

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), 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 2009 This Form is Open to Public Inspection
--	--	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☒ an amended return/report; ☐ the final 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 UNIVERSITY HOSPITALS MEDICAL GROUP RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 005
		1c Effective date of plan 01/01/2008
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) UNIVERSITY HOSPITALS 3605 WARRENSVILLE CENTER RD SHAKER HEIGHTS, OH 44135	2b Employer Identification Number (EIN) 34-0714775 2c Sponsor's telephone number 216-844-1000 2d Business code (see instructions) 621111

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.	08/30/2010	ELLIOTT KELLMAN
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") UNIVERSITY HOSPITALS 3605 WARRENSVILLE CENTER RD SHAKER HEIGHTS, OH 44135	3b Administrator's EIN 34-0714775 3c Administrator's telephone number 216-844-1000
--	---

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	1781
---	----------	------

6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1761
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	183
d Subtotal. Add lines 6a , 6b , and 6c	6d	1945
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	1946
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1923
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	30

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 Characteristic Codes in the instructions:
 2R 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
--	--

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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan UNIVERSITY HOSPITALS MEDICAL GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY HOSPITALS	D Employer Identification Number (EIN) 34-0714775	

Part I	Service Provider Information (see instructions)
---------------	--

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
FIDELITY INVEST INST OPS CO
04-2647786

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

(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

(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

(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

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 71 60	RECORDKEEPER	1083	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ARIEL APPRECIATION - US BANCORP FUN 39-0281260	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MSIF MID CAP GRTH P - JPMORGAN INVE 22-2382028	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIMCO TOT RETURN ADM - BOSTON FINAN 04-2526037	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TEMPLETON DEV MKTS A - FRANKLIN TEM 94-3167260	0.35%	
(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.	

Part II Service Providers Who Fail or Refuse to Provide Information

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:

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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan UNIVERSITY HOSPITALS MEDICAL GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY HOSPITALS	D Employer Identification Number (EIN) 34-0714775	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2394573	2460306
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	170128	573803
(2) U.S. Government securities.....	1c(2)		
(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)	0	22589
(5) Partnership/joint venture interests	1c(5)		
(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)	10207	27229
(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)	7067069	22857608
(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	9641977	25941535

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9641977	25941535
---	----	---------	----------

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)	12623952	
(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)		12623952

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1447	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1447

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	293	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	572499	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		572792

(3) Rents	2b(3)		
-----------------	-------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	150827	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	161217	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-10390

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	2201	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2201
(6) Net investment gain (loss) from common/collective trusts	2b(6)		329
(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)		3345421
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16535752

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	235860	
(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)		235860
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	334	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		334
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		236194

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16299558
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

(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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	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	
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.).....		X	
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.		X	

- 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)

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 2009 This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan UNIVERSITY HOSPITALS MEDICAL GROUP RETIREMENT PLAN		B Three-digit plan number (PN) ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY HOSPITALS		D Employer Identification Number (EIN) 34-0714775
Part I	Distributions	
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 0
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): 04-6568107		
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
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)	
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		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 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	
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(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
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.	
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		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2009 v.092308.1		

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 items 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 items 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 items 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 items 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 items 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 items 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 item 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

- 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 items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits, December 31, 2009 and 2008	2
Statements of Changes in Net Assets Available for Benefits, Years ended December 31, 2009 and 2008	3
Notes to Financial Statements	4
Schedule:	
1 Schedule H, Line 4i – Schedule of Assets Held (At End of Year), December 31, 2009	11

All 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 have been omitted because there is no information to report.



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

Independent Auditors' Report

Plan Administrator
University Hospitals Medical Group
Retirement Plan:

We were engaged to audit the financial statements and supplemental schedule of the University Hospitals Medical Group Retirement Plan (the Plan) as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 notes 3 and 4 to the financial statements, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information to the related information included in the financial statements and the supplemental schedule. 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 certifications from the trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of and for the years ended December 31, 2009 and 2008. The form and content of the information included in the financial statements and supplemental schedule, 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

July 29, 2010

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investments, at fair value:		
Cash and cash equivalents	\$ 573,803	170,128
Mutual funds	22,857,608	7,067,069
Common stock	22,589	—
Common/collective trusts	<u>27,229</u>	<u>10,207</u>
Total investments, at fair value	<u>23,481,229</u>	<u>7,247,404</u>
Receivables:		
Employer contributions	<u>2,460,306</u>	<u>2,394,573</u>
Total receivables	<u>2,460,306</u>	<u>2,394,573</u>
Net assets available for benefits at fair value	25,941,535	9,641,977
Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts	<u>506</u>	<u>551</u>
Net assets available for benefits	<u><u>\$ 25,942,041</u></u>	<u><u>9,642,528</u></u>

See accompanying notes to financial statements.

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investment income (loss):		
Interest and dividend income	\$ 574,230	190,644
Net appreciation (depreciation) in fair value of investments	<u>3,337,525</u>	<u>(1,809,332)</u>
Total investment income (loss)	<u>3,911,755</u>	<u>(1,618,688)</u>
Contributions:		
Employer	12,623,952	11,230,720
Participant rollovers	<u>—</u>	<u>54,473</u>
Total contributions	<u>12,623,952</u>	<u>11,285,193</u>
Deductions from net assets attributed to:		
Benefit payments	235,860	23,846
Administrative expenses	<u>334</u>	<u>131</u>
Total deductions	<u>236,194</u>	<u>23,977</u>
Net increase in net assets available for benefits	16,299,513	9,642,528
Net assets available for benefits at beginning of year	<u>9,642,528</u>	<u>—</u>
Net assets available for benefits at end of year	<u><u>\$ 25,942,041</u></u>	<u><u>9,642,528</u></u>

See accompanying notes to financial statements.

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

(1) Description of Plan

The following brief description of the University Hospitals Medical Group 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, which commenced January 1, 2008, is a defined contribution plan sponsored by University Hospitals Health System, Inc. (the System or Plan Sponsor), covering substantially all employees of University Hospitals Medical Group (UHMG). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan defines an employee as any person employed by UHMG as a common law employee for purposes of payroll tax reporting. The following categories of employees are excluded from plan participation: (1) leased employees, (2) nonresident aliens with no U.S. earned income, (3) employees covered by a collective bargaining agreement which does not provide for coverage under the Plan, (4) employees who are not at least 18 years of age, and (5) employees with less than twelve months of service.

(b) Employer Contributions

Annually, the Plan Sponsor contributes 7.0% of an eligible participant's compensation that is equal to or less than 50% of the Social Security Taxable Wage Base in effect for the plan year. The Plan Sponsor also contributes 8.5% of the participant's compensation that exceeds 50% of the Social Security Taxable Wage Base in effect for the plan year. The compensation amount used in calculating participant contributions is limited to the statutory wage limit described in the Internal Revenue Code (Code) section 401(a)(17)(B).

(c) Participant Rollovers

The Plan may accept rollover contributions at the discretion of the Plan Sponsor. Rollover contributions can be contributed from i) a trust under a qualified plan described Code sections 401(a) or 403(a), ii) an annuity contract described in section 403(b) of the Code, iii) an eligible deferred compensation plan described in Code section 457(b) that is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or political subdivision of the state or iv) an individual retirement account described in section 408(d)(3)(A)(ii) of the Code.

(d) Participant Accounts

Each participant's account is credited with the employer's contributions, investment earnings, and appreciation, or depreciation in the fair value of assets. The account balances are participant directed. Participants may change their investment options at any time. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Loans are not permitted under the plan agreement.

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

(e) Vesting

Vesting in the System's contribution to the participant's account is based on a three-year cliff-vesting schedule (i.e., a participant vests in full after three years of service).

(f) Payment of Benefits

Upon termination of service, a participant will be entitled to receive the vested portion of his or her account.

(g) Forfeitures

The forfeited balances of terminated participants' nonvested accounts are used to reduce future employer contributions. Forfeitures were \$7,059 and \$0 for the years ended December 31, 2009 and 2008, respectively.

(h) Expenses

Certain administrative expenses are paid by the Plan. Certain administrative expenses, such as audit and legal fees are paid by the Plan Sponsor.

(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.

Investment contracts held by a defined contribution plan are required to be reported at fair value according to the Financial Accounting Standards Board (FASB). However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The plan invests in investment contracts through a common/collective trust. Contract value for this common/collective trust is based on the net asset value of the fund as reported by the investment advisor. The statements of net assets available for benefits presents the fair value of the investment in the common/collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The statements of changes in net assets available for benefits is prepared on a contract basis.

(b) Use of Estimates

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

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

(c) Investment Valuation and Income Recognition

Investments of the Plan are reported 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 a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(d) Payment of Benefits

Benefits are recorded when paid.

(3) Investments

Under the terms of a trust agreement between Fidelity Management Trust Company (the Trustee) and the Plan, the Trustee maintains a trust fund on behalf of the Plan. The participant accounts are credited with actual earnings on the underlying investments and charged for plan withdrawals. The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 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 certifications from the Trustee of the Plan that all of the information provided by them is complete and accurate. Information included in the accompanying financial statements and supplemental schedule as to investments, investment income (loss), interest, and dividends, investment information included in this note, and all information in the supplemental schedule, is presented in reliance solely upon those certifications.

The following table presents investments as certified to be complete and accurate by the Trustee of the Plan. Individual investments representing 5% or more of the Plan's total net assets for benefits are separately identified (*). Common collective trusts have been presented at contract value (**).

	<u>2009</u>		<u>2008</u>
Investments:			
Cash and cash equivalents	\$ 573,803		170,128
Mutual funds at fair value:			
Fidelity Freedom 2015	2,243,136	*	896,384
Fidelity Freedom 2020	3,053,806	*	1,027,574
Fidelity Freedom 2025	3,747,881	*	1,194,638
Fidelity Freedom 2030	3,428,667	*	1,083,055
Fidelity Freedom 2035	2,879,139	*	883,155
Fidelity Freedom 2040	2,027,599	*	442,599
Other mutual funds	5,477,380		1,539,664
Common stock	22,589		—
Common/collective trusts	27,735	**	10,758
Total investments	<u>\$ 23,481,735</u>		<u>7,247,955</u>

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

During the years ended December 31, 2009 and 2008, the investment gain (loss) and net appreciation (depreciation) in the Plan's investments (including investments bought, sold, and held during the year) as certified by the Trustee of the Plan was as follows:

	<u>2009</u>	<u>2008</u>
Interest and dividend income:		
Cash and cash equivalents	\$ 1,447	1,075
Mutual funds	572,499	189,542
Common/collective trusts	284	27
	<u>574,230</u>	<u>190,644</u>
Net appreciation (depreciation) in investments at fair value as determined by quoted market price for mutual funds	<u>3,337,525</u>	<u>(1,809,332)</u>
Total investment gain (loss)	<u>\$ 3,911,755</u>	<u>(1,618,688)</u>

(4) Fair Value Measurements

The FASB establishes a hierarchy for ranking the quality and reliability of the information used to determine fair values. Assets and liabilities carried at fair value have been disclosed according to the following three levels:

- **Level 1** – Unadjusted quoted prices in active markets for identical assets or liabilities. Level 1 yields the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities. A quoted price in an active market provides the most reliable evidence of fair value and shall be used to measure fair value whenever available.
- **Level 2** – Observable inputs other than quoted prices in Level 1. Inputs such as quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar liabilities that are not active, or other inputs that are observable or can be corroborated by observable inputs.
- **Level 3** – Unobservable inputs that are significant to the valuation of assets or liabilities and are supported by little or no market data. This includes discounted cash flow methodologies, pricing models and similar techniques that use significant unobservable inputs.

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

Level 1 instruments consist of cash and cash equivalents, mutual funds and common stock. A mutual fund's fair value is normally calculated as of the close of business of the New York Stock Exchange. Level 2 instruments include common/collective trusts, which are priced daily based on a blended rate of the contracts' rate of return and daily income earned. There are no Level 3 instruments within the Plan.

December 31, 2009	Level 1	Level 2	Level 3	Total
Assets:				
Cash and cash equivalents	\$ 573,803	—	—	573,803
Mutual funds	22,857,608	—	—	22,857,608
Common stock	22,589	—	—	22,589
Common/collective trusts	—	27,229	—	27,229
Total assets	<u>\$ 23,454,000</u>	<u>27,229</u>	<u>—</u>	<u>23,481,229</u>

December 31, 2008	Level 1	Level 2	Level 3	Total
Assets:				
Cash and cash equivalents	\$ 170,128	—	—	170,128
Mutual funds	7,067,069	—	—	7,067,069
Common/collective trusts	—	10,207	—	10,207
Total assets	<u>\$ 7,237,197</u>	<u>10,207</u>	<u>—</u>	<u>7,247,404</u>

(5) Plan Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. If the Plan was terminated, participants will remain 100% vested in their accounts.

(6) Tax Status

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to the applicable sections of the Internal Revenue Code (IRC), and accordingly, the Trust's net investment income is exempt from income taxes. The Sponsor also believes that the Plan is 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, 2009 and 2008. Refer to note 11 for discussion for further discussion of plan administration.

(7) Related-Party Transactions

Certain plan investments and shares of mutual funds are managed by the Trustee of the Plan. Therefore, transactions in these mutual funds qualify as party-in-interest transactions.

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

(8) 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

(9) Investment Contract with Insurance Company

The Fidelity Managed Income Portfolio (MIP) fund's purpose is to preserve principal while earning interest income. The MIP is a commingled pool and its investments may be comprised of conventional and synthetic investment contracts issued by insurance companies, banks and other financial institutions, short-term bonds and other fixed income securities, including U.S. Treasury bonds, mortgage-backed securities, commercial mortgage-backed securities, asset backed securities and derivative instruments such as futures, swaps and options. Third-party wrap contracts are purchased to permit the use of book value accounting to maintain a constant net asset value and to provide for payment of participant-directed withdrawals and exchanges at book value. Interest is credited under wrap contracts.

As described in note 2(a), because the MIP is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Participants may ordinarily direct the withdrawal or transfer all or a portion of the investment at contract value.

The MIP is valued daily and it is the policy of the Trustee to use its best efforts to maintain a stable net asset value of \$1.00 per unit. The market value spot yield for Plan years ending December 31, 2009 and 2008 were 3.16% and 3.57%, respectively.

(10) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500:

	December 31, 2009	December 31, 2008
Net assets available for benefits per the financial statements	\$ 25,942,041	9,642,528
Less adjustment from contract value to fair value for fully benefit responsive investment contracts	506	551
Net assets available for benefits per Form 5500	<u>\$ 25,941,535</u>	<u>9,641,977</u>

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2009 and 2008

The following is a reconciliation of investment gain (loss) per the financial statements to Form 5500:

	December 31, 2009	December 31, 2008
Total investment gain (loss) per the financial statements	\$ 3,911,755	(1,618,688)
Less adjustment from contract value to fair value for fully benefit responsive investment contracts and other	(45)	551
Total investment gain (loss) per Form 5500	<u>\$ 3,911,800</u>	<u>(1,619,239)</u>

(11) Plan Administration

For the year ended December 31, 2008, certain eligible employees were not credited with employer contributions and other employees that were not eligible to participate in the Plan were credited with employer contributions. The Plan's December 31, 2008 financial statements reflect additional planned employer contributions of approximately \$213,158 to correct for these errors, which were contributed during 2009. Employer contributions for 2009 reflect an additional \$100,417 of contributions earned during 2008.

On October 14, 2009, the Plan Sponsor retroactively amended the Plan as of January 1, 2008 to exclude from the definition of compensation used to determine employer contributions any fringe benefits and "net benefit allowance" paid to employees. Management believes the revised definition will be accepted by the IRS as being effective January 1, 2008 and has calculated contributions reflected in the Plan's financial statements accordingly. Should the Plan Sponsor be required to make contributions on gross compensation, as defined in the Plan Document prior to the amendment, the System's employer contributions as of December 31, 2009 and 2008 would have increased by approximately \$225,564 and \$281,165, respectively.

(12) Subsequent Events

The System intends to freeze the Plan. Participants within the Plan who satisfy the eligibility requirements of the University Hospitals Health System, Inc. Retirement Plan on or after the Plan freeze date, will participate in the University Hospitals Health System, Inc. Retirement Plan under a cash balance formula. The cash balance formula will provide for employer contributions of 3.0% or 3.5%, depending on years of service, of the eligible employee's base salary as defined in University Hospitals Health System, Inc. Retirement Plan document.

The System evaluated all activity of the Plan through July 29, 2010. There were no other reportable events.

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

EIN: 34-0714775

Plan number: 005

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

December 31, 2009

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Management Trust Company	Cash and cash equivalents		
		Fidelity Cash Reserve 146,877.82 shares	\$ **	146,878
		Fidelity Money Market 129,212.920 shares	**	129,213
		Fidelity Retire MM 7,062.450 shares	**	7,062
		Fidelity Select MM 126,895.40 shares	**	126,895
		Fidelity US Government MM 105,705.120 shares	**	105,705
		Fidelity US Government Res 811.600 shares	**	812
		Fidelity US Treasury MM 57,238.150 shares	**	57,238
		Total cash and cash equivalents		573,803
		Mutual funds:		
		Fidelity Asset Manager 30% 1,039.942 shares	**	9,515
		Fidelity Asset Manager 50% 2,877.124 shares	**	39,848
		Fidelity Asset Manager 60% 81.823 shares	**	707
		Fidelity Asset Manager 85% 479.303 shares	**	5,584
		Fidelity Balanced 4,563.442 shares	**	74,658
		Fidelity Blue Chip Growth 393.598 shares	**	14,937
		Fidelity Blue Chip Value 679.462 shares	**	6,767
		Fidelity Canada 1,183.105 shares	**	57,357
		Fidelity Capital & Income 2,424.578 shares	**	20,900
		Fidelity Capital Appreciation 1,200.718 shares	**	25,731
		Fidelity China Region 3,068.629 shares	**	85,584
		Fidelity Constr/House 18.686 shares	**	543
		Fidelity Contrafund 4,620.577 shares	**	269,287
		Fidelity Convertible Sec 578.722 shares	**	12,616
		Fidelity Disciplined Equity 343.937 shares	**	7,226
		Fidelity Diversified Intl 1,115.987 shares	**	31,248
		Fidelity Dividend Growth 798.488 shares	**	18,900
		Fidelity Emerging Markets 1,675.900 shares	**	37,892
		Fidelity Equity Income 1,243.593 shares	**	48,674
		Fidelity Equity Income II 265.005 shares	**	4,328
		Fidelity Europe 76.895 shares	**	2,266
		Fidelity Europe Cap App 34.378 shares	**	610
		Fidelity Focused High Income 703.445 shares	**	6,451
		Fidelity Focused Stock 1,313.166 shares	**	14,445
		Fidelity Four-in-One Index 710.129 shares	**	17,228
		Fidelity Freedom 2000 8,775.796 shares	**	99,605
		Fidelity Freedom 2005 63,829.358 shares	**	640,208
		Fidelity Freedom 2010 66,225.956 shares	**	828,487
		Fidelity Freedom 2015 215,272.156 shares	**	2,243,136
		Fidelity Freedom 2020 243,331.163 shares	**	3,053,806
		Fidelity Freedom 2025 360,719.992 shares	**	3,747,881
		Fidelity Freedom 2030 276,728.547 shares	**	3,428,667
		Fidelity Freedom 2035 280,617.833 shares	**	2,879,139
		Fidelity Freedom 2040 283,184.214 shares	**	2,027,599
		Fidelity Freedom 2045 49,682.271 shares	**	420,809
		Fidelity Freedom 2050 26,758.133 shares	**	223,430
		Fidelity Freedom Income 2,959.937 shares	**	31,790

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

EIN: 34-0714775

Plan number: 005

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

December 31, 2009

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Fidelity Global Balanced	737.104 shares	\$ ** 14,823
		Fidelity GNMA	6,131.452 shares	** 69,592
		Fidelity Government Income	9,802.88 shares	** 101,852
		Fidelity Growth & Income	932.299 shares	** 14,973
		Fidelity Growth Company	322.122 shares	** 22,220
		Fidelity Growth Discovery	674.507 shares	** 7,487
		Fidelity Growth Strategies	545.588 shares	** 8,877
		Fidelity High Income	7,063.158 shares	** 59,754
		Fidelity Independence	2,222.532 shares	** 44,273
		Fidelity Inflat-Prot Bond	3,408.990 shares	** 38,215
		Fidelity Intal Enhanced Index	1,449.305 shares	** 10,000
		Fidelity Intermed Gov Inc	1,049.996 shares	** 11,214
		Fidelity Intermediate Bond	6,833.048 shares	** 69,355
		Fidelity International Growth	636.899 shares	** 4,764
		Fidelity International Value	130.155 shares	** 1,039
		Fidelity Intl Cap App	25.466 shares	** 289
		Fidelity Intl Discovery	995.857 shares	** 30,224
		Fidelity Intl Real Estate	3,339.924 shares	** 29,391
		Fidelity Intl Small Cap	57.297 shares	** 1,006
		Fidelity Intl Small Cap Opp	284.078 shares	** 2,437
		Fidelity Invest Gr Bd	15,464.212 shares	** 108,868
		Fidelity Japan	677.963 shares	** 6,861
		Fidelity Large Cap Growth	491.032 shares	** 3,992
		Fidelity Large Cap Value	1,030.934 shares	** 10,041
		Fidelity Latin America	1,431.177 shares	** 74,207
		Fidelity Leveraged Co Stk	2,682.168 shares	** 61,475
		Fidelity Low Pr Stock	312.912 shares	** 9,994
		Fidelity Magellan	1,144.354 shares	** 73,605
		Fidelity Mega Cap Stock	703.51 shares	** 6,191
		Fidelity Mid Cap Enh Index	215.398 shares	** 1,783
		Fidelity Mid Cap Growth	652.804 shares	** 6,489
		Fidelity Mid Cap Stock	820.565 shares	** 19,218
		Fidelity Mid Cap Value	410.683 shares	** 5,244
		Fidelity Mortgage Sec	770.956 shares	** 8,072
		Fidelity NASDAQ Come Ind	231.259 shares	** 6,954
		Fidelity New Markets Inc	2,619.878 shares	** 39,377
		Fidelity New Millenium	21.828 shares	** 538
		Fidelity Nordic	119.150 shares	** 3,262
		Fidelity OTC Portfolio	144.669 shares	** 6,614
		Fidelity Overseas	748.647 shares	** 23,156
		Fidelity Pacific Basin	329.794 shares	** 6,695
		Fidelity Puritan	1,397.406 shares	** 22,442
		Fidelity Real Estate Inc	1,576.387 shares	** 14,519
		Fidelity Real Estate Invs	867.847 shares	** 17,496
		Fidelity Select Automotive	9.866 shares	** 311
		Fidelity Select Banking	704.776 shares	** 10,748
		Fidelity Select Biotech	32.947 shares	** 2,158
		Fidelity Select Brokerage	200.873 shares	** 9,531

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

EIN: 34-0714775

Plan number: 005

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

December 31, 2009

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Fidelity Select Chemicals	84.252 shares	\$ ** 6,341
		Fidelity Select Comm Equip	45.591 shares	** 946
		Fidelity Select Cons Staples	400.299 shares	** 24,334
		Fidelity Select Defense	57.73 shares	** 3,489
		Fidelity Select Electronics	18.087 shares	** 751
		Fidelity Select Energy	766.837 shares	** 33,856
		Fidelity Select Energy Svcs	1,166.59 shares	** 67,826
		Fidelity Select Gold	1,216.763 shares	** 52,114
		Fidelity Select Healthcare	15.955 shares	** 1,702
		Fidelity Select Ind Equip	45.793 shares	** 1,165
		Fidelity Select Industrials	64.022 shares	** 1,161
		Fidelity Select Insurance	8.473 shares	** 335
		Fidelity Select Materials	914.492 shares	** 49,364
		Fidelity Select Med Eq & Sys	1,346.431 shares	** 32,947
		Fidelity Select Natural Gas	1,386.550 shares	** 43,718
		Fidelity Select Natural Res	900.984 shares	** 25,633
		Fidelity Select Pharm	509.825 shares	** 5,547
		Fidelity Select Technology	373.509 shares	** 28,189
		Fidelity Select Utilities	15.851 shares	** 709
		Fidelity Small Cap Discovery	1,472.202 shares	** 22,878
		Fidelity Small Cap Growth	792.377 shares	** 9,841
		Fidelity Small Cap Ind	1,011.521 shares	** 14,080
		Fidelity Small Cap Stock	1,301.308 shares	** 20,743
		Fidelity Small Cap Value	1,858.831 shares	** 23,570
		Fidelity Southeast Asia	541.907 shares	** 13,781
		Fidelity Strategic Income	2,258.679 shares	** 24,416
		Fidelity Total Bond	979.420 shares	** 10,255
		Fidelity Trend	31.693 shares	** 1,783
		Fidelity US Bond Index	7,975.152 shares	** 88,205
		Fidelity Value Discovery	781.979 shares	** 10,064
		Fidelity Value Strategies	75.105 shares	** 1,661
		Fidelity Value Strategies	405.706 shares	** 23,101
		Fidelity Worldwide	1,148.944 shares	** 18,464
		MSIF Mid Cap Growth P	720.364 shares	** 19,673
		PIMCO Total Return Adm	14,261.491 shares	** 154,024
		Spartan 500 Index	1,029.899 shares	** 79,220
		Spartan 500 Index Advantage	150.713 shares	** 5,943
		Spartan 500 Index Investor	2,204.626 shares	** 86,928
		Spartan Ext Market Index	739.875 shares	** 22,492
		Spartan Int Tr Index Inv	3,874.249 shares	** 39,711
		Spartan International Index	1,819.984 shares	** 60,878
		Spartan Lt Tr Index Inv	1,905.713 shares	** 19,152
		Spartan Total Market Index	4,953.179 shares	** 156,372
		Templeton Dev Mkts	488.254 shares	** 10,761
		Total mutual funds		<u>22,857,608</u>

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

EIN: 34-0714775

Plan number: 005

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

December 31, 2009

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Common stock:		
		Brady Corp CL A 95 shares	\$ **	2,851
		Dana Holdg Corp Com 250 shares	**	2,710
		Interoil Corp 40 shares	**	3,072
		Northgate Expl Ltd 630 shares	**	1,940
		Shaw Group Inc 79 shres	**	2,271
		Steak N Shake Co Com New 19 shares	**	6,158
		Stericycle Inc 65 shares	**	3,586
		Total common stock		22,589
		Common/collective trusts:		
		Fidelity Mgd Income Portfolio 27,734.970 shares	**	27,229
		Total common/collective trusts		27,229
		Total investments		\$ 23,481,229

* Party-in-Interest.

** Historical cost information is not required on schedule H, line 4i – schedule of assets (held at end of year) for participant-directed investments.

Note: This schedule is based on information that has been certified as complete and accurate by Fidelity Management Trust Company, the Plan's Trustee.

See accompanying independent auditors' report.

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

EIN: 34-0714775

Plan number: 005

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

December 31, 2009

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Management Trust Company	Cash and cash equivalents		
		Fidelity Cash Reserve	146,877.82 shares \$ **	146,878
		Fidelity Money Market	129,212.920 shares **	129,213
		Fidelity Retire MM	7,062.450 shares **	7,062
		Fidelity Select MM	126,895.40 shares **	126,895
		Fidelity US Government MM	105,705.120 shares **	105,705
		Fidelity US Government Res	811.600 shares **	812
		Fidelity US Treasury MM	57,238.150 shares **	57,238
		Total cash and cash equivalents		573,803
		Mutual funds:		
		Fidelity Asset Manager 30%	1,039.942 shares **	9,515
		Fidelity Asset Manager 50%	2,877.124 shares **	39,848
		Fidelity Asset Manager 60%	81.823 shares **	707
		Fidelity Asset Manager 85%	479.303 shares **	5,584
		Fidelity Balanced	4,563.442 shares **	74,658
		Fidelity Blue Chip Growth	393.598 shares **	14,937
		Fidelity Blue Chip Value	679.462 shares **	6,767
		Fidelity Canada	1,183.105 shares **	57,357
		Fidelity Capital & Income	2,424.578 shares **	20,900
		Fidelity Capital Appreciation	1,200.718 shares **	25,731
		Fidelity China Region	3,068.629 shares **	85,584
		Fidelity Constr/House	18.686 shares **	543
		Fidelity Contrafund	4,620.577 shares **	269,287
		Fidelity Convertible Sec	578.722 shares **	12,616
		Fidelity Disciplined Equity	343.937 shares **	7,226
		Fidelity Diversified Intl	1,115.987 shares **	31,248
		Fidelity Dividend Growth	798.488 shares **	18,900
		Fidelity Emerging Markets	1,675.900 shares **	37,892
		Fidelity Equity Income	1,243.593 shares **	48,674
		Fidelity Equity Income II	265.005 shares **	4,328
		Fidelity Europe	76.895 shares **	2,266
		Fidelity Europe Cap App	34.378 shares **	610
		Fidelity Focused High Income	703.445 shares **	6,451
		Fidelity Focused Stock	1,313.166 shares **	14,445
		Fidelity Four-in-One Index	710.129 shares **	17,228
		Fidelity Freedom 2000	8,775.796 shares **	99,605
		Fidelity Freedom 2005	63,829.358 shares **	640,208
		Fidelity Freedom 2010	66,225.956 shares **	828,487
		Fidelity Freedom 2015	215,272.156 shares **	2,243,136
		Fidelity Freedom 2020	243,331.163 shares **	3,053,806
		Fidelity Freedom 2025	360,719.992 shares **	3,747,881
		Fidelity Freedom 2030	276,728.547 shares **	3,428,667
		Fidelity Freedom 2035	280,617.833 shares **	2,879,139
		Fidelity Freedom 2040	283,184.214 shares **	2,027,599
		Fidelity Freedom 2045	49,682.271 shares **	420,809
		Fidelity Freedom 2050	26,758.133 shares **	223,430
		Fidelity Freedom Income	2,959.937 shares **	31,790

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

EIN: 34-0714775

Plan number: 005

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

December 31, 2009

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Global Balanced	737.104 shares	\$ **	14,823
	Fidelity GNMA	6,131.452 shares	**	69,592
	Fidelity Government Income	9,802.88 shares	**	101,852
	Fidelity Growth & Income	932.299 shares	**	14,973
	Fidelity Growth Company	322.122 shares	**	22,220
	Fidelity Growth Discovery	674.507 shares	**	7,487
	Fidelity Growth Strategies	545.588 shares	**	8,877
	Fidelity High Income	7,063.158 shares	**	59,754
	Fidelity Independence	2,222.532 shares	**	44,273
	Fidelity Inflat-Prot Bond	3,408.990 shares	**	38,215
	Fidelity Intl Enhanced Index	1,449.305 shares	**	10,000
	Fidelity Intermed Gov Inc	1,049.996 shares	**	11,214
	Fidelity Intermediate Bond	6,833.048 shares	**	69,355
	Fidelity International Growth	636.899 shares	**	4,764
	Fidelity International Value	130.155 shares	**	1,039
	Fidelity Intl Cap App	25.466 shares	**	289
	Fidelity Intl Discovery	995.857 shares	**	30,224
	Fidelity Intl Real Estate	3,339.924 shares	**	29,391
	Fidelity Intl Small Cap	57.297 shares	**	1,006
	Fidelity Intl Small Cap Opp	284.078 shares	**	2,437
	Fidelity Invest Gr Bd	15,464.212 shares	**	108,868
	Fidelity Japan	677.963 shares	**	6,861
	Fidelity Large Cap Growth	491.032 shares	**	3,992
	Fidelity Large Cap Value	1,030.934 shares	**	10,041
	Fidelity Latin America	1,431.177 shares	**	74,207
	Fidelity Leveraged Co Stk	2,682.168 shares	**	61,475
	Fidelity Low Pr Stock	312.912 shares	**	9,994
	Fidelity Magellan	1,144.354 shares	**	73,605
	Fidelity Mega Cap Stock	703.51 shares	**	6,191
	Fidelity Mid Cap Enh Index	215.398 shares	**	1,783
	Fidelity Mid Cap Growth	652.804 shares	**	6,489
	Fidelity Mid Cap Stock	820.565 shares	**	19,218
	Fidelity Mid Cap Value	410.683 shares	**	5,244
	Fidelity Mortgage Sec	770.956 shares	**	8,072
	Fidelity NASDAQ Come Ind	231.259 shares	**	6,954
	Fidelity New Markets Inc	2,619.878 shares	**	39,377
	Fidelity New Millenium	21.828 shares	**	538
	Fidelity Nordic	119.150 shares	**	3,262
	Fidelity OTC Portfolio	144.669 shares	**	6,614
	Fidelity Overseas	748.647 shares	**	23,156
	Fidelity Pacific Basin	329.794 shares	**	6,695
	Fidelity Puritan	1,397.406 shares	**	22,442
	Fidelity Real Estate Inc	1,576.387 shares	**	14,519
	Fidelity Real Estate Invs	867.847 shares	**	17,496
	Fidelity Select Automotive	9.866 shares	**	311
	Fidelity Select Banking	704.776 shares	**	10,748
	Fidelity Select Biotech	32.947 shares	**	2,158
	Fidelity Select Brokerage	200.873 shares	**	9,531

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

EIN: 34-0714775

Plan number: 005

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

December 31, 2009

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Select Chemicals	84.252 shares	\$ **	6,341
	Fidelity Select Comm Equip	45.591 shares	**	946
	Fidelity Select Cons Staples	400.299 shares	**	24,334
	Fidelity Select Defense	57.73 shares	**	3,489
	Fidelity Select Electronics	18.087 shares	**	751
	Fidelity Select Energy	766.837 shares	**	33,856
	Fidelity Select Energy Svcs	1,166.59 shares	**	67,826
	Fidelity Select Gold	1,216.763 shares	**	52,114
	Fidelity Select Healthcare	15.955 shares	**	1,702
	Fidelity Select Ind Equip	45.793 shares	**	1,165
	Fidelity Select Industrials	64.022 shares	**	1,161
	Fidelity Select Insurance	8.473 shares	**	335
	Fidelity Select Materials	914.492 shares	**	49,364
	Fidelity Select Med Eq & Sys	1,346.431 shares	**	32,947
	Fidelity Select Natural Gas	1,386.550 shares	**	43,718
	Fidelity Select Natural Res	900.984 shares	**	25,633
	Fidelity Select Pharm	509.825 shares	**	5,547
	Fidelity Select Technology	373.509 shares	**	28,189
	Fidelity Select Utilities	15.851 shares	**	709
	Fidelity Small Cap Discovery	1,472.202 shares	**	22,878
	Fidelity Small Cap Growth	792.377 shares	**	9,841
	Fidelity Small Cap Ind	1,011.521 shares	**	14,080
	Fidelity Small Cap Stock	1,301.308 shares	**	20,743
	Fidelity Small Cap Value	1,858.831 shares	**	23,570
	Fidelity Southeast Asia	541.907 shares	**	13,781
	Fidelity Strategic Income	2,258.679 shares	**	24,416
	Fidelity Total Bond	979.420 shares	**	10,255
	Fidelity Trend	31.693 shares	**	1,783
	Fidelity US Bond Index	7,975.152 shares	**	88,205
	Fidelity Value Discovery	781.979 shares	**	10,064
	Fidelity Value Strategies	75.105 shares	**	1,661
	Fidelity Value Strategies	405.706 shares	**	23,101
	Fidelity Worldwide	1,148.944 shares	**	18,464
	MSIF Mid Cap Growth P	720.364 shares	**	19,673
	PIMCO Total Return Adm	14,261.491 shares	**	154,024
	Spartan 500 Index	1,029.899 shares	**	79,220
	Spartan 500 Index Advantage	150.713 shares	**	5,943
	Spartan 500 Index Investor	2,204.626 shares	**	86,928
	Spartan Ext Market Index	739.875 shares	**	22,492
	Spartan Int Tr Index Inv	3,874.249 shares	**	39,711
	Spartan International Index	1,819.984 shares	**	60,878
	Spartan Lt Tr Index Inv	1,905.713 shares	**	19,152
	Spartan Total Market Index	4,953.179 shares	**	156,372
	Templeton Dev Mkts	488.254 shares	**	10,761
	Total mutual funds			<u>22,857,608</u>

**UNIVERSITY HOSPITALS MEDICAL GROUP
RETIREMENT PLAN**

EIN: 34-0714775

Plan number: 005

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

December 31, 2009

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Common stock:			
	Brady Corp CL A	95 shares	\$ **	2,851
	Dana Holdg Corp Com	250 shares	**	2,710
	Interoil Corp	40 shares	**	3,072
	Northgate Expl Ltd	630 shares	**	1,940
	Shaw Group Inc	79 shres	**	2,271
	Steak N Shake Co Com New	19 shares	**	6,158
	Stericycle Inc	65 shares	**	3,586
	Total common stock			<u>22,589</u>
	Common/collective trusts:			
	Fidelity Mgd Income Portfolio	27,734.970 shares	**	27,229
	Total common/collective trusts			<u>27,229</u>
	Total investments			<u>\$ 23,481,229</u>

* Party-in-Interest.

** Historical cost information is not required on schedule H, line 4i – schedule of assets (held at end of year) for participant-directed investments.

Note: This schedule is based on information that has been certified as complete and accurate by Fidelity Management Trust Company, the Plan's Trustee.

See accompanying independent auditors' report.