES OR NEW DISCLOSURES SHOULD THEY OCCUR. ALL DISCLOSURES AND SUBSEQUENT UPDATES TO DISCLOSURES ARE REVIEWED BY THE UH COMPLIANCE AND ETHICS DEPARTMENT. BOARD-LEVEL AND KEY PERSONNEL CONFLICTS ARE REVIEWED AND APPROVED, IF

Name of the organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

APPROPRIATE, BY THE AUDIT AND COMPLIANCE COMMITTEE OF THE UHHS BOARD AND/OR THE UHHS BOARD. IF A CONFLICT EXISTS WITH A DIRECTOR, CERTAIN RESTRICTIONS MAY BE IMPOSED, SUCH AS EXCUSING THE DIRECTOR FROM THE ROOM DURING DISCUSSION AND/OR VOTING WITH REGARD TO A PROPOSED TRANSACTION. EDUCATION REGARDING CONFLICTS OF INTEREST IS INCLUDED IN THE ANNUAL COMPLIANCE TRAINING THAT INCLUDES ALL DIRECTORS, EMPLOYEES, PHYSICIANS AND LICENSED PRACTITIONERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS APPROVED BY THE UHHS BOARD OF DIRECTORS. EXECUTIVE COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD (THE "COMMITTEE") AND DOCUMENTED IN THE COMMITTEE MINUTES. THE COMMITTEE HAS RETAINED AN INDEPENDENT COMPENSATION CONSULTANT WHO PROVIDES INFORMATION TO THE COMMITTEE ON CHANGES AND TRENDS IN EXECUTIVE COMPENSATION AND OBJECTIVE THIRD PARTY INFORMATION ON COMPETITIVE AND COMPARABLE EXECUTIVE COMPENSATION AND BENEFIT LEVEL/PROGRAMS. THE CONSULTANT COLLECTS AND PROVIDES TO THE COMMITTEE, APPROPRIATE MARKET COMPENSATION AND BENEFITS INFORMATION, APPROPRIATE MARKET PRACTICES FOR COMPARABLE ORGANIZATIONS' POSITIONS AND BEST PRACTICES. THE CONSULTANT ALSO PROVIDES ADVICE ON DEVELOPING AND MODIFYING UH'S EXECUTIVE COMPENSATION PHILOSOPHY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS FOR UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. AND

Name of the organization: UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number: 34-0714775

ITS SUBSIDIARIES ARE MADE PUBLICLY AVAILABLE THROUGH THE USE OF DAC BOND

(DISCLOSURE DISSEMINATION AGENT) AND CAN BE FOUND ON THE INTERNET AT

WWW.DACBOND.COM.

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

CHANGE IN BENEFICIAL INTEREST FND	14,609,000.
FUNDED STATUS ADJUSTMENT	-42,774,000.
INVESTMENT IN SUBSIDIARIES	241,692,000.
OTHER CHANGES IN FUND BALANCE	71,229,764.
EQUITY TRANSFERS	-416,102,043.
NET ASSETS RELEASED FROM RESTRICTION	-2,198,000.
TOTAL TO FORM 990, PART XI, LINE 9	-133,543,279.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

Employer identification number
34-0714775

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
JWR COMMERCIAL PROPERTIES, LLC 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO	0.	0.	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
CHESTER ROAD COMMERCIAL PROPERTIES, LLC 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	INACTIVE	OHIO	0.	0.	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
UH HEALTH SOLUTIONS, LLC - 83-1975050 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	SUPPORT SERVICES	OHIO	0.	5,000,000.	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
UH RESEARCH EDUCATION AND COLLABORATION LLC - 27-1287585, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	SUPPORT SERVICES	OHIO	0.	0.	UNIVERSITY HOSPITALS HEALTH 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	(g) 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	EMH REGIONAL 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	

Part I **Continuation of Identification of Disregarded Entities**

(a) Name, address, and EIN 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
UNIVERSITY HOSPITALS CRITICAL CARE TRANSPORT, LLC - 88-3821109, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER	SUPPORT SERVICES	OHIO	3,688,977.	1,348,246.	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

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	(g) No
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	
COMPREHENSIVE HEALTH CARE OF OHIO, INC. - 34-1492733, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 12B, II	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
EMH REGIONAL MEDICAL CENTER - 34-0714612 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	COMPREHENSIVE HEALTHCARE OF OHIO, INC.	X	
LAKE HOSPITAL SYSTEM, INC. - 34-1425870 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
PARMA COMMUNITY GENERAL HOSPITAL - 34-0827442, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
PRIMEHEALTH, INC. - 34-1778204 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	LAKE HOSPITAL SYSTEM, INC.	X	
ROBINSON HEALTH SYSTEM, INC. - 46-1382538 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	

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	(g) No
SAMARITAN REGIONAL HEALTH SYSTEM - 34-0714535, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UH REGIONAL HOSPITALS - 34-1924226 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS AHUJA MEDICAL CENTER, INC. - 26-4827222, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER - 34-1567805, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER - 34-0714550, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS COORDINATED CARE ORGANIZATION - 90-0794903, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH	HEALTHCARE	OHIO	501(C)(3)	LINE 10	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS GENEVA MEDICAL CENTER - 34-0714461, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS HEALTH SYSTEM - HEATHER HILL, INC. - 34-0771884, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH	INACTIVE	OHIO	501(C)(3)	LINE 12B, II	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS HOME CARE SERVICES, INC. - 34-1527536, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HOME CARE	OHIO	501(C)(3)	LINE 12B, II	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS LABORATORY SERVICES FOUNDATION - 34-1720429, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH	LAB SERVICES	OHIO	501(C)(3)	LINE 12B, II	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS MEDICAL GROUP, INC. - 20-4881619, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OHIO	501(C)(3)	LINE 12B, II	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	
UNIVERSITY HOSPITALS ST. JOHN MEDICAL CENTER - 34-1260978, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	HEALTHCARE	OHIO	501(C)(3)	LINE 3	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	X	

Part 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
CONCORD MEDICAL CAMPUS, PHYSICIAN BUILDING, LLC - 26-0550261, 7580 AUBURN RD, CONCORD, OH 44077	OFFICE SPACE	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NEW MANNA CLG, LLC - 37-1848577, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	MEDICAL SERVICES	OH	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	RELATED	-10,200,906.	64,912,687.		X	N/A		X	100%
SAMARITAN REGIONAL PAIN MANAGEMENT LLC - 46-2286785, 1025 CENTER STREET, ASHLAND, OH 44805	MEDICAL SERVICES	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
UH VALUEHEALTH HOLDINGS, LLC - 85-3503184, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH	HOLDING COMPANY	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
COMPREHENSIVE VENTURES UNLIMITED, INC. - 34-1596060, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	PHYSICIAN ADMINISTRATION	OH	N/A	C CORP	N/A	N/A	N/A	X	
EMH MEDICAL OFFICE BUILDING IN AVON, INC - 34-1935407, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH 44122	REAL ESTATE	OH	N/A	C CORP	N/A	N/A	N/A	X	
EMH PROFESSIONAL SERVICES, INC. - 34-1778419 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	N/A	C CORP	N/A	N/A	N/A	X	
NORTH OHIO HEART, INC. - 27-2574020 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	N/A	C CORP	N/A	N/A	N/A	X	
PRL CORPORATION - 34-1499245 3605 WARRENSVILLE CENTER ROAD-MSC 9155 SHAKER HEIGHTS, OH 44122	PHYSICIANS GROUP	OH	N/A	C CORP	N/A	N/A	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
UHHS ENDOSCOPY HOLDINGS, LLC - 83-1284090, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER HEIGHTS, OH	MEDICAL SERVICES	OH	N/A	N/A	N/A	N/A		X	N/A		X	N/A
UNIVERSITY SUBURBAN REAL ESTATE, LTD - 34-1397180, 3605 WARRENSVILLE CENTER ROAD-MSC 9155, SHAKER	REAL ESTATE	OH	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	RELATED	-1,007,045.	18,100,989.		X	N/A	X		100%
UNIVERSITY HOSPITAL URGENT CARE BY WELLSTREET, LLC - 92-1031874, 3330 CUMBERLAND BLVD., STE 825, ALTANTA, GA	MEDICAL SERVICES	GA	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	RELATED	-5,698,213.	9,779,842.		X	N/A		X	51.00%

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	(i) Section 512(b)(13) controlled entity? No
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	UNIVERSITY HOSPITALS HEALTH SYSTEM,	C CORP	0.	0.	100%	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	UNIVERSITY HOSPITALS HEALTH SYSTEM,	C CORP	599,852,811.	171,628,694.	100%	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	UNIVERSITY HOSPITALS HEALTH SYSTEM,	C CORP	0.	0.	100%	X	

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

		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC.	A	5,903,139.	GENERAL LEDGER
(2)	CLEVELAND MEDICAL CENTER	A	1,609,308.	GENERAL LEDGER
(3)	UNIVERSITY HOSPITALS MEDICAL GROUP INC	A	1,098,900.	GENERAL LEDGER
(4)	AHUJA MEDICAL CENTER	A	669,152.	GENERAL LEDGER
(5)	SAMARITAN MEDICAL CENTER	A	234,477.	GENERAL LEDGER
(6)	UH LAB SERVICES FOUNDATION	A	203,107.	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	A	167,143.	GENERAL LEDGER
(8)	PARMA MEDICAL CENTER	A	81,848.	GENERAL LEDGER
(9)	UHHS ENDOSCOPY HOLDINGS, LLC	A	26,620.	GENERAL LEDGER
(10)	UNIVERSITY HOSPITAL URGENT CARE BGY WELLSTREET, LLC	B	154,814,761.	GENERAL LEDGER
(11)	NEW MANNA CLG, LLC	B	3,058,646.	GENERAL LEDGER
(12)	UNIVERSITY SUBURBAN REAL ESTATE, LTD	B	390,990.	GENERAL LEDGER
(13)	GENEVA MEDICAL CENTER	A	20,422.	GENERAL LEDGER
(14)	SAMARITAN MEDICAL CENTER	K	87,330.	GENERAL LEDGER
(15)	PRL CORPORATION	K	68,528.	GENERAL LEDGER
(16)	UNIVERSITY PRIMARY CARE PRACTICES, INC.	R	88,074,825.	GENERAL LEDGER
(17)	LAKE HOSPITAL SYSTEM, INC.	R	84,678,722.	GENERAL LEDGER
(18)	UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER	R	42,321,574.	GENERAL LEDGER
(19)	UNIVERSITY HOSPITALS ACCOUNTABLE CARE ORGANIZATION, INC.	R	22,128,317.	GENERAL LEDGER
(20)	ST. JOHN MEDICAL CENTER	R	18,820,929.	GENERAL LEDGER
(21)	UH REGIONAL HOSPITALS	R	11,572,047.	GENERAL LEDGER
(22)	UNIVERSITY HOSPITALS HOLDINGS, INC.	R	5,824,776.	GENERAL LEDGER
(23)	UH LAB SERVICES FOUNDATION	R	5,650,759.	GENERAL LEDGER
(24)	GENEVA MEDICAL CENTER	R	3,976,507.	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) PRL CORPORATION	R	3,942,263.	GENERAL LEDGER
(8) UNIVERSITY HOSPITAL URGENT CARE BY WELLSTREET, LLC	R	3,122,009.	GENERAL LEDGER
(9) QUALITY CARE NETWORK, INC.	R	2,645,304.	GENERAL LEDGER
(10) SAMARITAN MEDICAL CENTER	R	1,623,821.	GENERAL LEDGER
(11) WESTERN RESERVE ASSURANCE CO. LTD. SPC	R	1,492,736.	GENERAL LEDGER
(12) COMPREHENSIVE HEALTH CARE OF OHIO	R	729,034.	GENERAL LEDGER
(13) COMPREHENSIVE VENTURES UNLIMITED	R	109,439.	GENERAL LEDGER
(14) NORTH OHIO HEART INC.	R	54,690.	GENERAL LEDGER
(15) UNIVERSITY HOSPITALS PHYSICIAN SERVICES, INC.	S	240,828,038.	GENERAL LEDGER
(16) UNIVERSITY HOSPITALS MEDICAL GROUP INC	S	193,831,004.	GENERAL LEDGER
(17) LAKE HOSPITAL SYSTEM, INC.	S	155,988,878.	GENERAL LEDGER
(18) AHUJA MEDICAL CENTER	S	58,833,568.	GENERAL LEDGER
(19) PARMA MEDICAL CENTER	S	28,527,633.	GENERAL LEDGER
(20) UH HOME CARE SERVICES INC	S	24,746,582.	GENERAL LEDGER
(21) UNIVERSITY HOSPITALS HOLDINGS, INC.	S	19,699,434.	GENERAL LEDGER
(22) EMH REGIONAL MEDICAL CENTER	S	12,000,451.	GENERAL LEDGER
(23) PORTAGE MEDICAL CENTER	S	10,200,590.	GENERAL LEDGER
(24) UNIVERSITY HOSPITALS HOLDINGS, INC.	S	5,599,868.	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)	BEACHWOOD MEDICAL CENTER	S	3,058,646.	GENERAL LEDGER
(8)	CONNEAUT MEDICAL CENTER	S	1,752,003.	GENERAL LEDGER
(9)	UH REGIONAL HOSPITALS	S	2,120,473.	GENERAL LEDGER
(10)	UNIVERSITY SUBURBAN REAL ESTATE LTD	S	769,264.	GENERAL LEDGER
(11)	UNIVERSITY HOSPITALS HOLDINGS, INC.	S	578,761.	GENERAL LEDGER
(12)	PRIMEHEALTH, INC.	S	513,761.	GENERAL LEDGER
(13)	FUND FOR CURES UK	S	395,904.	GENERAL LEDGER
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

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

Part VII Supplemental Information

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

CARRYOVER DATA TO 2024

Name	Employer Identification Number
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	34-0714775

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT ACTIVITIES	2,912,625.
FEDERAL POST-2017 NET OPERATING LOSS - PROFESSIONAL, SCIENTI	5,698,213.
FEDERAL CONTRIBUTION - 50% CASH	15,071,885.
CA CONTRIBUTION - 50% CASH	298,378.
FL NET OPERATING LOSS	171.
FL CONTRIBUTION - 50% CASH	7,437,576.

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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.

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
File by the due date for filing your return. See instructions.	UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.	34-0714775
	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) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of BRADLEY C. BOND
3605 WARRENSVILLE CENTER ROAD - SHAKER HEIGHTS, OH 44122

Telephone No. (216) 844-1000 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ..... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 23 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2024)

LHA 323841 12-22-23