

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
A	This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☒ a single-employer plan; ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report; ☐ the final return/report;	
	☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).		
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>333</u>
		1c	Effective date of plan <u>04/01/1970</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNIVERSITY HOSPITALS HEALTH SYSTEM</u> <u>3605 WARRENSVILLE CENTER ROAD</u> <u>SHAKER HEIGHTS, OH 44122</u>	2b	Employer Identification Number (EIN) <u>34-0714775</u>
		2c	Plan Sponsor's telephone number <u>216-844-1000</u>
		2d	Business code (see instructions) <u>622000</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	THOMAS SNOWBERGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 28615
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 16525 6a(2) 16495 6b 3138 6c 9275 6d 28908 6e 295 6f 29203 6g 6h 376
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNIVERSITY HOSPITALS HEALTH SYSTEM	D Employer Identification Number (EIN) 34-0714775
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2015			
2	Assets:			
a	Market value	2a	776966905	
b	Actuarial value	2b	784205268	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	3256	202915759	202915759
b	For terminated vested participants	8834	109763008	109763008
c	For active participants	16525	443921775	459796622
d	Total	28615	756600542	772475389
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.30%	
6	Target normal cost	6	31378429	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		09/30/2016
Signature of actuary		Date
JASON M. BRAVO		14-05569
Type or print name of actuary		Most recent enrollment number
HEWITT ASSOCIATES LLC		216-573-9700
Firm name		Telephone number (including area code)
5005 ROCKSIDE ROAD, SUITE 1000 INDEPENDENCE, OH 44131-6828		
Address of the firm		

Part II	Beginning of Year Carryover and Prefunding Balances
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		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	161825757
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	52861402
9	Amount remaining (line 7 minus line 8)	0	108964355
10	Interest on line 9 using prior year's actual return of <u>4.54</u> %	0	4953000
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.52</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	113917355

Part III Funding Percentages

14	Funding target attainment percentage.....	14	86.77 %
15	Adjusted funding target attainment percentage	15	101.51 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	88.46 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees	
09/08/2016		8700000	0					
				Totals ►	18(b)	8700000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	7847654

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	31378429	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	102187476	20898574	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	52277003	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	45371706	45371706
36 Additional cash requirement (line 34 minus line 35)	36	6905297	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	7847654	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	942357	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	942357	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY HOSPITALS HEALTH SYSTEM	D Employer Identification Number (EIN) 34-0714775

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AUSTIN CAPITAL MANAGEMENT LTD

74-2689707

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
ARTIO GLOBAL MAMGEMENT LLC

13-3732995

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC.

23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MANNING AND NAPIER ADVISORS, LLC

45-3328488

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRANKLIN TEMPLETON INVESTMENTS

94-1347393

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FORUM FUNDS

THREE CANAL PLAZA
PORTLAND, ME 04101

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK

94-3112180

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

J.P. MORGAN ASSET MANAGEMENT

270 PARK AVENUE
NEW YORK, NY 10017

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TWEEDY, BROWNE COMPANY LLC

ONE STATION PLACE
STAMFORD, CT 06902

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WELLINGTON TRUST CO

04-2683227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 72 50 51 52	NONE	7325911	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

AON CONSULTING INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50 65	NONE	2079903	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THE BANK OF NEW YORK MELLON

25-0659306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51 62	NONE	232701	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LOOMIS SAYLES HY FUND

39-6797388

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 52	NONE	136139	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

COMMINGLED PENSION TRUST FUND

13-6038770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	112141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

DEPRINCE RACE AND ZOLLO

59-3299598

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	106725	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BANK ONE INV ADV CORP.

31-1192865

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	88084	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MELLON CAPITAL MANAGEMENT

25-1442864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	75083	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

WELLINGTON MANAGEMENT COMPANY

04-2683227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 72	NONE	59250	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>333</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY HOSPITALS HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>34-0714775</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CTF GLOBAL SELECT CAPITAL APP</u>			
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>			
c EIN-PN <u>20-5853753-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34351273</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FDII</u>			
b Name of sponsor of entity listed in (a): <u>TBC, INC.</u>			
c EIN-PN <u>75-2256891-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22752346</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLINGTON EMLE</u>			
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY</u>			
c EIN-PN <u>26-0356102-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22019985</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF SMALL CAP 2000</u>			
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY</u>			
c EIN-PN <u>04-2755549-081</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13818014</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CTF GLOBAL TOTAL RETURN</u>			
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY</u>			
c EIN-PN <u>27-2918974-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19765599</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NON-SL STOCK INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>			
c EIN-PN <u>25-6078093-215</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>68659972</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NON-SL INT'L STOCK INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>			
c EIN-PN <u>25-6078093-213</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12302069</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY HOSPITALS HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>34-0714775</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		8700000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	143015778	6651166
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20865	9522074
	(2) U.S. Government securities.....	1c(2)		34062
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	18640011	104
	(5) Partnership/joint venture interests	1c(5)	191047955	226224913
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	222755448	226317438
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	201525629	253828418
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	777005686	731278175

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	323650	540152
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	323650	540152

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	776682036	730738023
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAS, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8700000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8700000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	29	
(B) U.S. Government securities	2b(1)(B)	89877	
(C) Corporate debt instruments	2b(1)(C)	173599	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	-27992	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		235513
(2) Dividends: (A) Preferred stock	2b(2)(A)	3315	
(B) Common stock	2b(2)(B)	549773	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5792292	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6345380
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	135745667	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	124954070	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		10791597
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-6259360	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-6259360

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-11642
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-7922493
c Other income	2c		-4294516
d Total income. Add all income amounts in column (b) and enter total	2d		7584479

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	42295727	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		42295727
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	2315321	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1293342	
(4) Other	2i(4)	7624102	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11232765
j Total expenses. Add all expense amounts in column (b) and enter total	2j		53528492

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-45944013
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KPMG, LLP

(2) EIN: 13-5565207

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY HOSPITALS HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>34-0714775</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1904625</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>368</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☒ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☒ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: <u>3.0</u> % Investment-Grade Debt: <u>0.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>4.0</u> % Other: <u>93.0</u> %
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No



**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

(With Independent Auditors' Report Thereon)

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

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Statements of Changes in Net Assets Available for Benefits, years ended December 31, 2015 and 2014	4
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Schedules	
1 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – December 31, 2015	16
2 Schedule H, Line 4j – Schedule of Reportable Transactions – Year ended December 31, 2015	18
Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because there is no information to report.	



KPMG LLP
One Cleveland Center
Suite 2600
1375 East Ninth Street
Cleveland, OH 44114-1796

Independent Auditors' Report

The Plan Administrator
University Hospitals Health System, Inc.
Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements University Hospitals Health System, Inc. Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 3, which was certified by The Bank of New York Mellon Corporation, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2015 and 2014, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.



Other Matter

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2015 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Cleveland, Ohio
October 13, 2016

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investments, at fair value:		
Cash and cash equivalents	\$ 9,522,074	20,865
U.S. Government Securities	34,062	—
Equity securities	104	18,640,011
Mutual and exchange traded funds	253,828,418	201,525,629
Common/collective trusts	226,317,438	222,755,448
Alternative investments	226,224,913	191,047,955
Total investments at fair value	<u>715,927,009</u>	<u>633,989,908</u>
Receivables:		
Accrued interest and dividends	985	27,944
Due from brokers for securities sold	6,642,044	110,996
Receivables from other plans	—	142,876,838
Due from other plan trustee	8,137	—
Contributions receivable	8,700,000	—
Total receivables	<u>15,351,166</u>	<u>143,015,778</u>
Total assets	<u>731,278,175</u>	<u>777,005,686</u>
Liabilities:		
Due to brokers for securities purchased	—	22,608
Accrued payables	540,152	301,042
Total liabilities	<u>540,152</u>	<u>323,650</u>
Net assets available for benefits	<u>\$ 730,738,023</u>	<u>776,682,036</u>

See accompanying notes to financial statements.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Investment income:		
Interest and dividends	\$ 8,852,217	7,203,417
Net (depreciation) appreciation in fair value of investments	<u>(9,967,738)</u>	<u>20,708,271</u>
Total investment (loss) income	(1,115,521)	27,911,688
Investment expenses	<u>1,293,342</u>	<u>712,985</u>
Net investment (loss) income	<u>(2,408,863)</u>	<u>27,198,703</u>
Transfers from other plans	—	142,876,838
Contributions:		
Employer contributions	<u>8,700,000</u>	<u>—</u>
Total contributions	<u>8,700,000</u>	<u>—</u>
Deductions from net assets attributed to:		
Benefits paid to participants	42,295,727	27,907,394
Administrative expenses	<u>9,939,423</u>	<u>2,439,939</u>
Total deductions	<u>52,235,150</u>	<u>30,347,333</u>
Net (decrease) increase in net assets available for benefits	(45,944,013)	139,728,208
Net assets available for benefits:		
Beginning of year	<u>776,682,036</u>	<u>636,953,828</u>
End of year	\$ <u><u>730,738,023</u></u>	<u><u>776,682,036</u></u>

See accompanying notes to financial statements.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

(1) Description of the Plan

The following brief description of the University Hospitals Health System, Inc. Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

(a) General

The Plan is a noncontributory defined benefit pension plan, covering essentially all employees of University Hospitals Health System, Inc. (the System or Plan Administrator) who are at least 21 years of age and who have completed one year of service with at least 1,000 hours. The Plan does not cover certain employees of Geneva Medical Center or certain members of religious organizations, students, interns, residents, and certain affiliates. The Plan, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), was amended and restated effective January 1, 2011 to maintain compliance with the requirements of ERISA.

Employees of the System hired on or after January 1, 2009 and who satisfied the eligibility requirements participated in the Plan under a cash balance formula. Under this formula, eligible participants received an employer contribution of 3.00% or 3.50%, depending on years of service, of their base salary as defined in the plan document. Contributions for eligible employees hired before January 1, 2009 remained unchanged under the existing final average pay formula.

Effective April 1, 2015, all benefits calculated under the final average pay formula and existing cash balance formula were frozen and the amount of future benefits earned are determined based on a new cash balance formula. Under this new formula, eligible participants receive an employer contribution between 3.00% and 6.00% of their base salary as defined in the plan document, depending on years of service and age.

The Board of Directors of University Hospitals Health System, Inc. adopted and approved an amendment and instrument of merger to the Plan to transfer the (1) Comprehensive Health Care of Ohio, Inc. Retirement Plan, (2) Parma Community General Hospital – Greater Cleveland Hospital Association Retirement Plan and (3) University Hospitals Conneaut Medical Center Employees Pension Plan into the Plan effective December 31, 2014. Although the assets from these plans were legally merged into the Plan on December 31, 2014, the investments were not transferred to the trustee until 2015, and as such were reflected as a receivable from other plans as of December 31, 2014 on the statements of net assets available for benefits.

(b) Pension Benefits

Employees with benefits under the frozen final average pay terms of the plan agreement are eligible for monthly normal retirement benefit payments upon reaching age 65, or may receive early retirement benefits at age 55, provided that ten years of credited service have been obtained. The amount of a plan participant's benefit was based upon several factors, including compensation, years of service, age, and the estimated Social Security benefit. The compensation formula used for the calculation of a participant's benefit payment was based upon compensation for the highest five consecutive calendar years during the previous ten years prior to the date of termination. The Plan also provides for the payment of early and disability retirement benefits as well as the payment of benefits to the surviving

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

spouse of a participant. An unmarried participant may designate a beneficiary entitled to receive 50% of the participant's monthly retirement benefit, which is to be paid out in a lump sum.

Participants under the previous cash balance formula are eligible for monthly normal retirement benefit payments upon reaching age 65, or may receive early retirement benefits at age 55. The amount of a plan participant's benefit was based upon pay and interest credits. A participant's cash balance account was credited with pay credits equal to a percentage of the participant's compensation for that calendar year. The pay credit as a percentage of compensation for a calendar year was 3.00% for participants with less than 5 years of service and 3.50% for participants with five or more years of vesting service. Participant cash accounts increased with interest credits each calendar quarter at a rate equal to the average yield on 10-year Treasury Constant Maturities for the second month prior to the first month of the calendar quarter. Participants under the previous cash balance formula may elect to receive pension benefits in the form of an optional lump sum payment equal to their cash balance account at any time upon termination of employment. The Plan also provides for the payment of early and disability retirement benefits as well as the payment of benefits to the surviving spouse of a participant under the cash balance formula. An unmarried participant may designate a beneficiary entitled to receive 50% of the participant's monthly retirement benefit, which is to be paid out in a lump sum.

Participants under the new cash balance formula are eligible for monthly normal retirement benefit payments upon reaching age 65, or may receive early retirement benefits at age 55. The amount of a plan participant's benefit is based upon pay and interest credits. A participant who completes 1,000 hours of service will be credited with pay credits that are determined based on years of vesting service plus age. The pay credit as a percentage of compensation for a calendar year is between 3.00% and 6.00%. Participant accounts are increased with interest credits each calendar quarter at a rate equal to the average yield on 10-year Treasury Constant Maturities for the second month prior to the first month of the calendar quarter. Participants under the new cash balance formula may elect to receive pension benefits in the form of an optional lump sum payment equal to their cash balance account at any time upon termination of employment. The Plan also provides for the payment of early and disability retirement benefits as well as the payment of benefits to the surviving spouse of a participant under the cash balance formula. An unmarried participant may designate a beneficiary entitled to receive 50% of the participant's monthly retirement benefit, which is to be paid out in a lump sum.

(c) Vesting

Plan participants under the final average pay formula who have completed five or more years of credited service are entitled to a retirement benefit, which is payable at the age of 65. Plan participants under the old and new cash balance formula who have completed three or more years of credited service are entitled to a retirement benefit, which is payable at the age of 65.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

(b) Funding Policy

It is the System's policy to make contributions to the Plan based upon actuarial computations which meet the greater of the minimum funding requirements of ERISA or 90% of the actuarial present value of accumulated plan benefits. The System met the minimum funding requirements of ERISA for 2015 and 2014, as determined by consulting actuaries.

(c) Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion of fair value measurements.

Net (depreciation) appreciation in the fair value of investments reported in the statements of changes in net assets available for benefits includes both realized and unrealized gains and losses. Purchases and sales of securities are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded on the accrual basis.

(d) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries.

Generally, benefits for retired or terminated employees or their beneficiaries are based on the employee's number of years of credited service. The accumulated plan benefits for active employees are based on their number of years of credited service preceding the valuation date.

(e) Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(f) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(g) Due from Brokers for Securities Sold

The financial statements reflect amounts that were remitted to the Plan at the end of the plan year, but were not invested in an investment as of year end. The Plan includes this in the due from brokers for securities sold line item.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

(h) Recently Issued Accounting Standards

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I is not applicable to the Plan. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of asset. Part III is not applicable to the Plan. The ASU is effective for the fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. Management has adopted this ASU to reduce complexity of reporting investments. The adoption resulted in the elimination of certain investment disclosures noted above.

(3) Investments

The Plan is administered by the System. The Plan's trustee is The Bank of New York Mellon Corporation (the trustee).

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certification from the trustee that all of the information provided by them is complete and accurate. Information included in the accompanying financial statements and supplemental schedules as to investments administered by the trustee, net investment (loss) income and net (depreciation) appreciation (except for net depreciation of \$15,970,000 related to the plan mergers discussed in note 1(a), which were reflected at historical cost rather than fair value in the certified statements) is presented in reliance solely upon that certification.

(4) Fair Value Measurements

The Financial Accounting Standards Board established a framework for measuring fair value, and expands disclosures about fair value measurements. The fair value framework requires the categorization of assets and liabilities into three levels based upon the assumptions (inputs) used to price the assets or liabilities. Level 1 provides the most reliable measure of fair value, whereas Level 3 generally requires significant judgment. The three levels are defined as follows:

- Level 1 – Assets or liabilities that are valued based on quoted prices in active markets that are accessible at measurement date.
- Level 2 – Assets and liabilities that are valued based upon inputs, other than those included in Level 1; based on quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, or financial instruments for which all significant inputs are observable, either directly or indirectly.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2015 and 2014

- Level 3 – Assets or liabilities that are based on unobservable inputs, including the reporting entity's own analysis of the underlying economic data that market participants would factor into the pricing of the asset or liability.

The inputs used to fair value Level 1 instruments are unadjusted quoted prices derived from the exchanges and the Chicago Board of Trade. Level 1 instruments primarily consist of cash and cash equivalents, equities, exchange traded funds and certain common/collective trusts comprising of bonds, notes and U.S. government obligations. The Plan invests in a variety of equity securities and mutual funds to diversify the portfolio as part of the investment strategy.

Investments in Level 2 are primarily comprised of corporate bonds and certain common/collective trusts. Level 2 inputs primarily consist of quotes from independent pricing vendors based on recent trading activity and other relevant information that may include matrix pricing, market corroborated pricing, yield curves, and other indices that are used when Level 1 inputs are not available.

Net asset value was used as a practical expedient to approximate fair value for Level 3 investments. Items classified as Level 3 included certain funds recorded as alternative investments, which include hedge funds, real estate, and distressed debt.

December 31, 2015	Level 1	Level 2	Level 3	Total
Assets:				
Cash and cash equivalents	\$ 9,522,074	—	—	9,522,074
Equity securities:				
International equities	104	—	—	104
Total equity securities	104	—	—	104
Mutual and exchange traded funds:				
Equity and exchange traded funds	101,409,569	—	—	101,409,569
Corporate bond mutual funds	—	152,418,849	—	152,418,849
Total mutual and exchange traded funds	101,409,569	152,418,849	—	253,828,418
Government Fixed Income	—	34,062	—	34,062
Common/collective trusts	80,991,528	145,325,910	—	226,317,438
Alternative investments:				
Distressed debt	—	—	28,120,079	28,120,079
Hedge funds	—	—	145,757,469	145,757,469
Real estate	—	—	52,347,365	52,347,365
Total alternative investments	—	—	226,224,913	226,224,913
Total assets	\$ 191,923,275	297,778,821	226,224,913	715,927,009

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2015 and 2014

December 31, 2014	Level 1	Level 2	Level 3	Total
Assets:				
Cash and cash equivalents	\$ 20,865	—	—	20,865
Equity securities:				
U.S. equities	18,440,867	—	—	18,440,867
International equities	199,144	—	—	199,144
Total equity securities	18,640,011	—	—	18,640,011
Mutual and exchange traded funds:				
Equity and exchange traded funds	56,373,422	—	—	56,373,422
Corporate bond mutual funds	—	145,152,207	—	145,152,207
Total mutual and exchange traded funds	56,373,422	145,152,207	—	201,525,629
Common/collective trusts	174,913,516	47,841,932	—	222,755,448
Alternative investments:				
Distressed debt	—	—	31,469,590	31,469,590
Hedge funds	—	—	130,811,900	130,811,900
Real estate	—	—	28,766,465	28,766,465
Total alternative investments	—	—	191,047,955	191,047,955
Total assets	\$ 249,947,814	192,994,139	191,047,955	633,989,908

The Plan holds certain alternative investments including hedge funds, real estate, and distressed debt. These investments are made through various Fund-of-Funds Limited Partnership structures, whereby the Plan is invested in a Limited Partnership which in turn utilizes its expertise to invest in underlying Limited Partnership Funds and make certain other investments. These investments are not readily marketable and are valued based on the fair value of capital balances reported by the general partner or fund manager, subject to management review and adjustment as necessary.

The General Partner of each Fund-of-Funds Limited Partnership determines the fair market valuation of its underlying Limited Partnership investments. The fair value determination made by the general partner or fund manager is based primarily on the quarterly internal and annual audited financial statements of the underlying Limited Partnership Funds, which report net asset value based on (i) the nature and terms of each underlying investment, (ii) market inputs, and (iii) certain other relevant information.

The determination of fair market values for the alternative investments requires the General Partners, Fund Managers, and the plan management to make estimates and assumptions about certain inputs and other factors that are inherently uncertain. These estimates are subjective and require judgment regarding significant matters such as the amount and timing of future cash flows and the selection of discount rates that appropriately reflect market and credit risks.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

Assets categorized as alternative investments may be subject to liquidity restrictions such as gates. These gates prevent short-term liquidation of assets. Hedge funds may be redeemed at quarter-end requiring advanced notice ranging from 45-65 days prior written notice subject to certain limitations that may be imposed by the General Partner of the fund without notice. Private equity and private real estate funds generally have contractual terms of 10 years or greater from the time the commitment to the fund is made. While distributions of capital during this term typically occur, many of these funds have provisions that allow the General Partner to extend the final term and suspend distributions. Distressed debt funds are typically 1-5 years or 6-10 year term structures and although some of the funds offer liquidity, the fund documents allow the General Partner to suspend redemptions if they deem necessary. Resulting from these contractual limitations on liquidity, these alternative assets are generally considered illiquid. The table below classifies the market value at December 31, 2015 of the alternative investment portion of the Pension Plan assets into categories based on the stated contractual liquidity terms of the underlying investments.

Contractual liquidity terms of alternative investments at December 31, 2015 are as follows:

	<u>Fair market value</u>	<u>Unfunded commitments</u>
Less than one year, no contractual restrictions have been imposed	\$ 87,311,340	—
Subject to existing gates or restrictions	23,280,880	—
Limited partnership fund expiring in 1–5 years	26,785,767	750,000
Limited partnership fund expiring in 6–10 years	61,224,974	41,619,565
Limited partnership expiring in 11–12 years	<u>27,621,952</u>	<u>39,918,834</u>
Total alternative investments	<u>\$ 226,224,913</u>	<u>82,288,399</u>

**Fair value measurements of alternative investments
using significant unobservable inputs (Level 3)**

	<u>Distressed debt</u>	<u>Hedge funds</u>	<u>Real estate</u>	<u>Total</u>
Balance at December 31, 2013	\$ 29,456,937	123,169,421	12,723,141	165,349,499
Unrealized gains (losses)	(892,153)	7,222,800	295,471	6,626,118
Gains	2,253,856	3,798,023	2,422,765	8,474,644
Disbursements and transfers out	(4,315,460)	(34,752,932)	(5,365,501)	(44,433,893)
Contributions and cash receipts	<u>4,966,410</u>	<u>31,374,588</u>	<u>18,690,589</u>	<u>55,031,587</u>
Balance at December 31, 2014	31,469,590	130,811,900	28,766,465	191,047,955
Unrealized gains (losses)	(2,887,249)	(567,591)	8,260,679	4,805,839
Gains	1,670,483	3,257,986	(3,844,296)	1,084,173
Disbursements and transfers out	(6,467,183)	(24,539,248)	(5,503,072)	(36,509,503)
Contributions and cash receipts	<u>4,334,438</u>	<u>36,794,422</u>	<u>24,667,589</u>	<u>65,796,449</u>
Balance at December 31, 2015	<u>\$ 28,120,079</u>	<u>145,757,469</u>	<u>52,347,365</u>	<u>226,224,913</u>

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

The Plan evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to the total net assets available for benefits. For the years ended December 31, 2015 and 2014, there were no significant transfers in or out of Level 1, 2 or 3.

(5) Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated benefits as of December 31, 2014 and 2013 is as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits:		
Participants currently receiving payments	\$ 193,665,866	119,790,443
Other vested participants	524,390,868	394,142,102
Other participants	<u>16,904,000</u>	<u>15,698,725</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 734,960,734</u>	<u>529,631,270</u>

The changes in the actuarial present value of accumulated benefits for the years ended December 31, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 529,631,270	455,755,390
Increase (decrease) due to:		
Interest on prior liability	37,272,865	31,962,389
Benefits accumulated	72,418,898	38,815,981
Benefits paid	(27,907,394)	(26,905,255)
Change in actuarial assumptions	(5,636,490)	30,002,765
Plan amendments	<u>129,181,585</u>	<u>—</u>
	<u>205,329,464</u>	<u>73,875,880</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 734,960,734</u>	<u>529,631,270</u>

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2015 and 2014

The significant actuarial assumptions used in the valuations as of December 31, 2014 and 2013 include:

Assumed rate of return on investments	7.25% (2014 and 2013)
Mortality basis	2015 Aggregate 2006 base rates from the RP-2014 mortality study projected generationally from 2006 with Scale MP-2015 (2014) 2014 RP-2014 generational mortality table with Scale MP-2014 (2013)
Average retirement age	61 (2014 and 2013)

(6) Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan Administrator by a letter dated January 22, 2013 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of GUST and the Economic Growth Tax Relief Reconciliation Act of 2001. GUST comprises The General Agreement on Tariffs and Trade, as a part of the Uruguay Round Agreement Act, the Uniformed Services Employment and Re-employment Act of 1996, the Taxpayer Relief Act of 1997, and the IRS Restructuring and Reform Act of 1998. The Plan Administrator believes that the Plan currently is designed and being operated in compliance with the applicable requirements of the IRC and that, therefore, the Plan qualifies under Section 401(a) of the IRC and the related trust is tax exempt as of December 31, 2015.

The System is required to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the organization has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The System has concluded that as of December 31, 2015 and 2014, there are no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The System believes the Plan is no longer subject to income tax examinations for years prior to 2012.

(7) Plan Termination

Although it has not expressed any intention to do so, the System has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- A. Annuity benefits that former employees, or their surviving spouses, have been receiving for at least three years, or annuity benefits that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2015 and 2014

three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

- B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations that are discussed more fully below.
- C. All other vested benefits (that is, vested benefits not insured by the PBGC).
- D. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination; however, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination, whichever comes later. For younger annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

(8) Administrative Expenses

Actuary, investment management, and trustee fees are paid by the Plan, as prescribed by the plan agreement. Other expenses related to the administration of the Plan are paid by the System.

(9) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the balances and the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2015 and 2014

(10) Related-Party Transactions

Certain plan securities are managed by the trustee of the Plan. Therefore, transactions in these funds qualify as party-in-interest transactions.

(11) Subsequent Events

All activity of the Plan has been evaluated through October 13, 2016, the date the financial statements were available to be issued. There were no reportable events.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

EIN: 34-0714775

Plan Number: 333

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including par or maturity collateral, or maturity date	(d) Cost	(e) Current value
	Cash and cash equivalents:			
	Cash	660,071 shares	\$ 9,522,074	9,522,074
	Total cash and cash equivalents		9,522,074	9,522,074
	U.S. government securities			
	FHLMC Pool#G0-1989 6.00%	103 shares	105	117
	FHLMC Pool#G0-2806 5.50%	1,057 shares	1,077	1,140
	FHLMC Pool#G0-8016 6.00%	851 shares	882	972
	FHLMC Pool#G0-8566 3.50%	3,489 shares	3,526	3,595
	FHLMC Pool#E0-1545 5.00%	904 shares	908	949
	FHLMC Pool#A9-5407 4.00%	2,529 shares	2,570	2,680
	FHLMC Pool#Q0-8998 3.50%	2,315 shares	2,454	2,386
	FNMA Pool#0AH5583 4.50%	2,421 shares	2,486	2,619
	FNMA Pool#0AK6784 3.00%	318 shares	333	330
	FNMA Pool#0AJ9355 3.00%	3,545 shares	3,683	3,671
	FNMA Pool#0AT2937 3.00%	4,874 shares	4,781	4,884
	FNMA Pool#0AU1629 3.00%	1,975 shares	1,957	1,979
	FNMA Pool#0AX6156 4.00%	448 shares	477	474
	FNMA Pool#0555532 7.00%	35 shares	38	36
	FNMA Pool#0586318 6.50%	4 shares	4	5
	FNMA Pool#0588936 6.50%	172 shares	171	197
	FNMA Pool#0725424 5.50%	1,133 shares	1,136	1,274
	FNMA Pool#0735667 5.00%	1,165 shares	1,199	1,289
	FNMA Pool#0MA0322 4.00%	2,001 shares	2,079	2,089
	FNMA Pool#0MA1446 3.50%	3,215 shares	3,463	3,361
	GNMA Pool#0781158 8.00%	12 shares	13	15
	Total U.S. government securities		33,342	34,062
	Equity securities:			
	Sompo Japan Nipponkoa	1 share	28	33
	Wells Fargo Advantage Heritage Money Market	71 shares	71	71
	Total equity securities		99	104
	Mutual and exchange traded funds:			
	DFA International Small Company	606,274 shares	10,797,146	10,433,968
	MAI Managed Volatility -INS	1,148,457 shares	12,324,973	11,760,202
	MFS Intl Value-R5	512,372 shares	17,882,293	17,543,628
	Global Alpha Equity Fund CI 2	2,450,281 shares	36,188,113	34,200,531
	JP Morgan Intermediate Bond Trust	6,191,829 shares	64,123,959	63,342,410
	Pimco Unconstrained Bond Fund	3,022,375 shares	34,176,825	31,160,686
	Templeton Global Bond Fund	2,690,041 shares	35,135,785	31,016,170
	Tweedy Browne Worldwide High D	3,093,608 shares	34,025,812	27,471,240
	Loomis High Yield Full Discretion NHIT A	1,557,590 shares	27,182,354	26,899,583
	Total mutual and exchange traded funds		271,837,260	253,828,418
	Common/collective trusts:			
	CTF Global Sel Capap	2,042,287 shares	32,346,527	34,351,273
*	EB DV NSL SIF	226,208 shares	58,718,418	68,659,972
*	EB DV NSL emerging markets SIF	132,988 shares	15,958,924	12,302,069
*	EB Tem Inv Fund	22,752,346 shares	22,752,346	22,752,346
	WCM Focused International Growth Fund LP	16,470,724 shares	16,470,724	16,470,724
	Wellington EMLE	1,899,912 shares	22,522,483	22,019,985
	Wells Cap CEF Retirement Plan	206,542 shares	17,300,000	16,177,456
	WTC-CIF Small Cap 2000	1,405,698 shares	7,373,281	13,818,014
	WTC-CTF Global Total Return	1,791,985 shares	18,216,155	19,765,599
	Total common/collective trusts		211,658,858	226,317,438

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

EIN: 34-0714775

Plan Number: 333

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including par or maturity collateral, or maturity date	(d) Cost	(e) Current value
	Alternative investments:			
	ACSH Holdings LLC	43,764 units	\$ 48,589	43,764
	Almanac Realty Securities VI	3,470,846 units	3,198,472	3,470,846
	Almanac Realty Securities VII	1,096,721 units	1,100,951	1,096,721
	Almanac Realty Securities V LP	638,586 units	632,425	638,586
	Alternative Investments Institutional LTD	8,184,315 units	6,219,000	8,184,315
	AG Core Plus Realty FD III LP	6,493,742 units	6,092,219	6,493,742
	AG Core Plus Realty FD IV LP	774,675 units	800,000	774,675
	Apollo Investment Fund VIII LP	1,159,361 units	1,211,837	1,159,361
	Bayview Opp Offshore FD IVB LP	2,483,013 units	2,659,959	2,483,013
	Blackrock Tempus Fund (ERISA)	6,125,544 units	5,442,262	6,125,543
	Blackrock Tempus Fund Ltd CI F	4,096,743 units	3,639,859	4,096,743
	Carlyle US Equity Opp FD II LP	2,035,368 units	2,035,368	2,035,368
	Centerbridge Special Credit Partners LP	725,587 units	203,488	725,587
	DRA Growth & Income VI LLC	262,251 units	327,984	262,251
	DRA Growth & Income Fund VIII LLC	4,114,082 units	4,111,855	4,114,082
	Fir Tree Opp FD VI Cayman LP	5,016,449 units	5,000,000	5,016,449
	Golub Capital Investment Corp	2,786,150 units	2,814,000	2,786,150
	H2 Special Opp III LP	2,941,937 units	2,941,937	2,941,937
	H/2 Core Real Estate Debt Fund LP	12,500,000 units	12,500,000	12,500,000
	Institutional Ventures Partners XV	850,778 units	900,000	850,778
	Institutional Ventures Partners XIV LP	6,766,325 units	3,908,497	6,766,325
	JPMCB Strategic Property Fund	4,497 shares	9,864,476	12,529,510
	Lighthouse Global Long/Short	56,246,669 units	47,430,251	56,246,668
	Lone Star Fund VI US LP	417,309 units	24,692	417,309
	Lone Star RE Fund US LP	81,031 units	19,422	81,031
	Lone Star Real Estate Fund II	961,056 units	552,607	961,056
	Mesa West Real Estate Income Fund III	6,474,203 units	6,407,381	6,474,203
	Mount Kellett Capital Partners II	3,561,413 units	4,830,623	3,561,413
	NB Diversified Arbitrage Pension FD	15,357,349 units	15,000,000	15,357,348
	New Boston Instl Fd VI-UHC	168,292 units	7,099,177	168,292
	Permal Private EQ OPP IV FTE LP	6,232,288 units	4,761,902	6,232,288
	Pinebridge Co II Feeder	8,341,630 units	8,361,750	8,341,630
	Protege Partners QP Fund LTD A Series 13	10,307,470 units	9,011,187	10,307,470
	Protege Partners QP Fund LTD A Series 14	20,047 units	18,953	20,047
	Protege Partners QP Fund LTD A Series 14A	4,406 units	4,342	4,406
	Protege Partners QP Fund LTD A Series 15	18,924 units	3,827	18,924
	Torchlight Debt Opportunity Fund IV	8,427,257 units	8,640,199	8,427,257
	Torchlight Debt Opportunity Fund V LP	960,456 units	975,232	960,456
	Tranche A 1 Series 1	42,085 units	35,368	42,085
	Tranche B3 Series 03-08	2,396,866 units	2,107,262	2,396,866
	Tranche F Series 1	5,440,816 units	4,948,854	5,440,816
	Valinor Cap Partners Offshore LTD Class SP 10	306,196 units	253,631	306,196
	Valinor Cap Partners Offshore LTD Class SP15	391,568 units	341,225	391,568
	Valinor Cap Partners Offshore LTD Class SP15-2	96,754 units	96,812	96,754
	Valinor Cap Partners Offshore LTD Class 1-A	14,875,084 units	12,309,671	14,875,084
	Total alternative investments		208,887,546	226,224,913
	Total investments		\$ 701,939,179	715,927,009

* Party-in-interest

Note: This schedule is based on information that has been certified as complete and accurate by The Bank of New York Mellon Corporation, the Plan's trustee.

See accompanying independent auditors' report.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

EIN: 34-0714775

Plan Number: 333

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2015

Single transactions involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
* EB	EB Temporary Investment FD 1 purchase	\$ 39,056,198	—	—	—	39,056,198	39,056,198	—
* EB	EB Temporary Investment FD 1 purchase	62,669,845	—	—	—	62,669,845	62,669,845	—
* EB	EB Temporary Investment FD 1 sale	—	44,999,946	—	—	44,999,946	44,999,946	—
* EB	EB Temporary Investment FD 1 purchase	34,043,619	—	—	—	34,043,619	34,043,619	—
* EB	EB Temporary Investment FD 1 sale	—	39,603,770	—	—	39,603,770	39,603,770	—
* EB	EB Temporary Investment FD 1 purchase	32,057,397	—	—	—	32,057,397	32,057,397	—

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

EIN: 34-0714775

Plan Number: 333

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2015

Series of transactions involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
* EB DV	EB DV NSL Intl Sif							
	4 sales	\$ —	49,519,548	—	—	48,389,386	49,519,548	1,130,162
* EB DV	EB DV NSL SIF							
	1 purchase	17,700,000	—	—	—	17,700,000	17,700,000	—
	5 sales		20,043,548	—	—	17,042,618	20,043,548	3,000,930
* EB DV	EB DV NSL Emerging Markets Sif							
	2 purchases	28,200,000	—	—	—	28,200,000	28,200,000	—
	3 sales	—	9,509,816	—	—	12,241,076	9,509,816	(2,731,260)
* BNY Mellon	BNY Mellon Cash Reserve							
	53 purchases	43,061,588	—	—	—	43,061,588	43,061,588	—
	53 sales	—	43,061,588	—	—	43,061,588	43,061,588	—
* EB	EB Temporary Investment FD							
	295 purchases	293,493,319	—	—	—	293,493,319	293,493,319	—
	173 sales	—	284,794,086	—	—	284,794,086	284,794,086	—
Global	Global Alpha EQ FD CL 2							
	5 purchases	36,188,113	—	—	—	36,188,113	36,188,113	—
* Party-in-interest								

Note: This schedule is based on information which has been certified as complete and accurate by The Bank of New York Mellon Corporation, the trustee of the Plan.

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Attained Age	Number of Participants, Average Compensation and Average Cash Balance Account									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		497 \$40,420 \$956	14	1						
25-29		1,235 \$48,203 \$2,311	441 \$50,237 \$2,140	13						
30-34		872 \$52,939 \$2,527	756 \$60,232 \$1,894	194 \$60,243 \$395	18	6	2			
35-39		716 \$64,895 \$3,355	651 \$69,412 \$3,823	402 \$66,399 \$1,396	111 \$65,051 \$1,095	9	6	1	2	
40-44		576 \$62,608 \$3,055	594 \$78,987 \$5,115	361 \$71,135 \$1,575	217 \$65,320 \$959	114 \$71,646 \$1,224	11	3	4	10
45-49		531 \$62,520 \$3,066	536 \$81,776 \$5,166	364 \$68,063 \$1,734	252 \$71,014 \$2,087	195 \$70,900 \$1,154	128 \$70,521 \$1,479	8	8	13
50-54		503 \$65,046 \$3,385	518 \$80,738 \$5,384	375 \$71,913 \$1,855	291 \$68,607 \$1,293	205 \$72,471 \$1,142	249 \$70,175 \$1,319	111 \$69,286 \$587	22 \$62,869 \$2,030	21 \$67,900 \$1,170
55-59		388 \$64,452 \$3,225	433 \$83,703 \$5,317	358 \$67,674 \$1,345	262 \$70,118 \$738	245 \$71,709 \$1,235	224 \$68,479 \$467	172 \$75,225 \$1,167	129 \$64,925 \$667	31 \$46,847 \$610
60-64		214 \$62,600 \$3,204	276 \$91,544 \$7,036	274 \$65,161 \$1,519	161 \$69,210 \$1,626	136 \$67,569 \$1,530	160 \$70,599 \$1,513	101 \$66,239 \$1,134	125 \$71,723 \$526	79 \$67,640 \$374
65-69		63 \$75,205 \$3,681	102 \$104,201 \$8,833	74 \$61,238 \$987	41 \$67,103 \$782	36 \$50,892 \$843	37 \$59,620 \$448	25 \$90,871 \$3,689	27 \$67,306 \$789	35 \$60,133 \$1,637
70+		27 \$56,983 \$2,563	26 \$105,561 \$11,109	16	17	10	17	3	5	15

N-16,525

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Salary Increases	
Minimum Funding Target Normal Cost	4.50%
Maximum Tax Expected Benefit Increase	4.50%
Cash Balance Interest Crediting Rate	4.00%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Optional Payment Form Election Percentage	60% of eligible participants elect lump sum. 100% of cash balance participants elect lump sum. All others elect single life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	2015 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 61
Mortality Rates	
Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2014 Pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$265,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2013 Plan Year	7.25%, limited to 7.16%
2014 Plan Year	7.25%, limited to 6.99%
Trust Expenses Included in Target Normal Cost	\$5,200,000 based on the prior year's actual plan administrative expenses, rounded to the nearest \$100,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Table 1

Retirement Rates

Age	Rate
55	7.00%
56	7.00%
57	7.00%
58	8.00%
59	8.00%
60	8.00%
61	12.00%
62	14.00%
63	14.00%
64	18.00%
65	30.00%
66	25.00%
67	15.00%
68	20.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service				
	0-1	2	3	4	5+
15	20.00%	20.00%	20.00%	20.00%	17.97%
16	20.00%	20.00%	20.00%	20.00%	17.97%
17	20.00%	20.00%	20.00%	20.00%	17.97%
18	20.00%	20.00%	20.00%	20.00%	17.97%
19	20.00%	20.00%	20.00%	20.00%	17.97%
20	20.00%	20.00%	20.00%	20.00%	17.97%
21	20.00%	20.00%	20.00%	20.00%	17.50%
22	20.00%	20.00%	20.00%	20.00%	17.05%
23	20.00%	20.00%	20.00%	20.00%	16.61%
24	20.00%	20.00%	20.00%	20.00%	16.18%
25	18.00%	16.00%	15.00%	14.00%	14.18%
26	18.00%	16.00%	15.00%	14.00%	13.82%
27	18.00%	16.00%	15.00%	14.00%	13.46%
28	18.00%	16.00%	15.00%	14.00%	13.11%
29	18.00%	16.00%	15.00%	14.00%	12.49%
30	18.00%	16.00%	15.00%	14.00%	11.76%
31	18.00%	16.00%	15.00%	14.00%	11.45%
32	18.00%	16.00%	15.00%	14.00%	11.15%
33	18.00%	16.00%	15.00%	14.00%	10.86%
34	18.00%	16.00%	15.00%	14.00%	10.58%
35	18.00%	16.00%	13.00%	13.00%	9.70%
36	18.00%	16.00%	13.00%	13.00%	9.46%
37	18.00%	16.00%	13.00%	13.00%	9.21%
38	18.00%	16.00%	13.00%	13.00%	8.97%
39	18.00%	16.00%	13.00%	13.00%	8.74%
40	18.00%	16.00%	13.00%	13.00%	8.30%
41	18.00%	16.00%	13.00%	13.00%	8.09%
42	18.00%	16.00%	13.00%	13.00%	7.88%
43	18.00%	16.00%	13.00%	13.00%	7.68%
44	18.00%	16.00%	13.00%	13.00%	7.47%

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service				
	0-1	2	3	4	5+
45	15.00%	15.00%	13.00%	13.00%	7.29%
46	15.00%	15.00%	13.00%	13.00%	7.09%
47	15.00%	15.00%	13.00%	13.00%	6.91%
48	15.00%	15.00%	13.00%	13.00%	6.73%
49	15.00%	15.00%	13.00%	13.00%	6.56%
50	15.00%	12.00%	12.00%	12.00%	6.39%
51	15.00%	12.00%	12.00%	12.00%	6.22%
52	15.00%	12.00%	12.00%	12.00%	6.06%
53	15.00%	12.00%	12.00%	12.00%	5.90%
54	15.00%	12.00%	12.00%	12.00%	5.76%
55	15.00%	12.00%	12.00%	12.00%	5.60%
56	15.00%	12.00%	12.00%	12.00%	5.46%
57	15.00%	12.00%	12.00%	12.00%	5.32%
58	15.00%	12.00%	12.00%	12.00%	5.18%
59	15.00%	12.00%	12.00%	12.00%	5.05%
60+	15.00%	12.00%	12.00%	12.00%	0.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

EIN: 34-0714775

Plan Number: 333

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2015

Single transactions involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
* EB	EB Temporary Investment FD 1 purchase	\$ 39,056,198	—	—	—	39,056,198	39,056,198	—
* EB	EB Temporary Investment FD 1 purchase	62,669,845	—	—	—	62,669,845	62,669,845	—
* EB	EB Temporary Investment FD 1 sale	—	44,999,946	—	—	44,999,946	44,999,946	—
* EB	EB Temporary Investment FD 1 purchase	34,043,619	—	—	—	34,043,619	34,043,619	—
* EB	EB Temporary Investment FD 1 sale	—	39,603,770	—	—	39,603,770	39,603,770	—
* EB	EB Temporary Investment FD 1 purchase	32,057,397	—	—	—	32,057,397	32,057,397	—

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

EIN: 34-0714775

Plan Number: 333

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2015

Series of transactions involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
* EB DV	EB DV NSL Intl Sif							
	4 sales	\$ —	49,519,548	—	—	48,389,386	49,519,548	1,130,162
* EB DV	EB DV NSL SIF							
	1 purchase	17,700,000	—	—	—	17,700,000	17,700,000	—
	5 sales	—	20,043,548	—	—	17,042,618	20,043,548	3,000,930
* EB DV	EB DV NSL Emerging Markets Sif							
	2 purchases	28,200,000	—	—	—	28,200,000	28,200,000	—
	3 sales	—	9,509,816	—	—	12,241,076	9,509,816	(2,731,260)
* BNY Mellon	BNY Mellon Cash Reserve							
	53 purchases	43,061,588	—	—	—	43,061,588	43,061,588	—
	53 sales	—	43,061,588	—	—	43,061,588	43,061,588	—
* EB	EB Temporary Investment FD							
	295 purchases	293,493,319	—	—	—	293,493,319	293,493,319	—
	173 sales	—	284,794,086	—	—	284,794,086	284,794,086	—
Global	Global Alpha EQ FD CL 2							
	5 purchases	36,188,113	—	—	—	36,188,113	36,188,113	—
* Party-in-interest								

Note: This schedule is based on information which has been certified as complete and accurate by The Bank of New York Mellon Corporation, the trustee of the Plan.

See accompanying independent auditors' report.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2015**This Form is Open to Public
Inspection**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNIVERSITY HOSPITALS HEALTH SYSTEM		D Employer Identification Number (EIN) 34-0714775
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value		2a	776,966,905
b Actuarial value		2b	784,205,268
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,256	202,915,759	202,915,759
b For terminated vested participants	8,834	109,763,008	109,763,008
c For active participants	16,525	443,921,775	459,796,622
d Total	28,615	756,600,542	772,475,389
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	6.30%	
6 Target normal cost	6	31,378,429	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Jason M. Bravo

Signature of actuary

JASON M. BRAVO

Type or print name of actuary

HEWITT ASSOCIATES LLC

Firm name

5005 ROCKSIDE ROAD, SUITE 1000

INDEPENDENCE OH 44131-6828

Address of the firm

09/30/2016

Date

1405569

Most recent enrollment number

216-573-9700

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2015
v. 150123

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)	21b		4
22 Weighted average retirement age	22		63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	31,378,429	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	102,187,476	20,898,574	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	52,277,003	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	45,371,706	45,371,706
36 Additional cash requirement (line 34 minus line 35)	36	6,905,297	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	7,847,654	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	942,357	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	942,357	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Schedule SB, line 7—Explanation of Discrepancy in Prior Year Funding Standard
Carryover Balance or Prefunding Balance

Effective December 31, 2014, the University Hospitals Conneaut Medical Center Employees Pension Plan (EIN: 34-0714550, PN: 001), the Comprehensive Health Care of Ohio, Inc. Retirement Plan (EIN: 34-1492733, PN: 001), and the Parma Community General Hospital-The Greater Cleveland Hospital Association Retirement Plan (EIN: 34-0827442, PN: 001) were merged into the plan. As part of these mergers, the carryover balance and prefunding balance from each prior plan were brought into the plan. Therefore, the amounts on line 7 do not match line 13 from the prior year Form 5500 Schedule SB. The amounts on line 7 were determined by adding the amounts from line 13 of the prior year for each plan as follows:

Plan	Carryover Balance	Prefunding Balance
UHHS	\$ 0	\$ 157,850,391
Conneaut	\$ 0	\$ 457,526
CHCO	\$ 0	\$ 1,029,683
Parma	\$ 0	\$ 2,488,157
Total	\$ 0	\$ 161,825,757

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.30%	Interest Adjusted Contribution
September 8, 2016	\$ 8,700,000	616	\$ 7,847,654
Total Contribution	\$ 8,700,000		\$ 7,847,654

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	7.00%	1.0000	3.89
56.5	7.00%	0.9300	3.68
57.5	7.00%	0.8649	3.48
58.5	8.00%	0.8044	3.76
59.5	8.00%	0.7400	3.52
60.5	8.00%	0.6808	3.30
61.5	12.00%	0.6263	4.62
62.5	14.00%	0.5512	4.82
63.5	14.00%	0.4740	4.21
64.5	18.00%	0.4077	4.73
65.5	30.00%	0.3343	6.57
66.5	25.00%	0.2340	3.89
67.5	15.00%	0.1755	1.78
68.5	20.00%	0.1492	2.04
69.5	25.00%	0.1193	2.07
70	100.00%	0.0895	6.27
Weighted Average			62.63

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Salary Increases	
Minimum Funding Target Normal Cost	4.50%
Maximum Tax Expected Benefit Increase	4.50%
Cash Balance Interest Crediting Rate	4.00%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Optional Payment Form Election Percentage	60% of eligible participants elect lump sum. 100% of cash balance participants elect lump sum. All others elect single life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	2015 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 61
Mortality Rates	
Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2014 Pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$265,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2013 Plan Year	7.25%, limited to 7.16%
2014 Plan Year	7.25%, limited to 6.99%
Trust Expenses Included in Target Normal Cost	\$5,200,000 based on the prior year's actual plan administrative expenses, rounded to the nearest \$100,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	7.00%
56	7.00%
57	7.00%
58	8.00%
59	8.00%
60	8.00%
61	12.00%
62	14.00%
63	14.00%
64	18.00%
65	30.00%
66	25.00%
67	15.00%
68	20.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
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Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service				
	0-1	2	3	4	5+
15	20.00%	20.00%	20.00%	20.00%	17.97%
16	20.00%	20.00%	20.00%	20.00%	17.97%
17	20.00%	20.00%	20.00%	20.00%	17.97%
18	20.00%	20.00%	20.00%	20.00%	17.97%
19	20.00%	20.00%	20.00%	20.00%	17.97%
20	20.00%	20.00%	20.00%	20.00%	17.97%
21	20.00%	20.00%	20.00%	20.00%	17.50%
22	20.00%	20.00%	20.00%	20.00%	17.05%
23	20.00%	20.00%	20.00%	20.00%	16.61%
24	20.00%	20.00%	20.00%	20.00%	16.18%
25	18.00%	16.00%	15.00%	14.00%	14.18%
26	18.00%	16.00%	15.00%	14.00%	13.82%
27	18.00%	16.00%	15.00%	14.00%	13.46%
28	18.00%	16.00%	15.00%	14.00%	13.11%
29	18.00%	16.00%	15.00%	14.00%	12.49%
30	18.00%	16.00%	15.00%	14.00%	11.76%
31	18.00%	16.00%	15.00%	14.00%	11.45%
32	18.00%	16.00%	15.00%	14.00%	11.15%
33	18.00%	16.00%	15.00%	14.00%	10.86%
34	18.00%	16.00%	15.00%	14.00%	10.58%
35	18.00%	16.00%	13.00%	13.00%	9.70%
36	18.00%	16.00%	13.00%	13.00%	9.46%
37	18.00%	16.00%	13.00%	13.00%	9.21%
38	18.00%	16.00%	13.00%	13.00%	8.97%
39	18.00%	16.00%	13.00%	13.00%	8.74%
40	18.00%	16.00%	13.00%	13.00%	8.30%
41	18.00%	16.00%	13.00%	13.00%	8.09%
42	18.00%	16.00%	13.00%	13.00%	7.88%
43	18.00%	16.00%	13.00%	13.00%	7.68%
44	18.00%	16.00%	13.00%	13.00%	7.47%

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Table 2—Page 2 of 2
Withdrawal Rates

Age	Years of Service				
	0-1	2	3	4	5+
45	15.00%	15.00%	13.00%	13.00%	7.29%
46	15.00%	15.00%	13.00%	13.00%	7.09%
47	15.00%	15.00%	13.00%	13.00%	6.91%
48	15.00%	15.00%	13.00%	13.00%	6.73%
49	15.00%	15.00%	13.00%	13.00%	6.56%
50	15.00%	12.00%	12.00%	12.00%	6.39%
51	15.00%	12.00%	12.00%	12.00%	6.22%
52	15.00%	12.00%	12.00%	12.00%	6.06%
53	15.00%	12.00%	12.00%	12.00%	5.90%
54	15.00%	12.00%	12.00%	12.00%	5.76%
55	15.00%	12.00%	12.00%	12.00%	5.60%
56	15.00%	12.00%	12.00%	12.00%	5.46%
57	15.00%	12.00%	12.00%	12.00%	5.32%
58	15.00%	12.00%	12.00%	12.00%	5.18%
59	15.00%	12.00%	12.00%	12.00%	5.05%
60+	15.00%	12.00%	12.00%	12.00%	0.00%

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Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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Schedule SB, Part V—Summary of Plan Provisions

Cash Balance Provisions for All Plan Participants Effective April 1, 2015

Eligibility	Attainment of age 21 and completion of 1,000 hours of service.
Accrued Benefit	The monthly benefit derived from the cash balance account, based on pay credits and interest credits.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	Accrued benefit.
Vested Termination Benefit	
Eligibility	Three years of credited service.
Benefit	Accrued benefit payable at normal retirement age, or actuarially equivalent benefit payable prior to normal retirement age. Pay credits are not granted after termination, but interest credits continue until benefit commencement.
Preretirement Surviving Spouse Benefit	
Eligibility	Any participant eligible for a vested retirement benefit.
Benefit	50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.
Definitions	
Actuarial Equivalence	For purposes of converting the account balance to an annuity, the applicable interest rates and mortality pursuant to Code section 417(e).
Pay Credits	Credited annually based on the following table:

Age + Service Points	Percent of Compensation
Less than 40	3.0%
40 to 49	3.5%
50 to 59	4.0%
60 to 69	4.5%
70 to 79	5.0%
80 or Greater	6.0%

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Interest Credits	Credited quarterly based on the average yield on 10 year Treasury Constant Maturities for the second month prior to the quarter.
Normal Form of Payment	Single life annuity.
Optimal Forms of Payment	50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity; Lump sum.

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UHC Non-Cash Balance Participants (Pre-April 1, 2015 Accruals)

Effective Date	As amended and restated effective July 1, 2001.
Participant Eligibility	Age 21 and one year of credited service. Hired prior to January 1, 2009.
Normal Retirement Eligibility	First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.
Benefit	The greater of (a) and (b): (a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years. (b) Accrued benefit under the plan provisions in effect as of June 30, 1989.
Early Retirement Eligibility	Age 55 and five years of credited service.
Benefit	Accrued benefit actuarially reduced for commencement at early retirement date. Participants who are 55 or older with at least 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.
Disabled Retirement Eligibility	Ten years of credited service and termination of employment due to a permanent disability.
Benefit	Accrued benefit commencing on the first of the month following five months of disability.

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Deferred Vested Retirement

Eligibility

Five years of credited service.

Benefit

Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 60.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service¹

Determined according to the following schedule based on compensated hours of service in a calendar year:

Compensated Hours	Benefit Service
1,800+	12 months
1,640–1,799	10 months
1,480–1,639	9 months
1,320–1,479	8 months
1,160–1,319	7 months
1,000–1,159	6 months
0–999	0 months

¹ Calculation for credited service and benefit service begins on January 1, 1988, for employees of Home Care Inc. and Health Care, Inc.

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Social Security Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year of termination.
Accrued Benefit	The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of: (a) Benefit service at determination date; and (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.
Credited Service Ratio	The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.
Normal Form of Payment	Single life annuity.
Optional Forms of Payment	50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity; Lump sum.

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Cash Balance Participants (Pre–April 1, 2015 Accruals)

Eligibility	Attainment of age 21 and completion of 1,000 hours of service. Hired or rehired on or after January 1, 2009 (including UHMG employees who reentered the UHHS controlled group on January 1, 2011).
Accrued Benefit	The monthly benefit derived from the cash balance account, based on pay credits and interest credits.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	Accrued benefit.
Vested Termination Benefit	
Eligibility	Three years of credited service.
Benefit	Accrued benefit payable at normal retirement age, or actuarially equivalent benefit payable prior to normal retirement age. Pay credits are not granted after termination, but interest credits continue until benefit commencement.
Preretirement Surviving Spouse Benefit	
Eligibility	Any participant eligible for a vested retirement benefit.
Benefit	50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.
Definitions	
Actuarial Equivalence	For purposes of converting the account balance to an annuity, the applicable interest rates and mortality pursuant to Code section 417(e).
Pay Credits	Credited annually based on the following table:

Years of Credited Service	Percent of Compensation
Less than 5	3.0%
5 or Greater	3.5%

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Interest Credits	Credited quarterly based on the average yield on 10 year Treasury Constant Maturities for the second month prior to the quarter.
Normal Form of Payment	Single life annuity.
Optimal Forms of Payment	50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity; Lump sum.

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Bedford Medical Center (Pre—June 1, 2004 Accruals)

Participant Eligibility

Age 21 and one year of credited service.

Normal Retirement

Eligibility

First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.

Benefit

\$20 times years of benefit service at normal retirement date, with maximum of 30 years.

Early Retirement

Eligibility

Age 55 and five years of credited service.

Benefit

Accrued benefit actuarially reduced for commencement prior to normal retirement date.

Disabled Retirement

Eligibility

Ten years of credited service and termination of employment due to a permanent disability.

Benefit

Accrued benefit commencing on the first of the month following five months of disability.

Deferred Vested Retirement

Eligibility

Five years of credited service.

Benefit

Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

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Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

Compensated Hours	Benefit Service
1,950+	12 months
1,725–1,949	10 months
1,500–1,724	9 months
1,275–1,499	8 months
1,050–1,274	7 months
832–1,049	6 months
0–831	0 months

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 832 hours.

June 1, 2004 Benefit Changes

Benefits for Bedford participants who moved to the UHC benefit structure on June 1, 2004 equal the greater of (a) and (b):

- (a) The accrued benefit determined under the Bedford formula as of May 31, 2004, plus the benefit determined under the UHC formula for service after May 31, 2004.
- (b) The benefit determined under the Bedford formula for all service.

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Geauga Regional Hospital (Pre-June 1, 2004 Accruals)

Participant Eligibility

Age 21 and one year of credited service.

Normal Retirement

Eligibility

First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.

Benefit

The greater of (a) and (b):

- (a) 1.20% of average monthly compensation plus 0.50% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.
- (b) Accrued normal retirement benefit under the plan provisions in effect as of June 30, 1989.

Early Retirement

Eligibility

Age 55 and five years of credited service.

Benefit

Accrued benefit actuarially reduced for commencement at early retirement date. Actuarial reduction is waived for employees retiring at or after age 62.

Participants who are 55 or older with at least 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Disabled Retirement

Eligibility

Ten years of credited service and termination of employment due to a permanent disability.

Benefit

Accrued benefit commencing on the first of the month following five months of disability.

Deferred Vested Retirement

Eligibility

Five years of credited service.

Benefit

Accrued normal retirement benefit commencing at normal retirement date or the actuarially reduced accrued normal retirement benefit commencing at early retirement date.

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Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the three highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 36.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

Compensated Hours	Benefit Service
1,800+	12 months
1,640–1,799	10 months
1,480–1,639	9 months
1,320–1,479	8 months
1,160–1,319	7 months
1,000–1,159	6 months
0–999	0 months

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.

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June 1, 2004 Benefit Changes

Benefits for Geauga participants who moved to the UHC benefit structure on June 1, 2004 equal the sum of (a) and (b):

- (a) The benefit determined under the Geauga formula, based on service as of May 31, 2004; and
- (b) The benefit determined under the UHC formula, based on service after May 31, 2004.

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Heather Hill Hospital (Pre-June 1, 2004 Accruals)

Participant Eligibility

Age 21 and one year of credited service.

Normal Retirement

Eligibility

First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.

Benefit

The greater of (a) and (b):

- (a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.
- (b) Accrued benefit under the plan provisions in effect as of June 30, 1989.

Early Retirement

Eligibility

Age 55 and five years of credited service.

Benefit

Accrued benefit actuarially reduced for commencement at early retirement date.

Disabled Retirement

Eligibility

Ten years of credited service and termination of employment due to a permanent disability.

Benefit

Accrued benefit commencing on the first of the month following five months of disability.

Deferred Vested Retirement

Eligibility

Five years of credited service.

Benefit

Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

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Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 60.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

Compensated Hours	Benefit Service
1,800+	12 months
1,640–1,799	10 months
1,480–1,639	9 months
1,320–1,479	8 months
1,160–1,319	7 months
1,000–1,159	6 months
0–999	0 months

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.

Accrued Benefit

The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of:

- (a) Benefit service at determination date; and
- (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.

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Credited Service Ratio

The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.

June 1, 2004 Benefit Changes

Benefits for Heather Hill participants who moved to the UHC benefit structure on June 1, 2004 equal the sum of (a) and (b), divided by projected benefit service (up to 25 years):

- (a) The benefit determined under the Heather Hill formula, based on all service, multiplied by benefit service earned through May 31, 2004; and
- (b) The benefit determined under the UHC formula, based on all service, multiplied by benefit service earned after May 31, 2004.

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Early Retirement

Eligibility

Age 55 and 10 years of vesting service.

Benefit

Accrued benefit reduced 1/15 for each year between ages 60 and 65 and 1/30 for each year between ages 55 and 60 for commencement at early retirement date.

Participants aged 55 with 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Disabled Retirement

Eligibility

Five years of vesting service and termination of employment due to a permanent disability.

Benefit

Reduced early retirement benefit commencing on the first of the month following disability.

Deferred Vested Retirement

Eligibility

Five years of vesting service.

Benefit

Accrued benefit commencing at normal retirement date or the reduced accrued benefit commencing at early retirement date.

Employees who became participants prior to January 1, 1996, may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

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Definitions

Average Monthly Compensation

The sum of a participant's W-2 compensation and sections 401(k), 403(b), and 125 compensation.

Past Service Compensation

The lesser of (a) and (b) below:

- (a) The greater of compensation during 1978, or the average of the compensation for the period January 1, 1974, through December 31, 1978.
- (b) The average of the five highest consecutive calendar years of compensation prior to termination of employment.

Service

One year is credited for each calendar year in which a participant worked at least 1,000 hours. Partial service is credited in year of termination.

Vesting Service

One year is credited for each calendar year in which a participant worked at least 1,000 hours.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year of termination for a participant who attained Social Security retirement age during the year.

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Conneaut Pension Plan (Pre–April 1, 2015 Accruals)

Effective Date	As amended and restated effective January 1, 1989.
Participation Date	January 1 or July 1 following the participant's twenty-first birthday and the completion of one qualifying year of service. Hired prior to January 1, 2009.
Normal Retirement Eligibility	First day of the month on or after the later of the participant's sixty-fifth birthday and the fifth anniversary of participation in the plan.
Benefit	The greatest of (a), (b), and (c): (a) 1.10% of average monthly compensation, plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by years of service up to a maximum of 30 years. (b) The accrued benefit under the plan provisions in effect as of November 26, 1996. (c) The accrued benefit under the plan provisions in effect as of May 14, 1998.
Early Retirement Eligibility	Age 55 and 10 years of service.
Benefit	Accrued benefit actuarially reduced for commencement at the early retirement date. Minimum early retirement factors apply to the November 26, 1996 minimum accrued benefit. The reduction applied to this minimum benefit is 0.5% for each of the first 60 months and 0.4% for each of the next 60 months.

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Delayed Retirement

Eligibility

The participant continues to work past the normal retirement date.

Benefits shall not commence until the participant actually terminates employment.

Benefit

The greater of (a) and (b):

- (a) The benefit based on compensation and years of service at the date of termination.
- (b) The accrued benefit on the normal retirement date increased by $\frac{1}{2}$ of 1% for each month by which the actual retirement date is later than the normal retirement date.

Disabled Retirement

Eligibility

Termination due to total and permanent disability.

Benefit

Accrued benefit as of the date of disability commencing on the normal retirement date. The participant may elect to receive a reduced benefit following six months of disability. The reduced benefit is the actuarial equivalent of the normal retirement benefit.

Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

Accrued benefit as of the date of termination commencing at the normal retirement date.

A participant who has completed 10 years of service at termination may elect to commence benefit payments at the early retirement date.

Lump Sum Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

Participant may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit

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Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor benefit form and early receipt of benefits. The benefit is payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation during the five highest consecutive calendar years out of the last 10 years prior to the date of termination, divided by 60.

If the participant has been employed for less than 60 months, the average monthly compensation is the sum of the participant's total compensation divided by the number of complete months the participant had worked prior to the date of termination.

Compensation

The participants' wages during the year. Compensation includes deferred compensation under Code sections 125 and 403(b).

Year of Service

For vesting and benefit accrual purposes, a year of service is credited for each calendar year in which a participant completes 1,000 hours of service.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the last day of the calendar year in which the participant attains Social Security retirement age. In calculating an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.

Accrued Benefit

The accrued benefit is the greatest of (a), (b) and (c):

- (a) The normal retirement benefit multiplied by the service ratio. In determining the normal retirement benefit, years of service is computed as the sum of years of service at the determination date and the number of years from the determination date to the normal retirement date.
- (b) The accrued benefit based on the provisions in effect as of November 26, 1996.

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(c) The accrued benefit based on the provisions in effect as of May 14, 1998.

Service Ratio

Years of service at the determination date divided by projected years of service at normal retirement date, not to exceed 1.

Normal Form of Benefit

A monthly annuity payable for the lifetime of the participant with 60 months of payments guaranteed. If the participant dies before 60 payments are made, payments will continue to the beneficiary until a total of 60 payments are made.

Optional Forms

Single life annuity;
10- and 15-year certain and life annuity;
50%, 75%, and 100% joint and survivor annuity;
Lump sum.

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Comprehensive Health Care of Ohio, Inc. Retirement Plan (Elyria; Pre–April 1, 2015
Accruals)

Effective Date July 1, 1984.

Participant Eligibility Hired prior to July 1, 2003. Benefits were frozen for specific participant groups at June 30, 2003 and December 31, 2009. Actives participants who were age 55 with 20 years of service at December 31, 2009 and elected to stay in the plan continue to accrue benefits.

Normal Retirement Eligibility First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.

Benefit The greater of (a), (b), and (c):

- (a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.
- (b) \$16.00 multiplied by benefit service up to a maximum of 25 years.
- (c) Accrued benefit under the plan provisions in effect as of June 30, 1989.

Early Retirement Eligibility Age 55 and five years of credited service.

Benefit Accrued benefit actuarially reduced for commencement at early retirement date.

Disabled Retirement Eligibility Ten years of credited service and termination of employment due to a permanent disability.

Benefit Accrued benefit commencing on the first of the month following five months of disability.

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Deferred Vested Retirement

Eligibility

Five years of credited service.

Benefit

Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination (or date of benefit freeze, if earlier), divided by 60. Eligible compensation generally is wages paid by the employer in addition to any section 125 plan, 401(k), or 403(b) plan contribution.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

Compensated Hours	Benefit Service
1,800+	100%
1,640–1,799	90%
1,480–1,639	80%
1,320–1,479	70%
1,160–1,319	60%
1,000–1,159	50%
0–999	0%

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Social Security Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year that a participant attains Social Security normal retirement age. Frozen for some participants as of June 30, 2003 or December 31, 2009.
Accrued Benefit	The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of: (a) Benefit service at determination date; and (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age. The accrued benefit is frozen for some participants as of June 30, 2003 or December 31, 2009.
Credited Service Ratio	The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.
Normal Form of Payment	Single life annuity.
Optional Forms of Payment	50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity.

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Parma Community General Hospital—The Greater Cleveland Hospital Association
Retirement Plan (Pre—April 1, 2015 Accruals)

Effective Date July 1, 1984. Amended October 1, 2012.

Participant Eligibility Age 21 and one year of service. The plan was closed to new hires and benefits were frozen for most participants on April 1, 2008. Active participants who had 60 points (age plus service) or 15 years of service as of April 1, 2008 continue to accrue benefits.

Normal Retirement Eligibility First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.

Benefit The greater of (a), (b), and (c):

- (a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.
- (b) \$8.00 multiplied by benefit service up to a maximum of 25 years.
- (c) Accrued benefit under the plan provisions in effect as of June 30, 1989.

Early Retirement Eligibility Age 55 and five years of credited service.

Benefit Accrued benefit actuarially reduced for commencement at early retirement date.

Disabled Retirement Eligibility Ten years of credited service and termination of employment due to a permanent disability.

Benefit Accrued benefit commencing on the first of the month following five months of disability.

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Deferred Vested Retirement

Eligibility

Five years of credited service.

Benefit

Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination (or date of benefit freeze, if earlier), divided by 60.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

Compensated Hours	Benefit Service
1,800+	100%
1,640–1,799	90%
1,480–1,639	80%
1,320–1,479	70%
1,160–1,319	60%
1,000–1,159	50%
0–999	0%

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Social Security Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year that a participant attains Social Security normal retirement age. Frozen for some participants as of April 1, 2008.
Accrued Benefit	The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of: (a) Benefit service at determination date; and (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age. The accrued benefit is frozen for some participants as of April 1, 2008.
Credited Service Ratio	The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.
Normal Form of Payment	Single life annuity.
Optional Forms of Payment	50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity; Lump sum (if age 55 with at least 10 years of credited service).

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Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- A change in the mortality basis for lump sum payments from the 2014 plan year IRC section 417(e)(3) mortality table to the 2015 plan year IRC section 417(e)(3) mortality table.
- The legislated increase in the IRC section 401(a)(17) recognizable pay limit from \$260,000 for 2014 to \$265,000 for 2015.
- The merger of plan assets and liabilities from the University Hospitals Conneaut Medical Center Employees Pension Plan (EIN: 34-0714550, PN: 001), the Comprehensive Health Care of Ohio, Inc. Retirement Plan (EIN: 34-1492733, PN: 001), and the Parma Community General Hospital-The Greater Cleveland Hospital Association Retirement Plan (EIN: 34-0827442, PN: 001) into the plan effective December 31, 2014.
- Effective April 1, 2015, benefits were frozen for participants accruing under a final average pay formula, and all plan participants began accruing under a revised cash balance formula.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		497 \$40,420 \$956	14	1						
25-29		1,235 \$48,203 \$2,311	441 \$50,237 \$2,140	13						
30-34		872 \$52,939 \$2,527	756 \$60,232 \$1,894	194 \$60,243 \$395	18	6	2			
35-39		716 \$64,895 \$3,355	651 \$69,412 \$3,823	402 \$66,399 \$1,396	111 \$65,051 \$1,095	9	6	1	2	
40-44		576 \$62,608 \$3,055	594 \$78,987 \$5,115	361 \$71,135 \$1,575	217 \$65,320 \$959	114 \$71,646 \$1,224	11	3	4	10
45-49		531 \$62,520 \$3,066	536 \$81,776 \$5,166	364 \$68,063 \$1,734	252 \$71,014 \$2,087	195 \$70,900 \$1,154	128 \$70,521 \$1,479	8	8	13
50-54		503 \$65,046 \$3,385	518 \$80,738 \$5,384	375 \$71,913 \$1,855	291 \$68,607 \$1,293	205 \$72,471 \$1,142	249 \$70,175 \$1,319	111 \$69,286 \$587	22 \$62,869 \$2,030	21 \$67,900 \$1,170
55-59		388 \$64,452 \$3,225	433 \$83,703 \$5,317	358 \$67,674 \$1,345	262 \$70,118 \$738	245 \$71,709 \$1,235	224 \$68,479 \$467	172 \$75,225 \$1,167	129 \$64,925 \$667	31 \$46,847 \$610
60-64		214 \$62,600 \$3,204	276 \$91,544 \$7,036	274 \$65,161 \$1,519	161 \$69,210 \$1,626	136 \$67,569 \$1,530	160 \$70,599 \$1,513	101 \$66,239 \$1,134	125 \$71,723 \$526	79 \$67,640 \$374
65-69		63 \$75,205 \$3,681	102 \$104,201 \$8,833	74 \$61,238 \$987	41 \$67,103 \$782	36 \$50,892 \$843	37 \$59,620 \$448	25 \$90,871 \$3,689	27 \$67,306 \$789	35 \$60,133 \$1,637
70+		27 \$56,983 \$2,563	26 \$105,561 \$11,109	16	17	10	17	3	5	15

N- 6,525

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 958,009	January 1, 2009	1	\$ 958,009
Shortfall	\$ 1,495,336	January 1, 2010	2	\$ 764,906
Shortfall	\$ 3,593,477	January 1, 2011	3	\$ 1,253,474
Shortfall	\$ (3,776,466)	January 1, 2012	4	\$ (1,010,399)
Shortfall	\$ 34,989,159	January 1, 2013	5	\$ 7,657,719
Shortfall	\$ 21,756,368	January 1, 2014	6	\$ 4,095,294
Shortfall	\$ 43,171,593	January 1, 2015	7	\$ 7,179,571

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Schedule SB, line 7—Explanation of Discrepancy in Prior Year Funding Standard
Carryover Balance or Prefunding Balance

Effective December 31, 2014, the University Hospitals Conneaut Medical Center Employees Pension Plan (EIN: 34-0714550, PN: 001), the Comprehensive Health Care of Ohio, Inc. Retirement Plan (EIN: 34-1492733, PN: 001), and the Parma Community General Hospital-The Greater Cleveland Hospital Association Retirement Plan (EIN: 34-0827442, PN: 001) were merged into the plan. As part of these mergers, the carryover balance and prefunding balance from each prior plan were brought into the plan. Therefore, the amounts on line 7 do not match line 13 from the prior year Form 5500 Schedule SB. The amounts on line 7 were determined by adding the amounts from line 13 of the prior year for each plan as follows:

Plan	Carryover Balance	Prefunding Balance
UHHS	\$ 0	\$ 157,850,391
Conneaut	\$ 0	\$ 457,526
CHCO	\$ 0	\$ 1,029,683
Parma	\$ 0	\$ 2,488,157
Total	\$ 0	\$ 161,825,757

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.30%	Interest Adjusted Contribution
September 8, 2016	\$ 8,700,000	616	\$ 7,847,654
Total Contribution	\$ 8,700,000		\$ 7,847,654

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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	7.00%	1.0000	3.89
56.5	7.00%	0.9300	3.68
57.5	7.00%	0.8649	3.48
58.5	8.00%	0.8044	3.76
59.5	8.00%	0.7400	3.52
60.5	8.00%	0.6808	3.30
61.5	12.00%	0.6263	4.62
62.5	14.00%	0.5512	4.82
63.5	14.00%	0.4740	4.21
64.5	18.00%	0.4077	4.73
65.5	30.00%	0.3343	6.57
66.5	25.00%	0.2340	3.89
67.5	15.00%	0.1755	1.78
68.5	20.00%	0.1492	2.04
69.5	25.00%	0.1193	2.07
70	100.00%	0.0895	6.27
Weighted Average			62.63

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Schedule SB, Part V—Summary of Plan Provisions

Cash Balance Provisions for All Plan Participants Effective April 1, 2015

Eligibility	Attainment of age 21 and completion of 1,000 hours of service.
Accrued Benefit	The monthly benefit derived from the cash balance account, based on pay credits and interest credits.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	Accrued benefit.
Vested Termination Benefit	
Eligibility	Three years of credited service.
Benefit	Accrued benefit payable at normal retirement age, or actuarially equivalent benefit payable prior to normal retirement age. Pay credits are not granted after termination, but interest credits continue until benefit commencement.
Preretirement Surviving Spouse Benefit	
Eligibility	Any participant eligible for a vested retirement benefit.
Benefit	50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.
Definitions	
Actuarial Equivalence	For purposes of converting the account balance to an annuity, the applicable interest rates and mortality pursuant to Code section 417(e).
Pay Credits	Credited annually based on the following table:

Age + Service Points	Percent of Compensation
Less than 40	3.0%
40 to 49	3.5%
50 to 59	4.0%
60 to 69	4.5%
70 to 79	5.0%
80 or Greater	6.0%

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Interest Credits	Credited quarterly based on the average yield on 10 year Treasury Constant Maturities for the second month prior to the quarter.
Normal Form of Payment	Single life annuity.
Optimal Forms of Payment	50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity; Lump sum.

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UHC Non-Cash Balance Participants (Pre–April 1, 2015 Accruals)

Effective Date	As amended and restated effective July 1, 2001.
Participant Eligibility	Age 21 and one year of credited service. Hired prior to January 1, 2009.
Normal Retirement Eligibility	First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.
Benefit	The greater of (a) and (b): (a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years. (b) Accrued benefit under the plan provisions in effect as of June 30, 1989.
Early Retirement Eligibility	Age 55 and five years of credited service.
Benefit	Accrued benefit actuarially reduced for commencement at early retirement date. Participants who are 55 or older with at least 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.
Disabled Retirement Eligibility	Ten years of credited service and termination of employment due to a permanent disability.
Benefit	Accrued benefit commencing on the first of the month following five months of disability.

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Deferred Vested Retirement

Eligibility

Five years of credited service.

Benefit

Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 60.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service¹

Determined according to the following schedule based on compensated hours of service in a calendar year:

Compensated Hours	Benefit Service
1,800+	12 months
1,640–1,799	10 months
1,480–1,639	9 months
1,320–1,479	8 months
1,160–1,319	7 months
1,000–1,159	6 months
0–999	0 months

¹ Calculation for credited service and benefit service begins on January 1, 1988, for employees of Home Care Inc. and Health Care, Inc.

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Social Security Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year of termination.
Accrued Benefit	The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of: (a) Benefit service at determination date; and (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.
Credited Service Ratio	The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.
Normal Form of Payment	Single life annuity.
Optional Forms of Payment	50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity; Lump sum.

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Cash Balance Participants (Pre–April 1, 2015 Accruals)

Eligibility	Attainment of age 21 and completion of 1,000 hours of service. Hired or rehired on or after January 1, 2009 (including UHMG employees who reentered the UHHS controlled group on January 1, 2011).
Accrued Benefit	The monthly benefit derived from the cash balance account, based on pay credits and interest credits.
Normal Retirement Benefit	
Normal Retirement Date	Age 65.
Benefit	Accrued benefit.
Vested Termination Benefit	
Eligibility	Three years of credited service.
Benefit	Accrued benefit payable at normal retirement age, or actuarially equivalent benefit payable prior to normal retirement age. Pay credits are not granted after termination, but interest credits continue until benefit commencement.
Preretirement Surviving Spouse Benefit	
Eligibility	Any participant eligible for a vested retirement benefit.
Benefit	50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.
Definitions	
Actuarial Equivalence	For purposes of converting the account balance to an annuity, the applicable interest rates and mortality pursuant to Code section 417(e).
Pay Credits	Credited annually based on the following table:

Years of Credited Service	Percent of Compensation
Less than 5	3.0%
5 or Greater	3.5%

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Interest Credits	Credited quarterly based on the average yield on 10 year Treasury Constant Maturities for the second month prior to the quarter.
Normal Form of Payment	Single life annuity.
Optimal Forms of Payment	50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity; Lump sum.

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Bedford Medical Center (Pre–June 1, 2004 Accruals)

Participant Eligibility	Age 21 and one year of credited service.
Normal Retirement Eligibility	First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.
Benefit	\$20 times years of benefit service at normal retirement date, with maximum of 30 years.
Early Retirement Eligibility	Age 55 and five years of credited service.
Benefit	Accrued benefit actuarially reduced for commencement prior to normal retirement date.
Disabled Retirement Eligibility	Ten years of credited service and termination of employment due to a permanent disability.
Benefit	Accrued benefit commencing on the first of the month following five months of disability.
Deferred Vested Retirement Eligibility	Five years of credited service.
Benefit	Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.
Survivor Benefit Eligibility	Any participant eligible for a vested retirement benefit.
Benefit	50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.
Definitions	
Compensated Hours	Hours of service for which a participant was compensated.
Noncompensated Hours	Hours of service for which participant was scheduled to work, but did not and was not compensated.

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Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

Compensated Hours	Benefit Service
1,950+	12 months
1,725–1,949	10 months
1,500–1,724	9 months
1,275–1,499	8 months
1,050–1,274	7 months
832–1,049	6 months
0–831	0 months

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 832 hours.

June 1, 2004 Benefit Changes

Benefits for Bedford participants who moved to the UHC benefit structure on June 1, 2004 equal the greater of (a) and (b):

- (a) The accrued benefit determined under the Bedford formula as of May 31, 2004, plus the benefit determined under the UHC formula for service after May 31, 2004.
- (b) The benefit determined under the Bedford formula for all service.

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Geauga Regional Hospital (Pre–June 1, 2004 Accruals)

Participant Eligibility	Age 21 and one year of credited service.
Normal Retirement Eligibility	First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.
Benefit	The greater of (a) and (b): (a) 1.20% of average monthly compensation plus 0.50% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years. (b) Accrued normal retirement benefit under the plan provisions in effect as of June 30, 1989.
Early Retirement Eligibility	Age 55 and five years of credited service.
Benefit	Accrued benefit actuarially reduced for commencement at early retirement date. Actuarial reduction is waived for employees retiring at or after age 62. Participants who are 55 or older with at least 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.
Disabled Retirement Eligibility	Ten years of credited service and termination of employment due to a permanent disability.
Benefit	Accrued benefit commencing on the first of the month following five months of disability.
Deferred Vested Retirement Eligibility	Five years of credited service.
Benefit	Accrued normal retirement benefit commencing at normal retirement date or the actuarially reduced accrued normal retirement benefit commencing at early retirement date.

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Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the three highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 36.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

Compensated Hours	Benefit Service
1,800+	12 months
1,640–1,799	10 months
1,480–1,639	9 months
1,320–1,479	8 months
1,160–1,319	7 months
1,000–1,159	6 months
0–999	0 months

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.

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June 1, 2004 Benefit Changes

Benefits for Geauga participants who moved to the UHC benefit structure on June 1, 2004 equal the sum of (a) and (b):

- (a) The benefit determined under the Geauga formula, based on service as of May 31, 2004; and
- (b) The benefit determined under the UHC formula, based on service after May 31, 2004.

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Heather Hill Hospital (Pre–June 1, 2004 Accruals)

Participant Eligibility	Age 21 and one year of credited service.
Normal Retirement Eligibility	First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.
Benefit	The greater of (a) and (b): (a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years. (b) Accrued benefit under the plan provisions in effect as of June 30, 1989.
Early Retirement Eligibility	Age 55 and five years of credited service.
Benefit	Accrued benefit actuarially reduced for commencement at early retirement date.
Disabled Retirement Eligibility	Ten years of credited service and termination of employment due to a permanent disability.
Benefit	Accrued benefit commencing on the first of the month following five months of disability.
Deferred Vested Retirement Eligibility	Five years of credited service.
Benefit	Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.
Survivor Benefit Eligibility	Any participant eligible for a vested retirement benefit.
Benefit	50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

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University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Definitions

Average Monthly Compensation The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 60.

Compensated Hours Hours of service for which a participant was compensated.

Noncompensated Hours Hours of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service Determined according to the following schedule based on compensated hours of service in a calendar year:

Compensated Hours	Benefit Service
1,800+	12 months
1,640–1,799	10 months
1,480–1,639	9 months
1,320–1,479	8 months
1,160–1,319	7 months
1,000–1,159	6 months
0–999	0 months

Social Security Covered Compensation The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.

Accrued Benefit The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of:

- (a) Benefit service at determination date; and
- (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Credited Service Ratio

The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.

June 1, 2004 Benefit Changes

Benefits for Heather Hill participants who moved to the UHC benefit structure on June 1, 2004 equal the sum of (a) and (b), divided by projected benefit service (up to 25 years):

- (a) The benefit determined under the Heather Hill formula, based on all service, multiplied by benefit service earned through May 31, 2004; and
- (b) The benefit determined under the UHC formula, based on all service, multiplied by benefit service earned after May 31, 2004.

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

University MEDNET (Pre–April 1, 2015 Accruals)

Participant Eligibility One year of service with at least 1,000 hours of service.

Normal Retirement Eligibility First day of the month on or after attaining age 65.

Benefit The sum of (a), (b), (c), and (d) below:

(a) The greater of (1) and (2) below:

(1) 1% of past service compensation plus 0.8% of past service compensation in excess of 8,400;

Times

Service to December 31, 1978.

(2) The benefit accrued to December 31, 1978, under the prior plan.

(b) For each calendar year of service beginning with 1979 and before 1988, 1% of compensation plus 1% of compensation in excess of \$20,000.

(c) For calendar year of service in 1988, 1.25% of compensation up to 50% of the Social Security wage base and 2% of compensation above 50% of the Social Security wage base.

(d) For each calendar year of service beginning with 1989, 1.309% of compensation up to the greater of \$10,000 or 50% of the Social Security covered compensation for individuals retiring in the calculation year and 1.941% of compensation above the greater of \$10,000 or 50% of the Social Security covered compensation. After 35 years of service, the annual incremental accrued benefit becomes, for each calendar year of service, 1.745% of compensation.

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Early Retirement
Eligibility

Age 55 and 10 years of vesting service.

Benefit

Accrued benefit reduced 1/15 for each year between ages 60 and 65 and 1/30 for each year between ages 55 and 60 for commencement at early retirement date.

Participants aged 55 with 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Disabled Retirement
Eligibility

Five years of vesting service and termination of employment due to a permanent disability.

Benefit

Reduced early retirement benefit commencing on the first of the month following disability.

Deferred Vested Retirement
Eligibility

Five years of vesting service.

Benefit

Accrued benefit commencing at normal retirement date or the reduced accrued benefit commencing at early retirement date.

Employees who became participants prior to January 1, 1996, may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Survivor Benefit
Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Definitions

Average Monthly Compensation	The sum of a participant's W-2 compensation and sections 401(k), 403(b), and 125 compensation.
Past Service Compensation	The lesser of (a) and (b) below: (a) The greater of compensation during 1978, or the average of the compensation for the period January 1, 1974, through December 31, 1978. (b) The average of the five highest consecutive calendar years of compensation prior to termination of employment.
Service	One year is credited for each calendar year in which a participant worked at least 1,000 hours. Partial service is credited in year of termination.
Vesting Service	One year is credited for each calendar year in which a participant worked at least 1,000 hours.
Social Security Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year of termination for a participant who attained Social Security retirement age during the year.

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Conneaut Pension Plan (Pre–April 1, 2015 Accruals)

Effective Date	As amended and restated effective January 1, 1989.
Participation Date	January 1 or July 1 following the participant's twenty-first birthday and the completion of one qualifying year of service. Hired prior to January 1, 2009.
Normal Retirement Eligibility	First day of the month on or after the later of the participant's sixty-fifth birthday and the fifth anniversary of participation in the plan.
Benefit	The greatest of (a), (b), and (c): (a) 1.10% of average monthly compensation, plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by years of service up to a maximum of 30 years. (b) The accrued benefit under the plan provisions in effect as of November 26, 1996. (c) The accrued benefit under the plan provisions in effect as of May 14, 1998.
Early Retirement Eligibility	Age 55 and 10 years of service.
Benefit	Accrued benefit actuarially reduced for commencement at the early retirement date. Minimum early retirement factors apply to the November 26, 1996 minimum accrued benefit. The reduction applied to this minimum benefit is 0.5% for each of the first 60 months and 0.4% for each of the next 60 months.

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Delayed Retirement
Eligibility

The participant continues to work past the normal retirement date.

Benefits shall not commence until the participant actually terminates employment.

Benefit

The greater of (a) and (b):

- (a) The benefit based on compensation and years of service at the date of termination.
- (b) The accrued benefit on the normal retirement date increased by $\frac{1}{2}$ of 1% for each month by which the actual retirement date is later than the normal retirement date.

Disabled Retirement
Eligibility

Termination due to total and permanent disability.

Benefit

Accrued benefit as of the date of disability commencing on the normal retirement date. The participant may elect to receive a reduced benefit following six months of disability. The reduced benefit is the actuarial equivalent of the normal retirement benefit.

Deferred Vested Retirement
Eligibility

Five years of service.

Benefit

Accrued benefit as of the date of termination commencing at the normal retirement date.

A participant who has completed 10 years of service at termination may elect to commence benefit payments at the early retirement date.

Lump Sum Benefit
Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

Participant may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor benefit form and early receipt of benefits. The benefit is payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation during the five highest consecutive calendar years out of the last 10 years prior to the date of termination, divided by 60.

If the participant has been employed for less than 60 months, the average monthly compensation is the sum of the participant's total compensation divided by the number of complete months the participant had worked prior to the date of termination.

Compensation

The participants' wages during the year. Compensation includes deferred compensation under Code sections 125 and 403(b).

Year of Service

For vesting and benefit accrual purposes, a year of service is credited for each calendar year in which a participant completes 1,000 hours of service.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the last day of the calendar year in which the participant attains Social Security retirement age. In calculating an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.

Accrued Benefit

The accrued benefit is the greatest of (a), (b) and (c):

- (a) The normal retirement benefit multiplied by the service ratio. In determining the normal retirement benefit, years of service is computed as the sum of years of service at the determination date and the number of years from the determination date to the normal retirement date.
- (b) The accrued benefit based on the provisions in effect as of November 26, 1996.

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

(c) The accrued benefit based on the provisions in effect as of May 14, 1998.

Service Ratio

Years of service at the determination date divided by projected years of service at normal retirement date, not to exceed 1.

Normal Form of Benefit

A monthly annuity payable for the lifetime of the participant with 60 months of payments guaranteed. If the participant dies before 60 payments are made, payments will continue to the beneficiary until a total of 60 payments are made.

Optional Forms

Single life annuity;
10- and 15-year certain and life annuity;
50%, 75%, and 100% joint and survivor annuity;
Lump sum.

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Comprehensive Health Care of Ohio, Inc. Retirement Plan (Elyria; Pre–April 1, 2015
Accruals)

Effective Date	July 1, 1984.
Participant Eligibility	Hired prior to July 1, 2003. Benefits were frozen for specific participant groups at June 30, 2003 and December 31, 2009. Actives participants who were age 55 with 20 years of service at December 31, 2009 and elected to stay in the plan continue to accrue benefits.
Normal Retirement Eligibility	First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.
Benefit	The greater of (a), (b), and (c): (a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years. (b) \$16.00 multiplied by benefit service up to a maximum of 25 years. (c) Accrued benefit under the plan provisions in effect as of June 30, 1989.
Early Retirement Eligibility	Age 55 and five years of credited service.
Benefit	Accrued benefit actuarially reduced for commencement at early retirement date.
Disabled Retirement Eligibility	Ten years of credited service and termination of employment due to a permanent disability.
Benefit	Accrued benefit commencing on the first of the month following five months of disability.

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University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Deferred Vested Retirement

Eligibility

Five years of credited service.

Benefit

Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination (or date of benefit freeze, if earlier), divided by 60. Eligible compensation generally is wages paid by the employer in addition to any section 125 plan, 401(k), or 403(b) plan contribution.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

Compensated Hours	Benefit Service
1,800+	100%
1,640–1,799	90%
1,480–1,639	80%
1,320–1,479	70%
1,160–1,319	60%
1,000–1,159	50%
0–999	0%

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
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Social Security Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year that a participant attains Social Security normal retirement age. Frozen for some participants as of June 30, 2003 or December 31, 2009.
Accrued Benefit	The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of: (a) Benefit service at determination date; and (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age. The accrued benefit is frozen for some participants as of June 30, 2003 or December 31, 2009.
Credited Service Ratio	The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.
Normal Form of Payment	Single life annuity.
Optional Forms of Payment	50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity.

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Parma Community General Hospital—The Greater Cleveland Hospital Association
Retirement Plan (Pre—April 1, 2015 Accruals)

Effective Date	July 1, 1984. Amended October 1, 2012.
Participant Eligibility	Age 21 and one year of service. The plan was closed to new hires and benefits were frozen for most participants on April 1, 2008. Active participants who had 60 points (age plus service) or 15 years of service as of April 1, 2008 continue to accrue benefits.
Normal Retirement Eligibility	First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.
Benefit	The greater of (a), (b), and (c): (a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years. (b) \$8.00 multiplied by benefit service up to a maximum of 25 years. (c) Accrued benefit under the plan provisions in effect as of June 30, 1989.
Early Retirement Eligibility	Age 55 and five years of credited service.
Benefit	Accrued benefit actuarially reduced for commencement at early retirement date.
Disabled Retirement Eligibility	Ten years of credited service and termination of employment due to a permanent disability.
Benefit	Accrued benefit commencing on the first of the month following five months of disability.

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University Hospitals Health System, Inc. Retirement Plan
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Deferred Vested Retirement

Eligibility

Five years of credited service.

Benefit

Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination (or date of benefit freeze, if earlier), divided by 60.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

Compensated Hours	Benefit Service
1,800+	100%
1,640–1,799	90%
1,480–1,639	80%
1,320–1,479	70%
1,160–1,319	60%
1,000–1,159	50%
0–999	0%

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University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Social Security Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year that a participant attains Social Security normal retirement age. Frozen for some participants as of April 1, 2008.
Accrued Benefit	The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of: (a) Benefit service at determination date; and (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age. The accrued benefit is frozen for some participants as of April 1, 2008.
Credited Service Ratio	The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.
Normal Form of Payment	Single life annuity.
Optional Forms of Payment	50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity; Lump sum (if age 55 with at least 10 years of credited service).

Schedule SB Attachment (Form 5500)—2015 Plan Year
University Hospitals Health System, Inc. Retirement Plan
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Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- A change in the mortality basis for lump sum payments from the 2014 plan year IRC section 417(e)(3) mortality table to the 2015 plan year IRC section 417(e)(3) mortality table.
- The legislated increase in the IRC section 401(a)(17) recognizable pay limit from \$260,000 for 2014 to \$265,000 for 2015.
- The merger of plan assets and liabilities from the University Hospitals Conneaut Medical Center Employees Pension Plan (EIN: 34-0714550, PN: 001), the Comprehensive Health Care of Ohio, Inc. Retirement Plan (EIN: 34-1492733, PN: 001), and the Parma Community General Hospital-The Greater Cleveland Hospital Association Retirement Plan (EIN: 34-0827442, PN: 001) into the plan effective December 31, 2014.
- Effective April 1, 2015, benefits were frozen for participants accruing under a final average pay formula, and all plan participants began accruing under a revised cash balance formula.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

EIN: 34-0714775

Plan Number: 333

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including par or maturity collateral, or maturity date	(d) Cost	(e) Current value
	Cash and cash equivalents:			
	Cash	660,071 shares	\$ 9,522,074	9,522,074
	Total cash and cash equivalents		9,522,074	9,522,074
	U.S. government securities			
	FHLMC Pool#G0-1989 6.00%	103 shares	105	117
	FHLMC Pool#G0-2806 5.50%	1,057 shares	1,077	1,140
	FHLMC Pool#G0-8016 6.00%	851 shares	882	972
	FHLMC Pool#G0-8566 3.50%	3,489 shares	3,526	3,595
	FHLMC Pool#E0-1545 5.00%	904 shares	908	949
	FHLMC Pool#A9-5407 4.00%	2,529 shares	2,570	2,680
	FHLMC Pool#Q0-8998 3.50%	2,315 shares	2,454	2,386
	FNMA Pool#0AH5583 4.50%	2,421 shares	2,486	2,619
	FNMA Pool#0AK6784 3.00%	318 shares	333	330
	FNMA Pool#0AJ9355 3.00%	3,545 shares	3,683	3,671
	FNMA Pool#0AT2937 3.00%	4,874 shares	4,781	4,884
	FNMA Pool#0AU1629 3.00%	1,975 shares	1,957	1,979
	FNMA Pool#0AX6156 4.00%	448 shares	477	474
	FNMA Pool#0555532 7.00%	35 shares	38	36
	FNMA Pool#0586318 6.50%	4 shares	4	5
	FNMA Pool#0588936 6.50%	172 shares	171	197
	FNMA Pool#0725424 5.50%	1,133 shares	1,136	1,274
	FNMA Pool#0735667 5.00%	1,165 shares	1,199	1,289
	FNMA Pool#0MA0322 4.00%	2,001 shares	2,079	2,089
	FNMA Pool#0MA1446 3.50%	3,215 shares	3,463	3,361
	GNMA Pool#0781158 8.00%	12 shares	13	15
	Total U.S. government securities		33,342	34,062
	Equity securities:			
	Sompo Japan Nipponkoa	1 share	28	33
	Wells Fargo Advantage Heritage Money Market	71 shares	71	71
	Total equity securities		99	104
	Mutual and exchange traded funds:			
	DFA International Small Company	606,274 shares	10,797,146	10,433,968
	MAI Managed Volatility -INS	1,148,457 shares	12,324,973	11,760,202
	MFS Intl Value-R5	512,372 shares	17,882,293	17,543,628
	Global Alpha Equity Fund CI 2	2,450,281 shares	36,188,113	34,200,531
	JP Morgan Intermediate Bond Trust	6,191,829 shares	64,123,959	63,342,410
	Pimco Unconstrained Bond Fund	3,022,375 shares	34,176,825	31,160,686
	Templeton Global Bond Fund	2,690,041 shares	35,135,785	31,016,170
	Tweedy Browne Worldwide High D	3,093,608 shares	34,025,812	27,471,240
	Loomis High Yield Full Discretion NHIT A	1,557,590 shares	27,182,354	26,899,583
	Total mutual and exchange traded funds		271,837,260	253,828,418
	Common/collective trusts:			
	CTF Global Sel Capap	2,042,287 shares	32,346,527	34,351,273
*	EB DV NSL SIF	226,208 shares	58,718,418	68,659,972
*	EB DV NSL emerging markets SIF	132,988 shares	15,958,924	12,302,069
*	EB Tem Inv Fund	22,752,346 shares	22,752,346	22,752,346
	WCM Focused International Growth Fund LP	16,470,724 shares	16,470,724	16,470,724
	Wellington EMLE	1,899,912 shares	22,522,483	22,019,985
	Wells Cap CEF Retirement Plan	206,542 shares	17,300,000	16,177,456
	WTC-CIF Small Cap 2000	1,405,698 shares	7,373,281	13,818,014
	WTC-CTF Global Total Return	1,791,985 shares	18,216,155	19,765,599
	Total common/collective trusts		211,658,858	226,317,438

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN**

EIN: 34-0714775

Plan Number: 333

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including par or maturity collateral, or maturity date	(d) Cost	(e) Current value
	Alternative investments:			
	ACSH Holdings LLC	43,764 units	\$ 48,589	43,764
	Almanac Realty Securities VI	3,470,846 units	3,198,472	3,470,846
	Almanac Realty Securities VII	1,096,721 units	1,100,951	1,096,721
	Almanac Realty Securities V LP	638,586 units	632,425	638,586
	Alternative Investments Institutional LTD	8,184,315 units	6,219,000	8,184,315
	AG Core Plus Realty FD III LP	6,493,742 units	6,092,219	6,493,742
	AG Core Plus Realty FD IV LP	774,675 units	800,000	774,675
	Apollo Investment Fund VIII LP	1,159,361 units	1,211,837	1,159,361
	Bayview Opp Offshore FD IVB LP	2,483,013 units	2,659,959	2,483,013
	Blackrock Tempus Fund (ERISA)	6,125,544 units	5,442,262	6,125,543
	Blackrock Tempus Fund Ltd CI F	4,096,743 units	3,639,859	4,096,743
	Carlyle US Equity Opp FD II LP	2,035,368 units	2,035,368	2,035,368
	Centerbridge Special Credit Partners LP	725,587 units	203,488	725,587
	DRA Growth & Income VI LLC	262,251 units	327,984	262,251
	DRA Growth & Income Fund VIII LLC	4,114,082 units	4,111,855	4,114,082
	Fir Tree Opp FD VI Cayman LP	5,016,449 units	5,000,000	5,016,449
	Golub Capital Investment Corp	2,786,150 units	2,814,000	2,786,150
	H2 Special Opp III LP	2,941,937 units	2,941,937	2,941,937
	H/2 Core Real Estate Debt Fund LP	12,500,000 units	12,500,000	12,500,000
	Institutional Ventures Partners XV	850,778 units	900,000	850,778
	Institutional Ventures Partners XIV LP	6,766,325 units	3,908,497	6,766,325
	JPMCB Strategic Property Fund	4,497 shares	9,864,476	12,529,510
	Lighthouse Global Long/Short	56,246,669 units	47,430,251	56,246,668
	Lone Star Fund VI US LP	417,309 units	24,692	417,309
	Lone Star RE Fund US LP	81,031 units	19,422	81,031
	Lone Star Real Estate Fund II	961,056 units	552,607	961,056
	Mesa West Real Estate Income Fund III	6,474,203 units	6,407,381	6,474,203
	Mount Kellett Capital Partners II	3,561,413 units	4,830,623	3,561,413
	NB Diversified Arbitrage Pension FD	15,357,349 units	15,000,000	15,357,348
	New Boston Instl Fd VI-UHC	168,292 units	7,099,177	168,292
	Permal Private EQ OPP IV FTE LP	6,232,288 units	4,761,902	6,232,288
	Pinebridge Co II Feeder	8,341,630 units	8,361,750	8,341,630
	Protege Partners QP Fund LTD A Series 13	10,307,470 units	9,011,187	10,307,470
	Protege Partners QP Fund LTD A Series 14	20,047 units	18,953	20,047
	Protege Partners QP Fund LTD A Series 14A	4,406 units	4,342	4,406
	Protege Partners QP Fund LTD A Series 15	18,924 units	3,827	18,924
	Torchlight Debt Opportunity Fund IV	8,427,257 units	8,640,199	8,427,257
	Torchlight Debt Opportunity Fund V LP	960,456 units	975,232	960,456
	Tranche A 1 Series 1	42,085 units	35,368	42,085
	Tranche B3 Series 03-08	2,396,866 units	2,107,262	2,396,866
	Tranche F Series 1	5,440,816 units	4,948,854	5,440,816
	Valinor Cap Partners Offshore LTD Class SP 10	306,196 units	253,631	306,196
	Valinor Cap Partners Offshore LTD Class SP15	391,568 units	341,225	391,568
	Valinor Cap Partners Offshore LTD Class SP15-2	96,754 units	96,812	96,754
	Valinor Cap Partners Offshore LTD Class 1-A	14,875,084 units	12,309,671	14,875,084
	Total alternative investments		208,887,546	226,224,913
	Total investments		\$ 701,939,179	715,927,009

* Party-in-interest

Note: This schedule is based on information that has been certified as complete and accurate by The Bank of New York Mellon Corporation, the Plan's trustee.

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500)—2015 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 958,009	January 1, 2009	1	\$ 958,009
Shortfall	\$ 1,495,336	January 1, 2010	2	\$ 764,906
Shortfall	\$ 3,593,477	January 1, 2011	3	\$ 1,253,474
Shortfall	\$ (3,776,466)	January 1, 2012	4	\$ (1,010,399)
Shortfall	\$ 34,989,159	January 1, 2013	5	\$ 7,657,719
Shortfall	\$ 21,756,368	January 1, 2014	6	\$ 4,095,294
Shortfall	\$ 43,171,593	January 1, 2015	7	\$ 7,179,571